

# **Supporting children's social and emotional well-being in the Early Years: an exploration of practitioners' perceptions**

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## **Declaration**

I declare that while registered as a research degree student at the University of East London, I have not been a registered or enrolled student for another award of this university or of any other academic or professional institution.

I declare that no material contained in this thesis has been used in any other submission for an academic award.

School of Psychology Research Ethics Committee and confirmation of approval is embedded within the thesis.

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Holly Seaman  
April 2018

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## **Abstract**

Children's mental health and social and emotional well-being is at the forefront of the government's agenda. Educational settings in the United Kingdom (UK) have a responsibility to promote children and young people's social and emotional well-being and mental health from the earliest stages. The impact of intervention in the Early Years (EY) has been found to have huge benefits within the specific context of social and emotional well-being. Early education offers an ideal context within which children's social and emotional well-being can be supported and promoted to ensure positive life-long outcomes. As such, research and theory highlight the important position and responsibility of adults working in the EY as role models for young children and in creating an environment which promotes their social and emotional well-being.

However, there is currently limited research in the UK which explores the views of EY practitioners in relation to supporting children's social and emotional well-being. Therefore, this study aimed to address these gaps in the research by obtaining the views of 10 EY practitioners working in Local Authority (LA) children's centres within an inner-city location. Data was gathered using semi-structured interviews and analysed using thematic analysis. Themes were explored and discussed in relation to practitioner's understanding of 'social and emotional well-being'. Their views on supporting children's social and emotional well-being were explored along with their views on current and future training opportunities in this area.

Several distinct findings emerged in relation to EY practitioners' conceptualisation of social and emotional well-being and the complexities and intricacies of the parent-practitioner relationship in the EY. In addition, the emotional well-being of staff was pertinent to EY practitioners' views in this area. This suggests potential for further development in relation to promoting relationships with parents and carers within EY settings and allowing EY practitioners to discuss the emotional demands of their work in a reflective capacity. It is hoped this study will enable Educational Psychology services (EPS) and EY settings to build and develop

upon current practices related to supporting children's emotional well-being in the EY.

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## **Table of abbreviations used**

BESD	Behavioural Emotional and Social Difficulties
CAMHS	Child Adolescent Mental Health Services
DfE	Department for Education
DfHC	Department for Health & Social Care
DfES	Department for Education and Skills
DWP	Department for Work and Pensions
EPS	Educational Psychology Service
EP	Educational Psychologists
EY	Early Years
EYFS	Early Years Foundation Stage
LA	Local Authority
NICE	National Clinical Institute of Excellence
Ofsted	Office for Standards in Education
ONS	Office of National Statistics
PSED	Personal Social and Emotional Development
SEAL	Social and Emotional Aspects of Learning
SEBD	Social and Emotional Behavioural Difficulties
SEWB	Social and Emotional Well-being
TAMHS	Targeting Mental Health in Schools
TEP	Trainee Educational Psychologist
VIG	Video Interactive Guidance

**Chapter 1**  
**Introduction**

**1. Introduction**

“Children benefit from learning emotional and social competences from a very young age, and need to be taught in the kind of environments that promote emotional and social competence and well-being from the start” (Weare & Gray, p.53, 2003)

This research is an exploration of the practices related to supporting children’s social and emotional well-being within Early Years (EY) settings in the United Kingdom (UK). More specifically, the researcher aimed to gain a greater understanding of how EY practitioners conceptualise ‘social and emotional well-being’ and their views on how they support children’s social and emotional well-being in the EY. In addition, the researcher sought to explore EY views on current and future training opportunities related to this specific area.

**1.1 Chapter overview**

This chapter provides the background to the current research, exploring both the national and local context in which it was undertaken. The theoretical underpinnings of the research will be discussed in relation to the development of social and emotional well-being and the significant role of adults in supporting this. The researcher’s position will be put forward, including their ontological and epistemological stance, followed by the rationale for the current research. Finally, the study’s overall aims and research questions will be stated.

**1.2 Terminology**

The concepts and language surrounding ‘social and emotional well-being’ have evolved over time. In many areas of the literature, ‘mental health’ and ‘social and emotional well-being’ are used interchangeably. The World Health Organisation (WHO, 2014) offers the following definition of mental health:

...a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work

productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2014)

The above definition conceptualises mental health in terms of being healthy, being aware of individual strengths, capabilities and the ability to function successfully in every day society. Within the educational sector, particularly the Early Years (EY) there is a tendency for the term 'social and emotional well-being' to be used, rather than 'mental health'. This is potentially due to the perceived stigma associated with mental illness (Frederickson, Dunsmuir & Baxter, 2009; Weare & Gray, 2003). They advocate the use of the term 'social and emotional well-being' proposing that it is positive, non-medicalised, and relevant to all children, not just those who present with difficulties. In addition, this term tends to focus attention to the environment of the individual and determinants of emotional and social well-being, not just on individuals and their competences, as with definitions of mental health. As such, this definition adopts more of a systemic approach to the development of well-being. It is for these reasons that the researcher has chosen to use the term 'social and emotional well-being' throughout this thesis and for the purposes of the research. Other terms, including mental health, will be used when referencing the work of additional sources.

Unsurprisingly, the interchangeable nature of these terms has contributed to some confusion around what is meant by social and emotional well-being (Grey & Weare, 2003). Typically, social and emotional well-being has been conceptualised through the identification of certain characteristics or dimensions (Goodman, Joshi, Nasim & Tyler, 2015; Seligman, 2011). The National Clinical Institute for Excellence (NICE, 2009) describes social and emotional well-being as encompassing:- happiness, confidence, feelings of autonomy, problem-solving skills, resilience, attentiveness, and the ability to have good relationships with others. In addition, they emphasise social and emotional well-being as being avoidant of disruptive behaviour, delinquency, or bullying. This definition therefore, emphasises the relationship between a child's behavioural presentation and their state of social and emotional well-being. The following section will provide an overview of the impact and prevalence of mental health and social and emotional difficulties within the current national context.

## **1.3 National Context**

### **1.3.1 Prevalence and impact of mental health difficulties**

Over recent years, the topic of mental health has been brought to national consciousness. In January 2017, the Prime Minister, Theresa May, delivered a speech at the Charity Commission annual meeting describing mental health as one of the ‘burning injustices’ of our time. During this speech, Theresa May discussed the need for a new approach from government and society towards mental health. She highlighted the incidence and impact of mental health on individuals and society as a whole:

Let me be clear: mental health problems affect people of all ages and all backgrounds. An estimated 1 in 4 of us has a common mental disorder at any one time. The economic and social cost of mental illness is £105 billion – roughly the same as we spend on the NHS in its entirety. And for children – 1 in 10 of whom has a diagnosable condition – the long-term effects can be crippling: children with behavioural disorders are 4 times more likely to be drug dependent, 6 times more likely to die before the age of 30, and 20 times more likely to end up in prison. (Theresa May, January 2017)

The figures quoted in the Prime Minister’s speech are taken from a survey undertaken by the Office of National Statistics (ONS) which found that 10% of children and young people aged between 5-16 years old experience mental health difficulties (ONS, 2004). Research also indicates that half of lifetime mental health difficulties begin by the age of 14 (Hagell, Coleman and Brooks, 2013) with the most common identified mental health difficulties in children being anxiety and conduct disorder (ONS, 2004). Furthermore, children living in England have been found to have lower levels of subjective well-being (including life satisfaction, happiness, and self-confidence) compared to other countries, which has been associated with measures of mental ill-health (The Good Childhood report, 2017).

These statistics have been brought to the forefront during a context of political and social austerity in the UK. This austerity translates to a reduction in the welfare state and reductions in government spending, including budget cuts to specific services such as education and mental health (Karanikolos et al., 2013). The changes in policies surrounding welfare and social benefits have had a significant impact on children and their families, particularly for low-income households (Barr, Kinderman & Whitehead, 2015; De Agostini, Hills, & Sutherland, 2014). Furthermore, research suggests that children living in poverty are at greater risk of developing mental health difficulties (Elliott, 2016). Therefore, it could be proposed that the current context of social and political austerity is likely to play a role in the development of mental health difficulties in children and young people. Given the current context, professionals such as Educational Psychologists (EPs) are arguably in a prime position to promote social change, through addressing the wider societal conditions that may be contributing to the mental health of children and young people (See 'Psychologists for Social Change' website: <http://www.psychchange.org/>). This approach lends itself well to the current study which is underpinned by a systemic understanding of social and emotional well-being, as discussed in section 1.4.1.

The current statistics on mental health are profound given the negative trajectory and implications for children with mental health difficulties. These include poor academic achievement, higher rates of school exclusion, difficulties with future employment, and a higher likelihood of engagement with criminal activity (Department for Education [DfE], 2017). Furthermore, social, and emotional well-being in childhood has been linked to increased life satisfaction, engagement with education, and good mental and physical health in adulthood (Goodman et al., 2015; Gutman & Vorhaus, 2012).

However, despite research concluding the long-term impact of mental health difficulties, a survey undertaken by the Children's Society in 2008, suggests that between 60-70% of children with mental health difficulties had not received intervention at a sufficiently early age (Children's Society, 2008). The following sections will provide an account of the national legislation and how this has shifted the responsibilities of educators working in schools and EY settings to identify and support children's mental health and well-being at the earliest stages.

### **1.3.2 Well-being and education**

In recent years, there have been several important developments in UK policy that have been the driving force for promoting mental health and children's well-being in the context of education from the earliest stages (Coleman, 2009). In 2003, the 'Every Child Matters' (Department for Education and Skills [DfES], 2003) initiative was launched which was underpinned by the 2004 Children Act. This legislation gave Local Authorities (LAs) a statutory duty to improve the well-being of children in relation to five outcomes of which one was 'physical and mental health and emotional well-being'. This initiative was used to guide the practice of EY practitioners across the UK.

Research based on several UK and international studies suggests that whole-school approaches are the most effective ways of promoting children's social and emotional well-being, when delivered alongside individual interventions or targeted programmes (Weare & Nind, 2011). Similarly, the National Clinical Institute for Excellence (NICE) advocates a holistic, universal approach to supporting young children's social and emotional well-being. In their EY guidelines, they recommend the delivery of services such as social care and early education (NICE, 2012).

These whole-school approaches have been implemented across UK schools and EY settings. In 2005, the UK government introduced the Social and Emotional Aspects of Learning programme (SEAL) to be embedded as a whole-school approach within UK schools. The SEAL programme was part of a wider strategy to improve behaviour and attendance in schools, and included a set of curriculum materials which focused on developing skills such as self-awareness, managing feelings and social skills (Hallam, 2009). The implementation of SEAL was also adapted for EY settings, in the form of the Social and Emotional Aspects of Development (SEAD) programme (Department for Children Schools & Families [DCSF], 2005). This was used to complement and enhance practices related to developing children's personal, social, and emotional development in the Early Years Foundation Stage (EYFS) (DfE, 2017). Although no longer in existence, both SEAL and SEAD have highlighted the significance of utilising universal,



preventative approaches within schools and EY settings to promote mental health and well-being (DfE, 2011; Hallam; 2009).

The Office for Standards in Education (Ofsted) have also had a role to play in monitoring and assessing how schools and EY settings promote children's well-being and mental health. In 2015, the inspection framework was revised to include a new category of 'personal development, behaviour and welfare' (Ofsted, 2015). This framework assesses the extent to which schools and EY settings are supporting aspects of children's well-being, including self-confidence, self-awareness, management of feelings and behaviours, social skills, relationships and healthy living. This framework highlights the need for schools to adopt a holistic approach and embeds a curriculum of well-being into their culture and ethos, rather than focusing on individual children.

More recently, the National Health Service (NHS) England and the Department of Health (DoH) released two publications, *Future in Mind* (DoH, 2015) and *Five Year Forward View for Mental Health* (NHS, 2016) which expressed agreement around the need for higher quality and more accessible mental health services for children and young people. Building on these foundations, the current *Green Paper: Transforming Children and Young People's Mental Health Provision* (DfE & Department for Health & Social Care [DFHC], 2017) proposes that society's response to mental illness should begin at the heart of the UK education system within local schools. At the forefront of these reforms, a collaborative approach is proposed between the NHS, schools, and colleges to boost support for earlier intervention and prevention, as well as faster access to NHS services (DfE, 2017). This includes the introduction of Mental Health Support Teams within schools and a designated mental health lead.

The introduction of the Green Paper highlights the importance of childhood mental health in our current government's agenda. However, it could be argued that the Green Paper fails to recognise the economic and social factors, such as the context of austerity, in contributing to the development of mental health difficulties in children and young people (see section 1.3.1). Research also suggests that these tensions related to austerity are experienced by practitioners

working within educational settings. For example, cuts to EP support in schools and a loss of Child Adolescent Mental Health Services (CAMHS) has placed a greater responsibility on staff to adopt more of a pastoral role (Hanley, Winter & Burrell, 2017). This further exemplifies the significant role and responsibilities of educators, in promoting positive mental health and social and emotional well-being, including those working in the EY.

### **1.3.3 Early intervention and education**

The early education of children is clearly valued by government, as demonstrated by a commitment to providing children with high quality provision in EY settings and affordable and accessible childcare to help parents return to work. This has been supported through initiatives such as the universal entitlement to funded nursery places for every 3 and 4-year-old and disadvantaged 2-year olds (DfE, 2014) and a reformed system of qualifications for the EY work force (Nutbrown, 2012).

The introduction of the Sure Start initiative in 1998 was a key policy that recognised the importance of the EY and aimed to provide quality services for children under four years old and their parents who were living in the most deprived areas (HM Treasury, 1998). Several years later, Sure Start was expanded and adapted to become children's centres. These were offered as a universal service to all children and families and were controlled by the LA. The aim of children's centres, was to enhance the health, development and well-being of children in England under the age of five years-old, with increased focus on childcare and EY education. To ensure high quality provision of EY education, Ofsted became responsible for inspecting children's centres from 2010 (Bate & Foster, 2015).

However, research carried out by the Sutton Trust indicates a reduction in centres in England over recent years (Smith, Sylva, Smith, Sammons & Omonigho, 2017). This is largely due to financial pressures faced by LAs and the ending of full Ofsted inspections of children's centres in 2015 (initially proposed as a 'temporary measure'). However, given the current context of austerity and increasing pressure on low income families and their young children, there is

arguably a need for evidence-based services such as children's centres to support them. As such, the researchers' recommend the government undertake a review of children's centres, to confirm their national importance and overall purpose with national guidelines (Smith et al., 2017).

The early education of children has been informed by a number of key policies and reviews highlighting the benefits of early intervention. The independent report 'Early Intervention: The Next Steps' (Department for Work and Pensions [DWP], 2011) made several key recommendations to government in relation to early intervention, drawing on a wealth of evidence in this area related to early brain development and attachment. A significant recommendation emerged from this review, that early intervention should be placed at the heart of practices related to education and for the government to invest more funding in higher quality provision for younger children.

While 'early intervention' does not always mean intervention in the EY, the impact of intervention at this stage has been demonstrated within the specific context of emotional well-being. For example, research indicates that that early development and social and emotional well-being in the first five years of life heavily predicts life chances and future success in adulthood (Field; 2010; Goodman et al., 2015; Marnot, 2010). In addition, interventions focusing on promoting children's social and emotional well-being have been found to be most effective when targeted at children in pre-school or in the early primary years (Weare and Nind, 2011).

Furthermore, high quality EY education has been found to promote children's social and emotional development and well-being (DWP, 2011; Field, 2010; Sammons et al., 2005). In one longitudinal study, funded by the DfE, children who attended pre-school were found to experience benefits in relation to their social and emotional development, compared to those children who did not attend. The impact of EY education was particularly beneficial for children from disadvantaged backgrounds (Sylva, Melhuish, Sammons, Siraj-Blatchford and Taggart, 2004). These benefits seemed to continue throughout primary school and secondary school, with positive impacts being found in relation to social behavioural development (self-regulation and positive social behaviour) at ages

11 and 14 (Taggart, Sylva, Melhuish, Sammons, & Siraj, 2015). The impact of EY education was found to be related to a combination of experiences including a better home learning environment, attending a high quality EY setting and high quality interactive relationships with staff (Sylva et al., 2004). This research demonstrates how crucial EY education is in supporting the mental health and emotional well-being of young children. The following section will focus on adults working in EY education and their role in supporting children's social and emotional well-being.

#### **1.3.4 The role of EY practitioners in supporting children's social and emotional well-being**

The UK has witnessed a dramatic shift in the EY landscape in relation to the quality of childcare and the responsibilities of EY practitioners. Since the introduction of the EYFS curriculum in England in 2008, EY providers registered with Ofsted have a statutory responsibility to adhere to standards set out for the learning, development, and care of children from birth to 5 years old (DCSF, 2008). This is relevant for all EY settings including pre-schools, nurseries, childminders, and children's centres. Following a revision of the EYFS in 2012, children's Personal, Social and Emotional Development (PSED) was made one of the three prime areas, alongside Physical, and Communication and Language Development (DfE, 2014; Tickell, 2011). These changes place a greater responsibility on EY practitioners to promote the social and emotional development of children aged 0-5 (DCSF, 2008).

More recently, national statistics have revealed a rise in the proportion of families accessing formal childcare and EY provision in the UK (DfE, 2017). In 2014-2015, the government released findings from their 'Childcare and Early Years Survey' which highlighted that pre-school children (children aged 3-4) spend on average 21.1 hours in formal childcare each week (DfE, 2016). Furthermore, in a review of UK and international EY research, it was found that adult-child interaction (affection & responsiveness) was an important characteristic which influenced whether EY education had an impact upon enhancing child development and outcomes, particularly for children from disadvantaged backgrounds (Melhuish,

2004). These findings reflect the important position of adults working in EY as role models for young children and in creating an environment which promotes children's social and emotional development. As such, the theoretical underpinnings of supporting social and emotional well-being in the context of EY education will be discussed in the next section.

## **1.4 Theoretical underpinnings**

### **1.4.1 A systemic understanding of well-being and early education**

The mental health and emotional well-being of children and young people has frequently been individualised and explained by within-child factors (Hanley, Winter & Burrell, 2017). Within-child factors refer to the individual characteristics, attributes, or capabilities of the child. In contrast to this view, and as outlined in the above sections, evidence demonstrates the role of external and social factors, and not solely individual factors, in developing and promoting children's mental health and emotional well-being, for example early education and adult-child interaction (Sylva et al., 2014; Melhuish, 2004).

