

# Nurture – Is it too late? A research project into the effectiveness of nurture groups for boys with social, emotional and mental health needs in a secondary special school

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## Abstract

This quantitative study investigates the impact of a nurture group for pupils with social, emotional and mental health needs in a secondary special educational needs (SEN) school. The researcher explores the social construction of the classroom and adaptations made to support the needs of the pupils, to analyse the impact of attending a nurture group can have on pupils who have previously been excluded from mainstream settings and those who have not had their needs met in other specialist SEN settings. Over the course of two years, pupils were educated within the nurture group for 80% of their school week, with opportunities to apply their skills with peers outside of the nurture group during social times. Through careful observations, analysis of Boxall Profiles® and Strengths and Difficulties Questionnaires (SDQs), the researcher adapted the provision to meet the needs of the pupils within to enable them to make significant developmental progress, which impacted not only in school but also at home, with parents and pupils alike commenting on the progress they had made.

Results of the study emphasise the positive impact of nurture groups for the pupils, compared with a control group in the same setting. Furthermore, it highlighted the needs for a whole-school approach to be adopted when it came to embedding the principles of nurture, as those pupils who left the nurture group and reintegrated back into school showed a rapid decline in their developmental progress and in their mental health and wellbeing through the SDQ.

Research into nurture groups in SEN settings is still in its infancy so there is still much to be learned and understood about working with such vulnerable pupils within a nurture group setting. In this research, there is a lack of generalisability with the small sample size based in the North-West of England. Future research would need to implement nurture groups in a range of SEN settings across the country with established and highly trained nurture group teachers to increase the generalisability of the findings.

## Introduction

While the research into nurture groups in special educational needs (SEN) settings is still in its infancy, Lyons (2017) ran a pilot study to ascertain the effectiveness of nurture groups for pupils with social, emotional and mental health (SEMH) needs in a special SEN setting. This research showed some positive outcomes relating to the behaviour and attitudes of pupils, social and emotional literacy, along with how happy and confident pupils felt. However, there was a lack of generalisability due to the small sample size and the length of the study only being over the course of an academic year. This research looks to build on Lyons' work with a similar premise but being conducted over a two-year academic period, using a control group in the second year to ascertain the impact nurture groups could have on pupils' social and emotional development in comparison to their peers in the same setting.

Additionally, some pupils in the control group were former pupils of the nurture group and were being monitored to see if the progress they had previously made could be maintained outside the group. This nurture group was set up and implemented by the researcher, who understood the challenges faced by other secondary schools who tried to implement similar groups in their settings. This gave freedom and flexibility to operate the nurture group in line with the traditional model in a setting that was not confined by the same academic and resource pressures as mainstream primary and secondary schools.

The overarching research question was to ascertain if nurture groups were effective in supporting pupils to access education in a secondary SEMH school. Within this there were three specific questions:

- 1 *Can a nurture group support the development of age-appropriate behaviours?*
- 2 *Does attending a nurture group impact positively on the wellbeing of pupils?*
- 3 *Is a nurture group an effective singular intervention or does it need to be implemented as an approach to teaching?*

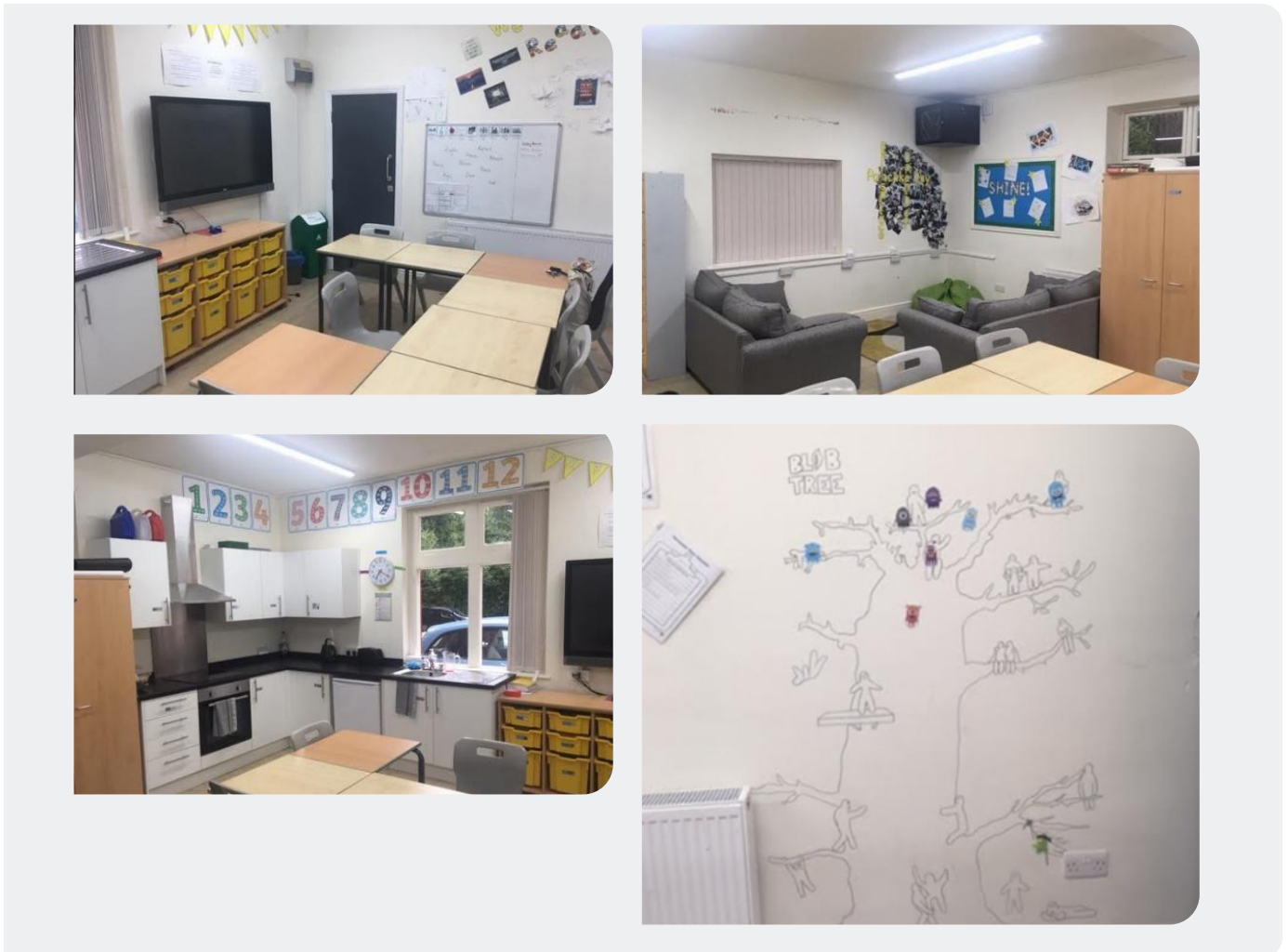
## What are nurture groups?

Nurture groups are teacher-led, psychosocial intervention focused on supporting the social, emotional and behaviour difficulties of children and young people (nurtureuk, 2019), pupils attend the group for between two and four terms (Sloan et al., 2016); their purpose is to prepare the children to re-integrate (Boxall, as cited in Cooper and Tiknaz, 2005) based on the Six Principles of Nurture (nurtureuk, 2019). Typically, groups consist of no more than 12 children (Colley, 2011), although there is evidence of practise with smaller groups (Sloan et al., 2016), supported by a trained teacher and a teaching assistant in an environment which reflects that of the home and school (Fig. 1); kitchen, living room, reading area, and working space. This setting is thought to provide a more familiar and relaxed atmosphere (Garner and Thomas, 2011); children will spend some time in their base classes as well as time in the nurture group. The role of the staff in the nurture group is to form positive, caring relationships with the children (Colley, 2009) and to model positive engagement and behaviours through carefully planned activities which require teamwork, co-operation, speaking and listening and being consistent (Sanders, 2007).

The aim of the nurture group environment is to embrace a more relaxed atmosphere (Garner and Thomas, 2011) with staff working with the pupils to build secure attachments with the pupils to create a "secure base" (Bowlby 2008), and to allow the pupils to develop skills needed in order to soothe themselves and regulate their own emotions (Linsell et al., 2019). In settings where this is achieved, there is the aim that this will allow pupils to develop necessary skills and therefore be able to play an active role in school life, thus leading to less exclusions and disruption due to poor behaviour because of missed early childhood experiences.

