SOCIAL EMOTIONAL WELLBEING OF PRIMARY SCHOOL PUPILS: INSIGHTS FROM THE BOXALL CHILDHOOD PROJECT

Dr Florence J. M. Ruby

Nurture**uk**, 18 A Victoria Park Square, Bethnal Green, London, E2 9PB **Corresponding author:** Dr Florence J. M. Ruby, florence@nurtureuk.org **Keywords:** social emotional wellbeing, nurture approach, primary school, Boxall Profile

ABSTRACT

In recent years more and more schools have recognised the important role they can play to support the mental health and social emotional wellbeing of their pupils. However, school staff are generally unaware of the scale of need because they rely on ad-hoc identification and do not conduct universal screenings of pupil wellbeing. In 2017 we launched the Boxall Childhood Project to campaign for schools to assess the wellbeing of all their pupils using the Boxall Profile, a teacher-led assessment tool of social emotional and behavioural difficulties. As part of the two-year pilot project, 40 English schools were recruited and trained to assess children using the Boxall Profile. Schools completed their first data collection in summer 2017 and more than 6,000 pupils were assessed. Overall, we found that pupils experienced high levels of social emotional and behavioural difficulties, but that little support was available to address their needs. We also replicated previous findings showing that, compared to girls, boys were experiencing higher levels of social emotional and behavioural difficulties. The current study provides an estimate of the scale of social emotional needs experienced by the UK pupil population and highlights the need for schools to provide more support.

INTRODUCTION

In recent years, more emphasis has been put on the mental health and wellbeing of children and young people, both within government and in the education sector. The government has shown more commitment towards mental health and wellbeing through the release of a green paper (Department of Health & Department for Education, 2017), reports (Department for Education, 2017) and inquiries (eg. House of Commons & Education and Health Committees, 2017) as well as policies designed to better support the needs of children and young people.

More and more schools also recognise the importance of mental health and wellbeing and are eager to support their pupils through targeted interventions and whole-school approaches (Weare, 2010). However, the levels of need do not seem to match the resources available. While headteachers report a rise in mental health needs over recent years (Young Minds & National Children's Bureau, 2017), teachers feel poorly equipped to answer those needs (Department for Education, 2015; Place2Be & National Association of Head Teachers, 2015) and schools' financial resources remain limited. Overall, schools need better tools and practical expertise to support the mental health and wellbeing of their pupils.

Previous research has shown that social emotional wellbeing in childhood is a key predictor of mental health later in life. For example, Goodman, Joshi, Nasim, & Tyler (2015) have found that emotional and social skills as well as self-esteem and selfcontrol are strongly associated with good mental health in adulthood. In addition, high-guality schoolbased programmes designed to improve social emotional skills have been shown to impact not only the social emotional wellbeing of pupils, but also their mental health as well as behavioural issues, academic attainment and substance misuse (as reviewed in Early Intervention Foundation, 2017). Therefore, addressing the social emotional needs of children could benefit them now and prevent them from experiencing more serious mental health and wellbeing issues later in life.

Many school-based interventions exist to efficiently support the social emotional wellbeing of pupils (for a review see Clarke, Morreale, Field, Hussein & Barry,

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2015). In the current paper, we focus on the nurture approach (Bennathan, 1997; Boxall & Lucas, 2010); nurturing interventions such as nurture groups aim to provide a range of opportunities for children and young people to engage with missing early nurturing experiences, helping them develop the vital emotional and social skills required to function well in school and prevent mental health difficulties (MacKay, Reynolds, & Kearney, 2010; Reynolds, MacKay, & Kearney, 2009; Seth-Smith, Levi, Pratt, Fonagy, & Jaffey, 2010; Sloan, Winter, Lynn, Gildea, & Connolly, 2016). Nurture interventions are organised hierarchically according to the Nurture Pyramid (Figure 1). The model, first proposed by Mackay (2015) and adapted by nurture**uk** (formerly The Nurture Group Network; 2016), maps out the support schools can provide to help children and young people's social emotional wellbeing, from a universal reach at the bottom tier to one-to-one targeted interventions for the most vulnerable children and young people at the very top.

Although many schools want to support the mental health and wellbeing of their pupils, they do not necessarily conduct systematic assessments to identify pupils' needs. For example, a recent government report highlights that more than 80% of schools rely on ad-hoc identification to pinpoint mental health difficulties, and only 15% conduct universal screening of all pupils to pick up on those with particular issues (Marshall et al., 2017). Under these circumstances, although pupils with severe social emotional and behavioural difficulties may be easily identified by staff, children and young people who experience less overt difficulties or have subthreshold needs may be overlooked and may not be provided with the support they need.