Ecological systems theory proposes that children develop through the various systems of their environment, and the relationships between these systems (Bronfenbrenner, 1979). This theory argues that 'mental health problems' or 'emotional difficulties' should be understood within the broader social systems in which they are located, rather than isolating them to purely within-child factors (Parker, 2015). This suggests that the social and emotional well-being of young children should be looked at within the context of their educational system (e.g. EY setting), local community, and wider societal and national context. This includes the interactions with individuals in the child's most intimate system, such as parents and educators (known as the 'micro-system') and interactions between them: i.e. the relationships between educators and parents (known as the 'meso-system') (Bronfenbrenner, 1979).

Therefore, a systemic understanding of emotional well-being highlights the importance of the educational system within which the child is situated, and the interactions they experience with the adults within this system. This supports the

rationale of the current study to explore the views of adults working within the child's early education system.

#### **1.4.2 Attachment theory**

Another key theory informing this research, and the role of EY practitioners in supporting children's emotional well-being, is attachment theory (Bowlby, 1969). Attachment theory proposes that children are driven to maintain proximity to their primary caregivers (i.e. their mother or father) in order for their basic needs to be met. Children subsequently learn emotional regulation strategies based on their experiences of interactions with their primary caregivers. If an adult is warm, available and responsive, the child's distress is regulated appropriately. However, if the adult is unavailable or inconsistent in times of stress, the infant may develop emotional regulation strategies which restrict communication of anger or distress, or which are characterised by fear and anger (Geddes, 2005; Keiley, 2002). These effects are sustained into later life; secure attachment in infancy has been associated with positive emotional self-regulation and adjustment in adulthood (Moutsiana et al., 2014). Attachment theorists also state that relationships formed in the early years of a child's life are significant and form the basis of the child's 'internal working model' for future relationships (Bowlby, 1969). While the focus of attachment theory has mostly been on the behaviour of the primary caregiver (i.e. the mother or father), where EY practitioners are consistently spending a significant amount of time with young children during this developmental period, the quality of their interactions should also be considered crucial.

The development of attachment relationships associated with primary care givers are captured in a child's relationship with practitioners or teachers (Howe, 1999). Attachment theory has informed many aspects of EY pedagogy, including the allocation of a 'key person', or key member of staff, to a small group of children in the EY (DfE, 2017). The EYFS framework stipulates that the key person has responsibility for ensuring that every child's care is tailored to meet their individual needs, as well as supporting children to become familiar with the setting, offering a settled relationship for the child and building relationship with their parents. Therefore, the importance of adult-child relationships and the child's development of social and emotional skills lends itself well to the present study.

### **1.5 Local context**

This research was undertaken whilst the researcher was on placement in an Educational Psychology Service (EPS) within an inner London borough. This EP service offers core, statutory and traded services to schools and is currently developing their breadth of work within EY settings. The borough is culturally diverse, with significant 'Other White', Black, Turkish, and Jewish communities. The borough has a relatively young population, with children and young people accounting for around 25% of the total population. The levels of child poverty in the area remain high compared to other boroughs, with around 37% of all children affected (Child Poverty Needs Assessment, 2014). As research indicates the benefits of high quality EY education on children from disadvantaged backgrounds (Sylva et al., 2004), the focus of this research was deemed highly appropriate within this specific context.

Furthermore, the borough has recently witnessed a rise in the numbers of children aged 0-4 accessing local EY provision. There is currently a range of EY provision available in the borough. However, despite the range of provision available, the July 2014 EYFS profile showed that over a third of children within the borough are starting school at age 5 without a satisfactory level of development (Children and Young People's Scrutiny Commission, 2015). This highlights the growing rates of children accessing EY provision and the need for this provision to offer high quality care to ensure children reach a suitable level of development before they enter school.

### **1.6 Reflexivity: The Researcher's Perspective**

As advised by Mertens (2010), when undertaking research, this section will discuss how the researcher's position and perspective has impacted on the choice of research and completion of this study.

The researcher is a white British middle-class 28-year-old woman working as a Trainee Educational Psychologist (TEP) in an inner London EPS. The researcher's interest in emotional well-being and the significant role adults can have in supporting this area, has developed from previous work experiences prior to EP training. This involved working for several years in a Sure Start children's

centre as a Family Support Worker. Following this, the researcher joined a LA Children with Disabilities team and worked alongside Social Workers to support vulnerable families and young children who were under Child Protection (CP) plans. The work undertaken in both these teams highlighted the difficulties faced by professionals in supporting vulnerable young children, many of whom presented with having social and emotional needs. In addition, working at a children's centre opened the researcher's eyes to the emotional exhaustion of EY work and she came to develop a sense of feeling 'undervalued' and 'underpaid' working within the EY sector. This led the researcher to wonder how other EY practitioners felt working in this area, given the significant position and responsibilities they hold in supporting early relationships and children's social and emotional well-being.

The researcher's EP training has come at a time in which childhood mental health is at the forefront of the current government's agenda. As such, there is an emphasis on promoting children's well-being within the context of education. Additionally, in the researcher's role as a TEP, there is a responsibility to support children's social and emotional well-being in EY settings and schools to ensure they can reach their full potential with regards to their learning. This has further influenced the choice of thesis topic and interest in the views of EY practitioners in supporting children's social and emotional well-being.

Furthermore, the researcher espouses a critical realist position. This position assumes there is a reality independent of human perception, theories and constructions, whilst accepting that our understanding of this world is a construction from our own perspectives and standpoint (Maxwell, 2012). This also supports the rationale behind eliciting practitioners' views for the current study. Upholding this position, the researcher is of the assumption that language reflects an individual's 'reality' of the world, and that language is a tool for communicating people's perspectives (Clarke, Braun & Hayfield, 2015). Further information pertaining to the researcher's ontological and epistemological position is discussed in Chapter 3.



### **1.7 Rationale for current research**

The national and political interest in mental health and well-being, and wealth of evidence supporting the benefits of early intervention and education, provides a clear rationale for the exploration of EY practitioners' views in relation to children's social and emotional well-being. The theoretical framework underpinning this study, as well as previous research highlighting the significant role of EY educators in supporting and promoting children's social and emotional development provides further support for this rationale. Current literature undertaken in the UK also suggests that EY practitioners' views are under-represented compared to the views of teachers and parents in this area. This research therefore aimed to address these shortcomings.

Therefore, the current study aims to explore the views of EY practitioners in supporting children's social and emotional well-being within EY settings. The purpose of undertaking this research is to develop an understanding of how EY practitioners view their role in supporting children's well-being and to reflect on future implications for EY settings and EP practices in relation to the promotion of emotional well-being for pre-school children. An exploratory qualitative design is employed to explore at greater depth the views of EY practitioners.

### **1.8 Research questions**

Three main aims for the current study were identified following a review of the literature (please see chapter 2). The first aim was to explore how EY practitioners conceptualise 'social and emotional well-being'. This includes their knowledge, beliefs, attitudes and understanding of 'social and emotional well-being' in the context of EY education. The second aim was to elicit EY practitioner' views in relation to supporting children's social and emotional well-being and/or behaviour. The final aim was to explore current and future training opportunities in this area.

Therefore, three main research questions were proposed:

- 1) What do EY practitioners understand by the term 'social and emotional well-being?'

- 2) What are EY practitioners' views on supporting children's social and emotional well-being and/or behaviour?
- 3) What training have EY practitioners received to help them in supporting children's social and emotional well-being? What further support, or training would they like in the future?

The next chapter presents an account of the current literature available pertaining to the views of educators in the context of supporting children's social and emotional well-being.

## Chapter 2

### Literature review

#### **2.1 Introduction and aims**

This chapter aims to provide an overview of the existing literature pertaining to the views of staff in the context of supporting children’s social and emotional well-being. The details of the search terms and inclusion criteria used to identify the studies will be discussed, a critical appraisal of each of the studies will be presented and gaps in the research will be identified.

#### **2.2 Search Strategy**

On 31.7.17 and 1.8.17 the EBSCO search engine was utilised to conduct a systematic search using the following databases as sources: *Academic Search Complete, Education Research Complete, PsycARTICLES, PsycINFO, British Education Index, and ERIC.*

#### **Key search terms**

The following key terms and combinations were entered into the above databases, and advanced search criteria was applied:

“emotion\*” OR “well being” OR “well-being\*” OR “wellbeing” OR “mental health”  
OR “behavio\*”

**AND**

“early year\*” OR “early education” OR “children\* centre\*” OR “pre school” OR  
“preschool” OR “nursery” OR “school\*”

**AND**

“practitioner\*” OR “staff” OR “teacher\*”

*Nb - The asterisks after keywords represent searches that include any words with the same letters. For example, searching for ‘children centre\*’ would include any articles with the key words ‘children centres’ as well as ‘children centre’.*

An initial search retrieved a limited number of relevant papers in the context of UK EY education and staff views (n = 6). Therefore, the search criteria were expanded to include UK primary school settings and teaching staff. In addition, the search term behavio\* was included in the search criteria. The reason for choosing to include this term is supported by research suggesting that consistent disruptive or withdrawn behaviour may be an indication of an underlying mental health difficulty (DfE, 2016). This would therefore capture any additional research in the area of children’s social and emotional well-being.

The titles and abstracts of the shortlisted articles were reviewed and evaluated against the inclusion and exclusion criteria, formulated to guide the researcher through the process of retaining or withdrawing articles from the review (refer to table 2.1 below).

*Table 2.1 – Systematic review: Inclusion and exclusion criteria*

Inclusion Criteria	Exclusion criteria	Justification
Mentioned ‘social and emotional well-being’ or a similar term in the context of a UK based EY provision /primary school setting	Mentioned ‘social and emotional well-being’ or similar term but not within the context of a UK EY provision/primary school setting (e.g. PRU, special school, secondary school, residential school)  Papers focused on specific social emotional interventions or initiatives other than national initiatives or services e.g. SEAL	Significant differences existing between pre-school/primary settings and other provision in terms of context and pupil’s stages of development
Mentioned EY staff /practitioners and/or primary school staff	Lack of focus on staff/practitioners and/or primary school staff  Mention of other educational professionals	Focus of research is looking at the views of EY staff. Initial searches revealed the paucity of research on views of EY staff therefore primary school teachers views also included

Were published between 2000 and 2017	Published before the year 2000	Introduction of the Foundation Stage curriculum in England and Wales in 2000 and the emphasis on social emotional well-being and mental health in education settings being brought to light in the 20 <sup>th</sup> century
Were written in English	Not written in English	English is first language of researcher
Peer reviewed journals	Non-peer reviewed journals	Peer reviewed journals are likely to be of higher quality and the research more credible

Over the course of the search, a total of 23 studies were deemed relevant, of which 10 were excluded and 13 were chosen for review. References of the 13 articles were also skimmed through to ensure a more thorough search. One of the authors was also contacted (Wood, 2016) and as a result, an additional paper was sourced from the author and one extra study was added to the review forming a total of 13 (Wood, 2017). Table 2.2 shows a list of the 13 studies included for the review in reverse chronological order.

Table 2.2 – Studies included in Systematic Review

Wood, P. (2017). 'We are trying to make them good citizens': The utilisation of SEAL to develop 'appropriate' social, emotional and behavioural skills amongst pupils attending disadvantaged primary schools. <i>Education 3-13</i> , 1-14.
Wood, P. (2016). 'It's something I do as a parent, it's common sense to me' Non-teaching staff members' perceptions of SEAL and their role in the development of children's social, emotional and behavioural skills. <i>The Psychology of Education Review</i> , 40(2).
Danby, G., & Hamilton, P. (2016). Addressing the 'elephant in the room'. The role of the primary school practitioner in supporting children's mental well-being. <i>Pastoral Care in Education</i> , 34(2), 90-103.
Cane, F. E., & Oland, L. (2015). Evaluating the outcomes and implementation of a TaMHS (Targeting Mental Health in Schools) project in four West Midlands (UK) schools using activity theory. <i>Educational Psychology in Practice</i> , 31(1), 1-20.

Elfer, P., & Page, J. (2015). Pedagogy with babies: perspectives of eight nursery managers. <i>Early child development and care</i> , 185(11-12), 1762-1782.
Aubrey, C., & Ward, K. (2013). Early Years practitioners' views on early personal, social and emotional development. <i>Emotional and Behavioural Difficulties</i> , 18(4), 435-447
Broomhead, K. E. (2013). 'Going the extra mile': educational practitioners compensating for perceived inadequacies in the parenting of children with behavioural, emotional and social difficulties (BESD). <i>Pastoral Care in Education</i> , 31(4), 309-320.
Page, J., & Elfer, P. (2013). The emotional complexity of attachment interactions in nursery. <i>European Early Childhood Education Research Journal</i> , 21(4), 553-567.
Cottle, M., & Alexander, E. (2012). Quality in early years settings: Government, research and practitioners' perspectives. <i>British Educational Research Journal</i> , 38(4), 635-654.
Cottle, M. (2011). Understanding and achieving quality in Sure Start Children's Centres: practitioners' perspectives. <i>International Journal of Early years Education</i> , 19(3-4), 249-265.
Connelly, G., Lockhart, E., Wilson, P., Furnivall, J., Bryce, G., Barbour, R., & Phin, L. (2008). Teachers' responses to the emotional needs of children and young people. Results from the Scottish Needs Assessment Programme. <i>Emotional and Behavioural Difficulties</i> , 13(1), 7-19.
Rothi, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. <i>Teaching and Teacher Education</i> , 24(5), 1217-1231.
Spratt, J., Shucksmith, J., Philip, K., & Watson, C. (2006). 'Part of who we are as a school should include responsibility for well-being': Links between the school environment, mental health and behaviour. <i>Pastoral Care in Education</i> , 24(3), 14-21

### 2.3 Approach to critical review of identified papers

All of the studies selected for the review were qualitative or mixed methods in nature. As noted by Yardley (2000, 2008), critical appraisal of qualitative research can be difficult due to the diversity in methodologies and associated epistemologies. Therefore, the papers selected in this review were critically

reviewed using Yardley's (2000, 2008) guidelines. The reason these guidelines were chosen was because of their flexibility and broad criteria, as well as their application to a wide range of qualitative research irrespective of theoretical standpoint or epistemological position.

A qualitative checklist was created based on Yardley (2000, 2008) criteria, and where articles were felt to achieve the criteria, they were marked with a tick (see Appendix A). Two of the papers employing a mixed-methods approach (Aubrey & Ward, 2013; Connelly et al, 2008) were assessed by the researcher as placing more weight on the qualitative portion of the study and therefore the Yardley (2000, 2008) criteria was applied. A summary of the information taken from the identified articles can be found in a table in Appendix B.

Following an analysis of the findings from the 13 selected studies, four themes and corresponding sub-themes were identified which form the structure of this review. Each of these themes relate to staff's views in the context of supporting children's social and emotional well-being. Findings from several of the studies fall into more than one theme and are therefore referenced more than once. The themes and sub-themes are as follows:

- Staff role and responsibilities
  - *Relationships*
  - *Intuitive approach*
  - *Perceived challenges/constraints*
- Engagement with parents
  - *Communication*
  - *'Blame culture'*
- Emotional labour
- Wider policy and associated challenges

## **2.4 Staff role and responsibilities**

This section of the literature review will include the analysis of seven research studies which are relevant to staff's views in relation to their role and responsibilities in supporting children's social, emotional, and behavioural needs. As there was a paucity of research reporting the views of early practitioners, five

of the seven studies in this section reflect the views of staff working in primary schools.

#### *2.4.1 Relationships*

Several studies in the review referred to the views of staff in relation to their relationships with children in supporting their overall well-being. One study by Spratt, Shucksmith, Philip and Watson (2006) explored the responses by schools, LAs and their partners in health and voluntary sectors to behaviour and mental health promotion. This study consisted of two phases; the researchers firstly undertook telephone interviews with 30 representatives of LAs, 18 representatives of health boards and 18 employees of voluntary sector organisations to glean a picture of mental health related activities and interventions across Scotland. The second phase involved six examples of 'innovative practice' being selected from the first phase for intensive case study involving a range of service providers and settings across Scotland. In each of these case study settings, 20 one-to-one interviews and four group interviews were conducted, and Grounded Theory approaches were applied to identify key themes.

They found that staff considered the quality of the relationships between pupils and staff to be significant in promoting children's mental health. A particularly interesting finding was that non-teaching staff reported being approached more regularly by children with difficulties as their roles allowed more time for one to one discussions, compared to teachers. The development of secure staff-child relationships enabled more sensitive responses to children's behaviour due to a clearer understanding of the possible causes. The strengths of this study include a large sample size which offers a rich picture of the views of staff and mental health activities in Scotland. Although the researchers provided a detailed description of participants, they do not clarify how they selected the six settings across LAs for intensive case study. Therefore, they do not fulfil the full criteria for transparency and coherence outlined by Yardley (2000, 2008). Moreover, the sample could be biased as participants were volunteers who were likely to have been interested in the study and potentially had knowledge about the area of mental health.



In a more recent study, Danby and Hamilton (2016) sought the views of 18 primary school practitioners in North Wales about their understanding of mental health and how they promoted children's mental well-being in schools. Participants in the study included nine teachers, seven teaching assistants and two additional learning needs coordinators across two different primary schools. The researchers adopted a qualitative approach in which practitioners were asked to complete a semi-structured questionnaire and follow-up interview lasting 20-30 minutes. A total of 14 questionnaires were collected alongside data from seven interviews, with three participants engaging in both the questionnaire and interview process. The researchers used general inductive analysis to analyse the data and compiled three themes.

Findings from the study suggested that practitioners believed they were well placed to support children's mental well-being; several of the participants expressed that the role of the school should be to provide a 'safe', 'caring' and 'supportive' environment for children (p.96) and described their responsibilities as helping children to explore their feelings and develop their resilience. Practitioners also perceived children's well-being to be a result of interacting personal, social, economic, and environmental factors, upholding a social model of mental health. However, they found mental health difficult to talk about and it was rarely considered as part of the school curriculum. In general, the study found that staff struggled to identify frameworks related to support children's emotional well-being and the author concludes that staff skills needed to promote mental well-being as a whole-school policy is an area for development.