The literature explores how nurture groups are being implemented for children starting school with SEMH difficulties, yet concerningly not for those who had the same SEMH difficulties and those who have been excluded from school. In a bid to improve practice and the quality of education for those with SEMH difficulties who had been excluded from mainstream schools, this research sought to build on the work of Lyons (2017) to ascertain if nurture groups could be as effective in a special school for secondary aged boys with a primary diagnosis

**Figure 1: Photographs from the nurture group; (left to right) learning area, home area, kitchen area and 'blob tree'**



of SEMH. Notably, research implies that during adolescence the brain undergoes a secondary stage of development where the neural pathways are more malleable and new behaviours can be learned, which suggests that this could be a “second window of opportunity” (UNICEF, 2017) to support those excluded from education.

### Effectiveness of nurture groups

For pupils in key stages 1 and 2, there is a plethora of research which shows that there is significant progress made by pupils with regards to their social, emotional and behavioural skills as a result of attending nurture groups (Colwell and O'Connor, 2003; Cooper and Whitbread, 2007; MacKay, Reynolds and Kearney, 2010). More recently, research completed on behalf of the Department for Education (DfE) at Queen's University in Belfast has evidenced that in primary schools there are highly successful outcomes for children across a

range of subgroups including children who are looked after to those not eligible for free school meals (Sloan et al. 2019). However, it was noted that there was not a control group in this research and therefore the results should be met with levels of caution when considering generalisability. Research of nurture groups in key stages 2 and 3 showed that this had varied levels of success (Colley, 2009; Garner, 2011; Kourmoulaki, 2013; Perkins, 2017), with Symonds (2015) commenting that nurture groups simply will allow these pupils to go through a natural transition with a higher level of phyco-social maturity. Research conducted by Lyons (2017) looked to cross a bridge with nurture groups and measure their effectiveness in a secondary special school – where arguably there is a higher level of needs to equip these pupils with the necessary social, emotional and behaviour skills needed to navigate school given that these pupils have often been excluded from

mainstream school and this is there only other opportunity to succeed in education. At the time of this research, figures from the DfE (2019) highlight that between 2017 and 2018 in state-funded primary, secondary and special schools, 7,905 pupils were permanently excluded; and a further 410,753 receiving fixed term exclusions. When focussing on permanent exclusions, 42% (3550) of pupils had either a statement; Education, Health and Care Plans (EHCP) or special educational need (SEN) support, a statistic which is consistently higher than average each year (DfE, 2017). More specifically, for those pupils who were registered as having SEN, 56% (1,982) had a diagnosis of social, emotional and mental health (SEMH) difficulties, which Bowman-Perrott et al. (2013) have previously argued has a disproportionate rate of exclusion compared to other pupils with and without SEN. The number of pupils being excluded since 2018 has significantly declined, in part due to the COVID-19 pandemic and the after effects. The data from 2017/2018 is the most accurate data currently relating to exclusions.

Over the course of a year, Lyons (2017) carried out observations, completed Boxall Profiles® and conducted interviews to gather data to understand the effectiveness of nurture groups relating to improving confidence and self-esteem; improved attitudes towards learning; and improved behaviour. While the data trends were positive, with parents and staff commenting on the change they had observed, there was a lack of generalisability due to the timeframes of the research, the small sample size and lack of a control group to compare with.

## Methodology

This action research took place in a SEN school for boys with SEMH needs and who had been excluded from mainstream education; the researcher was the nurture lead for the school, and was also the full-time class teacher for all pupils in the nurture group. Once presentations were made to pupils and parents, where opt-in consent was gained, the decision was made that structured observations would take place on a bi-weekly basis so that behaviours linked to the Boxall Profile® could be monitored and show progression or regression in key areas. However, due the intervention being so intensive it became apparent that the 'Hawthorn effect' (Thomas,

2013) began to have an impact, where the pupil's behaviour was changing, not necessarily in a positive manner, because they were being watched. Upon conversation with one pupil about his behaviour he commented that "I have to behave like that when people are watching me because then they'll help me". From this, the decision was made to switch to unstructured observation, sometimes known as participant observation as the observer is engaged and fully involved; this was also in the best interests of the pupils and in running an effective nurture group. In participant observations, researchers are not simply observing situations, they are talking to the participants, watching scenarios unfold, reading documents (Individual Education Plans (IEPS), Education Health and Care Plans (EHCPs), educational psychologist reports) and keeping notes on events which help understand the situation (Burgess, 1982, cited in Thomas, 2009, p. 186). In this study, the researchers are 'complete' participants as they are integral to the situation, as within the nurture group parameters the staff often take on the roles of parent and sibling to support the pupils in developing appropriate behaviours. However, the work of Thomas (2009) should also be considered as he discusses the idea that there may be occasions where a participant moves from one type of observation to another and therefore observations themselves are a continuum.

## Data collection

Raw data was collected through the completion of Boxall Profile® assessments of the children and SDQs which were all completed three times in the academic year at termly intervals for both 2018 (Cycle 1) and 2019 (Cycle 2 and control group); the SDQ data comprised of the teachers, parents, and child assessments (Fig. 2). The SDQs, which use the Likert scale for scoring, were administered to pupils at three points in the school year, along with the Boxall Profile® assessments. In line with the British Educational Research Association (BERA, 2011) it was decided that they would be administered by the pupils' key worker, as this was a person who the pupils were familiar with but who would be less likely to inflict 'participant bias' (Smith and Noble, 2017) as they had no investment in the effectiveness of the nurture group. During the administration of the questionnaires, pupils could have the question read aloud if they wished and an example of this could be given to allow the pupil

Figure 2. Research cycle



to choose the option which best suited them. All pupils were given the same SDQ as they all fell into the same age category. For parents, the researcher spoke to each parent to explain the questionnaire to them and the purpose of completing; it was recognised that there was a need to be mindful when it came to “prestige bias” (Thomas, 2013). It was felt that completing the SDQs at only three points in the year would minimise the impact as parents, pupils and teachers would be unlikely to remember their previous answers and an honest questionnaire would be returned.

During the second cycle, which sees the

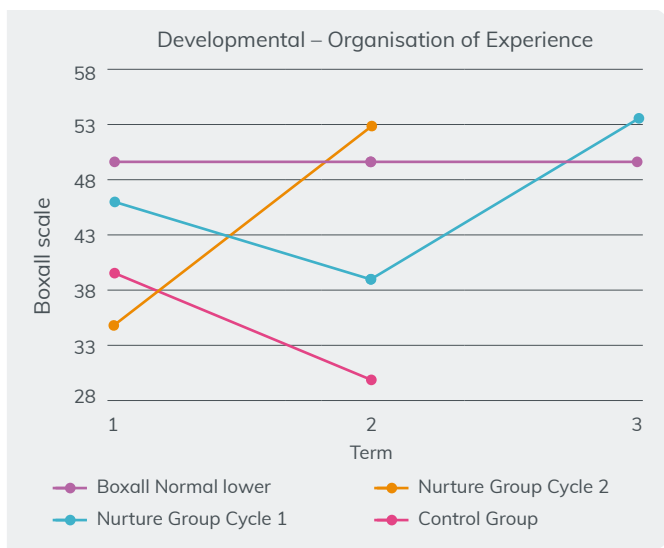
introduction of a control group, the inferential statistics were scrutinised to assess whether the nurture group principles allow for greater social and behavioural development while improving the mental wellbeing of pupils. Asking parents to complete SDQs for pupils at home also allows for the analysis of how the pupils can transfer the new skills and behaviours learned at school into the home setting. Over two years, the data was continuously analysed and discussed as the nurture group continued to be developed. To ensure this was carried out successfully the research underwent a process of recursion, summary and synthesis of the data.

### Results

The first piece of crucial data lies in the Developmental Strands of the Boxall Profile® which consist of ‘Organisation of Experience’ (OE) and ‘Internalisation of Controls’ (IC).

The data from OE (Fig. 3) illustrates that pupils who were in the nurture group for both Cycle 1 (C1) and 2 (C2) made significant progress and achieved within the average scores for “competently functioning children” (CFC). For those in C1 this process was much slower which could be attributed to them being pupils already at the school and therefore they needed to re-adjust to the new rules, boundaries, and settings that the nurture group maintained. It should also be considered that this was the first time the researcher had implemented a nurture group so the progress may have been slowed as a direct result of the teacher’s inexperience.

