

# ON THE ORIGIN OF THE BOXALL PROFILE: HOW PRACTITIONERS CONTRIBUTED TO ITS DEVELOPMENT

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## ABSTRACT

This paper contributes to the history of nurture groups with a specific focus on the development of the Boxall Profile. It draws on the first-hand experience of the teachers involved in the Profile's origin with memories of the children who were responsible for the opening of the first non-pilot nurture group at Kingsmead Infant School, Hackney, during 1972-73. These memories are supported by the notes and the embryonic records from 1973-74 from which the Profile was derived, containing the nurture practitioners' intuitive responses, and how these were conceptualised, articulated and recorded.

This 50th Anniversary Year of Nurture sees the publication of a new edition of the Boxall Profile Handbook (Revised) (Bennathan and Boxall 2019). A paragraph in Chapter 1, The Origins of the Boxall Profile, gives a brief overview of the Profile's development from a historical perspective. Chapter 4, How the Profile evolved, is Boxall's account of the Profile's process from conception to formal acceptance by the ILEA of its precursor, the Diagnostic Developmental Profile. This paper tells the human story behind these more formal accounts, and the way in which practitioners' careers were nurtured in the process. The learning involved in compiling the Profile had a major impact on their personal and professional development at a time before organised professional development was usual.

## THE BOXALL PROFILE

The Boxall Profile is the instrument used in nurture groups, and increasingly in whole classes and across schools, to structure observation of children and to provide objective data to support the teacher's intuitive judgment that a child would be a good candidate for a nurture group or would benefit from other provision. The pattern of scores indicates the child's underlying need for attachment and early learning experiences to organise their experience and learning (Lucas 2010).

Versions of the Profile have been used by nurture practitioners for the past 50 years. In its present form, it is valued by teachers and is used to identify children with social, emotional and mental health needs in a range of educational settings. (Ruby 2019). Importantly, it is a unique tool, originating in teachers' observations of children rather than in psychological theory, and developed at a time when the educational climate was very different from today.

## UNDERSTANDING THE EDUCATIONAL CONTEXT AND METHODOLOGY

To read the Profile in the light of current educational practice is to miss the radical nature of what was asked of all those involved in its origin. As teachers in 1969 and the early 1970s when the first nurture groups were opened, we relied on intuition and our own child studies, observations and life experience. We were informed by John Bowlby's work for the World Health Organisation on Maternal Care and Mental Health (Bowlby, 1951) which was published in summary as *Child Care and the Growth of Love* (Bowlby 1953). Bowlby's focus was on the effects of maternal deprivation among the many 'looked after' children in the post-war period, when the 'relative importance of nature and nurture remains still to be determined' (Bowlby 1953 p14), an ongoing debate in education, at the time. He identifies: 'lack of any opportunity for forming an attachment to a mother-figure during the first three years' (Bowlby 1953 p51) as one of three adverse experiences on a child's development, the others being deprivation and changes of mother-figure over a significant period.

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Further research led to the publication of *Attachment and Loss, Volume 1*, by the Tavistock Institute of Human Relations (Bowlby, 1969). Bowlby recounts the long research process in 'The Origins of Attachment Theory' in *A Secure Base* (Bowlby 1988) and his theory was taken up more explicitly in nurture groups as the nurture movement was formalised in the late 1990s (Bennathan and Boxall (1996). Meanwhile, as nurture practitioners, our primary task was to 'be and do' for the children as we would our own young children and our strategies, such as the use of 'transitional objects' (Winnicott 1971), were simple and spontaneous rather than considered psychology.

New 'informal' teaching methods were also coming into use, heavily endorsed by Plowden (1967) but there was very little consistency. This change of approach collided with the arrival on the Kingsmead Estate of many 'problem families' (Harrison 1983) mostly immigrants, as they were rehoused by the GLC (Greater London Council) from other parts of London. The proposed teaching methods, however desirable in theory, were less appropriate in this rapidly changing community.

Few children were referred to Child Guidance Clinics or for psychological assessment by schools and then only those seen to be unusually 'retarded', 'dull' or 'backward' (Hadow, 1956). More usually, those struggling to learn for whatever reason were referred to a school medical officer or nurse as 'backwardness' was often seen to be caused by poor attendance, health or home conditions such as poverty or ignorance. Education welfare officers with social work training were employed by the LEA, to make weekly checks on attendance with follow up home visits if required. The psychologist's role in relation to schools was to administer standardised tests of intelligence and verbal reasoning and any recommendations they might make would be to the headteacher and normally concern referral to a special school or management of a perceived disability, such as hearing or vision impairment.