In recent years, nurture**uk** has been campaigning for all schools to monitor the mental health and wellbeing of their pupils, as shown in the bottom tier of the Nurture Pyramid (**Figure 1**). As part of the campaign, in spring 2017 nurture**uk** launched the Boxall Childhood Project (BCP), a pilot project exploring the benefits and challenges experienced by schools monitoring the social emotional wellbeing of their pupils.

Boxall Childhood Project

As part of the BCP 40 schools and educational institutions located across the north and south of England (in Barking and Dagenham, Halton and Wigan) were recruited and trained to assess the social emotional wellbeing of their pupils. The project lasted from summer 2017 to summer 2018, and schools assessed their pupils once a term for a period of four terms.

Every term the 40 schools used the Boxall Profile online (boxallprofile.org) to assess the social emotional wellbeing and behavioural difficulties of their pupils (Bennathan, 1998; Bennathan, Boxall, Colley, & Nurture Group Network, 2010). The tool is divided into two sections: the first section, Developmental Strands, measures aspects of the child's cognitive, social and emotional development that influence how well a child is able to learn and function in the classroom. The second section, the Diagnostic Profile, measures the child's challenging behaviours that prevent successful social and academic performance. These behaviours are (directly or indirectly) the outcomes of impaired development in the early years and can be resolved once the necessary social and emotional skills are acquired. In addition to the data obtained from the Boxall Profile, schools also provided information about the pupil (including their age, gender and the mental health and wellbeing support they accessed).

The aims of the BCP were twofold:

- 1. To gain a better understanding of the social emotional needs across the UK pupil population thanks to the sample schools collecting quantitative data, in particular Boxall Profiles.
- 2. To evaluate the feasibility and effectiveness of monitoring the social emotional wellbeing of all pupils through the collection of qualitative data gained through interviews, focus groups and feedback from staff taking part in BCP.

Current study

The current paper focuses on gaining a better understanding of the social emotional wellbeing of the UK pupil population (the first aim of the BCP). To this end, we analysed the Boxall Profile data collected by the sample schools during the first term of the pilot project (summer term 2017). In total, 26 primary schools assessed either their whole school or whole classes of pupils and as a result, more than 5,400 primary school pupils were screened using the Boxall Profile.

Using the Boxall Profile data, we aimed to answer three questions:

- 1. What are the levels of social emotional and behavioural difficulties experienced by children in primary schools?
- 2. Do these difficulties vary according to gender and age?
- 3. Were children receiving any form of mental health and wellbeing support to help them cope with their social emotional or behavioural difficulties?

Figure 1: The Nurture Pyramid maps out the different types of nurturing interventions schools can provide to support children and young people with varying levels of social emotional and behavioural difficulties. For each level, an example of nurture**uk** intervention is indicated.



NURTURE GROUPS +

For the most damaged/vulnerable children and young people e.g. **Attachment interventions and therapies**

NURTURE GROUPS

For children and young people with significant social, emotional, behavioural and/or mental health needs e.g. **Boxall Nurture Group® (classic)**

OTHER NURTURING STRUCTURES

Where nurture groups are not feasible or needs are sub-threshold e.g. Nurture ABC[™], mindfulness, after-school clubs, non-classic nurture groups

NATIONAL NURTURING SCHOOLS

PROGRAMME Nurturing approaches for all children and young people e.g. **Boxall Profile**TM **assessment for all children, six principles embedded**

BOXALL PROFILE ASSESSMENT FOR ALL CHILDREN IN ALL SCHOOLS

Early identification of potential social, emotional, behavioural and/or mental health issues e.g. **School, local authority, government prioritisation based on need**

METHODS

Participants Schools

Forty-one schools and educational institutions were recruited as part of the BCP. Seventeen were located in Greater London and 24 in the North West of England. Educational institutions included: 30 infant and primary schools; four secondary schools; four special schools (primary or secondary); two Additional Resource Provisions (ARPs) and one virtual school. Following initial training, two secondary and two primary schools left the project.