**Figure 3. Organisation of Experience data**

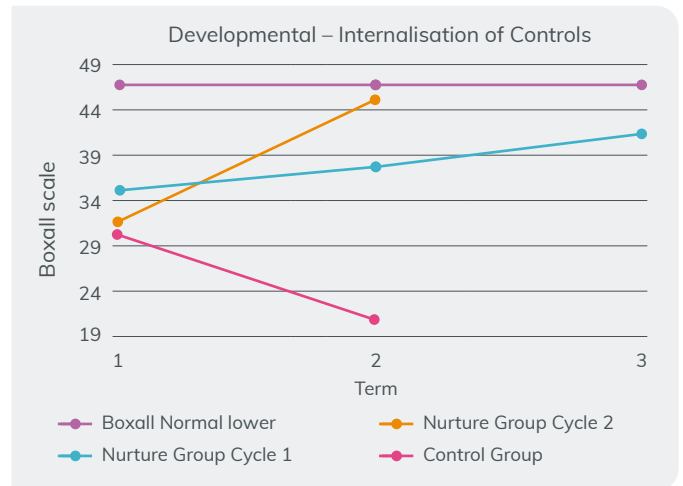


In the C2 of the nurture group, which consisted of some children who already attended the school and some new admissions, the progress was rapid and significant with the pupils being assessed within the ‘normal’ range after one term. This rapid increase could also support the idea that the progress in the first term of C1 was slow and gradual as the teacher became more experienced in her role and once experienced was able to ensure rapid progress with the second group; a trend that can be seen in each set of the data. As a direct result of attending the nurture group, the data highlights a positive trend in pupils’ ability to

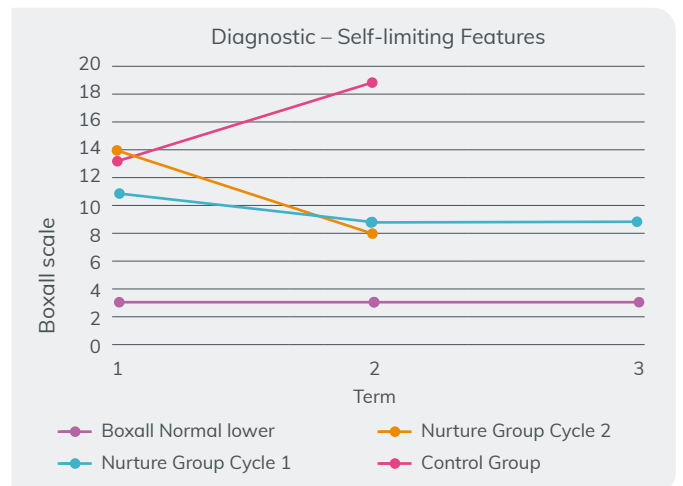
engage more with peers, adults and in beginning to connect their experiences.

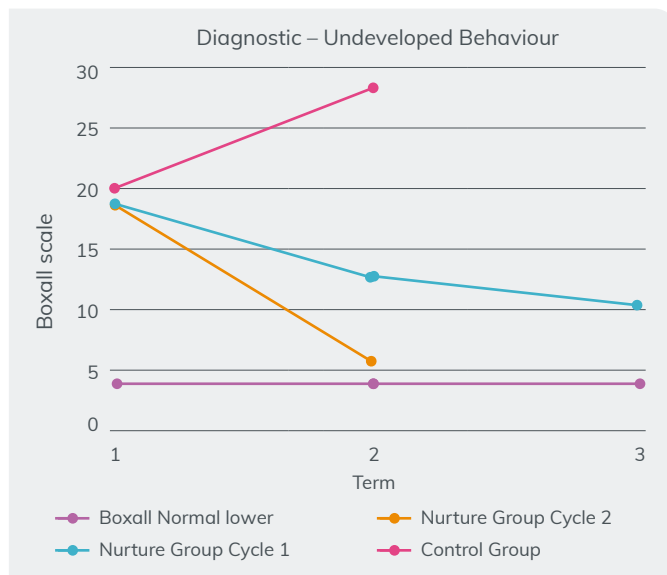
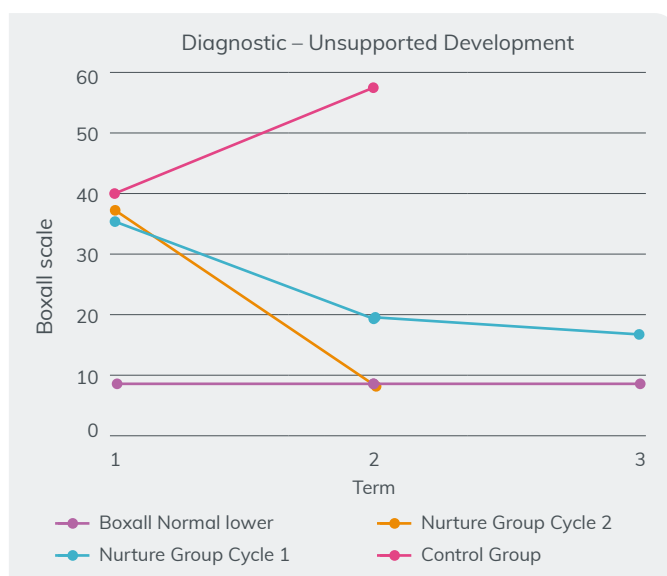
In contrast, the control group (CG) data illustrates a gradual decline in the OE Strand of the Boxall Profile®. For this class, they had no fixed teacher and their timetable changed weekly as a reaction to the previous week’s attitude and behaviour. During the first term they had four different supply teachers all of whom left suddenly which each time made the pupils more reluctant to form relationships as they were untrusting of how long staff would attend the school. In relation to this strand the experiences that they were having were negative and fleeting which explains their decline in this developmental skill. The data from the ICs (Fig. 4) suggests a similar trend for the C1 and C2 groups, again with a rapid improvement being illustrated in C2, although in this the pupils were not in line with the averages of the socially functioning children of their age group.

**Figure 4. Internalisation of Controls data**



**Figure 5. Self-limiting Features data**



**Figure 6. Undeveloped Behaviour data**

**Figure 7. Unsupported Development data**


For the CG, the data suggests a similar pattern of decline as in the OE Strand: these children have had numerous supply teachers and have faced many changes to their timetable, causing them to form negative relationship experiences which impact the templates they hold for others. At this stage in the data there is a significant difference in the development of these children where those in the nurture group can make significant progress as a result of their environment in contrast to their peers.

Boxall works on the premise that as a child or young person secures the gaps in their developmental learning, there then should be a

decline in their scores on their Diagnostic Profile, as they are, in theory, better equipped and more emotionally stable to manage the challenges they face. The Diagnostic Profile in the Boxall Assessment consists of three strands: Self-limiting Features (Fig. 5), Undeveloped Behaviour (Fig. 6), and Unsupported Development (Fig. 7).

Self-limiting Features focus on if the child is disengaged and self-negating, in a typical profile as a child builds better relationships with adults and their peers (Developmental Profile), they would become more engaged and there will be fewer self-negating moments resulting in a lower score. The data (Fig. 5-e) illustrates this decline for both the nurture groups, although in C1 the average scores plateaued after the second term which is somewhat of an anomaly in the data as the lessons were still being delivered in the same way to provide engagement and interaction and there were no changes in the strategies implemented to praise the pupils as a tool to raise self-esteem.

With further critique of the data, it became apparent that pupil C could be the cause of this anomaly as he had a scattered score as a result of significant life-changing experiences outside of school. The data (Appendix A) shows that in the third term there were only three of the five children left in the nurture group; the other pupils (A and B) were assessed as having made progress which supported their transition back to their base class. Of the three children remaining in the nurture group, pupils D and E continued to make substantial progress, whereas pupil C regressed in areas of 'Self-limiting Features' and 'Unsupported Development', and thus this anomaly had a greater impact on the average of the smaller group. Subsequently, in C2 the assessment for Self-limiting Features saw a significant decline in the score suggesting pupils were more engaged and less critical of themselves. Within this group there were seven pupils who all maintained rapid progress over the two terms of the data collection which is demonstrated in the consistent gradient of the graph.