Record keeping at most schools at the time was minimal. The records passed on to the next teacher would normally consist simply of a list of books read and a sample of the child's most recent work. Otherwise, teachers were advised to discuss the school history of 'retarded' children on transfer from infant to junior school and the: 'practice of passing on a brief report on each pupil is greatly to be recommended' (HMSO op cit).

The Kingsmead nurture group was set up within this educational and social context at a point when this small one-form entry infant school, along with several others in Hackney, was reaching breaking point, with many children at risk of exclusion and teachers under severe

stress (Lucas, 2019). I had unknowingly anticipated Marjorie Boxall's insights by adapting my teaching style to manage the most challenging children. As news of the pilot nurture groups in Hackney spread, the headteacher and I met with Marjorie Boxall to discuss how we might also start a group, to be made up almost entirely from children from my middle infant (Y1) class and with support from the then nursery assistant. With the youngest of my five small children in the nursery we understood each other well, how we might work together and the resources we needed.

As more nurture groups opened across Hackney, we began to meet regularly with other nurture practitioners at the Child Guidance Clinic for support and to share good practice. In the meantime, Marjorie Boxall continued to meet nurture teachers and helpers in their schools, frequently, with the discussions being recorded in fine detail, reflected on and often followed up later with a phone call for clarification. This set a pattern for detailed record keeping of every aspect of the nurture group day and particularly the individual child's daily progress and behaviour.

The detailed records kept in these early nurture groups were exceptional, and the Boxall Profile would not have come into existence without them. We recorded meticulously, for example, what provoked a fight or tantrum, the actual actions and language used, however lurid, the duration and frequency of incidents, together with our own responses, words and actions. Weekly record sheets were devised and reproduced without the aid of photocopiers and computers and these formed the basis for our regular discussions at the child guidance clinic.

Marjorie Boxall valued our direct and forthright comments. I recall vividly many of these distressed children and the hours of observation, recording and discussion to define their needs and how best to meet them. This distinctively developmental approach, for the adults as well as the children, underlined the basic premise of nurture groups: that they are about normal human growth and development, that is, learning, not pathology. As worried teachers, we were persuaded by Boxall that neither we nor the children were to blame; we were not failures and there was a way to understand and manage the behaviour confronting us daily, from parents on occasions, as well as the children. Threats, and on one occasion, actual physical violence, were not unusual.

The focus was always on the actual behaviour rather than our response to it. We gradually learnt Boxall's fundamental lesson and the conviction that underpins nurture work: that when we relate to children at the appropriate developmental level, learning takes place. Beyond this, what at times became deeply personal work although never straying into therapy,

we discovered the value of important professional practices such as detailed planning, record keeping and assessment, now accepted practice for all teachers. The line between therapy and education, albeit at an early level, was clearly drawn, a vital consideration now that nurture is used more widely to support children's mental health and wellbeing. The key to understanding this is the nurture curriculum based on Boxall's Earliest Learning: a summary chart. (Lucas 2010, pp7-11), mainly compiled from notes of my own baby's development, made during my maternity leave in 1978. This sets out the context for early nurture modelled on the learning of babies and young children at home that promotes healthy development. The content covers the two crucial phases of Early Learning: 1. attachment and proximity (birth to approximately 11 months, and 2. letting go and bringing back: developing autonomy (approximately 16 to 36 months).

### **Authentic nurture practice starts with the child**

Fifty years ago, during this period of far reaching social upheaval and change, many young children in Inner London schools who were at risk of exclusion, were reintegrated successfully into their ordinary classes with nurture group support. As far as it has been possible to ascertain, they continued their school careers without further incident.

Below, I have identified four of these children, children A-D, whose records clearly demonstrated a high level of what we recognise now as developmental needs and whose behavioural characteristics were eventually formulated into items on the Diagnostic Profile. These children predate the Profile as we know it. A fifth child, child E, identified by the Kingsmead nurture group, met the criteria for the first trial of Stage 1, as described in the Handbook Part 4 (Boxall op cit).