This study offers the most up to date insight into primary school practitioners' views of children's mental health and well-being within the current day societal and political context of the UK. The aims and rationale of this study are clear and the researcher clearly engages in a review of the current literature adhering to Yardley's criteria of sensitivity to context (Yardley, 2000, 2008). Limitations of the study are that it was conducted in two primary schools in North Wales which follow a different national curriculum to that of English primary schools. Practitioners' responses may therefore reflect the context of the school curriculum

in Wales. In addition to this, participants were selected at the discretion of the head teacher who may have selected participants according to their knowledge of mental health leading to a potentially biased sample. Moreover, the questions were related to 'mental health' in general and using this term rather than 'emotional well-being' may have impacted upon staff responses who may have referred to children with more complex needs.

#### *2.4.2 Intuitive approach*

Several of the studies identified in the review found that staff adopted an intuitive approach to supporting children's social and emotional well-being. One study by Wood (2016) explored the role of staff in supporting children's emotional well-being across primary school settings as part of a larger investigation into school staff members' interpretation and use of the Social and Emotional Aspects of Learning (SEAL) programme in primary schools. The SEAL programme was a whole school approach introduced by the government in 2005 to improve behaviour and attendance in UK primary schools and included a set of curriculum materials which focused on five social and emotional aspects of learning: self-awareness, managing feelings, motivation, empathy and social skills.

In this study, a mixed methodological approach was adopted which included three phases of study whereby questionnaires, focus groups, and individual interviews were administered over a 12-month period. In this paper, Wood (2016) focuses on the responses of non-teaching staff members during the individual interview phase of the study. During this phase, 24 staff members across four schools in Northern England were interviewed including learning mentors, teaching assistants and pastoral support staff. In his paper, Wood (2016) reports that many non-teaching staff members underemphasised their role in supporting children's social and emotional development, viewing this aspect of their work as 'automatic' and 'common sense'. He concludes that that staff would often draw on their experiences as parents and use this knowledge to support children's social emotional and behavioural problems in school. Drawing on this evidence, Wood (2016) makes the argument that social emotional and behavioural development is being viewed by some staff in primary schools as a 'trivial' aspect of education,

which could lead to the identification of social and emotional needs of children being missed.

This study therefore offers an interesting insight into the views of non-teaching staff within primary school settings, which may share some similarities with the views of EY educators who are a comparable population as they are not required to hold teacher qualifications. The study also adheres to appropriate ethical procedures. However, the study does not meet the criteria for transparency as outlined by Yardley (2000, 2008); the author does not specifically state the number of non-support staff that were interviewed and therefore an understanding of sample size and generalisability cannot be gleaned. This research was also part of a larger scale study and only represents one of the emerging analytical themes therefore research questions may have been set retrospectively leaving the findings open to potential biases.

Staff adopting an intuitive approach to supporting children's social and emotional well-being is supported by further research (Page & Elfer, 2013; Rothi, Leavey, & Best, 2008). In a single intensive case study of a children's centre, Page and Elfer (2013) explored practitioners' relationships with babies, young children, and their families. In doing this, they adopted several qualitative methods including face-to-face interviews with 5 participants, focus group interviews and individual diary data collected over 5 months. In addition, reports from one deputy manager revealed a lack of confidence in supporting staff in managing their relationships with children. Overall, the research found that staff adopted a largely intuitive approach to forming attachments and building relationships by drawing on personal experience rather than theoretical knowledge. The author concludes this is likely to lead to differences in the practice of supporting children's social and emotional well-being across staff with multiple experiences of attachment behaviours.

The strengths of this study lie in aspects of its methodology which meet the criteria for commitment and rigour as outlined by Yardley (2000, 2008). The researchers achieved triangulation of data through individual interviews, focus groups and diary entries. The researchers also returned the verbatim transcripts to the participants for comment to ensure an accurate account had been

gathered. However, findings cannot be generalised as they relate to a single case study. There is also limited information provided by the researchers about how they selected relevant extracts from participants' diaries for analysis. It is likely there would have been a large amount of data as it was collected over 5 months. In addition, the researcher also notes that at the time of data collection the management team had identified tensions in the team regarding status, training and experience between staff. This may have impacted upon the data collected as part of the focus groups.

A further study which identified staff as adopting an intuitive approach when supporting children's emotional well-being was carried out by Rothi, Leavey and Best (2008). The research aimed to explore the perceptions of school teachers regarding their self-perceived role in the recognition and management of pupils with mental health problems. To ensure a spread of participant views, the authors gathered the views of 30 staff each working in different school settings across England using semi-structured interviews. Participants in the study worked across a range of settings including primary, secondary, special school and a Montessori school. The sample included head teachers and teachers with varying responsibility including special educational needs, learning support, head of year and student and pastoral support. The researchers used thematic analysis to draw themes from the data.

The study found that teachers used their intuition and personal experience, rather than set criteria, to identify children who may potentially have mental health difficulties. Therefore Rothi, Leavey, and Best (2008) recommend further research into teachers' views on their self-perceived role in supporting children's mental health in the context of education. Several strengths of this research included a clear rationale and thorough description of participants and the recruitment process (Yardley, 2000, 2008). However, a limitation is that the researchers do not state whether they distinguished between the terms social emotional and behavioural difficulties (SEBD) and mental health difficulties as part of their interview questions. A lack of specification of definitions may have impacted upon participants' interpretation of the questions and their answers.

### *2.4.3 Perceived challenges/constraints*

There were several challenges and/or constraints identified in the literature in relation to staff supporting children's social and emotional well-being. In one study, Rothi Levey and Best (2008) found that teachers reported feelings of incompetence in supporting children with mental health difficulties and were often unsure whether the child may have a mental health problem, a behavioural problem, or emotional behavioural difficulty. This finding suggests that teachers may be overlooking behaviour as an expression of an underlying need, which could lead to children with internalised problems being missed or over-looked by staff. In support of this finding, Spratt et al. (2006) found that school staff experienced difficulties in identifying mental health difficulties amongst children especially for internalised behaviours, such as withdrawal.

Concerns in relation to children's behaviour have also been reported in research. In a recent study undertaken by Audrey and Ward (2013) it was found that EY practitioners were most concerned about children's violent and aggressive behaviour, a lack of social skills and not attending to instructions. A third of the participants in the study (n = 46) also reported that they spent more time dealing with troublesome behaviour than they felt was appropriate. In addition, staff reported challenges in meeting the social emotional and behavioural needs of children who have recently arrived in the UK who may have English as an additional language.

These findings were part of a study which sought to ascertain the views and perceptions of EY practitioners on children's Personal, Social and Emotional Development (PSED), and their role in supporting children in this area. The study utilised a mixed-methods design which involved sending out surveys to a range of EYFS provision in the West Midlands to establish the incidence of difficulties in the area of PSED, followed by conducting in-depth interviews. Forty-six participants working within an EYFS setting attached to primary schools completed the survey and three participants took part in the follow-up open ended interview exploring identified areas from the questionnaire. The researchers used descriptive statistics to analyse the quantitative data produced by the

survey, and responses to open questions and interview were grouped by theme using grounded theory methods.

Overall, this study highlights some of the challenges for staff in relation to supporting children's social and emotional well-being, including the emotional needs of highly vulnerable groups which may include refugee and/or asylum-seeking children. However, the study does not explicitly state the minimum number of surveys received back from each early year's provision, therefore the survey data may not be reflective of a wide range of staff's views from different settings. The majority of staff were also qualified teachers and therefore responses may not be representative of practitioners working in settings who do not hold qualifications to this level.

Another study which looked at the types of emotional, behavioural, and mental health problems encountered by teachers in their everyday day practice was conducted in Scotland by Connelly et al. (2008). In their study, they administered questionnaires to gather the views of 365 head teachers and deputy head teachers in different settings including pre-school settings, primary and secondary schools across 32 LAs. The study found teachers' roles in supporting children's social and emotional needs were centred around building trust, reassuring young people and offering sessions working towards improving self-esteem. However, teachers were found to experience challenges in providing direct support for children with emotional needs, and there appeared to be uncertainty in respect of their professional role and boundaries of their role. For example, they were unsure who was responsible for making the referrals to external agencies if they suspected a child had difficulties. In addition, findings from Spratt et al. (2006) suggest teachers in primary schools feel isolated when faced with challenging behaviour and are reluctant to seek help due to fears over losing their credibility amongst other staff.

This study introduces new findings in relation to supporting mental health in schools and captures a picture of the views of teachers across a wide range of settings within Scotland. The study also has strengths in terms of its large sample size. However due to the use of surveys as a method of data collection, there

was a lack of opportunity for in depth discussions with teachers which is likely to impact the richness of the responses provided. A further limitation was that the sample included head teachers only and therefore responses may not have been representative of staff working with children with social and emotional needs on a daily basis.

Overall, the evidence presented in this section suggests that staff in EY and primary school settings are concerned about the social and emotional needs of children and recognise the importance of forming quality relationships to successfully promote children's over-all well-being. However, it appears that staff are mostly adopting an intuitive approach in doing this, drawing on personal experience, rather than theoretical knowledge of attachments. There is also evidence to suggest that staff lack knowledge in this area, and they face difficulties related to the identification of children with social and emotional needs, particularly for internalised behaviours. This has implications for the type of support children will receive and suggests many children with emotional needs may be overlooked within the educational environment.

## **2.5 Engagement with parents**

This section of the review will focus on the analysis of four studies which report the views of staff in relation to parents in the context of supporting children's social and emotional well-being.

### *2.5.1 Communication*

In one study, Cane and Oland (2015) sought the views of 20 practitioners working across 4 West Midlands schools in relation to the implementation of the TaMHS (Targeting Mental Health in Schools) project from 2009-2013. Through purposive sampling, four schools were selected from a wide geographical area across one LA based on type of provision (primary/secondary) and category (mainstream/special). The staff involved with the TaMHS project were recruited from each school. Participant views were sought by using focus groups of mainly three to six participants and data was analysed using thematic analysis. The

researchers applied socio-cultural activity theory for their analytic framework to structure data collection and analysis.

The study found that participants valued parental involvement in the TaMHS work, however three of the four schools reported difficulty initiating contact with parents and talking to them about their children's mental health needs. Perceptions held by staff about parents may also have served a role in constraining the parent-school relationship; one school in the study attributed parents' lack of motivation for their poor engagement in the project. The author therefore concludes that support from external professionals, such as educational psychologists, could contribute to improving parent-school relationships to support children's outcomes, including their social and emotional well-being. The importance of working closely with parents and specialist agencies to ensure early intervention in the area of mental health was also highlighted by staff in Danby and Hamilton's (2016) study, as discussed earlier.

Overall, this study focusing on TaMHS offers an interesting insight into the views of staff following a systemic intervention targeted at children's well-being and highlights the perceived challenges in relation to working with parents. Strengths of the study include clear research questions and a detailed account of the analytic framework which underpinned the study fully meeting Yardley's criteria for sensitivity of context (Yardley, 2000, 2008). However, it is difficult to glean a view of participants working within only mainstream primary schools, as the themes encapsulate a range of practitioner views from different provisions. The researchers also acknowledge that each LA had the freedom to create their own "TaMHS model" of delivery, making direct comparisons to other LAs problematic influencing generalisability of findings. It should also be noted that the findings of this study are related specifically to parental engagement in the TaMHS project, and not the influence of parental engagement on supporting children's social and emotional well-being more generally.

The role of practitioners in supporting parents was also highlighted in a study by Connelly et al. (2008) in which practitioners working in a range of settings across Scotland emphasised regular communication with parents as being essential to



supporting children's emotional needs. In particular, teachers in pre-school settings reported parents often making requests for support with their children's behaviour in the home, such as severe disruptive behaviour and difficult sleep patterns.

### 2.5.2 *'Blame culture'*

Two of the studies in the review highlighted a culture of blame from school staff towards parents for children's social, emotional and behavioural skills. As part of a wider study exploring the interpretation and utilisation of the social and emotional learning programme (SEAL) in UK schools, Wood (2017) interviewed staff members across three case study primary schools in socially disadvantaged areas. The sample was made up of 17 participants including head teachers, senior managers, teachers, learning mentors, teaching assistants and welfare staff members. The researcher reported that staff members tended to attribute blame to parents for the pupils' 'inappropriate' social, emotional and behavioural skills. This blame was found to be particularly evident for parents from minority-ethnic and low socio-economic backgrounds. The ideas above can be conveyed in the following quote by a participant (cited in Wood, 2017):

A lot of parents can't be bothered. They probably think when all the kids come home, and they have them sat down and given them their tea that they can't be bothered with much else, like talking to them, which is unfair to the kids, isn't it? It only takes five minutes. (p.5)

In the study, staff felt that programmes targeting children's social and emotional skills, such as SEAL were used to counter the endeavours of parents. The author reports that staff often failed to acknowledge the value of children's communities and backgrounds when endorsing their behaviours in schools, often leading to inconsistent behaviour management techniques across home and school. The author concludes that there is a need improve communication between home and school in order to guard against the marginalisation of social behaviours and cultural norms valued within many families.

In support of this study, Broomhead (2013) also found that educational practitioners working in mainstream primary, secondary, and special schools perceived the parenting of pupils with behavioural emotional and social difficulties (BESD) to be 'inadequate' and 'chaotic'. Staff also reported that parents did not enforce appropriate boundaries at home for their children and they felt they were compensating for them by adopting the role of 'surrogate parents' to ensure children's social-emotional needs were addressed. This study draws on the views of 15 practitioners including head teachers, class teachers, teaching assistants and Special Educational Needs Coordinators (SENCOs) who have direct contact with children with BESD. The researcher applied interpretative phenomenological analysis (IPA) to the semi-structured interview data. To conclude, the author emphasises the importance of addressing the social-emotional well-being of pupils with BESD and supporting this area before their educational needs can be met. He also recommends further training for educational practitioners in meeting children's social-emotional needs.

Broomhead's (2013) study introduces some important findings and provides a detailed description of participants and recruitment, as well as quotations to back up the analysis adhering to several of Yardley's quality criteria (2000, 2008). However, the sample consisted of staff employed in mainstream schools and BESD schools. Therefore, it is difficult to obtain a rich picture of the views of predominantly mainstream primary school staff in this area. Staff working in BESD schools are likely to be supporting children with more complex needs which may influence their responses compared to staff working in mainstream primary settings. The findings are also part of a larger study examining socio-emotional aspects of home-school relationships between parents of children with Special Educational Needs (SEN) and school staff. This is similar to the study described earlier by Wood (2017), suggesting the research questions for both of these studies may have been set retrospectively, which may affect the quality of the studies and subsequent findings. However, it should be acknowledged that the focus of these studies was mostly related to children's BESD, rather than their social, emotional well-being more generally. The views and practices of staff in the area of BESD may therefore differ from practices surrounding children's social and emotional well-being.

In summary, the evidence presented in this section suggests staff value the input of parents when working to support children's social and emotional well-being, however there are constraints to engaging with parents in school. These constraints appear to include communication with parents and having sensitive conversations about their children's emotional needs. In addition to this, the literature indicates a culture of blame whereby school staff potentially view the social and emotional needs of children to be a fault of their parents, particularly for disadvantaged families or families from minority-ethnic backgrounds. However, findings from these studies mostly focused on practitioners' engagement with parents or explored their views related to BESD, rather than social and emotional well-being more generally. As such, they do not explore the factors arising in the development of relationships with parents in the context of supporting children's social and emotional well-being.

## **2.6 Emotional labour**

This section of the literature review will include the analysis of three research studies which are relevant to staff's views in relation to the emotional complexities of supporting children's social, emotional, and behavioural needs.

In a series of papers focusing on interactions within nursery settings, Elfer (2015) highlights the 'emotional labour' of nursery work. In describing this term, he refers to nursery staff as having to 'suppress or evoke particular emotions with colleagues as well as parents as they are exhorted to work together in an integrated and harmonious way' (Elfer, 2012, p.130). This is captured in a study by Elfer and Page (2015) who aimed to explore how nursery managers viewed their work with babies and what they considered to be important when working with this population. The researchers undertook psychoanalytically informed interviews with eight nursery managers from two LAs who worked across a range of affluent and deprived areas. Overall, they found that managers expressed anxiety and uncertainty around achieving a balance between facilitating a close emotional attachment for the babies, which they instinctively felt babies needed, whilst also being sensitive to the proprietorial feelings of parents and maintaining 'professional' relationships. This links to the concept of 'containment' and in previous work, the author has suggested that EY staff may avoid warm emotional

engagements with children due to the anxiety that 'instinctive feelings of attachment to children will result in too much emotion entailing painful separations when these inevitably occur' (Elfer, 2012, p.131).

The researchers also reported that managers experienced confusion around the primary aims of nursery for children, for example whether nursery is an extension of the attachment relationships formed at home, or an extension of school organised for learning. Elfer (2012) therefore proposes that practitioners who are expected to form emotionally close relationships with children should have an opportunity to talk through the emotional demands of their work in a supportive capacity.

This study meets a number of Yardley's quality criteria (2000, 2008). Firstly, the study presents a comprehensive literature review leading to coherent research questions, and key terminology is described. Secondly, the researcher takes account of the sensitive nature of the study through methodological considerations. For example, the interviews were designed in a way which encouraged participants to illustrate issues with examples from practice and included minimal use of probing questions. The researchers also ensured reflexivity was maintained by keeping a post-interview reflexive diary in which extracts were used to support emerging themes from the interviews and to deeper understanding of the interview itself. Rigour was also applied to data analysis as more than one person analysed the data and a critical discussion was held about their individual assessment of themes, before a final thematic summary emerged. However, a limitation of the study is that the authors interpreted the findings through a specific analytical lens i.e. psychodynamic theory opening up the potential for bias in the results.