'Undeveloped Behaviour' centres around the pupil's attachments and their response to rules and boundaries. The nurture group's principal emphasis was to have a 'safe base', with key members of staff and consistency in the day-to-day running of the group. This should allow for

pupils to build positive relationships resulting in secure attachments where the child does not need to crave and 'act out' to be subject to the attention they feel they need. C1 and C2 in the nurture group show a decline in these behaviours (Fig. 6).

'Unsupported Development' evaluates how well supported the pupil feels on a day-to-day basis when it comes to their basic needs and having them met. It would be expected that pupils no longer must seek attention as they know it will be given and they are happy to share attention with others because they feel confident about who they are and their social status in the classroom. As with all other graphs there is a clear improvement in the C1 and C2 scores (Fig. 7), specifically in C2 where the average score is within the range of CFC. It is worth noting that there appears to be less significant decline in the data from C1 between terms two and three, as previously discussed the data for this group was impacted by a small group size and one pupil regressing in his progress because of outside factors. However, this could also be impacted by pupils beginning to transition back into their base classes.

This often prompts feelings of insecurity and anxiety while becoming sceptical in the relationships they have formed so far as they prepare to meet their next teacher. However, without data from C2 it would be inappropriate to draw a definitive conclusion as to why the scores did not decline further, instead it would be the professional judgement of the researcher based on their knowledge of the setting and its pupils.

The data from the control group is conclusive across all strands of the Diagnostic Profile; the pupils regressed at a significant rate in comparison to their peers. In two of the three strands ('Self-Negating' and 'Undeveloped Behaviour'), the pupils were assessed at a similar level to those in the C2 nurture groups, but by term two they were at opposite ends of the graph. As discussed earlier, the lack of consistency for these pupils in terms of their timetable, staffing, expected standards of learning and boundaries is causing them to show concerning behaviours resulting in Boxall Profile®, which suggests they are experiencing high levels of difficulties. Consequently, the pupils are unable to access education or form positive relationships with those around them.

### SDQ and Boxall Profile® correlations

As part of the nurture group practice, each pupil completed the SDQ as did the child's parent and teacher, within the same week that the Boxall Profile® was completed, to measure the impact on the child's wellbeing and to assess risks of mental health issues. It was predicted that as the pupils improved in the OE Strand, they would also improve their Pro-Social Behaviours and decline in Peer Conduct and Hyperactivity Difficulties. The data gathered supports the initial prediction and illustrates that pupils improved their SDQ scores from previously falling in the 'high' to 'very high-risk categories' to 'slightly raised' to 'close to average' risk in C1 and 'close to average' in C2.

For pupils in C1 there was a noticeable difference between pupil and parent results in the first assessment of 'Pro-Social Difficulties' (Fig. 8) which demonstrated that the pupils did not report having issues with their peers, nor did their parents. Often this could be the result of pupils and their parents not being aware of any difficulties as that is how the dynamic has always been.

However, as the pupil made progress in the nurture group, the scores began to correlate more closely with parents commenting on the changes they have seen in their child. In C2, at the final assessment point there was an awareness and an alignment of the data submitted by the pupil, parents, and the teacher. This closeness in correlation was also illustrated in the data of the CG, however instead of improving, they have regressed; information which is supported by the data of the OE Profile where they also regressed; this supports the concurrent validity of the two tools.

As suggested by the concurrent validity, the 'Peer Difficulties' (Fig. 9a) and 'Hyper-activity Difficulties' (Fig. 10) scores declined for those in the nurture groups. Pupils who scored within the 'very high' classifications in 'Peer Difficulties' on the first data point then scored within the 'slightly raised' category in the third term. On the 'Hyper-activity Difficulties' there were significantly diverging results throughout the data. This could be attributed to pupils in the group having a diagnosis of ADHD, which may limit the progress and impact the data that is given by parents from the home setting and the teachers within the school setting.



However, the data does show a closer aligned agreement in the third term in C1 and the second term in C2 where the scores fall in the 'close to average' categories.

As expected, the data for the CG shows scores that increase with pupils' scores, placing them in the 'high' risk category, and parents' and teachers' scores placing the risk factor as 'very high'. Often the parents and teachers are in agreement about the strengths and difficulties of the pupils, while the pupil often scores themselves significantly lower, either caused by participant bias or through not truly understanding the difficulties they face.