More items were contributed by teachers from other Hackney schools with each having its origin in the behaviour of an individual child. Without reference to the original records it is very easy to underestimate the slow and painstaking way in which this data was collected, item by item, over more than a year, each word being discussed at length then compiled in usable forms, all in addition to a full and demanding day's teaching.

Surviving copies of the earliest record keeping prior to the first draft Profile, are of a simple proforma, completed weekly by the nurture teacher, which recorded the child's response to the adults, level of play, conversation and behavioural features, together with a cognitive profile, their drawing of a man, a free drawing with a caption and with teachers' notes on the child's background. These items provided an overview of the child, an indication of their developmental and learning level and needs and a prompt for discussion

with the psychologist and class teacher. Crucially, for the development of the Boxall Profile, it is possible to recognise in the completion of these early record sheets, the observations which contributed to the earliest version of the Profile and would in time become the developmental strands and diagnostic profile.

While class teachers retained responsibility for the children's academic progress they were frequently frustrated by the disruption to the class as they attempted to follow the practices of the 'child centred education' recommended by Plowden. 'Nurture', that is providing and managing the children at the developmental level they presented at, appeared contrary to 'good practice'. Some experienced teachers felt seriously undermined and questioned the rewarding, as they understood it, of 'bad behaviour' and questioned reports of improvements in behaviour and learning in the nurture group setting. Many, already under pressure from the social and cultural changes on their personal lives, were unable to accept the notion of 'nurture' and withdrew, moving away from the stresses of the inner city to the suburbs or leaving the profession entirely.

Staff meetings as a forum for discussion were rare and INSET, as we now know it, was unknown. Where there was a willingness to learn, it was sometimes possible to have a professional dialogue about possible causes and strategies for survival, if nothing more. With sensitive management and understanding from both sides, there could be a sharing of good practice, leading eventually to the development of a nurturing school with nurture principles and practice at the heart (Lucas 1999).

### **Child A. Diagnostic Profile item 27: 'is into everything': shows fleeting interest but doesn't attend to anything for long**

Child A is the child referred to by Boxall in Part 4 of the Handbook as: 'is into everything'. These words used by the nurture assistant in the course of one of our meetings at the child guidance clinic clearly demonstrate the intuitive response to the actual developmental level ie that his behaviour was appropriate for a toddler of 1-2 years.

A had been described as very unco-operative throughout his Reception year.

As Boxall writes: *'He refused to co-operate or conform and would stubbornly refuse or throw a tantrum if his teacher insisted on such things as clearing up, going to the hall etc. He responded better to cajoling and would eventually do what was required. As he began to understand what was expected of him, he gradually improved, but he frequently took toys, sweets and money and his behaviour was generally very disturbed. The only quiet time was when he sat by his teacher's*

feet, playing with her laces.’ (Boxall. unpublished. See note on Nurture archive below).

His disruptive behaviour continued in his middle infant (Y1) class of 30. It was during his second year, 1972-73, that the school recognised the need for a nurture group with A being one of the children who demonstrated the necessity for it. As his class teacher at the time I often remarked that I could manage him if I related to him as a toddler; he needed a great deal of supervision in order not to disrupt and he became very dependent, often, I clearly recall, calling me “mum”. Intuitively, I managed his behaviour as if he were very much younger, for example, by restricting his access to materials and resources, by not expecting him to make a choice, giving him very simple and direct instructions rather than expecting him to understand general instructions to the class.

Boxall continues: *‘In the more secure environment of the group he was said to be a changed child. He seemed happy and biddable and could concentrate. All the features built into the nurture group’s day helped and reinforced the close relationship between himself and his teacher. The demands made on him were more relevant, the food and slower pace all helped, and he responded well. Out of the group however, he erupted.’* (Ibid).

In the ordinary classroom it was the disruptive behaviour that dominated, the grabbing of toys, material and even attention that led to arguments and fights, but within the nurture group environment it was possible to observe more closely and manage and relate to the individual child rather than the group or class.

This simple observation ‘is into everything’ and the discussion that flowed from it, led to a reappraisal of every aspect of our understanding of nurture. The insight gained from recognising the developmental need expressed in one aspect of child A’s behaviour was the key and we could now proceed, knowing now how to meet the child’s needs: the social and emotional behaviour of a toddler while encouraging the cognitive development of a 6+ child. We began to articulate the positive, very early developmental characteristics such as making eye contact, but at this time we were not aware that our observations were any more than an aid to understanding and helping the individual child, and possibly useful for a more constructive conversation with class teachers and parents.