The emotional complexity of EY work and interactions with young children has also been captured in research by Cottle (2011). In her study, semi-structured interviews and focus groups were carried out with 115 practitioners working across 11 Sure Start Centres within two London boroughs and two shire counties. In addition to this, the researchers used environmental observations and analysed setting policy and procedures to help develop an implicit understanding of the setting. The aim of the research was to explore practitioners' understanding

of 'quality' and 'success' within the context of their setting. A symbolic interactionist approach was selected, and results revealed that practitioners had difficulty in achieving a balance of sensitivity and empathy whilst maintaining their professional boundaries in their relationships with children and families. In addition to this, several heads of the centres expressed concerns in relation to the emotional health of their staff, however there was no mention of the type of support put in place for staff addressing these needs. This is captured in a quote from an early year's educator:

It's the kind of job where there's no right or wrong answer because it's all about you. At the end of the day it's how you affect the lives of everybody because you're dealing with people that are sometimes sad, emotional, depressed, have a lot of problems. And... it's not sitting at a computer ... you can't just erase it and it's not going to make it better ... it's ongoing, that's what I'm trying to say. It's kind of different every day (Cottle, 2011, p.225).

Therefore, this study illuminates a rich picture into the views of EY practitioners working in Sure Start children's centres across a range of socio-economic contexts. The study also adopts a number of methods of data collection adding to the quality of research (Yardley, 2000, 2008). However, the researcher notes considerable time constraints to their data collection making it impossible to draw firm conclusions about the ways that practitioners' definitions of 'quality' and 'success' were enacted.

This is further supported by Rothi, Leavey, and Best (2008), as described earlier, who found that teacher's concerns about children's mental health affected their own psychological well-being, reporting feelings of incompetence, frustration, and helplessness. Interestingly, in Wood's (2016) study, non-teaching staff members in schools down-played the emotional labour central to their role and claimed competence in the area of supporting children's social and emotional well-being. This perhaps highlights the differences in the views of teaching staff and non-teaching staff in supporting children's social and emotional well-being.

In summary, the evidence in this section suggests that staff working within EY and school settings are experiencing conflicted feelings in terms of their role in

supporting children's social and emotional well-being. It appears that staff are facing difficulties in maintaining a balance between their professional role as educators, and their role in forming attachments and meeting the emotional needs of young children. The literature suggests that these feelings of conflict have led to staff feeling anxious and frustrated and have had an impact upon their own psychological well-being.

## **2.7 Wider context**

This section of the review includes an analysis of the findings from one paper not yet discussed, and those papers already referenced in this review, linked to the wider policy and associated challenges to supporting children's social and emotional well-being across EY and primary school settings.

In exploring EY practitioners' interpretation and application of 'quality', as outlined in government policy, Cottle and Alexander (2012) sought the views of 165 practitioners working in 18 EY settings including nursery schools and classes, reception classes, free-standing nurseries and children's centres. Using interviews and focus groups, the authors found that practitioners felt under pressure from the government to achieve 'quality' which was directly linked to children achieving the targets established by the EYFS. Practitioners in the sample reported that the current 'outcomes agenda' often conflicted with their own professional values and they felt that the expectations for young children were inappropriate. The strengths of this study include a thorough literature review leading to clear aims for the study. In addition, the sample comprised of children's centres across a range of socio-economic contexts, including two London boroughs and two shire counties, as well as a range of EY settings and practitioners from various roles. However, limitations include the small sample size and no mention of a set criteria for selecting settings. Instead the process of recruitment involved seeking recommendations off LAs and higher education colleagues on their own indicators of good practice. This opens potential for bias and limits the generalisability to settings not falling into this category of 'good practice'.

Although the research undertaken by Cottle and Alexander (2012) focuses on staff working in EY settings, similar feelings and challenges have been expressed

by staff in primary schools. Cane and Oland (2015) identified several supports and constraints experienced by school staff when implementing a whole school programme focusing on children's social and emotional well-being known as the TaMHS project. In their study, staff considered highlighted a high level of planning, organisation, and flexibility, as well as availability of resources to be highly supportive factors in the implementation of the programme. However, staff identified constraints to the delivery of the project including pressure from Ofsted to achieve academic targets, staff workload, time constraints in terms of funding/staffing costs, lack of resources including space for intervention work, negative staff attitudes and a lack of staff training/awareness. The methodological limitations of this study are described in further detail above.

Several of these issues were also captured in Spratt's (2006) study which revealed that school's focus on academic achievement was seen to be damaging to children's well-being and that managers and local representatives felt under pressure to achieve targets set for children in light of funding constraints. Staff have also reported feeling frustrated about the lack of training in the area of children's social and emotional well-being and have raised concerns about external services being overstretched for children with emotional needs. This has led to staff taking on roles beyond their capabilities (Connelly, 2008; Danby & Hamilton, 2016; Rothi, Leavey & Best, 2008)

In summary, the literature presented in this section raises some interesting issues in relation to supporting children's social and emotional well-being. A prominent issue appears to be linked to the 'outcomes-driven' agenda in schools which is felt to take priority over meeting children's emotional needs. The literature also highlighted several practical constraints to supporting children's emotional needs including a lack of space and time for planning and delivery. In addition, there appears to be a need for staff to receive training to meet children's social and emotional needs as current opportunities are sparse.

## **2.8 Rationale for current research**

This chapter aimed to provide a record of the systematic literature review carried out to determine what is currently known about staff views in relation to supporting

children's social and emotional well-being. A total of 13 research articles were reviewed and critically appraised using principles laid out by Yardley (2000, 2008).

The main findings that have emerged from this literature review suggest that staff in EY and primary school settings are concerned about the social and emotional needs of children and recognise the importance of forming quality relationships to successfully promote children's overall well-being. However, the literature indicates a lack of staff knowledge in the identification of children's emotional issues. When supporting children's well-being, staff tend to draw on their personal experiences, rather than theoretical knowledge. Staff have also been found to value parent involvement when working to support children's well-being; however, the literature suggests constraints to the successful development of these relationships including issues with communication and a culture of blame towards parents. In addition, research has highlighted the emotional labour experienced by staff as they seek to maintain a balance between their professional role and meeting the emotional needs of children. The literature also reflects issues surrounding the wider context in relation to a lack of training for staff in children's social and emotional well-being and staff feeling pressurised within the 'outcomes-driven' agenda in schools.

The literature review has highlighted that the majority of research accessing staff views on supporting children's social and emotional well-being has been carried out in the context of UK primary school settings. Only a small number of papers have sought the views of EY practitioners in relation to this area (Aubrey & Ward, 2013; Cottle & Alexander; Cottle, 2011; Elfer & Page, 2015; Page & Elfer, 2013). Of these identified papers, one study looked specifically at practitioners' views on children's early personal social and emotional development (Aubrey & Ward, 2013). However, this was carried out in a primary school context and may not be representative of the views of staff working in EY settings. In addition, two of the papers focus on specific elements rather than the broader area of supporting children's well-being (Cottle & Alexander, 2012; Cottle 2011). Page and Elfer (2013) used a case study design to specifically look at the views of practitioners on their attachments with children. This study, alongside research by Elfer and



Page (2015), sought the views of practitioners through application of a psychodynamic framework. Therefore, it could be suggested that research approached from a different perspective may shed greater insight into this area. Furthermore, the current research does not seem to provide an adequate understanding of how EY practitioners conceptualise 'social and emotional well-being' or how they support children's behaviour in the context of EY settings.

## **2.9 Aims and research questions**

Therefore, the current study aims to seek the views of EY practitioners in supporting children's social and emotional well-being within EY settings. The purpose of undertaking this research is to improve EPs' understanding of how EY practitioners view their role in supporting children's well-being and to reflect on future implications for EP practices in relation to working with EY practitioners. An exploratory qualitative design will be employed to explore at greater depth the views of EY practitioners. This study hopes to address the following research questions;

- 1) What do EY practitioners understand by the term 'social and emotional well-being?'
- 2) What are EY practitioners' views on supporting children's social and emotional well-being and/or behaviour?
- 3) What training have EY practitioners received to help them in supporting children's social and emotional well-being? What further support or training would they like in the future?

The next chapter presents a detailed account of the methodological approach that was taken for the current research

## **Chapter 3**

### **Methodology**

#### **3.1 Overview of Chapter**

This chapter will present details of the methodology of the current research which was designed to explore the views of EY practitioners in relation to supporting children's social and emotional well-being. This section includes a detailed description of the researcher's epistemological and ontological position, an overview of the research design and procedures used for data collection and analysis. In addition, ethical procedures and criteria for ensuring the reliability, validity and relevance of generalisability are discussed, as well as the importance of reflexivity.

#### **3.2 Ontology and Epistemology**

The following section will describe the philosophical assumptions held by the researcher underpinning the development of the research design and process. To decide on the ontological position adopted for this study, it was important to consider the varied positions that exist which may underpin a researcher's investigations. Therefore, opposing positions including positivism and social constructionism are discussed, followed by the position of critical realism which takes a more middle ground.

Ontology refers to the study of the nature of the world (Willig, 2008) and is concerned with questions around the nature of reality (Fox, Martin & Green, 2007). Ontologies can be viewed on a spectrum from realist positions, such as positivism, to relativist positions such as social constructionism (Fox et al., 2007). Realist positions uphold the view that all observers can be demonstrated to share a congruent view of an objective reality (Kelly, Woolfson & Boyle, 2008) and that objects within the world exist independent of the knower (Cohen et al., 2007). On the opposite end of the spectrum, relativist positions assume that there is no one 'true' reality that can be objectively observed (Burr, 2003). This position asserts that 'our realities are mediated by our senses' (Scotland, 2012, p.11) and emphasise "the diversity of interpretations that can be applied to the world" (Crotty, 1998, p.92).

Epistemology is a branch of philosophy concerned with the theory of knowledge, linked to our ontological position. It is about “how we know what we know” (Crotty, 1998, p.8). Kvale (2007, p.19) makes a helpful distinction between opposing epistemological theories using the metaphor of a ‘miner’ and a ‘traveller’. In the modern view of science (or ‘positivist’ view), knowledge is ‘buried metal’, in which the miner digs to uncover the metal. Whereas, the social constructionist view (or ‘relativist’ view) sees knowledge as socially constructed; the ‘traveller’ goes on a journey, exploring unknown territories, and encouraging local inhabitants to tell their different stories. These stories are then ‘unfolded through the traveller’s interpretations’, that they bring back to their audiences.

However, the positions of positivism and social constructionism have both come under scrutiny by philosophers and social scientists. The methods utilised within positivist approaches have been criticised for ignoring the ‘voices’ and intentionality of ordinary people, which can lead to their actions not being fully understood (Burr, 2003). The use of positivism in educational research has also been criticised due to the difficulties around isolating variables within such complex systems (Matthews, 2003). Social constructionism has also received critique for its negation of a scientific approach and evidence base. Critiques of the field have argued that it offers little help for practitioners beyond a description of how perspectives influence the meaning and manufacture of difficulties (Kelly et al., 2008).

More recently, critical realism has been suggested as a helpful approach to research in value-based professions, such as education (Kelly et al., 2008), positioning itself between the traditional positivist and constructionist approaches to sciences (Matthews, 2003). A critical realist epistemology has therefore been chosen to underpin the current research. Taking this ontological stance, the researcher assumes there is a reality independent of human perception, theories and constructions, whilst accepting that our understanding of this world is a construction from our own perspectives and standpoint (Maxwell, 2012). Therefore, this position asserts that there are multiple perspectives of reality. These include an external reality (what happens in the physical world), and internal realities, which are subjective and unique to the individual person (Gray,

2014). Critical realists seek to understand the underlying mechanisms that cause events to happen, rather than the events themselves (Matthew, 2003).

Bhasker (1986) has also argued that critical realism adopts an emancipatory perspective within the social sciences. Kelly et al. (2008) explain that by questioning the value systems and interpretations of reality, critical realism serves to 'further social progress and individual development by linking results to ethical systems and political and social action' (p.25). Arguably, this research includes emancipatory elements, as its main aim is to assist EY practitioners and EP services in building upon their current practices around children's social and emotional well-being.

Therefore, in adopting this ontological stance, the researcher acknowledges that each practitioner's experience of supporting children's social and emotional well-being will be different and that their individual experiences will influence their perceptions in relation to supporting children in this area. However, the researcher recognises the existence of mechanisms and structures that belong to the physical world, such as those pertaining to EY provision and the LA, including fixed structures, rules and policies that are likely to guide and impact upon staff interactions with children. The critical realist paradigm and pursuit to understand underlying mechanisms suits the research aim of this study, which is to explore, from the perspectives of staff, how children's social and emotional well-being is supported in the context of EY settings.

### **3.3 Research design**

Critical realists posit that the production of knowledge is subjective and that the way we perceive the world depends partly on our beliefs and expectations (Madill et al., 2000). As such, this position assumes there are 'different valid perspectives on reality' (Maxwell, 2006, p.9). Therefore, in line with a critical realist epistemology, an exploratory qualitative research design was deemed appropriate for the current study since it seeks to explore, describe, and interpret the subjective experience of participants (Willig, 2008).

Qualitative research has the potential to obtain rich and in-depth data on people's experiences and to explore the views of individuals who are under-represented

in psychological research (Braun & Clarke, 2006). The literature review revealed a limited body of research in the UK which focused on the views of EY practitioners in relation to supporting children's social and emotional well-being. Therefore, this qualitative design lends itself to the research questions of this study which seek to gather the views of a population of people whose views may otherwise be unrepresented.

In the hope of acquiring new insight into a relatively understudied area, the researcher adopted an exploratory design (Robson, 2011). This design is flexible and acknowledges the circumstances of the participants in the study, unlike quantitative research which seek to investigate specific variables and make generalisations across a higher number of participants (Yardley, 2000, 2008).

### **3.4 Research aims**

As outlined, this study aimed to explore the views of EY practitioners in supporting children's social and emotional well-being within EY settings. This research questions were as follows:

- 1) What do EY practitioners understand by the term 'social and emotional well-being?'
- 2) What are EY practitioners' views on supporting children's social and emotional well-being and/or behaviour?
- 3) What training have EY practitioners received to help them in supporting children's social and emotional well-being? What further support or training would they like in the future?

### **3.5 Research procedure**

#### *3.5.1 Context and location of the study*

The research took place in children's centres within an inner London LA. This LA was chosen to ensure a certain level of homogeneity was achieved with children's centres across the borough sharing similarities in terms of their socio-demographic profile and central advisory team. Furthermore, the researcher

sought to assist in developing an understanding of the views of EY practitioners at a local level, rather than attempting to make generalisations.

The reason for focusing on staff working in children's centres as opposed to nursery settings was due to their scope in targeting the most vulnerable families. There is evidence to suggest that children from disadvantaged backgrounds are at greater risk of developing mental health difficulties (Elliott, 2016). Therefore, staff working in children's centres are more likely to support children from the most vulnerable families and have a crucial role in supporting their social and emotional well-being. Furthermore, the researcher was on placement as a TEP within the LA setting and the EP service were particularly interested in developing their breadth of work within children's centre settings.

The LA represents a diverse and multi-cultural population and has high rates of child poverty. The children's centres in which the research took place all offered full day care for children between the 0-5 years whose parents worked in the borough. Additionally, all centres were in receipt of funding for the provision of free early education for two-, three- and four-year-old children. The centres also offered free activities for children aged 0-5 and their parents, including baby massage, parent drop-ins, and messy play activities. A community outreach service was prominent in each of the centres, including support from Speech and Language therapy (SALT), Midwifery and the Portage service. The centres made links with each of the schools in the borough and supported children with their transitions from day-care to school.

### *3.5.2 Participant recruitment*

Recruitment of participants involved an initial discussion with a specialist early years EP and Area Manager of the children's centres to gain an overview of the settings in the area and those which may be interested and/or who may benefit from taking part in this research. Following this, the researcher requested attendance at a head of centre cluster meeting which took place monthly at a chosen children's centre. The researcher was granted permission to attend and presented information about the research to 12 centre managers from across the borough. The aim and purpose of the research was explained including aspects

of confidentiality and consent. In addition, the researcher explained that once the research was complete, a lay summary of the findings would be distributed to children's centres across the borough.

At the end of the presentation, centre managers were given the opportunity to ask questions about the project and a sign-up sheet was handed round for those who were interested in their centre taking part. Seven managers expressed an interest in the project and were all contacted by e-mail a week later with an information sheet (see Appendix C), as well as information about the inclusion criteria for participants. The researcher requested consent from the manager to attend a future children's centre team meeting to present the project to staff working at the centre. The reason for doing this was to avoid participants being selected at the discretion of the centre managers, who may have selected participants according to their knowledge of the subject area, leading to a potentially biased sample.

Of the seven centres that expressed an interest in the project, four responded to the follow-up e-mail and dates were arranged for the researcher to attend team meetings to present research to staff. The reason the remaining three centres were not contacted for follow-up was because the four centres were felt to be representative of the borough; they were located within south, central and east regions with varying levels of deprivation. This would enable the researcher to obtain a sense of the different cultures within the children's centres. In addition to this, attendance at four of the team meetings was felt to be sufficient within the time frames of this project and the additional trainee responsibilities on placement.

### *3.5.3 Sample*

The sampling method used was purposive and participants were selected on an opportunity basis. This approach is commonly used for flexible designs (Robson, 2011) and was suited to this particular study. The following three inclusion criteria were used to identify and recruit participants:

- Individuals currently working within an Ofsted-registered LA maintained children centre setting.

- Individuals who had been identified as EY practitioners and/or managers working within children’s centre settings.
- A minimum of one-year experience working as an EY practitioner.

The reason the criteria for participation included at least one-year experience working as an EY practitioner was to ensure that participants had had sufficient time to develop a basic knowledge of the EYFS curriculum. In addition, the decision to include managers in the sample was because of the significant role they play in the development of centre policy, and the over-seeing of processes relevant to practitioner’s interactions with children.

### 3.5.4 Participant characteristics

A total of 10 participants across three children’s centres volunteered to participate in the study. Participants’ ages ranged from 27 to 52 years with a mean age of 38.5 years. They had a mix of ethnicities, including White British, Black Caribbean, and South East Asian and were all women. Participants all worked full-time and their experience working in the children’s centre varied from one year to 17 years. Please see Table 3.1 for a summary of the participant’s work roles.

Participants worked at children’s centres located across different regions of the borough and with varying levels of deprivation (see table 3.2). The differences in levels of deprivation are likely to have an influence on the population of families accessing the centre.