Figure 8. Pro-social Difficulties data

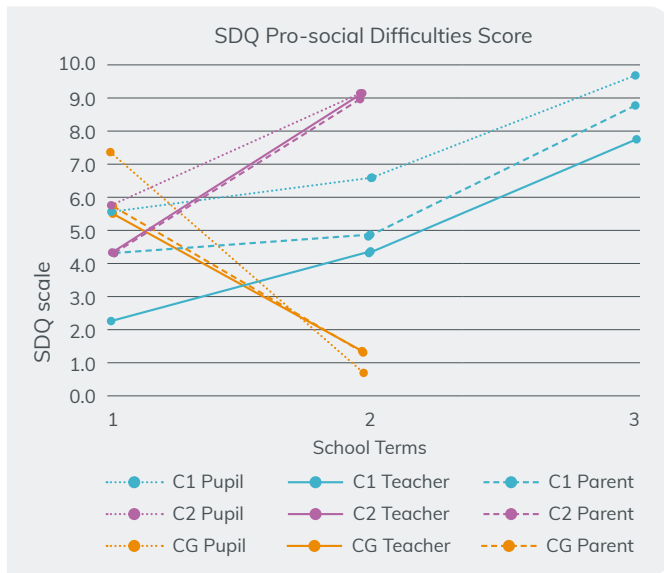


Figure 9. Peer Difficulties score

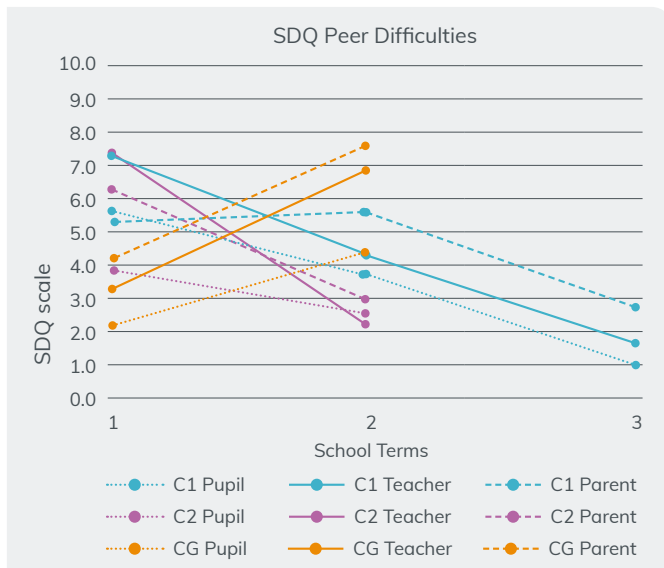


Figure 10. Hyper-activity Difficulties data

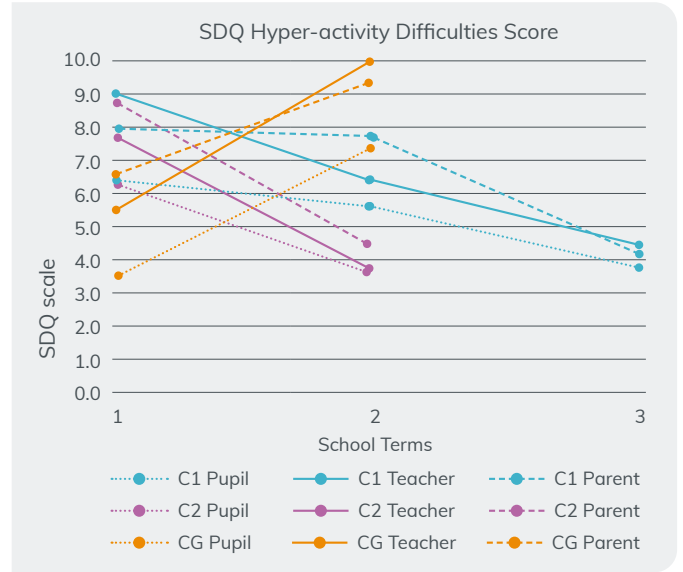
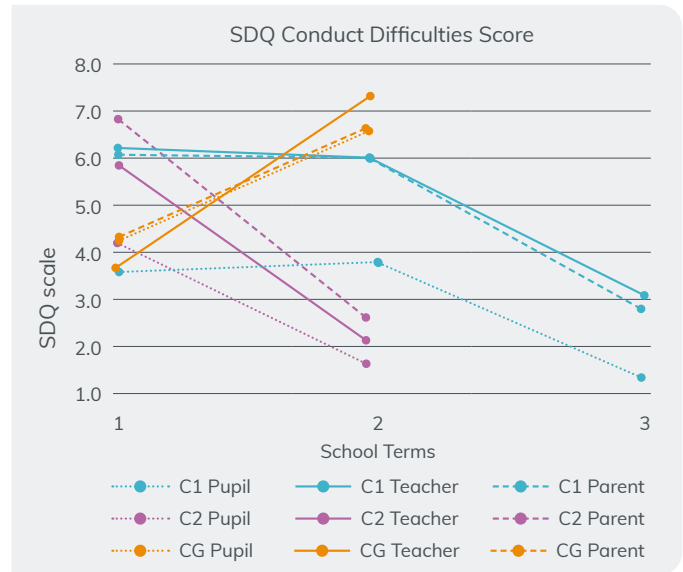
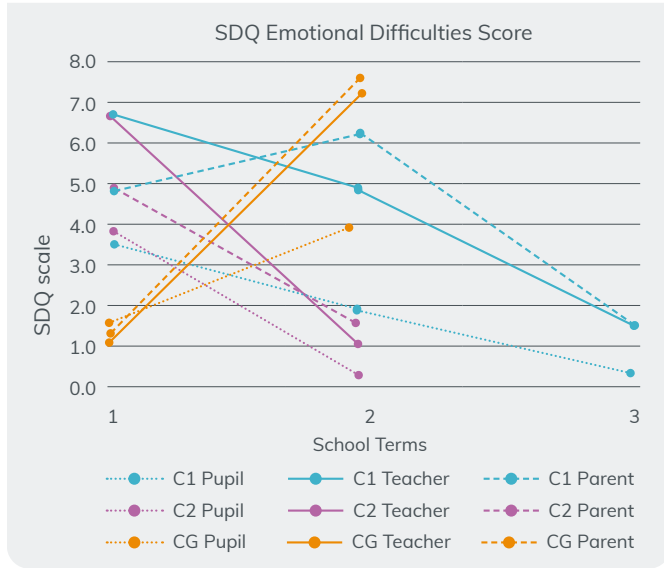


Figure 11. Conduct Difficulties score



The final two SDQ scores relate to 'Conduct Difficulties' (Fig. 11) and 'Emotional Difficulties' (Fig. 12), with research highlighting the link between these scores on the SDQ and 'Internalisation of Controls' on the Boxall Profile®. It is suggested that those who have better internalisation of controls will score lower on the 'Conduct' questions which is reflected in the data gathered. Within the C1 group, the progress scored by teachers and parents during terms one and two showed little progress, although in the third term there was a significant improvement, which both the parents and the teachers noticed. There was also a similar trend shown from the child's self-assessment although, on average, they scored themselves lower than the parents and teacher.

**Figure 12. Emotional Difficulties data**



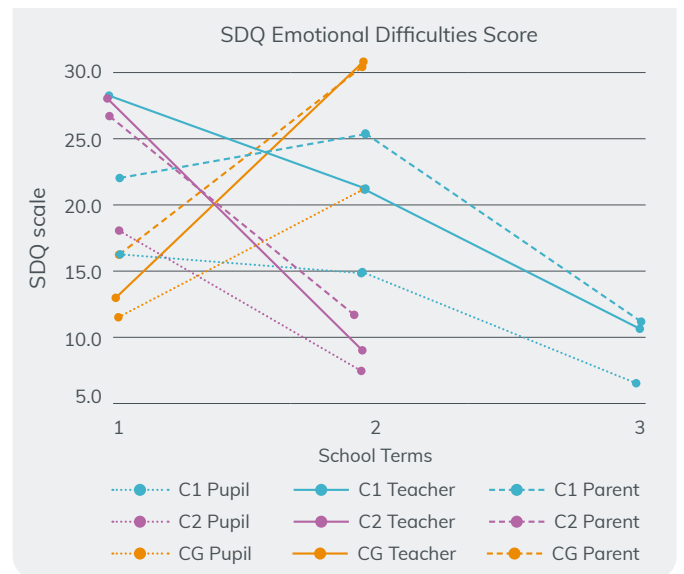
Contrary to the research (Couture, Cooper and Royer, 2011), the data recorded from the ‘Emotional Difficulties’ section of the SDQ also declined where it was suggested that ‘the children who have better internalisation of controls tend to have...more emotional symptoms’ (2011, p.24). The scores did show that the parents in C1, on average, recorded an increase in the child’s emotional difficulties as the children were becoming more aware of their emotions and understanding how they felt. However, by the third term the parents and teachers scores were matched with the pupils scoring themselves significantly lower in contrast to their first term in the nurture group. In C2, as in other areas of the SDQ there was a steady decline in the scores where the pupils, parents, and teachers scored the pupil in the ‘close to average’ category.

As in all data, there maintains the view that those in the CG are regressing, which is scored by pupils, parents, and the staff. In terms of ‘Conduct Difficulties’ parents and pupils scored the same with the teacher scoring slightly higher, which may reflect the school environments and the conflict the pupils were facing. Furthermore, there was a significant increase in the scores parents and teachers recorded for the ‘Emotional Difficulties’ where the scores changed from being ‘close to average’ to ‘very high’.

When grouped together and an overall score was created for the pupils in C1, C2 and the control group, the data (Fig. 13) gives a very clear

illustration that those who experience the nurturing care needed for child development they become less likely to develop mental health issues in the future and have an improved sense of wellbeing based on the SDQ total scores, which allows them to engage with their peers, other adults and in the education setting, which is reflected and supported by the data gathered on all strands of the Developmental and Diagnostic Profiles where pupils made steps towards being within the CFC area. Pupils who were placed in the nurture groups (C1 and C2) we scored, on average as being in the ‘high’ risk category, however, by the end of their time in the nurture group their average scores placed them in the ‘close to average’ category with pupils scores being the lowest suggesting they felt they were being less affected by their own difficulties.

**Figure 13. Total Difficulties data**



For those pupils in the CG, the pupil, parents, and teacher had recorded significantly high scores placing the pupil in the ‘very high’ risk category by then end of the second term, when in contrast, at the start of the year the pupils scored themselves in the ‘close to average’ category and the parents and teachers scored them in the ‘slightly raised’. This data correlates with the scores of the Boxall Profile® where the CG regressed across all of the Developmental and Diagnostic Strands.

**From the nurture group to the control group**

Within the C2 control group (2019) three pupils had previously attended the nurture group during

C1 (2018). Whilst the nurture group was not intended to be a long-term intervention, the idea of them was that through developing the necessary developmental skills the children would then be able to function as part of the whole school community and behave in ways which were deemed socially acceptable in the school community.

Boxall data was compiled showing the journey of these three pupils from the nurture group to the control group over a two-year period; it demonstrates that perhaps the nurture group intervention alone is not enough regardless of how much progress is made. The data for the Developmental strand of the Boxall Profile® (Fig. 14, Fig. 15) shows that pupils who made progress in their three terms in the nurture group then regressed in terms four and five when they were back in the control group.