In the short term this conversation allowed us to gain the trust of child A’s young West Indian single mother who had three other young children. It provided an opportunity to discuss cultural expectations and child rearing, especially of boys in the absence of a male role model. The conversation was less successful with the class teacher who was more concerned with the

child being up to standard for transfer to Junior School. The stability provided by the nurture group had helped A begin to make sense of his world, but circumstances meant that he was still in need of support when he had to leave for Junior school, pointing to the need for longer term provision than was possible at the time.

### **Child B and child C. Diagnostic Profile item 29: Clings tenaciously to inconsequential objects and resists having them taken away**

Child B was referred to the nurture group from the Reception class where she was at risk of being overlooked. A slightly-built, only child from one of the remaining and increasingly isolated, East End families on the Estate who did not mix or have a significant presence in the increasingly multi-cultural community, of mainly West Indian or African origin

She was a very quiet and solitary child who would initiate contact with another child or teacher several times a day, by offering a small item of something that she found, such as a small stone, feather or twig, and, having offered the item, asked for it to be returned, continuing to cling to it. What these items represented to the child we could only surmise. Perhaps they were some form of ‘transitional’ object and of value only to her. Words to describe this characteristic were discussed at length and eventually it was agreed that ‘inconsequential’ best expressed the rather bizarre nature of what appeared a simple action, but disconcerting and frustrating for a teacher in that there was no apparent meaning, that is, no curiosity about what it was, its qualities or features, and no possibility of developing the discussion any further. Eventually, the item was included in the Scale 11. Adult dependency (baby stage) section, implying, correctly we believed, that it was the action of a pre-toddler who, once gaining enough hand control, will pick up items at random, simply as a physical exploratory action. Although generally biddable, she was very reliant on the teacher and only minimally ‘socially aware’.

In all other respects, B tried to conform to the group requirements but appeared to have a limited vocabulary and struggled to communicate orally. I recall completing her cognitive profile and the length of time needed to wait for her brief, mainly single word responses with several whispered ‘don’t knows’. In the nurture group she engaged in solitary play alongside one of the other girls who was a little older than herself. Closer observation however revealed that she was a little more assertive than was apparent at first sight and she would silently resist taking on roles, for instance in house play, to please more assertive children and simply ignored them. Through B we were alerted to the need to observe the non-communicating children, particularly girls, who had developmental needs which, if unmet, would lead to difficulties later.



The family was eventually rehoused and B left the school towards the end of her second year. The experience though of articulating and including her 'inconsequential items' in the emerging draft Profile contributed importantly, to a diagnosis and support for child C.

C was the fourth of six children, a survivor of twins, from a French speaking Mauritian family. He was admitted to the nurture group in September 1974 at the request of the headteacher after a difficult encounter with his mother, although he was not considered at that time to be a typical nurture child. He was described as unforthcoming and immature and spent much of his time alone in repetitive, solitary play and drawing small unrelated items. He was seen for formal IQ testing by Marjorie Boxall as the school's educational psychologist and her report is available in the nurtureuk archives along with samples of his work and a letter from his mother. C became the subject of a film on nurture groups for the Open University Personality and Learning Course (OU, 1975) also available in the archives.

Of significance for the purpose of this paper is the disclosure by his mother of his difficult behaviour at home and particularly of the collection of 'inconsequential items', dead flies and other insects, that he kept under his bed and which she was urged to allow and respect. A photograph of these in the course of the filming, immediately threw light on his preoccupation in school with his repetitive drawings of several small unrelated objects on a page and his inability to move on. He remained in the nurture group for the rest of the school year, gradually making friends and progressing with his learning. Slowly, as he gained in confidence, his drawings changed to become more recognisable as coherent 'pictures'.

With the increasingly positive relationship that developed with the family, C continued to make progress, transferring successfully to Junior school along with his peer group. On leaving the school, his mother commented that his admission to the nurture group had ended 'five awful years'.