Many staff who attended the initial training were already familiar with the Boxall Profile and had used it to assess children with social emotional and behavioural difficulties (SEBD). Many schools were also offering nurture provision to pupils (eg through classic or variant nurture groups). At the time of recruitment, eight schools were also part of the National Nurturing Schools Programme, a two-year programme designed to support schools in adopting a nurturing ethos across the whole school.

During the summer term 2017, 26 primary schools (including two special schools) completed wholeschool or whole-class Boxall Profiles and assessed 5,414 pupils. Fifteen additional schools also collected 669 Boxall Profiles in a targeted manner (focusing on pupils with difficulties). This data is not included in the subsequent analyses as this sample would not be representative of the general English pupil population.

Compared to England's average, the 26 schools had a similar percentage of pupils with a statement of special educational needs or an education, health or care plan (3%), but had a higher percentage of pupils who were eligible for free school meals (37% vs 24.7%) and a higher percentage of pupils whose first language was not English (26% vs 20.5%; Department of Education, 2017). All results must therefore be interpreted keeping in mind this context.

Children and young people

Informed consent was sought from parents and carers on behalf of the pupils and opt-out consent forms were circulated, given them the opportunity to withdraw their children's data from the research.

Over the summer term 2017, a total of 6,083 children and young people were assessed. The 26 primary schools who completed whole-school or whole-class Boxall Profiles collected 5,414 Boxall Profiles, thus assessing 61% of their pupils. Pupils were aged between 3 and 10 (mean age: 6 years 11 months, standard deviation SD: 1 year 10 months), attended school from Reception to Year 5¹, and approximately half of the pupils were females (47.4%) and half were males (52.6%). The majority of children were assessed by their class teachers.

Procedure

Schools attended an initial two-day training course that provided delegates with a general understanding of the principles underlying the nurture approach, in particular neuroscience, child development and attachment theory. They also received training in Boxall Profile (both theoretical and technical).

Delegates then organised in-school training for their colleagues, and were provided with the necessary resources and materials to deliver Boxall Profile training to them. Midway through the summer term, schools attended a support meeting where they could provide feedback about the first phase of the project and received targeted support to resolve the barriers they were experiencing. Overall, schools collected data between February and July 2017, with a majority of Boxall Profiles completed in April and May.

Measure collected

Data was collected anonymously using the Boxall Profile Online (boxallprofile.org). For each child, school staff provided the following information: Boxall Profile data; year and month of birth; school name; year group; class name; current SEBD or mental health support accessed (within or outside school); current nurturing provision (nurturing school; nurture group; nurture group + or other nurturing structure). Staff also provide information about their own occupation (eq. mainstream class teacher, nurture practitioner, headteacher, etc.) and the number of terms they had known the pupil assessed. They also provided information about the quality of their relationship with the child using a Likert scale ranging from 1 to 7, 1 being 'very negative' and 7 being 'very positive', with additional options 'prefer not to say' and 'not known'.

RESULTS

Our main aim was to investigate the SEBD needs experienced by the sample of English primary school pupils using the Boxall Profile. Social emotional difficulties were measured using the total Developmental Score (total scores for all developmental strands of the Boxall Profile) and behavioural difficulties were measured using the total Diagnostic Score (total scores for all diagnostic profile strands). Both scores were used to categorise children as having 'no apparent difficulties', 'low levels of difficulties' or 'high levels of difficulties' (see **Table 1**). For example, a child scoring 90 on the total Developmental Score would be categorised as having 'high levels of social emotional difficulties'. Overall, we found that 17% or approximately one in six pupils had high levels of social emotional difficulties, and 21% or one in five pupils had high levels of behavioural difficulties (**Figure 2**). This result provides an estimate of potential SEBD needs in UK primary schools.

Table 1: Pupils' SEBD levels according to Boxall
Profile scores

	Social emotional difficulties Total Development Score	Behavioural difficulties Total Diagnostic Score
No apparent difficulties	116 to 136	0 to 9
Low level of difficulties	102 to 115	10 to 19
High level of difficulties	0 to 101	20 to 136

Figure 2: Social emotional and behavioural difficulties experienced by primary school pupils in England



Gender differences

Next, we investigated whether SEBD varied according to pupils' gender (**Figure 3**). For these analyses, we again used categorical variables rather than raw scores. Total Developmental and total Diagnostic scores were categorised as 'no apparent difficulties', 'low levels' or 'high levels of difficulties'. We also categorised individual strand scores as 'within the norm' or 'outside the norm' according to the standardised norms used in Boxall Profile 2017 (Ruby, 2017).