Figure 14. NG to CG – Organisation of Experience

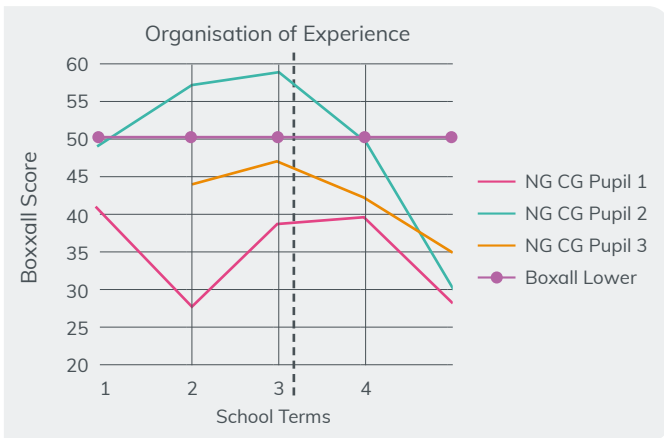
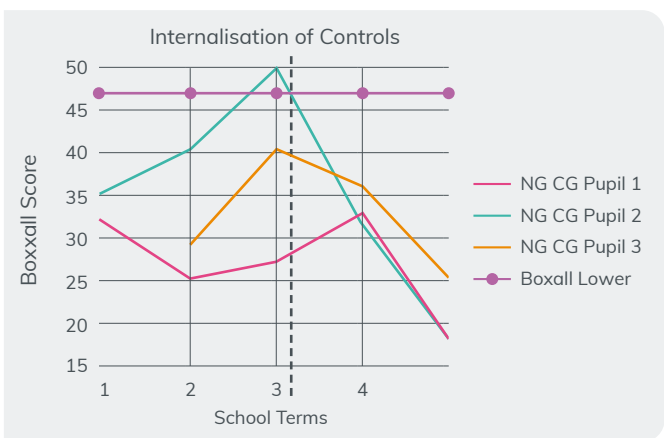


Figure 15. NG to CG - Internalisation of Controls



There was a similar trend when it came to the Diagnostic strand of the Boxall Profile®, with all

pupils making progress in the nurture group and regressing below their initial assessment at the beginning of Cycle 1 level by the end of two terms in the control group (Fig. 16, Fig. 17, Fig. 18).

Figure 16. NG to CG – Self-limiting Features

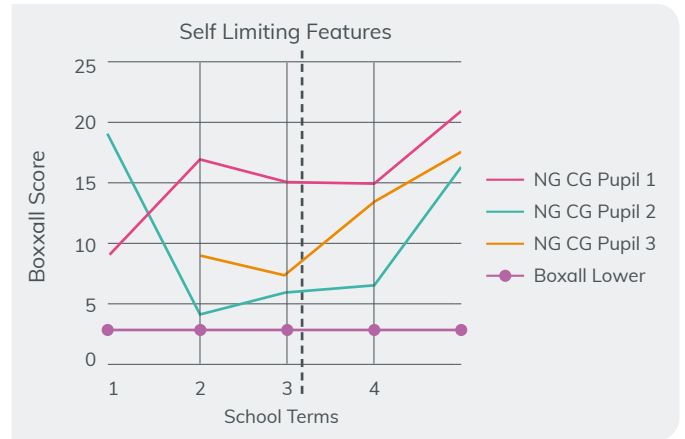


Figure 17. NG to CG – Undeveloped Behaviour

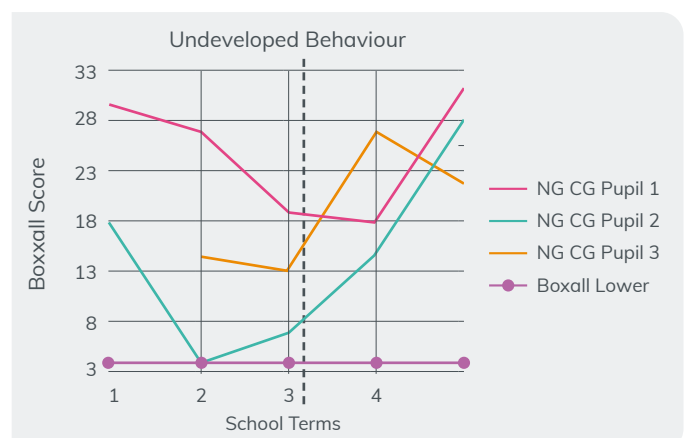
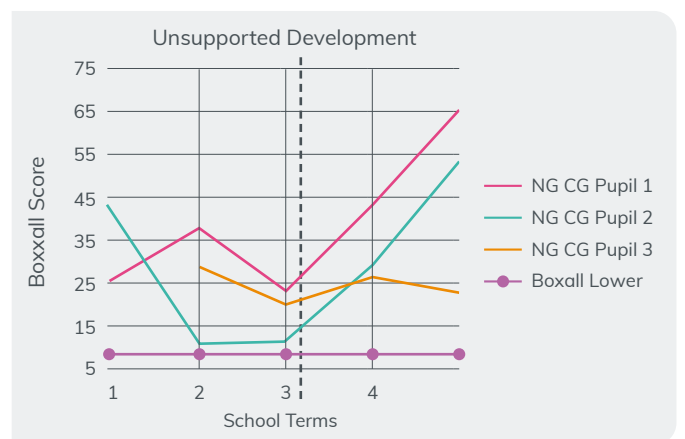


Figure 18. NG to CG - Unsupported Development



With this data it is important to consider the impact of the other two pupils in the CG and how

they may have been able to influence the behaviour of those in the group as the data shows a decline in the scores but at different rates for each of the pupils in the group.

An anomaly in the data is pupil 3 in the 'Unsupported Development' sub-cluster, where a high score indicates lack of early nurturing care, where the pupil is recorded as having a constant score in comparison to his peers. Such data could show that this pupil has benefited from the nurture group and as a result is able to separate himself from the other pupils and does trust the school staff to support him. Pupil 3 also shows better scores in comparison to his peers in the Developmental Strand of the Boxall Profile® (Fig. 14, Fig. 15) with his scores in 'Organisation of Experience' and 'Internalisation of Controls' not demonstrating as significant of a decline as his peers. This data would imply that pupil 3 is organised and interested in the world and can participate constructively because he is more emotionally secure than his peers, thus showing he has "internalised the controls necessary for social functioning".

## Discussion

The results from the Boxall Profile® assessments and SDQ scores for both Cycles 1 and 2 illustrate that in this study, nurture groups were effective in increasing the scores of Developmental and Diagnostic behaviours. Such an increase towards the 'competently functioning' children highlight how nurture groups do support in the development of age-appropriate behaviour. It became clear that there were increased levels of success in C2 compared with C1; perhaps down to the specialist teacher becoming more confident in the theory and approaches used (Cooper and Whitbread, 2007), and also from other school staff making attempts to adopt the nurturing approach to teaching and learning. The control group data highlight the decline in the behaviour of those who do not receive a nurturing education and the impact that it has on their ability to engage and access education as a result of not being able to regulate their emotions.

In relation to the three more specific questions asked at the start of the research, this study set to highlight the impact of nurture groups on; developing age-appropriate behaviours;

reducing the likelihood of mental health issues; and ascertaining if the nurture group was effective enough as a single intervention or whether it needed to be adopted as part of a whole-school approach to teaching and learning.

Firstly, the impact of Developmental behaviours is highlighted in the Boxall Profile® data (Fig. 5-e – 5-g), where it clearly shows that those pupils who were part of the nurture group were more able to demonstrate engagement in the classroom through the application of their more attuned social and emotional skills. Particularly, in both cycles, pupils in the nurture groups scored in line with their 'competently functioning' peers in mainstream schools when it came to 'Organisation of Experience'. This is the engagement of a young person with the adults and their peers in the classroom as a result of linking up their experiences. These pupils had formed positive relationships (Breeman et al, 2015) alongside trusting and respectful relationships (Mowat, 2010), thus allowing them to access education. This shows that pupils who are excluded from mainstream school because of their behaviour should not have been. Instead, they could have received a nurturing approach to their education which would have allowed them to learn the necessary skills needed in order to engage in the classroom, much like a pupil learns the skills needed to carry out a science experiment in order to pass their SATs or GCSE exams.

Furthermore, the SDQ scores prove that through the nurturing approach to learning there was a visible change in pupils' mental wellbeing, not only from the teacher's viewpoint but also the child's and their parents'. In all the data the scores of the teacher, pupil and parent converge towards a score which indicates that there is 'close to average' or 'slightly raised' when it comes to likelihood of developing mental health issues. This demonstrates how having positive, trusting relationships and increased self-esteem and self-confidence can impact a person's wellbeing, a notion that needs to be supported for pupils who are funded for an Education, Health and Care Plan for SEMH.

## Conclusion

When considering this paper's title and the suggestion that it may be too late to support pupils with SEMH needs in a secondary setting,

the research shows that it is not too late. However for this approach to be successful there must be a whole-school approach to ensure its success. The success of the results is even more significant when comparing them with their peers in the same setting who show a significant decline in their scores on the Boxall Profile® and SDQs because of not being embraced within a nurturing approach to teaching and learning. However, it is worth noting that while the nurture group did improve self-esteem, support positive mental health and address gaps in developmental behaviours, there were limitations in its success when the pupils returned to the classroom where the nurture principles were not adopted and they showed significant regression.