**Child D. Diagnostic Profile item 3: Variable in mood; sometimes seeks and responds to affectionate contact with the adult, at other times rejects and avoids**

D was a member of the same middle infant class as A and similarly, identified as one of the children who demonstrated the need for a nurture group. He was a big, robust child of Nigerian origin who had been in foster care outside London, since babyhood. He was the oldest of three boys with his brother, a year younger in the Reception class and the youngest still with foster parents. His parents were university students who,

as we got to know them, explained that the fostering arrangement was a common practice in their culture. In his classroom he was described as restless, extremely moody and liable to get into fights. He was clearly intelligent, was beginning to read, write and do number work but would destroy his work if praised. He was liable to have a violent outburst, fighting any child in his way or demolishing a display, sweeping books and artefacts off shelves and tables. I quickly learnt that the best response was to reach out a hand silently and take him to a quiet space to recover.

Several items on the current diagnostic profile would be scored 2 or 3 for him but item 3, scored at 4, *like this to a marked extent*, is the item that most accurately describes him, although this barely describes the extent and volatility of his mood swings. The succinct wording of this item was arrived at after several attempts to describe his dependence on, yet ambivalence for, adult control and support. The surviving page in the archives of the draft profile relating especially to D and annotated in Boxall's handwriting, is a moving testament to her attention to detail and concern for individual children.

In the nurture group, D responded well to the routine and the limited choice of activities. As with A, a parent/child relationship began to develop intuitively in the classroom which continued into the nurture group. Here he was described and recorded as being dependent on the teacher for comfort and control. He engaged in very early level baby play, crawling on the floor and 'being' a baby to the extent of wanting to wear a nappy which he removed from the baby doll, over his trousers. At other times he chose to 'work' and made good progress with reading. Gradually, his preoccupation with baby play lessened and he began to show caring behaviour towards other children although visits to 'gran', his foster mother, or other family events such as his mother's admission to hospital after an assault, led to relapses into moodiness and sometimes fighting.

The family was rehoused outside Hackney at the end of the school year which coincided with D's transfer to Junior school. Informal enquiries were made about his subsequent progress and the response was positive with no report of behavioural difficulties.

**Child E and the first draft Boxall Profile: September 1973-4**

A diagnostic developmental profile from the ILEA Schools Psychological Service was introduced as a trial at the beginning of the school year 1973-4. It consisted of three levels: 1. Adult dependency; 2. Separation and developing autonomy; 3. Group-sufficient autonomy with categories of organised and disorganised behaviour which, when scored, gave a level on the disruptive index.

It was completed for a carefully selected child, E, who had been referred to the newly formed nurture group on transfer from reception class to middle infants/ Y1. There was debate as to whether placement in the nurture group was appropriate and whether his needs might be managed in his ordinary class with some modification. He was not seen as a typical nurture child, that is, his behaviour, although disruptive at times, was not typically that of a baby or toddler. At the time of referral, he was five years old and was making reasonable progress with his learning and beginning to read. Little was known about his family background other than he was of Ghanaian origin. His parents did not respond to invitations to come into school and were aggressive when visited by the education welfare officer to offer financial help as he was poorly dressed and often hungry. In the classroom, E was described as withdrawn and aggressive, kicking, fighting and stealing and he would frequently get into fights in the playground.

In his first weeks in the group E was very reserved. He would respond to a question but otherwise was unwilling to volunteer information. He was generally co-operative and would join in a group activity although his new class teacher reported that his difficult behaviour in the classroom continued. By the October half term, he had settled into the nurture group, begun to make friends and would play with another child from his class. He was making progress with reading and could remain with his ordinary class for occasional days without disruption. On returning from half term he chose to remain in his ordinary class spontaneously. By the end of the Autumn term his teacher described him as 'lively, full of fun, a really happy boy, rolls on the mat with laughter, making remarkable progress with reading'. The progress continued into the new year and he transferred permanently to his mainstream class.

The scores on the ILEA Profile supported the view that E was not a typical nurture child: he showed little adult dependency and had a reasonable level of autonomy, was usually biddable and could function in a group. After much thought it was considered that the ILEA Profile would not provide sufficient detail to diagnose and support a nurture child and the decision was made to retain elements of the format while constructing a profile based entirely on nurture practitioners' observations. The items to be included had been broadly agreed and were grouped into: Scale or Section 1. Biddable; Socially aware; Socially responsive; Socially adaptive and Scale or Section 11: Disengaged behaviour; Immobilised Behaviour; Adult dependency (Baby stage); Object investigation (Toddler stage); Lack of control; Ambivalence; Antisocial behaviour and Unventuring features. At this stage, scoring amounted to a simple tick if the item

applied. The items were listed in roughly developmental order within each category, 15 for Scale 1, 10 for Scale 2. For the children above, this gave a clear indication of their nurture needs, for example, A's reliance on the adult for support at the toddler stage of Object investigation and Lack of control if the support was not there. This version was valuable in clarifying what would later become developmental strands.