Table 3.1: Participants self-defined work roles and responsibilities

Number of participant	Gender	Role	Additional responsibilities
1	Female	EY Educator and SENCO	Health Child Lead
2	Female	Nursery Practitioner	n/a
3	Female	Nursery Education Officer	n/a
4	Female	Nursery Education Officer	Room Lead
5	Female	Nursery Education Officer	Room Lead



6	Female	Deputy Manager	SENCO
7	Female	EY Practitioner	n/a
8	Female	Forest School Lead	n/a
9	Female	Centre Manager	n/a
10	Female	Centre Manager	n/a

Table 3.2: Details of Children Centres

Children Centre	No. of participants	Ofsted rating	Location within borough	Index of multiple deprivation
1	3	Good	South	Top 30% most deprived
2	5	Good	Central	Top 10% most deprived
3	2	Good	East	Top 10% most deprived

*\*Index of multiple deprivation contains seven domains which relate to income deprivation, employment deprivation, health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation, and crime. Sourced from The Indices of Deprivation 2015 published by Communities and Local Government on the 30th September 2015*

### 3.5.5 Data gathering method: Semi Structured interviews

The researcher chose to gather data through individual semi-structured interviews to allow exploration of practitioners' understanding and perceptions of supporting children's social and emotional well-being. Semi-structured interviews are also well suited to the critical realist position of the research as they can be applied to facilitate "true and undistorted representations" about the world (Willig, 2013, p. 11). They were also chosen due to their flexibility as a research tool and enabled the researcher the opportunity for further questioning through techniques such as probing. In addition, further questioning allowed the researcher to obtain richer information (Braun & Clarke, 2013; Robson, 2011). Other research methods such as questionnaires and focus groups were explored but not deemed appropriate. Questionnaires would not allow the researcher to explore in-depth information and focus groups were ruled out due to the researcher being interested in individual participant accounts (Braun & Clarke, 2011).

### *3.5.6 Pilot and final interview schedule*

In developing the final interview schedule and to reveal any unforeseen problems that may have arisen, a pilot was carried out initially with a practitioner at a local nursery (Robson, 2011). The feedback from the practitioner about the interview schedule was generally positive. However, the researcher felt the wording of some of the questions generated a response bias in which the participant seemed to answer what they felt was socially acceptable. This may have been due to the direct wording of certain questions, for example: “how do you support children’s social and well-being in the children centre?”. In answering this question, the interviewee appeared to report content that was in line with nursery policy rather than their own views and beliefs. Therefore, questions were re-worded and ‘lightened’ to allow for a more conversational feel and to help put the participants at ease.

The following question was used in the pilot interview:

We are now going to talk about the area of social and emotional well-being. First of all, what is your understanding of the term ‘social and emotional well-being?’

Following the pilot interview, this was amended to allow for a more conversational feel:

There is a lot of interest in children’s social and emotional well-being at the moment, especially in the early years. It’s a really broad term I know, but what does the term ‘social and emotional well-being’ mean for you? What’s it all about?

Following the pilot, additional prompts were also added to the final interview schedule to elicit richer information about participant understanding and perceptions. In addition, two short vignettes were developed as part of the interview schedule to elicit the views of participants in relation to their responses to children’s emotions. This is supported by research identified in the literature review which illustrated that emotions play a role in practitioner views about social and emotional well-being. Finch (1987) describes vignettes as “short stories about hypothetical characters in specified circumstances to whose situation the interviewee is invited to respond” (p.1). As such, the interviewees were invited to

make statements about social circumstances rather than express their 'beliefs' in a vacuum. This allowed for features of the context to be further explored and shifted from a direct approach to asking questions (Finch, 1987). It was the researcher's intention that by using these vignettes in the final interview schedule, it would allow for more of a 'conversational' feel and put the participants at ease.

An example of a vignette used in the interview schedule was as follows:

- **Vignette:** *Imagine there is a child in the children's centre crying in the corner of the room. What might you do?*
- **Prompts:** *Why would you respond that way? How do you think that would help the child?*

The questions as part of the interview schedule were constructed based on findings and themes generated from the literature review and address the research questions of this study. The interview agenda used open-ended questions and tended to follow a logical sequence starting with more general and rapport building questions and leading into more specific questions about their experiences (Willig, 2008). Interviewee comments were restated by the interviewer and incorporated into further questions throughout the interview schedule; this helped to reassure the participant that the interviewer was listening and allowed the interviewer to check with the interviewee that they had understood correctly (Willig, 2008).

Interview questions were built upon guidance from Kvale (2008, p.60). These included a combination of the following:

- Probing questions e.g. 'can you give me any examples of this?'
- Follow-up questions – this included extending participant answers through the researcher being curious and involved using nodding and repeating significant words used by the participant
- Direct questions e.g. what training have you received in the area of children's social and emotional well-being?
- Structuring questions e.g. 'Now thinking about the role of parents...'
- Silence – the researcher allowed pauses throughout the interview to ensure the participant had an adequate amount of time to associate and reflect and then break the silence with significant information

- Interpreting questions – the researcher rephrased participant answers to attempt clarification e.g. ‘you mean that?’

Each interview began with the researcher introducing themselves, explaining the purpose of the research, and giving the opportunity to ask questions. This included explanation around issues of confidentiality and right to withdraw. Participants were reassured before the start of the interview, that the researcher was interested in their views and there were no right or wrong answers. In addition, the researcher also made it explicit that the research was not linked to Ofsted in any way. This was to relieve any anxiety around being assessed or measured against set criteria. Following explanation of the study, participants were asked to read a participant information sheet and consent form and to sign if they were happy to continue. See Appendix D, for a copy of the pilot and final interview schedule.

Interviews took place at a time that was convenient for children’s centre staff through liaison with the centre managers. For confidentiality reasons, the researcher requested the use of a small quiet room for up to an hour which would not be disturbed. The semi-structured interviews lasted between 30 minutes and one hour. This was a long enough time to ensure valuable and rich data was collected, but also to avoid potential risk of ‘respondent fatigue’ (Robson, 2011). At the end of the interview, participants were asked about their experience and given space to ask any additional questions. Participants were also informed that they would be receiving a summary sheet of the findings in several months’ time and thanked for their time.

### *3.5.7 Transcription*

Transcription is a method of converting speech into written text. Each interview was audio-recorded, and a transcript of the audio-recorded data was produced following each interview and stored on a password protected computer and deleted once transcribed, to comply with data protection law. As the researcher was interested in what was said, rather than how it was said, an ‘orthographic’ style of transcription was used (Braun & Clarke, 2013). Subtle utterances (e.g. ‘umm’) and punctuation were included to allow for ease of reading. All transcripts can be found on the accompanying CD.

### **3.6 Ethical considerations**

Ethical approval for this research was sought from the University of East London (UEL) and guided by the British Psychological Society (BPS) Code of Human Research Ethics (2014). See Appendix E for a copy of the ethics review decision letter. Informed consent was gathered verbally and in written form from all the participants prior to them taking part in the research. This was achieved through the following three steps:

- Centre managers were sent information sheets and consent forms and asked to distribute these to staff in the centre. See Appendix C for copies of the information sheet and consent form.
- The researcher attended staff team meetings at each centre to verbally explain and familiarise staff with the research and to offer an opportunity for them to sign up to the study.
- Informed written consent was gathered at the beginning of each individual participant interview, following an overview of the research and aims. The information sheet accompanied with the consent form explained to the participants' right to withdraw from the process at any time and that any personal details used to identify them would be made anonymous (Robson, 2002).

The confidentiality of the data was maintained by all data being stored on an encrypted computer. This included personal details of participants and audio-recorded information from the interviews. Participants were made aware that information from the interviews would be transcribed and shared with research staff at the university. They were also informed that the findings would may be shared with the EP service to target future support in this area. In addition, participants were debriefed about the research and received a lay summary of the findings to assist in areas for development in relation to supporting children's social and emotional wellbeing.

### **3.7 Data analysis**

Thematic analysis was chosen to analyse the data generated from the interviews largely due to its flexibility as a research tool (Braun & Clarke, 2006). Braun and Clarke (2006) describe thematic analysis as "a method for identifying, analysing,

and reporting patterns (themes) within data”. A theme “captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set” (Braun & Clarke, 2006, p.10). Thematic analysis organises and describes the data set in rich detail and can additionally be used to interpret various aspects of the data.

### *3.7.1 Rationale for data analysis*

Thematic analysis can be applied to a wide range of research questions including questions related to people’s perspectives. It can be used to report “experiences, meanings and the reality of participants” (Braun & Clarke, 2006, p.9). As such, it is well suited to research upholding a critical realist position which assumes language is a tool for communicating people’s perspectives, and that language reflects ‘reality’ (Clarke, Braun & Hayfield, 2015). Since the research questions of this study seek to explore the perceptions of EY practitioners in relation to supporting children’s social and emotional well-being, thematic analysis was deemed a suitable method. Other types of analysis were explored for this study including Interpretive Phenomenological Analysis (IPA) and Grounded Theory (GT). However, IPA was not considered appropriate due to the research questions being more interested in exploring the direct experiences of practitioners, rather than how practitioners made sense of their lived experiences. GT was not deemed a suitable method due to the study’s research questions being based on findings from the literature review. In addition, the researcher’s intentions were not to generate a theory from the data. Similarly, narrative and discourse analysis were also rejected due to the research questions seeking to explore what the participants said rather than how it was constructed.

Thematic analysis emphasises the active role of the researcher in the research process and embraces researcher subjectivity (Clarke, Braun & Hayfield, 2015). The nature of coding and theme development in thematic analysis is described as ‘organic’ as it is informed by the unique standpoint of the researcher, and the researcher uses their judgement to determine the creation of a theme (Braun & Clarke, 2006).

Braun and Clarke (2013) describe two forms of thematic analysis, namely inductive and deductive. Inductive analysis refers to analysis primarily grounded in the data, rather than existing theories or concepts and deductive analysis

occurs when the researcher views the data through a theoretical lens and theoretical concepts inform the development of themes and codes. This study used mainly an inductive approach. The researcher was open to new ways of thinking about how staff support children's social and emotional well-being. However, it was also acknowledged that the researcher's knowledge of the subject area, gained from the literature, was also likely to have influenced thinking surrounding the analysis. Taking an inductive stance benefited the exploratory nature of the research and falls in line with a critical realist position.

Braun and Clarke (2013) note some limitations to the use of thematic analysis. Firstly, it has been argued that thematic analysis cannot provide any sense of the continuity and contradictions across individual accounts. This can potentially lead to the 'voices' of individual participants being lost. As this study used a small sample of participants, there is potential within the findings for individual voices to be heard. It has also been argued that there is a lack of concrete guidance and clarity in the procedures used (Holloway & Todres, 2003). However, Braun and Clarke (2006) have created a clear and replicable model which addresses these concerns. This model has been chosen to support the process of analysis for this research.

### *3.7.2 Process of analysis*

Braun and Clarke's paper (2006) was used as a guide to the process of thematic analysis and the following six key phases were worked through; familiarisation, coding, searching for themes, reviewing themes, defining and naming themes, and write up.

#### *Phase 1: Familiarisation with the data*

The first phase of thematic analysis involved 'immersion' in the data. Braun and Clarke (2013) report that the aim of this is to become intimately familiar with the content of the data set and to notice things that might be relevant to the studies research questions. This was undertaken in several ways including the researcher transcribing each of the audio-recorded interviews and reading and re-reading each set of interview data. For ease, the transcriptions were printed out and read as hard copies.

During transcription of the data, initial impressions were noted about the data in a research diary and were referred to later in the process (see Appendix F for example extracts). Braun and Clarke (2013) note that this process is 'observational and causal, rather than systematic and precise' (p.205) and was used to aid the researcher's memory when developing analysis.

#### *Phase 2: Generation of initial codes*

The second phase involved coding, which is known as a 'process of identifying aspects of the data that relate to your research question' (Braun & Clarke, 2013, p.206). The researcher found it easier to code electronically, using Microsoft Word, rather than by hand. As the analysis was inductive, the codes were developed based on the whole data set, rather than approaching the data and coding with specific questions in mind (Braun & Clarke, 2006). This was to ensure that codes were not limited to features of the data set. The researcher coded the data set using semantic codes, providing a description of the semantic meaning of the data, rather than applying a theoretical or conceptual framework (Braun & Clarke, 2006). A sample of the initial coding can be found in Appendix G. Following this, the data was re-read to check the codes captured a coherent description of the text.

#### *Phase 3: Searching for themes*

Once the coding process was complete, the researcher began to look at the relationship between codes to develop overarching 'themes'. According to Braun and Clarke (2006), themes represent "some level of patterned response of meaning within the data set" (p.10). As such, a theme includes a central organising concept, which captures something a meaningful aspect of the data (Braun & Clarke, 2013). For this phase of the analysis, codes were printed out and cut up into individual strips where they were manually arranged into themes by the researcher. Themes were created from clusters of codes that were similar or overlapping and sought to answer the research questions of the study. See Appendix H for photo documentation of this process.

#### *Phase 4: Reviewing themes*



Following the identification of several candidate themes, the researcher reviewed the themes using the following questions suggested by Braun and Clarke (2013, p.226):

- Is this a theme? (or is just a code or a subtheme?)
- What is the quality of this theme? Does the theme tell me something meaningful about a pattern in the data, in relation to my research question?
- Can I identify the boundaries of this theme? What does it include and exclude?
- Are there enough (meaningful data to support this theme? Is the theme too 'thin'?
- Is there too much going on in the theme that is lacks coherence? Are the data too diverse and wide-ranging? Would using sub-themes resolve this problem? Or should it be better split into two or more themes?
- How does this potential theme relate to other potential themes?
- What is the overall story of the analysis?

Following review, the researcher collapsed several themes and created a number of over-arching themes. These revised themes were checked with university research supervisors and research peers. Once the researcher was happy with themes, the second phase involved further reviewing of the themes in which the un-coded data set was re-read. This was to make sure that the themes captured the meaning of the data set in relation to the research question (Braun & Clarke, 2013, p.234), or to code any additional data within themes that was missing in earlier coding stages. A thematic map was created of the overall themes depicting the relationships between themes and subthemes.

#### *Phase 5: Defining and naming themes*

Once the researcher felt confident in their overall themes, the description for each theme was checked over. During this phase, several themes and subthemes themes were re-named to create a more coherent account of what they represented. As with earlier phases of the analysis, theme names depicted in a thematic map were reviewed alongside research supervisors and peers who were asked to comment on whether they felt the themes were coherent and captured a holistic picture of the research.

#### *Phase 6: Write up*

The final phase involved the write up of this thematic analysis. Examples of extracts from the data were used to demonstrate the prevalence of each theme. The researcher was conscious to illustrate how the data answered the research questions of the study. The write up of the analysis can be found in chapter 4.

### **3.8 Research quality**

In quantitative research, criteria of reliability, validity and generalisability are applied to determine the quality of the research. However, these concepts have been questioned in terms of their applicability to qualitative research (Yardley, 2000, 2008). In addressing this, Lincoln and Guba (1985) have put forward several criteria for ensuring 'trustworthiness' in qualitative research which link to validity, reliability and generalisability. These are as follows:

- Credibility (validity)
- Dependability (reliability)
- Transferability (generalisability)

The following section, will therefore address these criteria in turn and outline the strategies that the researcher used to counter them throughout the research.

#### *3.8.1 Credibility (validity)*

In quantitative designs validity refers to 'the extent to which our research describes, measures, and explains what it aims to describe measure or explain' (Willig, 2008 p.16). In qualitative designs, Mertens (2005) conceptualises validity as 'credibility' which refers to establishing whether the results of the study are credible or believable from the perspective of the participant in the research.

Several ways in which credibility was addressed in this research included:

- Discussion of the analysis, including coding and theme generation with a university supervisor to ensure conclusions drawn were adequate.
- Maintaining an audit trail of all activities while carrying out the study (Mertens, 2005; Robson, 2011).
- Developing an early familiarity with the culture of the children's centres before data collection took place (Shenton, 2004). This included meeting with centre managers and attendance at individual children centre team meetings allowing specific familiarity with the context.

The researcher was reflexive throughout the process. Reflexivity in qualitative research refers to “the process of critically reflecting on the knowledge we produce, and our role in producing that knowledge” (Braun & Clarke, 2014, p.37). According to Clandinin & Connelly (2000), reflexivity allows us to acknowledge what is left out of the research process, including the things not being said, or the questions not being asked. The researcher’s ontological and epistemological positioning has been clearly stated and clarified how the data will be used and interpreted. In addition, a research diary was kept in which the researcher reflected on their position and role in the research (see Appendix F for an example extract taken from a research diary). Willig (2008) notes that keeping a research diary can discourage impositions of meaning by the researcher.

### *3.8.2 Dependability (reliability)*

Reliability in qualitative research is reconceptualised as the ‘dependability’ or ‘trustworthiness’ of the methods of data collection and analysis used (Braun & Clarke, 2013, p.279). Dependability refers to the need for the researcher to account for the ever-changing context within which the research occurs (Mertens, 2005),

The dependability of the research was addressed through engagement in a systematic review of the literature and being transparent and explicit about the methods used within the research process. This included an in-depth account of the steps taken throughout the study, allowing for the replication of the process (Mertens, 2005).

### *3.8.3 Transferability (generalisability)*

Transferability is used in qualitative research and is known in quantitative research as ‘generalisability’ (Mertens, 2010). The study adhered to several steps to enable transferability of research findings. This included providing a rich detailed context of the study, including terminology around the topic e.g. ‘social and emotional wellbeing’, place context and details about each participant (e.g. background, qualifications, ethnicity, and role). Mertens (2010) also notes that the use of several cases strengthens the transferability of a study; in this research ten participants were used which is felt to be an adequate number to ensure a degree of transferability.

However, it should be acknowledged that the researcher did not attempt to make generalisations from this research, but rather aimed to assist in developing an understanding of the views of EY practitioners at a local level. However, some of the findings may have potential to be generalised to those early years settings within a similar context to those used in this study (i.e. inner London, children centre settings).

### **3.9 Summary**

This chapter has provided an overview of the methodology used to gather the data for the current research study, as well as the ontological and epistemological position informing the research. In the next section, the results of the data are presented and discussed in relation to the research questions.