We used Chi-square tests to determine whether gender differences were statistically significant. P-values were Bonferroni-corrected to control for the high number of tests we performed. A total of 22 Chi-square tests were computed (2 for total scores, and 20 for individual strands), leading to an adjusted p-value p = .05/22 = .002. In other words, a Chi-

1. Schools did not collect data for Year 6 pupils as they would not have been able to put in place support before the end of the academic year.

square test would lead to a statistically significant result if the p-value were below .002.

Developmental Strands

We first explored whether girls and boys had different levels of social emotional difficulties using the total Developmental scores. In line with previous literature, we found that boys had higher social emotional difficulties compared to girls (**Table 2; Figure 3**; e.g. Brody, 1985; Walker, Irving, & Berthelsen, 2002). We also explored whether these gender differences were observed for specific social emotional difficulties i.e. for specific developmental strands. We computed one Chi-square test for each developmental strand and found that, across all social and emotional difficulties measured, boys experienced significantly higher difficulties compared to girls.

Diagnostic Profile

Next, we explored gender differences in behavioural difficulties using total Diagnostic Profile scores. We found that overall, girls were significantly less likely to experience behavioural difficulties compared to boys (**Table 2; Figure 3**). In addition, girls had fewer apparent difficulties compared to boys on all but one strand (Strand U 'craves attachment, reassurance': X(1, N = 5414) = 5.77, p = .02), suggesting that girls and boys crave attachment and reassurance to a similar extent.

Table 2: Chi-square test results for Boxall Profile strands and total Developmental and Diagnostic scores. N = 5,414. *P*-values Bonferoni corrected at p=.002.

Developmental Strands						
Strand	P-value					
А	286.79	1	<.001			
В	215.59	1	<.001			
С	117.16	1	<.001			
D	151.97	1	<.001			
E	158.94	1	<.001			
F	254.37	1	<.001			
G	301.49	1	<.001			
Н	261.40	1	<.001			
I	169.51	1	<.001			
J	294.96	1	<.001			
Total Dev Score	300.67	2	p<.001			

Diagnostic Profile Strands								
Strand	X-value	df	P-value					
Q	209.83	1	<.001					
R	79.84	1	<.001					
S	95.98	1	<.001					
Т	370.86	1	<.001					
U	5.77	1	.02					
V	164.54	1	<.001					
W	111.98	1	<.001					
Х	189.38	1	<.001					
Y	172.85	1	<.001					
Z	194.09	1	<.001					
Total Diag Score	211.65	2	<.001					

Figure 3: Gender differences in social emotional difficulties (left panel, measured using Total Developmental scores) and behavioural difficulties (right panel, measured using Total Diagnostic Profile scores) of primary school children. In both domains, boys experienced higher levels of difficulties compared to girls. N = 5,414.



Average class

Next, we explored how the levels of difficulty in our sample would be reflected in an average class of 30 pupils, assuming an equal number of girls and boys.

We divided our pupil sample into four categories: Pupils who had no apparent difficulties in either social emotional and behavioural difficulties (n = 1855 girls, 1489 boys; 61.77% of the sample); Children with low levels of difficulties (i.e. low levels of difficulties in either social emotional, or behavioural difficulties, or both domains; n = 315 girls, 394 boys); Children experiencing high levels of difficulties in one domain (i.e. social emotional or behavioural difficulties, but not both; n = 235 girls, 434 boys); and children with high levels of difficulties in both social emotional and behavioural difficulties (n = 162 girls, 530 boys).

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lable	3:	Percentage	OT	giris	ana	DOYS	according	τΟ	SEBDI	eveis.

	Girls	Boys
Total number of children	2567	2847
No apparent difficulties	72.3%	52.3%
Low levels of difficulties	12.3%	13.8%
High levels of difficulties in one domain	9.2%	15.2%
High levels of difficulties in both domains	6.3%	18.6%

Results are shown in **Figure 4**. We can see that in an average class of 30 pupils, roughly one in three children would experience some form of difficulties. A majority of pupils with both types of difficulties would be boys (3 out of 4 pupils), whereas a majority of pupils without apparent difficulties would be girls (11 out of 19 pupils).

Figure 4: Levels of SEBD in an average class of 30 primary school pupils.