Meanwhile, we began to realise the need for a longer perspective. The first draft Diagnostic Developmental Profile-Behavioural Check List was compiled from the collected observations and grouped into 2 Scales: Scale 1 consisted of 60 items considered to be behaviour seen in normally developing pre-school children arranged in roughly developmental order and Scale 2, 80 items of behaviours that were considered 'deviant' with an additional 10 items of a child's competence in managing their personal needs. Scoring was now on a 6-point scale: 0 (doesn't apply) – 1 applies somewhat, 1\*, applies from time to time, 2 certainly applies, 2\* generally true, 3 very striking. This version was trialled in selected schools, including Kingsmead, towards the end of 1973-74 when after detailed feedback and further intensive discussion it was redesigned as described by Boxall in Part 4 of the Handbook.

In September 1974, we were ready to trial this first nurture Diagnostic Developmental Profile. The language needed to be clear, unambiguous and easily understood by inexperienced nurture and class teachers. For this, E's new class teacher, a newly qualified infant teacher and our newly appointed nurture teacher were invited to complete it as part of the ongoing monitoring of child E, and to comment.

Monitoring the progress and use of the Profile became the priority at all our meetings. As nurture groups continued to spread from Hackney into more schools across the ILEA, Boxall, in Chapter 4 of the Handbook, recalls the progress from being an in-school, hand produced document we shared informally among ourselves, to its eventual endorsement and publication by ILEA. Alongside this account, unpublished records from the Headteachers' Consultation group trace this and other nurture related issues that were taking place behind the scenes, especially the anxieties caused by the approaching demise of the ILEA through the late 1980s. As the ILEA was disbanded in 1989 and individual boroughs took on responsibility for education, the survival of the entire nurture project was at risk. One outer London borough, Enfield, included nurture groups in its special needs provision and the Nurture Group Consortium, a sub-committee of the Association of Workers with Children with Emotional and Behavioural Difficulties (AWCEBD), was formed in 1998 to take the work forward (Bennathan and Boxall

1996). The Consortium went on to become the Nurture Group Network and it was at a meeting in 1998 that the decision was made to rename the Profile.

In a handwritten letter dated 19.1.99 to nurture teachers, assistants and headteachers, Boxall recorded her embarrassment that the Diagnostic Developmental Profile was to be called the Boxall Profile. However, she was encouraged by its continued use and that publication would produce funds to support nurture into the future.

## CONCLUSION

The contribution of nurture practitioners to the development of the Boxall Profile has enabled many children at risk of exclusion over the past 50 years to continue their school careers successfully. Nurture groups have proved that early intervention, in its truest sense, works; no child or teacher need ever be left to fail before help is given.

In the pioneering days, Boxall emphasised the importance of teachers fully understanding the implications of using the Profile and taking ownership of its underlying concepts through reflective practice. When developmental needs are identified, appropriate strategies for managing these needs become clear and the personal and social gains for the child are apparent.

In today's world, recognising these gains as an achievement is vital for all concerned, teachers, school, parents and siblings, as well as the individual child. The cost to society of failure is huge if the young person is not able to support themselves and risks getting caught up in criminal activity or addiction. Teachers too, are vulnerable to adverse judgments and failure at a high personal cost as well as being an expensive loss to the education system. The Boxall Profile continues to be the most effective resource available to support those on the front line of the profession's responses to meeting these and future challenges.

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## NOTES

The 'nurture archive' referred to is the collection of children's records and notes from the Kingsmead nurture group together with Marjorie Boxall's notes, particularly those that contributed to the early drafts for the Diagnostic Developmental Profile, later to be known as the Boxall Profile.

Child C, real name Eric Clements, with his parents' permission, became a case study for an Open University film shown in 1976 on BBC3 for their course on Personality and Learning and which is available in nurtureuk archives.