To enhance the generalisability of this research and to ascertain the true picture of nurture groups

in secondary SEMH settings, further consideration should be given to conducting such on a larger scale across areas of the UK. Additionally, in the control group, the wide range of extraneous variables, including supply teachers, impacts on the generalisability of the research and this would need to be carefully considered in future studies.

While consent was gained from the parents and pupils to opt into the research, the research has shown that without effective aftercare in terms of a whole-school approach to nurture, there is a significant regression in the mental health, wellbeing and behaviour of pupils when leaving the nurture group, something which needs to be considered more carefully in future research of this kind.

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## Appendices

### Appendix A: Boxall Profile<sup>®</sup> Raw Data

#### Cycle 1:

		Pupil A	Pupil B	Pupil C	Pupil D	Pupil E	Average	Boxall Normal Lower	Boxall Normal Upper
Organisation of Experience	Term 1	44	44	41	52	49	46.00	50	72
	Term 2	47	50	28	36	57	43.60	50	72
	Term 3			39	62	59	53.33	50	72
Internalisation of Controls	Term 1	29	42	32	37	35	35.00	47	64
	Term 2	40	54	25	29	40	37.60	47	64
	Term 3			27	47	50	41.33	47	64
Self-limiting Features	Term 1	9	11	9	5	19	10.60	3	0
	Term 2	7	4	17	10	4	8.40	3	0
	Term 3			15	5	6	8.67	3	0
Undeveloped Behaviour	Term 1	14	9	29	23	18	18.60	4	0
	Term 2	13	5	27	14	4	12.60	4	0
	Term 3			19	4	7	10.00	4	0
Unsupported Development	Term 1	28	26	25	39	43	32.20	9	0
	Term 2	21	6	37	20	11	19.00	9	0
	Term 3			24	17	12	17.67	9	0

#### Cycle 2:

		Pupil A	Pupil B	Pupil C	Pupil D	Pupil E	Pupil F	Pupil G	Average	Boxall Normal Lower	Boxall Normal Upper
Organisation of Experience	Term 1	41	29	24	43	32	28	47	34.86	50	72
	Term 2	60	49	52	63	51	50	47	53.14	50	72
Internalisation of Controls	Term 1	32	34	31	41	28	20	35	31.57	47	64
	Term 2	49	51	45	44	49	43	39	45.71	47	64
Self-limiting Features	Term 1	9	13	14	13	13	20	16	14.00	3	0
	Term 2	6	10	9	7	7	9	8	8.00	3	0
Undeveloped Behaviour	Term 1	9	18	24	15	18	26	19	18.43	4	0
	Term 2	6	3	7	4	4	8	8	5.71	4	0
Unsupported Development	Term 1	25	20	29	25	25	61	63	35.43	9	0
	Term 2	5	3	11	6	6	14	15	8.43	9	0



**Control group:**

		Pupil A	Pupil B	Pupil C	Pupil D	Pupil E	Pupil F	Pupil G	Average	Boxall Normal Lower	Boxall Normal Upper
<b>Organisation of Experience</b>	Term 1	30	42	33	49				38.80	50	72
	Term 2	22	34	32	29				29.00	50	72
<b>Internalisation of Controls</b>	Term 1	24	36	27	32				30.40	47	64
	Term 2	20	25	20	18				20.20	47	64
<b>Self-limiting Features</b>	Term 1	19	13	12	7				13.20	3	0
	Term 2	23	17	16	16				18.60	3	0
<b>Undeveloped Behaviour</b>	Term 1	28	26	11	15				19.60	4	0
	Term 2	31	22	24	28				27.20	4	0
<b>Unsupported Development</b>	Term 1	63	40	27	30				40.60	9	0
	Term 2	70	42	48	54				55.80	9	0

## Appendix B: SDQ Raw Data

### Cycle 1:

Question No.	Question	Term 1				Term 2				Term 3			
		Pupil	Parent	Teacher	Average	Pupil	Parent	Teacher	Average	Pupil	Parent	Teacher	Average
1.0	Considerate of other people's feelings	1.0	0.6	0.4	0.7	1.2	0.6	0.8	0.9	2.0	1.8	1.6	1.8
2.0	Restless and overactive	1.2	1.6	1.6	1.5	1.0	1.8	1.4	1.4	0.8	0.8	0.6	0.7
3.0	Complains of headaches, stomach ache or sickness	0.6	0.6	1.0	0.7	0.8	1.0	0.6	0.8	0.0	0.0	0.2	0.1
4.0	Shares readily with other children	0.6	0.6	0.2	0.5	1.0	0.6	0.8	0.8	1.8	1.4	1.2	1.5
5.0	Often has temper tantrums	0.8	1.4	1.6	1.3	1.4	1.8	1.4	1.5	0.6	0.6	0.6	0.6
6.0	Solitary and plays alone	0.6	1.0	1.4	1.0	1.0	1.4	0.8	1.1	0.4	0.6	0.6	0.5
7.0	Generally obedient	1.0	1.2	1.4	1.2	1.0	1.2	1.4	1.2	0.2	0.8	0.6	0.5
8.0	Many worries	0.2	1.2	1.6	1.0	0.4	1.2	1.0	0.9	0.2	0.6	0.6	0.5
9.0	Helpful if someone is hurt or upset	1.0	0.8	0.8	0.9	1.4	1.2	0.8	1.1	1.8	2.0	1.8	1.9
10.0	Constantly fidgeting or squirming	1.2	1.6	2.0	1.6	1.4	1.8	1.4	1.5	0.8	1.2	1.0	1.0
11.0	Has at least one good friend	1.0	1.0	1.6	1.2	0.8	1.2	1.0	1.0	0.2	0.4	0.4	0.3
12.0	Fights with other children or bullies them	0.2	1.6	1.6	1.1	1.0	1.4	1.6	1.3	0.2	0.4	0.2	0.3
13.0	Often unhappy, downhearted or tearful	0.8	0.8	1.2	0.9	0.4	1.2	1.2	0.9	0.0	0.2	0.2	0.1
14.0	Generally liked by other children	1.4	1.2	1.6	1.4	0.8	1.0	0.6	0.8	0.0	0.4	0.2	0.2
15.0	Easily distracted	1.2	2.0	1.8	1.7	1.0	1.4	1.4	1.3	0.8	0.6	1.0	0.8
16.0	Nervous or clingy in new situations	1.4	1.0	1.6	1.3	0.2	1.8	0.8	0.9	0.0	0.4	0.2	0.2
17.0	Kind to younger children	1.6	1.2	0.6	1.1	1.6	1.2	0.8	1.2	2.0	1.8	1.6	1.8
18.0	Often lies or cheats	1.2	1.0	0.8	1.0	0.4	0.8	0.8	0.7	0.2	0.4	0.8	0.5
19.0	Picked on or bullied by other children	1.4	0.6	1.0	1.0	0.0	0.4	0.6	0.3	0.0	0.2	0.2	0.1
20.0	Often volunteers to help others	1.2	1.0	0.2	0.8	1.4	1.2	1.0	1.2	2.0	1.8	1.6	1.8
21.0	Things things out before acting	1.6	1.4	2.0	1.7	0.8	1.6	1.6	1.3	0.2	0.8	0.8	0.6
22.0	Steals from home, school or elsewhere	0.4	0.8	0.8	0.7	0.0	0.8	0.8	0.5	0.0	0.4	0.8	0.4
23.0	Gets on better with adults than other children	1.4	1.4	1.6	1.5	1.2	1.4	1.2	1.3	0.4	1.2	0.2	0.6
24.0	Many fears and easily scared	0.6	1.2	1.4	1.1	0.0	1.0	1.2	0.7	0.0	0.4	0.4	0.3
25.0	Sees tasks through to the end, good attention span	1.2	1.4	1.6	1.4	1.2	1.2	0.8	1.1	1.2	0.8	1.2	1.1
	<b>Total difficulties score</b>	19.4	24.0	29.2	24.2	14.8	25.4	21.6	20.6	6.2	11.2	10.8	9.4
	<b>Emotional score</b>	3.6	4.8	6.8	5.1	1.8	6.2	4.8	4.3	0.2	1.6	1.6	1.1
	<b>Conduct score</b>	3.6	6.0	6.2	5.3	3.8	6.0	6.0	5.3	1.2	2.6	2.6	2.3
	<b>Hyperactivity score</b>	6.4	8.0	9.0	7.8	5.4	7.8	6.6	6.6	3.8	4.2	4.2	4.2
	<b>Peer score</b>	5.8	5.2	7.2	6.1	3.8	5.4	4.2	4.5	1.0	2.8	2.8	1.8
	<b>Pro Social score</b>	5.4	4.2	2.2	3.9	6.6	4.8	4.2	5.2	9.6	8.8	8.8	8.7