On average, pupils with no apparent difficulties had between 0 and 2 strands outside the normal range of scores (M = .70; SD = 1.22); pupils with low levels of difficulties had between 4 and 9 strands outside the norm (M = 6.37; SD = 2.39); pupils with one type of difficulty had between 8 and 14 strands outside the norm (M = 10.97; SD = 2.81) and pupils with both types of difficulties had between 15 and 20 strands outside the norm (M = 17.32; SD = 2.30). This data show that even pupils with low levels of difficulties may struggle with a few social or emotional skills. These 'sub-threshold' needs could be addressed using whole-class nurturing strategies delivered by mainstream class teachers (see the discussion for more details).

Age differences

We also investigated whether SEBD levels varied according to pupils' age. We conducted Chi-square tests on total Developmental and total Diagnostic scores categorised as 'no apparent difficulties', 'low levels of difficulties' and 'high levels of difficulties' (**Table 1**). We used mosaic plots to explore the relation between age and Boxall Profile scores (not shown; Field, Miles, & Field, 2012).

Developmental Strands

For total Developmental Strands scores, we found a significant effect of age (X(14, N = 5414) = 64.53, p < .001), with 3-year-old children being more likely to experience low or high levels of social emotional difficulties, and 4-year olds more likely to experience low levels of difficulties (**Figure 5a**). We also observed that 7-year olds were less likely to experience high levels of difficulties compared to other age groups.

Diagnostic Profile

For total Diagnostic Profile scores, we also found a significant effect of age (X(14, N = 5414) = 43.53, p < .001), with 3-year-old children being significantly less likely to experience high levels of behavioural difficulties, and 8-year olds as well as 10-year olds being significantly more likely to experience behavioural difficulties (**Figure 5b**).

Overall, the data shows that younger pupils (at reception level) have lower social emotional skills, probably because they are still developing the skills necessary to become school-ready. They also display fewer challenging behaviours compared to older pupils, probably because they have faced fewer difficult experiences and have had fewer opportunities to reinforce negative coping strategies such as acting out or withdrawal.

Figure 5: Percentages of children experiencing SEBD according to age. Social emotional difficulties are shown in panel (a) and behavioural difficulties are shown in panel (b). Younger pupils, aged 3 and 4, have lower social emotional skills as well as lower levels of challenging behaviours compared to older pupils. N = 5,414.





Support provided to pupils

Finally, we explored the mental health and wellbeing support provided to pupils in our sample. In particular, we wanted to know whether pupils experiencing SEBD received the appropriate level of support. Every time teachers completed a Boxall Profile for a child, they also indicated whether the child was receiving any form of mental health or wellbeing support from the school itself or from other services. Options included: educational/child psychologist, external counsellor, CAMHS, school counsellor/pastoral care, school interventions (e.g. mentoring, focus groups, etc.), other and none.

We found that, even among pupils who were experiencing high levels of both social emotional and behavioural difficulties, only half of them were receiving some form of mental health/wellbeing support (**Figure 6**).

Figure 6: Mental health and wellbeing support provided to pupils according to SEBD levels experienced. N = 5,414. Teachers could indicate that children were receiving 'some support' (including educational/child psychologist, external counsellor, CAMHS, school counsellor/pastoral care, school interventions e.g. mentoring, focus groups, etc, other form of support) or 'none' or that they did not know.



DISCUSSION

The current study explored the levels of SEBD in a sample of 5,414 children attending 26 primary schools and nurseries in England. Overall, we found a high level of need in our sample with 38% of children experiencing some form of difficulty (either with low levels or high levels of difficulties). Boys were particularly at risk of experiencing SEBD, with 48% of boys experiencing some form of difficulties compared to 28% of girls, replicating previous studies on gender differences in SEBD (Bennett, Farrington, & Huesmann, 2005; Brody, 1985; Deighton et al., 2018; Walker et al., 2002). We also observed that the youngest pupils in our sample (aged 3 and 4) had significantly higher social emotional difficulties and lower behavioural issues. Finally, we also found that only a subset of children experiencing difficulties were receiving some form of mental health or wellbeing support from the school or from community services, with only 43% of children with high levels of SEBD needs receiving help.

Our data highlight that many children are struggling with SEBD and wellbeing difficulties, perhaps much more than previously thought. One reason that could explain this finding is that the Boxall Profile is able to capture signs of difficulties that other measures (focusing on more overt issues) may easily miss. In line with this, many teachers working in our sample schools indicated that assessing all their pupils using the Boxall Profile allowed them to identify children needing support, but who would have been missed if they had not been assessed because they did not exhibit extreme behaviours or overt difficulties.