## **Chapter 4**

### **Findings**

#### **4.1 Overview of chapter**

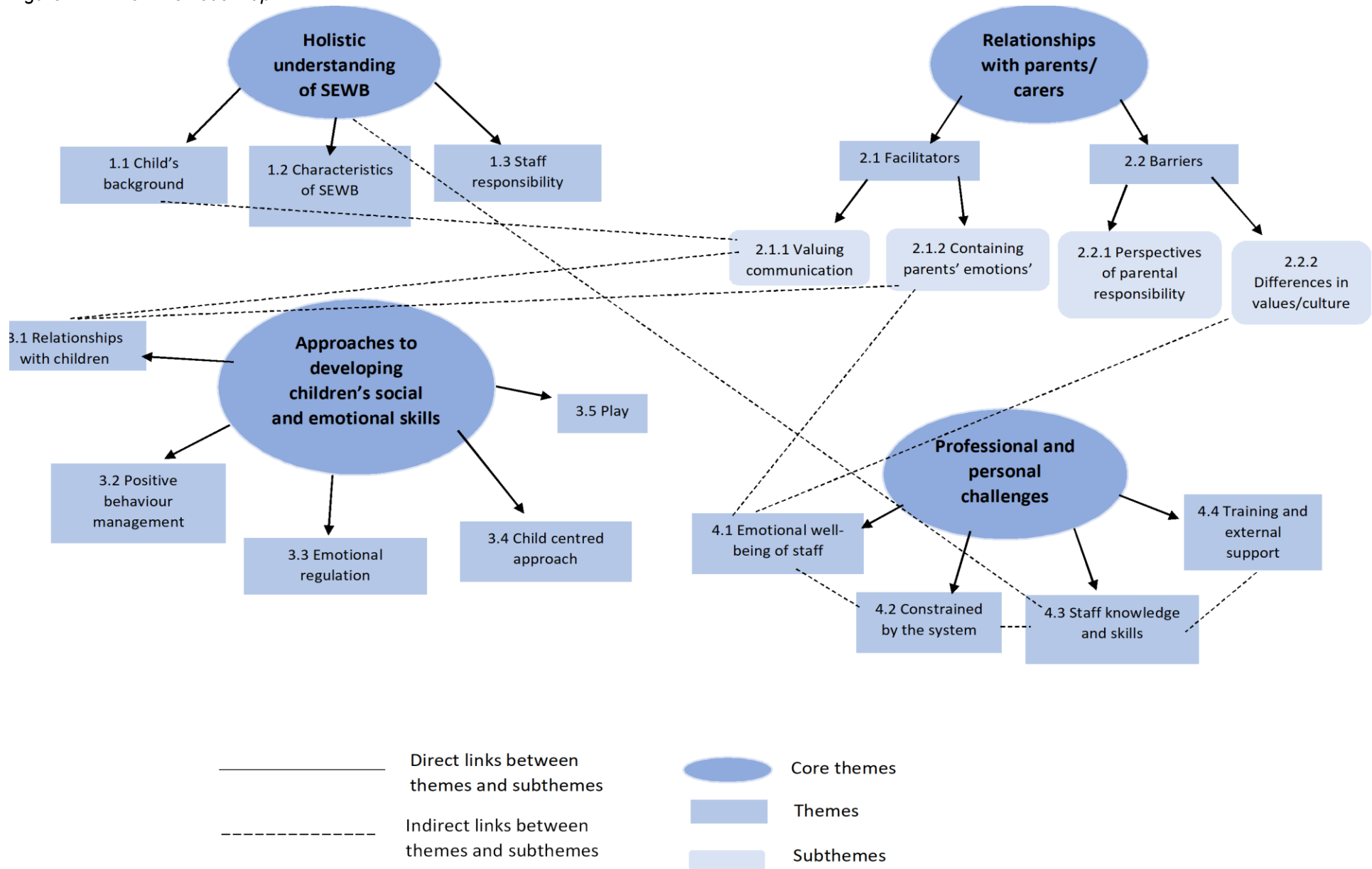
The following chapter presents an account of the findings of the research. The aims of the research were to explore EY practitioners' perceptions in relation to supporting children's social and emotional well-being. The research questions of this study are as follows:

- 1) What do EY practitioners understand by the term 'social and emotional well-being?'
- 2) What are EY practitioners' views on supporting children's social and emotional well-being and/or behaviour?
- 3) What training have EY practitioners received to help them in supporting children's social and emotional well-being? What further support, or training would they like in the future?

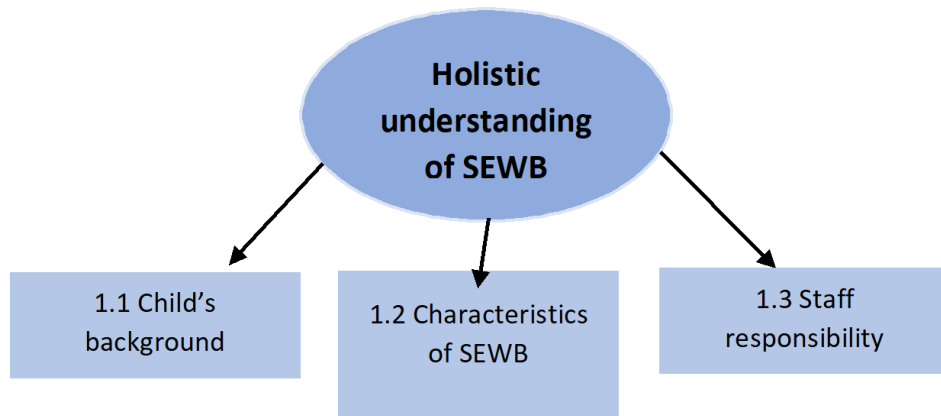
Overall, four core themes, fourteen themes and four subthemes were identified from the analysis. Throughout this chapter, these will be described in detail and accompanied with quotes from the research. A final thematic map is illustrated below and depicts the relationships between each of the core themes, themes, and subthemes (figure 4.1). As illustrated, a core theme sits at the 'top' level and is an umbrella concept composed of themes and subthemes. Themes describe the different patterns and meaning within the dataset, and subthemes share the same central organising concept as a theme however they focus on a distinct element (Braun, Clarke & Rance, 2014).

The four core themes generated from the analysis are as follows: 'Relationships with parents/carers', 'Holistic understanding of social and emotional well-being (SEWB)', 'Approaches to developing children's social and emotional skills' and 'Professional and personal challenges

Figure 4.1: Final Thematic Map



## 4.2 Core theme 1: Holistic understanding of Social and Emotional Well-being (SEWB)



*Figure 4.2: Holistic understanding of SEWB*

The data informing this core theme revolved around several themes which predominantly linked to practitioners' understanding of social and emotional well-being. This included factors related to the child's background, and the relationship between social and emotional well-being and children's overall development and learning. In addition, practitioners discussed their responsibility in fostering and supporting children in this area.

### *1.1 Child's background*

This theme is related to a portion of data which captures participant's accounts of factors related to the child's background which are likely to influence or impede the development of their social and emotional well-being and/or behaviour. The factors discussed mainly related to home and environmental circumstances, whether the child had an additional learning need or health issue, or whether they spoke English as an additional language (EAL). The following extract serves to highlight these points:

*But I think with the social and emotional well-being of a child, it's so important to know that holistic background of a child. And just the ins and outs of everything going on because there is so much that impacts a child's life. You know, they're coming into the centre and you're sometimes expecting this child to just get on with things, you know what to do, but we we kind of need to take a step back and actually think, what is actually going on in this child's life (Participant 6)*

Practitioners identified several family circumstances that were likely to impact upon the development of a child's social and emotional well-being. A positive factor that was discussed was a child's relationship with their parents and the value of parents being attuned to their child's social and emotional needs. This is demonstrated by links on the thematic map to the 'Relationships with parents/carers' theme (figure 4.1):

*I will say that I have noticed a major difference with those children who come into our setting where those parents are really really clued up and really attend to their children's social and emotional needs. I can see how confident those children are, I can see how secure and how resilient they are, I can see how those children just in terms of their behaviour.....there's a huge difference to those parents who...where the parents don't make time for their children. And those are the children, you know, that when they've come in from the start being the baby room or the toddler room, by the time that they leave the preschool room you can almost put your bottom dollar that these children are going to do well. (Manager 2)*

Other factors that were reported to impede the development of children's social and emotional well-being included the absence of a parent, bereavement, and family conflict. Several practitioners also reported working with children who had experienced trauma (such as domestic violence or neglect).



## 1.2 Characteristics of social and emotional well-being

This theme refers to extracts within the data where practitioners identified several characteristics of social and emotional well-being. Overall, practitioners conceptualised 'social and emotional well-being' as experiencing a sense of safety, security, happiness, and healthiness:

*..I think it's really more about self-esteem and having a secure base from which they can then forge those really positive and healthy relationships.. (Manager 2)*

In general, practitioners referred to the existence or absence of certain behaviours or emotions when describing social and emotional well-being. Practitioners reported that children with high levels of emotional well-being were more likely to be able to regulate their emotions, build healthy relationships and display appropriate social behaviours. This is captured in the following extract:

*Umm I just think it is obviously the.. the way in which a child is displaying behaviour. And you know whether they are withdrawn or happy, that indicates quite a lot to say about a child is feeling. (Participant 6)*

However, for some practitioners, there seemed to be some ambiguity around the term social and emotional well-being and its overall presentation:

*I don't know if I'm answering it right, you know, I think umm, just developing, just being stable.... within yourself. That's what I think, I don't know if it's right or wrong. I don't know... (Participant 4)*

Several practitioners also held the view that social and emotional well-being was connected to all aspects of the child's learning and development, with many prioritising this aspect of their development over other areas:

*Because I think, especially in baby room, most of our day is about social and emotional development so it's like everything almost. Its connected to everything, how they interact with any activity, or don't interact, it's all to do with those emotions and how they're feeling.*  
(Participant 5)

### 1.3 Staff responsibility

This theme is related to participants' responses contained within the data that centres around their role and responsibility in supporting children's social and emotional well-being. Several practitioners saw themselves as second carers or role models, teaching children key social and emotional skills. One practitioner highlighted the significant length of time which children spent in their care which seemed to influence their sense of responsibility:

*...so when you come here, I sort of think yeah I need to support the children, although they are not my children, they are under my care. They are not with their parent, but we are second carers, and they spend so much time here, more than they spend with their parents.*  
(Participant 1)

Similarly, several practitioners highlighted their role and responsibility in safeguarding children and discussed the long-term implications of their social and emotional needs not being met. However, as one manager pointed out, not all practitioners are aware of their responsibility in supporting children's social emotional well-being and behaviour:

*And if staff don't understand it [the development of the child], I think sometimes they may not necessarily appreciate, you know, the direct link and recognise that their [staff's] behaviour plays such a huge role umm and therefore if they haven't got that understanding err then they may not necessarily see it as something that's really important or maybe like pretty dismissive of the idea that actually it's about what we give to the children that makes that difference. (Manager 2)*

### 4.3 Core theme 2: Relationships with parents/carers

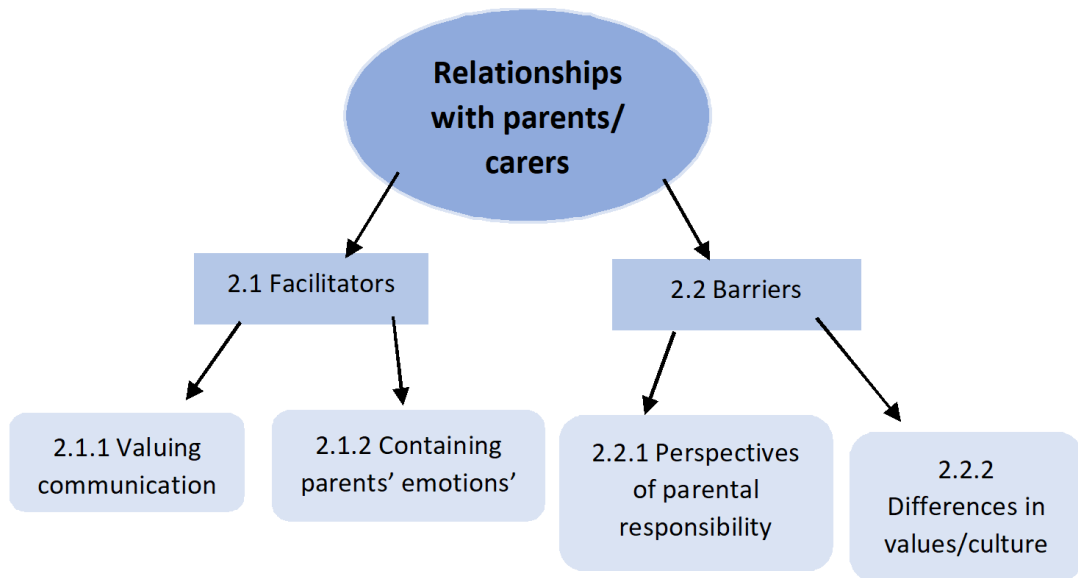


Figure 4.3: Relationships with parents/carers

This core theme relates to a significant portion of the data which touches upon relationships with parents and carers as being a prominent part of practitioners' every day work in supporting children's social and emotional well-being. Practitioners identified several factors which supported and facilitated their relationships with parents and carers and highlighted the positive impact these relationships had on outcomes for children. Practitioners also highlighted several perceived barriers to their engagement with parents, which contributed to the complexity of the parent-practitioner relationship.

#### 2.1: Facilitators

The analysis of participant data identified several facilitators, or factors, which helped support engagement with parents and carers and the impact of this on positive outcomes for children's social and emotional well-being. These included staff valuing communication with parents and carers as well as containing parents' emotions.

##### 2.1.1: Valuing communication

This theme represented practitioners' views on the benefits of communicating and working with parents and carers, and the impact of these relationships on children's social and emotional well-being. Several practitioners felt working with parents had a positive impact on children's learning and overall development and sought to involve parents and carers as much as possible in their child's experience at the nursery. The following extract from a centre manager captures the essence of this theme:

*So it's working together, And it's really, when we put a plan in place, and the parents are involved, we find things move on quicker. Yeah, and the child gets supported... (Manager 1)*

Practitioners referred to several purposes of communication with parents and carers including:- gathering information about their child, sharing knowledge and modelling strategies, feeding back about their child's progress and sign-posting to external agencies and outside support. One participant highlighted how communication with a parent supported their understanding of a child's behaviour:

*When we see them [child] if they are upset.. and they tend to hit other children their behaviour changes as well.. so if we know what's going on at home, it does help us how to deal with the children, we know how we can support them. (Participant 1)*

Several practitioners reported experiencing difficulties, in communicating with parents and carers and noted that parents were not always easy to engage. Despite this, practitioners valued parents' and carers' input, and seemed to maintain a consistent approach towards communication. This is captured in the following two extracts:

*It can also be really worthwhile when you actually do get that parent to interact and to give you feedback.... Because I don't like to give up on those parents, even if they don't want to interact with me....I keep trying.*

*Because I just think it's just so important. I don't think I can give their child everything without any input from them. (Participant 5)*

*I think professionally you need to keep trying, you should keep talking, keep acknowledging the [parents], have regular meetings, you know.. (Participant 4)*

Practitioners expressed sharing information with parents and carers in relation to strategies and activities they could do with their child, as well as signposting to external agencies. The following quotes serve to support this point:

*...giving them [parents] alternative ways of being with their children and kind of explaining some of the benefits as to why this works or what we've seen, you know, we've noticed your child is, for example... (Manager 1)*

#### *2.1.2: Containing parents' emotions*

Practitioners reported that parents and carers were often highly anxious, particularly when their child was starting at the nursery for the first time or when they were transitioning to a new room. Therefore, this theme captures practitioners' perceptions of their role as a 'container', supporting parents to manage or contain emotions potentially evoked by the separation from their child. This act of containment appeared to create a supportive atmosphere for parents from the perspective of practitioners. The following quote serves to demonstrate this point:

*So we like to work with the parents to make them feel secure, and, you know, if they have any anxiety or anything they can share it with us and we can support that in that aspect. (Participant 2)*

Practitioners recognised the difficulties for parents and carers during times of separation from their child and reported supporting parents by listening and acknowledging their concerns, as well as providing them with reassurance. There appeared to be a view that by containing parents' emotions, practitioners were

indirectly supporting children's social and emotional well-being. For example, one practitioner highlighted the impact of parental stress on the child:

*They [parent] came in and they were really anxious about the fact they were dropping their child off because they were settling, and they were so anxious, and I had to say look I completely understand that you are nervous and about this but for your child... if you show, if you come in positively and you show, they can sense...I feel they can sense, they can sense your feelings and your fears, so if you come in positive, and, even if you're not feeling that way particularly, it would benefit. (Participant 5)*

## 2.2 Barriers

Despite staff identifying several facilitators that supported engagement with parents and carers, they also discussed a number of barriers, or challenges, which they faced in developing relationships with parents and carers. These included a perceived lack of parental responsibility for supporting children's social and emotional skills, and differences in values and culture between staff and parents.