## Cycle 2:

Question No.	Question	Term 1				Term 2				Term 3			
		Pupil	Parent	Teacher	Total	Pupil	Parent	Teacher	Total	Pupil	Parent	Teacher	Total
1.0	Considerate of other people's feelings	1.0	0.6	0.6	0.7	1.9	0.6	0.8	0.9				
2.0	Restless and overactive	1.6	1.7	1.4	1.6	0.7	1.0	0.6	0.8				
3.0	Complains of headaches, stomach ache or sickness	0.6	1.0	1.1	0.9	0.1	0.3	0.3	0.2				
4.0	Shares readily with other children	1.1	0.9	0.7	0.9	1.9	1.9	1.9	1.9				
5.0	Often has temper tantrums	1.1	1.9	1.7	1.6	0.7	0.9	0.9	0.8				
6.0	Solitary and plays alone	1.0	1.3	1.4	1.2	0.6	1.0	0.7	0.8				
7.0	Generally obedient	0.6	0.9	1.1	0.9	0.6	0.9	0.6	0.7				
8.0	Many worries	1.0	1.3	1.7	1.3	0.0	0.3	0.1	0.1				
9.0	Helpful if someone is hurt or upset	1.4	0.7	0.9	1.0	1.7	1.9	1.9	1.8				
10.0	Constantly fidgeting or squirming	1.6	1.7	1.7	1.7	0.9	1.0	0.6	0.8				
11.0	Has at least one good friend	0.6	1.3	1.7	1.2	0.3	0.1	0.1	0.2				
12.0	Fights with other children or bullies them	1.1	1.4	1.1	1.2	0.0	0.0	0.0	0.0				
13.0	Often unhappy, downhearted or tearful	0.9	1.0	0.9	0.9	0.0	0.3	0.1	0.1				
14.0	Generally liked by other children	0.9	1.3	1.3	1.1	0.6	0.7	0.1	0.5				
15.0	Easily distracted	1.3	1.9	1.9	1.7	0.6	0.7	0.9	0.7				
16.0	Nervous or clingy in new situations	0.9	0.9	2.0	1.2	0.0	0.4	0.3	0.2				
17.0	Kind to younger children	1.1	1.3	1.3	1.2	2.0	1.9	2.0	2.0				
18.0	Often lies or cheats	1.0	1.4	1.1	1.2	0.0	0.1	0.3	0.1				
19.0	Picked on or bullied by other children	0.4	1.1	1.3	1.0	0.7	0.6	0.6	0.6				
20.0	Often volunteers to help others	1.0	0.9	0.9	0.9	1.7	1.9	1.7	1.8				
21.0	Things things out before acting	0.9	1.7	1.6	1.4	1.0	0.9	0.7	0.9				
22.0	Steals from home, school or elsewhere	0.4	1.1	0.7	0.8	0.3	0.4	0.3	0.3				
23.0	Gets on better with adults than other children	1.0	1.1	1.6	1.2	0.6	0.6	0.6	0.6				
24.0	Many fears and easily scared	0.6	0.9	1.1	0.9	0.0	0.3	0.1	0.1				
25.0	Sees tasks through to the end, good attention span	0.9	1.7	1.1	1.2	0.3	0.9	1.0	0.7				
<b>Total difficulties score</b>		18.1	26.6	27.7	24.1	7.9	11.3	8.9	9.3				
<b>Emotional score</b>		3.9	5.0	6.9	5.2	0.1	1.6	1.0	0.9				
<b>Conduct score</b>		4.3	6.7	5.9	5.6	1.6	2.3	2.0	2.0				
<b>Hyperactivity score</b>		6.1	8.7	7.7	7.5	3.4	4.4	3.7	3.9				
<b>Peer score</b>		3.9	6.1	7.3	5.8	2.7	3.0	2.1	2.6				
<b>Pro-social score</b>		5.7	4.3	4.3	4.8	9.1	9.0	9.1	9.1				

**Control group:**

Question No.	Question	Term 1				Term 2				Term 3			
		Pupil	Parent	Teacher	Total	Pupil	Parent	Teacher	Total	Pupil	Parent	Teacher	Total
1.0	Considerate of other people's feelings	1.0	1.2	1.2	1.1	0.0	0.0	0.4	0.1				
2.0	Restless and overactive	0.8	1.4	1.0	1.1	0.8	2.0	2.0	1.6				
3.0	Complains of headaches, stomach ache or sickness	0.2	0.0	0.0	0.1	0.8	0.8	0.8	0.8				
4.0	Shares readily with other children	1.8	0.8	0.8	1.1	0.0	0.0	0.0	0.0				
5.0	Often has temper tantrums	1.0	1.4	1.0	1.1	1.2	2.0	2.0	1.7				
6.0	Solitary and plays alone	0.8	1.2	0.0	0.7	0.8	1.6	1.0	1.1				
7.0	Generally obedient	1.0	1.2	1.0	1.1	2.0	1.2	2.0	1.7				
8.0	Many worries	0.2	0.0	0.0	0.1	0.8	1.2	1.2	1.1				
9.0	Helpful if someone is hurt or upset	1.4	1.2	1.0	1.2	0.0	0.4	0.0	0.1				
10.0	Constantly fidgeting or squirming	0.8	1.4	1.2	1.1	1.2	1.2	2.0	1.5				
11.0	Has at least one good friend	0.0	0.8	0.6	0.5	1.0	1.8	2.0	1.6				
12.0	Fights with other children or bullies them	0.6	0.8	0.8	0.7	2.0	2.0	2.0	2.0				
13.0	Often unhappy, downhearted or tearful	0.4	0.4	0.4	0.4	1.2	2.0	2.0	1.7				
14.0	Generally liked by other children	0.4	0.8	1.0	0.7	0.8	1.4	1.6	1.3				
15.0	Easily distracted	1.2	1.4	1.2	1.3	1.2	2.0	1.6	1.7				
16.0	Nervous or clingy in new situations	0.2	0.8	0.0	0.3	0.8	2.0	2.0	1.5				
17.0	Kind to younger children	2.0	1.2	1.2	1.5	0.4	0.4	0.4	0.4				
18.0	Often lies or cheats	1.2	0.8	0.8	0.9	1.2	1.2	1.2	1.2				
19.0	Picked on or bullied by other children	0.4	0.4	0.4	0.4	0.0	0.4	0.4	0.3				
20.0	Often volunteers to help others	1.2	1.2	1.2	1.2	0.4	0.4	0.4	0.4				
21.0	Things things out before acting	0.0	1.4	1.4	0.9	2.0	2.0	2.0	2.0				
22.0	Steals from home, school or elsewhere	0.4	0.0	0.0	0.1	0.0	0.0	0.0	0.0				
23.0	Gets on better with adults than other children	0.4	0.8	1.2	0.8	1.6	2.0	1.6	1.7				
24.0	Many fears and easily scared	0.4	0.0	0.6	0.3	0.4	1.6	1.6	1.2				
25.0	Sees tasks through to the end, good attention span	0.8	1.0	0.8	0.9	2.0	2.0	2.0	2.0				
<b>Total difficulties score</b>		11.2	16.0	13.4	13.5	21.8	30.4	31.0	27.7				
<b>Emotional score</b>		1.4	1.2	1.0	1.2	4.0	7.6	7.2	6.3				
<b>Conduct score</b>		4.2	4.2	3.6	4.0	6.4	6.4	7.2	6.7				
<b>Hyperactivity score</b>		3.6	6.6	5.6	5.3	7.2	9.2	10.0	8.8				
<b>Peer score</b>		2.0	4.0	3.2	3.1	4.2	7.2	6.6	6.0				
<b>Pro-social score</b>		7.4	5.6	5.4	6.1	0.8	1.2	1.2	1.1				