Our data also identified a relatively low level of support available, suggesting that many children as well as their families and their teachers, are left to deal with their difficulties alone and are at risk of developing more severe mental health and wellbeing needs (Weare, 2010). However, schools and teachers can play a key role in answering children's SEBD needs. One way they can do this is by applying a graduated approach to nurture and wellbeing in their setting, i.e. monitoring all children's wellbeing, delivering whole-school and whole-class strategies to all pupils, and providing targeted support to children with high levels of difficulties through nurture groups and oneto-one interventions.

The high levels of need experienced by children also mean that class teachers face high levels of difficulties on a daily basis. Previous research has shown that teachers generally feel ill-equipped to answer mental health and wellbeing needs (Department for Education, 2015). However, their privileged relation with children could help them play a key role in supporting pupils' social and emotional needs. This would require that teachers be equipped with a better understanding of the importance of social emotional wellbeing and effective tools to help them make social and emotional learning a part of everyday classroom activity. By assessing all their pupils using the Boxall Profile, class teachers would better understand the needs of individual children and could use this information to inform their teaching, delivering the curriculum in a way that supports the specific social emotional and behavioural needs of their class. Teachers would be helped in this by being aware of nurturing principles and whole class nurturing interventions that could help them effectively manage and answer children's emerging social emotional and behavioural needs.

Limitations

One limitation of the study concerns the quality of the data. All the data included in this large-scale study were collected by teachers and school staff. Although we trained key school members to complete and analyse Boxall Profiles, we relied on those members to subsequently train their colleagues and to ensure that all staff would complete assessments accurately and rigorously. Time constraints, limited understanding of the Boxall Profile, low commitment to the project and school pressures might have impacted the guality of the data. One example concerns the Boxall Profile data, where teachers are asked to observe and rate difficulties of their pupils; these ratings may be negatively impacted by subjective information, such as the quality of the relationship between the child and the teacher, or pre-conceived beliefs about a child. Another example relates to the data collected regarding the mental health and wellbeing support provided to pupils. Class teachers may not be aware of the full range of services provided to the pupils in their class, and may incorrectly indicate that a child is receiving no form of support. However, this is unlikely as teachers are given the opportunity to indicate that they do not know whether support is provided or not.

Next, we observed that younger children aged 3 and 4 were experiencing significantly more social and emotional difficulties compared to older children. One reason underlying this difference may be that children attending nursery and reception years are still developing the necessary social emotional skills to become 'school-ready' and that low scores on the Developmental Strands do not represent delays in development per se. This result suggests a need for the Boxall Profile to be adapted to effectively assess and identify the needs of younger children. A new version of the Boxall Profile could be created, with items and norms adapted to younger pupils, similarly to the Strengths and Difficulties Questionnaire that exists in two versions (one to assess 2 to 4-year olds, and another to assess 4 to 17-year olds; Goodman, Ford, Simmons, Gatward, & Meltzer, 2000).

Finally, another limitation concerns the gender differences highlighted by the Boxall Profile. In the current study, boys had significantly lower social emotional skills and higher behavioural difficulties. Previous studies however have shown that although boys experience more externalising difficulties (such as aggressive behaviour) girls tend to experience more internalising difficulties (e.g. depression, anxiety, withdrawal, etc; Deighton et al., 2018; Green, McGinnity, Meltzer, Ford, & Goodman, 2005). It is therefore unclear why the Boxall Profile does not highlight higher internalising difficulties for girls compared to boys in our sample. Future studies will need to explore the relation between the SEBD as measured using the Boxall Profile, and the internalising and externalising difficulties measured using other tools such as the Strengths and Difficulties Questionnaire.

Future directions

The current study provides the first analysis of the large-scale dataset collected as part of the BCP. Here, we focused on identifying SEBD levels in the English primary school pupil population, taking into account gender and age differences. Subsequent studies will explore the relation between SEBD and other pupil characteristics, for example individual differences in academic attainment, socio-economic background or special educational needs in order to better understand the difficulties and risk factors associated with SEBD. In addition, gualitative studies will also be conducted to address our second research question, i.e. identifying the benefits and challenges experienced by schools who monitored the wellbeing of all their pupils using the Boxall Profile. Case studies based mainly on interviews will be compiled to explore how all school actors (pupils, teachers, staff) can be impacted when wellbeing is part of the school ethos.

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