### 2.2.1: Perspectives on parental responsibility

This theme captures the perspectives of staff in relation to parental responsibility. Although staff valued communication from parents and carers (see sub-theme 'valuing communication'), there also seemed to be an expectation from some practitioners that parents and carers held the answers in relation to their child. Several practitioners also perceived a lack of parenting skills and attributed failure on the behalf of parents and carers for a lack of children's social, emotional skills and poor behaviour. Therefore, on occasion, parental ability was viewed as a barrier to supporting children's social and emotional well-being:

*And that's why I think most children they misbehave so much because the parent is not teaching them what is acceptable behaviour and what is not acceptable behaviour because the child is being spoilt, or the parent is*

*being to busy or work or busy with their chores, other children, with their sibling and all that... (Participant 7)*

In addition, several participants noted that parents did not always appear engaged or pro-active in supporting their child's overall development as illustrated in the extract below:

*Because we do have sometimes parents who are just not interested. So they're just, so it's harder... (Participant 5)*

### *2.2.2: Differences in values/culture*

This sub-theme captures the different values and opinions held by staff and parents/carers in relation to supporting their child, which acted as a barrier to supporting the child's well-being. Practitioners reported that parents and carers often minimised or downplayed concerns, that were raised about their child and expressed difficulty shifting parental perceptions about certain issues, such as child discipline. The following quotes serve to support this point:

*I've seen many examples of parents' views on maybe, I would say, smacking could be one of them. So in their upbringing.. they may have been smacked as a child, punished smacked... and they see it as right. And they still see it probably as right, so when they walk in this door, their views are not going to change.. (Manager 1)*

*...parents might turn around and say ohh his brother didn't talk until he was five.. and when he goes to school, they'll pick up the learning.. (Participant 6)*

It seemed that practitioners often sought to balance the social and emotional needs of the child with the wishes of parents. For some practitioners, this conflicted with their own values, raising feelings of frustration. This point is also of relevance to the theme 'social and emotional well-being of staff', as illustrated on the thematic map (figure 4.1). Under this theme, a large proportion of

participants reported that working with parents and carers often generated feelings of anxiety and tension. On occasion, these differences in values seemed to lead to a breakdown in the parent-staff relationship. For example, one practitioner reported her experience of working with a mother who was unhappy about her child interacting with another child, based on their cultural background:

*She [parent] said because this is a white child, and this is a black child. And this child is a Rastafarian and his mother is a Christian and, and, she said, that white child's parents said 'no my child comes home and all he talks about is this child this Rastafarian child, and I don't really like my child playing with this child' and I said to her 'we can't stop children playing together, it happens that they like each other in some way, that's why he always playing together, so how am I supposed to stop them from playing together?' He's not doing your child any harm, and your child is not doing any harm to him, so I don't see what the problem is.... (Participant 2)*

#### 4.4 Core theme 3: Approaches to developing children's social and emotional skills

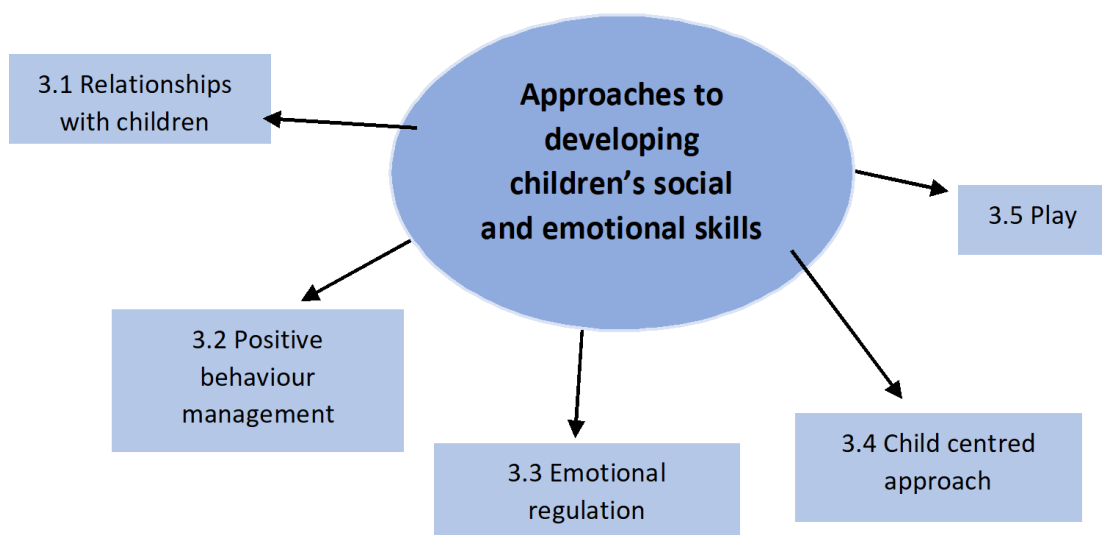


Figure 4.4: Approaches to developing children's social and emotional skills



This theme collates participants' views on ways in which they support the development of children's social and emotional skills. This included a range of approaches, including building a supportive and nurturing relationship with the child, developing social skills through play, introducing emotional regulation techniques, and adapting the play environment. Many practitioners also highlighted the importance of adopting a child centred and individualised approach to support.

### *3.1 Relationships with children*

As the data in the transcript suggests, forming relationships with children was viewed to be pivotal in supporting their social and emotional well-being and helping them to develop confidence and a sense of security. In addition to implementing the key worker framework, several practitioners made reference to providing physical comfort to the child, giving them attention and coming down to their level in order to build attachments:

*And also we would um, you know, just comfort the child, and sit the child on our lap, talk to the child and just, you know... just following her pace, and just and be patient.. you know, give the child plenty of your time and attention (Participant 7)*

One practitioner discussed the benefits of children being able to relate to them, in terms of their physical appearance and past experiences, in order to create a meaningful bond:

*I do find that with some of the kids if they can relate to us umm in terms of where our families from, you know, the colour of our skin, or depending on the hair, same experiences like where we've been, we find that they really sort of create that extra bond with us, and that child. Um, which is good as well. I suppose it, it does it makes them feel alot more confident and safer (Participant 8)*

Practitioners discussed the importance of familiarity and consistency in the development of children's social and emotional skills:

*...they come into different environments, seeing strangers, somebody they probably never seen before, and all of a sudden the mother is gone and they've left them. And they sometimes feel abandoned or something. So, being there emotionally, and being at work all the time is very important to know that familiar face (Participant 2)*

Practitioners mentioned several ways of maintaining familiarity and consistency for children attending the nursery, including implementing routines, preparing children for upcoming changes and transitions, and completing home visits:

*... so we have a constant routine, the same routine. When they're getting ready, or they've just finished they're having a snack, we'd sit them down and briefly explain what is going to be happening in the session (Participant 8)*

*Well when the children first arrive, we go to their houses, so they get to see you in their own environment, which I think it's quite important to begin with (Participant 5)*

### *3.2 Positive behaviour management*

This theme highlights those extracts in the data which included practitioners' views in relation to supporting children's behaviour. Practitioners reported using a number of positive behaviour management techniques with young children. This included using non-confrontational methods, such as removing the child from the situation and allowing them time to calm down, reinforcement of positive behaviours, teaching clear rules and consequences, and maintaining consistency in their approach:

*For younger children, staff would generally again explain to the child why this behaviour is not acceptable, but they also do a lot of err reinforcing of good behaviour by how they behave around the children (Manager 2)*

*We would really focus on when the child is doing something positive or behaving in a, um, in a positive way towards another child because otherwise things can get a bit, people can get a bit focused on what a child is, the bad behaviour.. (Participant 5)*

Other approaches mentioned by staff included ignoring the challenging behaviour or using distraction techniques:

*But if he or she constantly going for my attention all the time all the time and I know the child is like, is fine, and all that, I would try to ignore. Not ignore just so he can... just let the child calm down. (Participant 4)*

### *3.3 Emotional regulation*

This theme relates to the extracts within the data in which participants discussed supporting children's emotional regulation. Participants acknowledged the importance of children being able to label and express their emotions to successfully self-regulate. The main techniques that were commonly used by practitioners included acknowledging children's feelings, modelling emotional language, encouraging reflection, and teaching self-regulation strategies. Several practitioners reported using the 'HighScope' approach to supporting children's emotional regulation:

*The HighScope method, so acknowledging their feelings first, so labelling how they're feeling and ask them what happened, what can we do about it, get them to kind of, work out how they can manage their feelings. (Participant 4)*

A centre manager referred to a space in the children's centre known as the 'feelings area' that children were encouraged to access:

*...they've got like a, a space in the room where the child, if they're misbehaving.....there's lots of things like a stress ball, um there's like pictures, you know, where the child can actually say...I'm feeling very angry, and there will be somebody there to talk to them about why they did what they did, and so on and so forth. (Manager 2)*

### 3.4 Child centred approach

Another theme termed 'child centred approach' collates practitioners' views on implementing approaches which address the individual needs of the child. Many practitioners reported using children's interests and adapting the play environment to support their emotional well-being. An extract from a centre manager highlights staff adopting this approach for children during transition times:

*Staff, you know, are quite attentive...when a child come in to the nursery for the first time, and err give lots of support by way of like finding out as much as they can about the child, in terms of interests, any particular things they like.. (Manager 2)*

In supporting the child's social and emotional well-being, a few practitioners also considered the child's cultural background:

*We brought in some Turkish music, err, things that will make him feel comfortable, pictures of family, so.. Eventually, he settled. (Participant 2)*

Several practitioners made reference to treating all children differently and some consideration was given to the child's age and stage of development when

implementing certain strategies for behaviour. Across the interviews, there also seemed to be a sense of allowing children time and following their lead where possible. Several practitioners stressed the importance of child-led play activities, with the adult taking a step back to encourage independence:

*I've found that providing them with free-play child led initiated activities that it really boosts their self-esteem, their confidence umm and their social emotional development. (Participant 8)*

### 3.5 Play

This theme encapsulates practitioners' ideas around supporting children's social skills and interactions and building peer relationships through play-based activities. Several practitioners mentioned developing skills such as turn-taking and sharing, and encouraging engagement in collaborative play:

*We do encourage children like to be nice to their friends, you know at that age they bite, they pull, all kinds of things.. we encourage them social skills, taking turns, sharing... (Participant 1)*

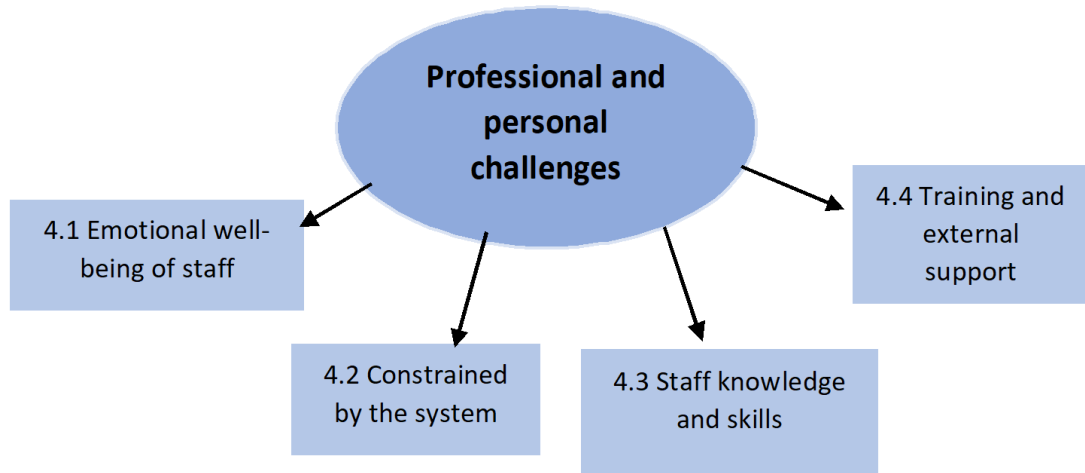
*....sometimes we use like home corner to get them like different kind of food to encourage them to build working with other children and talking about it. Also we do dressing up clothes too with other children.. (Participant 3)*

One practitioner mentioned the importance of giving children the opportunity to resolve peer conflicts, within the boundaries of a safe environment:

*I think we try to sort of build resilience in some, obviously when we're observing them we can see what's going on.. depending on the situation and age, if we feel that they are handling it quite well and we*

*can see that maybe whether its altercation with another child, we would allow them to resolve that themselves. (Participant 8)*

#### **4.5 Core theme 4: Professional and personal challenges**



*Figure 4.5 Professional and personal challenges*

This core theme revolved around several themes and sub-themes which focused on the professional and personal aspects involved in supporting children’s social and emotional well-being, including practitioners’ own emotional well-being, constraints and demands of the system, staff knowledge and skills, and staff training opportunities and needs.

##### *4.1 Emotional well-being of staff*

A large portion of the data, identified the physical and emotional demands experienced by practitioners in their daily work with children. It seemed apparent that practitioners were compassionate towards the children they worked with. However, this often translated into feelings of worry and concern. Furthermore, staff appeared to suppress their emotions to maintain a sense of professionalism and to uphold the boundaries of their role. In some cases, this suppression of emotions seemed to elicit feelings of hopelessness and frustration for

practitioners:

*But, some people have different views and I have to respect that, so even though you hear the child crying and it's breaking your heart you can't say anything so you look and then you walk away, and you know deep inside that something need to be done, and you.. so it's something that I'm seeing lately and I don't like it but...(Participant 2)*

The quote above illustrates an underlying tension between different professionals in relation to supporting children's social and emotional well-being and highlights a difference in individual practitioner values. A large proportion of participants reported that working with parents often generated feelings of anxiety and one practitioner highlighted the difficulty in maintaining professional boundaries with parents. Staff made reference to feelings of exhaustion as a result of their work with children, particularly during times of transition and when supporting behaviour. One manager discussed the impact of transition on staff's well-being:

*So, it definitely can have an impact on staff. And I see the impact rise with umm staff within transition times. Because within transition times, children bring a lot of emotionally umm behaviours through due to attachment theory, being left by their parents, and there is a lot of crying going on.. and I do find that our staff's stress levels do rise (Manager 1)*

The emotional and physical impact of the job was also reported to extend beyond the nursery environment. Several practitioners reported that they worried about children's well-being when they left work, whilst others shared the impact their work in EY had on their personal life. For example, one practitioner perceived that she was not always able to meet her own children's emotional needs at home because of the level of support she provided at work:

*Sometimes I don't know how to give all to my children emotionally, I tend to give a lot here and when I get home my children don't get enough. "Mum I haven't seen you all day and you haven't even said*

*anything”, they expecting me to say “ohh mum, I did this at school”....but I'm I'm shattered, so, I don't say anything (Participant 2)*

In general, staff explained that they would often turn to one another for emotional support or would remove themselves from a situation if they felt overwhelmed. However, one practitioner noted that she felt there was lack of support for staff which had repercussions for staff's overall well-being, as explained in the following quote:

*I don't think work, I don't, regardless of a child's behaviour, I don't think you can ever carry anything home unless you don't get the support at work and then it drains you. And I think what did happen to us initially, we were drained permanently... for months because of the lack of support we got. (Participant 4)*

#### *4.2 Constrained by the system*

This theme represents portions of the data in which practitioners referred to external factors which impacted upon their ability to effectively support children's social and emotional well-being. These external factors mostly related to systems pressures including funding cuts to education and experiencing a pressure to meet targets:

*...it really frustrates me because its like 'you need to hit these targets', 'you need to get these children in', but at the same time it contradicts! Umm, because we're a children's centre that are for the vulnerable children, but then there's all these targets hit, so that's the side of it that umm can be frustrating, and I think it impacts, like again, it filters through. (Participant 6)*

The above extract highlights the frustration in relation to achieving targets and the need to provide a high level of support to vulnerable children, perceived as two contradictory aims. The focus on targets was felt to have a negative impact on staff morale and the quality of support offered to children. Similarly, practitioners expressed challenges around the time spent completing paperwork,



and noted that this took them away from directly supporting children. The below quote serves to demonstrate this point:

*I think another challenge is the paperwork. The, because like, crossed with the care that we have to do, and lots of things we would like to do, everything, sometimes I feel like there is more, more importance on the paperwork than actually the care. Because if it's not documented, it's like you're not doing it. (Participant 5)*

Practitioners also discussed the repercussions of cuts to EY funding. This included a reduction in external agency support and limited training opportunities for staff. The following extracts serve to capture the impact of funding cuts from the perspective of participants:

*I know that we've trumped down on training over the last 2-3 years.....before you used to have consultants come in and do it, we'd go off to a centre and do it. That's not always available now. (Manager 1)*

#### *4.3 Staff knowledge and skills*

This theme captures staff knowledge and skills in relation to supporting children's social and emotional well-being. In general, participants reported feeling confident in supporting children's social and emotional well-being:

*Yeah, er, I'm confident about that because I've had years of experience of managing it (Participant 1)*

*I am very confident because umm... I get emotionally attached to children, and.. I don't like to see other children being upset (Participant 2)*

The above quotes demonstrate that practitioners perceived their level of confidence in supporting children's well-being to be related to their years of experience working in EY as well as their passion and commitment to supporting children. However, this perceived confidence was not always backed up by a knowledge of child development, and a large portion of the data reflected practitioners' lack of understanding in this area:

*I could probably talk about, you know, child development for a long time, but I won't... but at the same time, I do see it as an area that is slightly misunderstood by some practitioners and not supported appropriately. (Manager 1)*

Practices in relation to supporting children's social and emotional well-being were often underpinned and guided by practitioners' own personal experiences and values. In general, practitioners held different views on child development and behaviour, often linked to their own experiences including being a parent:

*I do find umm that people can't help but bring in their own.. um... views and experiences... coz some of our nursery nurses are parents so there's, you often hear 'well I do this at home and this is okay for my child' (Participant 5)*

A large majority of practitioners highlighted inconsistencies in behaviour management techniques, often influenced by differences in values, but also a fixed mind-set adopted by many staff. This had implications for staff morale, as well as the development of children's social and emotional skills:

*I actually just remembered another main challenge for me is when.. is when you're working with a team of people and your strategies are quite different. I find that really challenging and it plays such a big part on the child's emotional and social wellbeing with how.. because if we're all doing different things, it's so confusing for the child and very frustrating for staff as well. (Participant 8)*

Practitioners reported difficulties interpreting children's behaviour, including a lack of knowledge of different behavioural presentations and potential underlying causes. This point links to the theme 'characteristics of SEWB', as illustrated on the thematic map (figure 4.1). Under this theme, there seemed to be some ambiguity for practitioners around the term social and emotional well-being and its overall presentation. As such, a lack of knowledge of behaviour and child development seemed to result in practitioners misjudging certain situations, including magnifying concerns, or missing important signs. One practitioner described an extreme situation, in which a child's behaviour was not initially recognised as a potential sign of abuse:

*....it took a while to understand it was a safeguarding issue that's what I believe, I believe it took a while, because no one understood him [child], and then if you're fighting that lone battle saying 'no I think it's more' and you're getting told 'no no no', you know, 'it's this it's this' but we did get there eventually. (Participant 4)*

#### *4.4 Training and external support*

Practitioners identified several training sessions that they had received which contributed to their understanding of supporting children's social and emotional well-being. This typically included mandatory training on safeguarding and child first aid, as well as sessions on supporting children's behaviour.

A large proportion of training seemed to be delivered in the style of staff problem-solving groups and staff workshops on in-service training days (INSET) or during team meetings. In addition, one manager mentioned self-training and keeping up to date with current research. Practitioners valued support from external professionals such as SALT and EP and mentioned the benefits of their involvement. For example, one member of staff explained that external support provided her with a sense of reassurance around her practice in supporting children's overall well-being and development. Similarly, another practitioner

reported feeling more confident in her ability to support a child following discussion with other professionals at a Multi-Agency Team (MAT) meeting:

*I do meet other professionals I think that's really helped me in my other role as well. Yeah. I get to meet other professionals like Health visitors, speech and language, sometimes I do attend MAT meetings, multi-agency team meetings, or team around the child, so because I meet so many different people, not just my colleagues, so I think it's helped me with my confidence. (Participant 1)*

In general, staff reported a lack of training in the area of children's social emotional well-being and supporting behaviour. One practitioner highlighted a discrepancy in the training provided for staff in supporting children's speech and language skills, compared to their social and emotional development:

*I feel like in early years especially in children's centres, now that I've been in a children's centre, you get so much support for speech and language, like loads of support, but you don't get no support for like dealing with their social, like supporting their social and emotional development. (Participant 4)*

Staff reported a need for more training in supporting children's well-being, including more input on child development, attachment and managing challenging behaviour. Interestingly, a large proportion of participants expressed a desire for training on working with parents, specifically around how to communicate sensitive information and how to support parents emotionally. The below quote serves to illuminate the need for training on working with parents:

***Is there anything you would like to learn more about that might help you more with your job in supporting this area?***

*I think parents. Coming across difficult parents. How to deal with them. Because no matter what you do, sometimes patience is a virtue they say, and, but, having the knowledge to understand other people, why*

*they feel the way they feel. You know. It's very important, and how to deal with the parents that are emotionally, you know (Participant 2)*

Practitioners hoped for an increase in external expertise, including support from EP services. Several practitioners discussed the idea of an EP being 'attached to the centre' with the view that they would be available for staff training and drop-in sessions. There appeared to be a common theme around 'accessibility' of professionals and staff wanting a familiar and consistent person that they could turn to in order to seek advice. Practitioners' perceptions of working with EPs in this context seemed to be guided by their previous experiences:

*We used to have a named person and they used to come in, or we knew they were available. I think they were here from like 1, or 3 days a week or something, so I knew I could access that and I like that. Because I think sometimes you feel a bit intimidated when they say oh you can ring this line, and you're like I don't know, and then you're like, is it even connected to, who is the right person? Do I ring that person or, is it, who is the right person? (Practitioner 5)*

The above quote suggests some ambiguity for practitioners around the role of different professionals and a lack of clarity in terms of who to contact to discuss issues related to children's social and emotional well-being and behaviour.

#### **4.7 Summary**

This chapter has set out the main findings from the study. A thematic analysis of the transcribed interviews carried out with ten EY practitioners working in children's centre settings led the researcher to identify four main themes revolving around practitioners' views in supporting children's social and emotional well-being. These four themes were as follows:- relationships with parents and carers, holistic understanding of social and emotional well-being, approaches to developing children's social and emotional skills and professional and personal challenges. The next chapter will discuss the relevance of these findings in relation to the research questions, existing literature, theory, and the national and local context

## **Chapter 5**

### **Discussion**

#### **5.1 Overview of chapter**

This chapter presents a discussion of the findings in relation to the study's research questions. For each research question, the findings from the thematic analysis in chapter four will be summarised, and links will be made to existing literature, psychological theory, and the national context. The importance of these findings in relation to EP practice will be highlighted, as well as the limitations of the current study and implications for future research. Finally, a conclusion of the research will be stated.

#### **5.2 RQ1: What do EY practitioners understand by the term 'social and emotional well-being?'**

The data pertaining to this research question was contained in three themes: 'Characteristics of SEWB', 'Staff responsibility' and 'Child's background'. The subheadings below summarise the main points taken from the data in relation to research question one.

##### **5.2.1 Characteristics of SEWB**

The analysis suggests that EY practitioners conceptualise social and emotional well-being, in terms of the existence or absence of certain behaviours or emotions displayed by the child. In general, they described children with high levels of social and emotional well-being as experiencing a sense of safety, security, happiness, and healthiness, as well as being able to regulate their emotions, build healthy relationships and display appropriate social behaviours. Furthermore, practitioners reflected on well-being as being the foundations which underpin children's learning and development. This shares similarities to research by Danby and Hamilton (2016), who found that teaching staff referred to terms such as being able to 'communicate feelings', 'being happy' and having 'positive self-esteem', when describing mental health and well-being.

However, the analysis revealed some ambiguity for EY practitioners around the term social and emotional well-being and its overall presentation. Practitioners reported difficulties interpreting children's behaviour, including a lack of knowledge of different behavioural presentations and potential underlying causes. To the researcher's knowledge, the conceptualisation of social and emotional well-being from the perspective of EY practitioners, has not previously been captured. This highlights the distinctiveness of this finding. However, links can be made to previous research which has focused on school staff's understanding of mental health. Research carried out by Rothi, Leavey and Best (2008) and Spratt et al. (2006) found that school staff were often uncertain about the identification of mental health difficulties and how they may present in children. In both studies, it was concluded that staff's lack of understanding could lead to behaviour being overlooked, as an expression of an underlying need. These findings share similarities to the current study which revealed that EY practitioners' lack of knowledge of children's behaviour often led them to misjudge certain situations, including magnifying concerns, or missing important signs.

Furthermore, research into the complexities of defining the concept of well-being may explain practitioners' uncertainty surrounding the term. Dodge (2012) argues that research which has explored the meaning of well-being has mostly been guided by dimensions and descriptions rather than definitions. For example, Seligman (2011) refers to several dimensions of well-being in his work, including Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment. Similarly, in the current study, practitioners conceptualised well-being in terms of familiar characteristics that can be observed in children, rather than drawing on a concrete definition. Research undertaken by Weare and Gray (2003) also revealed that a wide range of terms are being conveyed for social and emotional well-being in policy and legislation, which may have implications for the way in which this term is understood and acted upon.

### 5.2.2 Staff responsibility

The majority of EY practitioners appeared to take responsibility for supporting well-being and perceived their role as teaching children valuable social and emotional skills. Similarly, several practitioners highlighted their role and

responsibility in safeguarding children and discussed the long-term implications of their social and emotional needs not being met. This finding builds upon previous research undertaken by Danby and Hamilton (2016), who found that school staff felt they were well placed to support children's mental well-being and saw their role as providing a safe, caring, and supportive environment for children. Furthermore, in a study undertaken by Spratt et al. (2006) non-teaching staff reported being approached more regularly by children with difficulties as their roles allowed more time for one to one discussions, compared to teachers. The role of non-teaching staff shares similarities with the role of EY practitioners who spend more time directly supporting children in their care. This is in line with EYFS guidance related to the implementation of the key worker approach and staff child ratios (DfE, 2017).

However, the study revealed that not all EY practitioners were aware of the importance of their role in supporting children's social emotional well-being and behaviour. This finding supports existing research carried out within the school context (Wood; 2016, Connelly et al., 2008) For example, Wood (2016) found that many non-teaching staff members underemphasised their role in supporting children's social and emotional development, viewing this aspect of their work as 'common sense'. In addition, Connelly et al. (2008) found that teachers were often uncertain about their professional role in supporting children's emotional needs and knowing the boundaries of their role. Therefore, this study extends the current literature on the responsibility of staff in supporting children's social and emotional well-being to the EY context.

### 5.2.3 Child's background

Practitioners demonstrated an understanding, that the development of social and emotional well-being can be influenced by factors related to the child's background. Practitioners identified several family circumstances including the absence or illness of a parent, bereavement, or family conflict, in addition to how attuned parents are to their child's social and emotional needs. They highlighted the implications that trauma and abuse may have on children's social and emotional well-being. Other issues that were raised as having links to a children's



social and emotional well-being, included whether the child had an additional learning need or health issue, or whether they spoke English as an additional language (EAL). Similarly, in Aubrey and Ward's (2013) study, EY practitioners identified that cultural background and experiences of immigration were likely to impact upon a child's well-being.

The views of practitioners in the current study reflect a social model of well-being, in which well-being is understood as being developed through interacting personal, social, economic, and environmental factors, rather than purely within-child factors. This is supported by Bronfenbrenner's ecological systems theory (1979), which states that children develop through the various systems of their environment and the relationships between these systems. Bronfenbrenner (1979) proposed that the relationship between the child and their environment is reciprocal in nature i.e. the child influences the environment as the environment influences the child. An interaction therefore takes place between the child's characteristics and biology, their immediate family/community environment and the wider societal context. In the context of this study, practitioners identified structures which exist within the child's most intimate system (known as the 'micro system'), which are likely to impact the development of the child's well-being, including family, parenting style, parent's health, and cultural beliefs. In addition, Weare & Grey (2003) support a holistic approach to understanding and promoting well-being and argue that it allows individuals to work in a preventative capacity.

Another factor which contributes to the development of social and emotional well-being, but which was not mentioned by practitioners in the current study, relates to a child's socio-economic background. As discussed in chapter one of this thesis, the current context of austerity has placed a financial burden on families, particularly those from low-income families (Barr, Kinderman & Whitehead, 2015). Furthermore, research has made links between poverty and mental health in young children (Elliott, 2016). Therefore, it may be important for EY practitioners to expand upon their knowledge of the background factors that can contribute to the development of children's social and emotional well-being.

### **5.3 RQ 2: What are EY practitioners' views on supporting children's social and emotional well-being and/or behaviour?**

The data that addresses this research question can be found within two core themes: 'Relationships with parents/carers' and 'Approaches to developing children's social and emotional skills' and three sub-themes: 'Staff knowledge and skills', 'Constrained by the system' and 'Emotional well-being of staff'. Overall, the views of staff in relation to supporting children's social and emotional well-being were dominated by their everyday work with parents. Drawing on theories of attachment and containment, the current study highlights the significance of relationships with parents and carers in the EY and the role of adult emotions in the development of these relationships. Another distinct finding was the impact of supporting children and building relationships with parents and carers on EY practitioners' own emotional well-being. These findings are discussed in detail below and the implications of these findings are highlighted towards the end of this chapter.

### 5.3.1 Relationships with parents/carers

Practitioners' relationships with parents and carers was seen to be a core underpinning of their work in supporting children's social and emotional well-being. Practitioners identified several facilitators and barriers they encountered when building relationships with parents and carers. Overall, this finding emphasises the importance, as well as the complexities, of building relationships with parents and carers in the EY. These are discussed in the sub-sections below.

#### 5.3.1.1 Facilitators

##### *Valuing communication*

Practitioners spoke about the benefits of communication with parents in supporting children's social and emotional well-being. They acknowledged several key purposes of communication including gathering information about their child:- sharing knowledge and modelling strategies, feeding back about their child's progress and sign-posting to external agencies and outside support. In general, it was felt that consistent and open communication with parents could

help inform the strategies and techniques used by practitioners within the children's centre and ensure positive social and emotional outcomes for the child.

This finding highlights the importance of positive relationships with parents and carers in the EY, which are built upon trust, openness, and respect. Active communication, such as sharing information about family values, traditions, and beliefs, as well as children's interests, is likely to promote a sense of belonging and safety for parents and their children within the children's centre community (Maslow, 1943). Research suggests that an individual's sense of belonging is positively linked to their well-being and mental health (Cemalcilar, 2010). This suggests that practitioners' relationships with parents and carers may act as a facilitator in promoting a child's sense of belonging in the centre, thus promoting their social and emotional well-being.

Previous research has emphasised the importance of regular communication and engagement between parents and practitioners in supporting children's emotional needs (Connelly et al., 2008; Danby & Hamilton, 2016). However, as the majority of these studies have focused on teacher populations, this study is distinctive in that it offers insight into EY practitioners' relationships with parents and carers and their views on communication and promoting engagement. This work supports the recommendations put forward in the EYFS framework linked to fostering parental collaboration and partnerships in the EY (DfE, 2017).

Practices which favour communication with parents are backed up by findings from a longitudinal study carried out in pre-school settings known as the Effective Provision of Pre-School Education (EPPE) project, which demonstrated the considerable impact of parents on children's development, including social and emotional elements (Sammons et al., 2005). Similarly, Weare and Gray (2003) highlight the significance of the parental role in early childhood education.

#### *Containing parents' emotions*

Practitioners were often a source of emotional support for parents, who experienced high levels of anxiety following separation from their child. Practitioners acknowledged that young children have the capacity to tune in to

their parents' emotional states and felt that by creating a supportive atmosphere for parents, they were indirectly supporting children's social and emotional needs.

The display of anxiety, or feelings of loneliness, guilt, or sadness, experienced by parents following short-term separations from their child is known as separation anxiety (Cassidy & Shaver, 1999). Although, this is a normal emotional state for many parents, a small proportion of parents experience more intense feelings of concern, leading to hypervigilant or overprotective parenting (Hock & Schirtzinger, 1992). As such, it has been hypothesised that high paternal separation anxiety could lead to difficulties in children's emotional development (Hock & Schirtzinger, 1992). Therefore, it is important for EY practitioners to recognise that their role in helping parents to manage their own anxieties is likely to indirectly support children's social and emotional well-being.

With parents presenting with anxiety and apprehension, practitioners took on the role of 'container'. The theory of 'container-contained' was first introduced by Bion (1962) and shares strong parallels with attachment theory (Bowlby, 1969). Bion's (1962) work was developed based on the early experiences that occur between infants and their carers. Bion (1962) proposed that the infant projects unmanageable feelings onto the primary carer, who in turn reflects this back and responds in a way that communicates an understanding. The infant then feels reassured by their care giver's response allowing their feelings to become more tolerable. The process of containment not only occurs between infants and carers but between adults too (Elfer, 2007). In the current study, practitioners took on the role of containing parent's anxieties, which were potentially elicited by separation from their child. This was done through engaging in active listening, acknowledging parent's concerns, and providing them with reassurance.

The current study revealed that practitioners were not always able to contain parents' emotions, particularly when they presented as anger. On these occasions, practitioners reported feeling fearful of offending parents and would avoid engaging in, what they perceived to be, emotional and difficult interactions. For some parents, the act of containment also seemed to create an emotional attachment, which manifested as an overreliance on practitioners. This led

several practitioners to discuss the importance of maintaining an emotional distance from parents to support their own well-being. Similar findings are reflected in research by Cottle & Alexander (2014) who found that EY practitioners perceived their role to be ‘unofficial counsellors’ when working with parents. The current study expands upon this finding to reveal the emotional complexities and intricacies of the parent-practitioner relationship in the EY.

The projection of parental emotions onto others (including practitioners and children), can be understood through exploration of the principles of transference in psychodynamic theory. According to Freud (1940), transference occurs when individuals displace unresolved conflicts, dependencies, and aggressions onto other people for reasons that are not always clear. In this context, parental emotions, potentially triggered by separation from a child, are unconsciously displaced onto practitioners.

Freud (1940) argued that identification of the transference relationship can be an important step in understanding the true meaning behind a person’s behaviour. It is recognised that EY practitioners are not qualified to a level in which they are able to explicitly work through transference with a parent. However, being aware of potential sources of a parent’s displaced emotion (e.g. divorce, loss of a relative) could allow for increased understanding and empathy within this relationship. This could be made possible by creating a welcoming environment, which fosters and enhances the development of trusting and open relationships with parents and carers.

#### 5.3.1.2 Barriers

Several barriers were also identified by staff in relation to developing relationships with parents and carers, which were perceived as having an impact on supporting children’s social and emotional well-being. These will be discussed under the sub-headings below.

#### *Perspectives of parental responsibility*

Practitioners within the current study tended to place responsibility, on parents for the development of children’s social and emotional well-being and/or

behaviour. Interestingly, there seemed to be an expectation and assumption from some practitioners that parents held all the answers in relation to their child and there was a sense of frustration when parents were unable to shed light on possible reasons for their child's difficulties. These findings suggest a possible assumption on behalf of EY practitioners about their rights and roles in their relationship with parents (Brooker, 2010).

Several practitioners attributed a lack of parenting skills for their child's difficult behaviour and felt that children were not always taught how to behave appropriately by parents. The perspectives held by practitioners on parenting is likely to be influenced by their own parenting experiences and styles. Similarly, practitioners noted that parents did not always appear engaged or pro-active in supporting their children's overall development, commenting that they often seemed 'too busy' and positioning them as 'hard to reach'. There also seemed to be an oversimplification of parents as being either 'active' or 'disengaged', depending on their presence within the centre. This lack of engagement from parents was viewed by practitioners as being a barrier to supporting children's social and emotional well-being.

Supporting these findings, previous research has indicated a culture of blame created by educational practitioners towards parents for a lack of their children's social and emotional skills and inappropriate behaviour (Wood, 2017; Broomhead, 2013). Broomhead's (2013) study revealed that school staff viewed their role in supporting children's social and emotional well-being as compensating for poor parenting by adopting the role of 'surrogate parent'. As Cane & Osland (2015) highlight, these perceptions and attributions held by staff members may also play a part in constraining the relationship between parents and practitioners.

#### *Differences in values/cultures*

A barrier for many practitioners in engaging with parents and supporting children's social and emotional well-being related to the differences in values and opinions held between staff and parents. Practitioners reported that parents would often minimise or downplay concerns that were raised about their child,

often making comparisons to siblings, or presenting the argument that they would eventually 'grow out of it'. Previous research suggests that EY practitioners are concerned about the impact of sharing developmental information with parents, particularly about a child's delay, and find this a difficult aspect of their role (Brooker et al. 2010).

Many parents were seen to have a fixed mind-set about certain issues, such as child discipline, causing friction between parents and practitioners. These opinions and beliefs were often perceived by practitioners to be deeply rooted within parents' own childhood experiences, posing challenges for practitioners when trying to introduce new ideas. Cultural issues also seemed to underlie some of the friction between parents and practitioners. Two practitioners reported occasions where parents' cultural preferences influenced their choice of interactions with staff. Similarly, one practitioner discussed her frustration towards a parent requesting that her child did not interact with another child due to cultural differences.

The current study suggests that practitioners often sought to balance the social and emotional needs of children with the wishes of parents. For some practitioners, seeking to maintain this balance often conflicted with their own values, raising feelings of frustration, anger, and helplessness. The impact of these experiences on staff's social and emotional well-being are reflected upon later within this discussion. The emotional complexity of forming working relationships with parents and carers whilst trying to achieve a balance between personal and professional roles has also been addressed in previous research undertaken in EY settings (Cottle, 2011; Elfer & Page, 2013).

The conflicts that arise between staff and parents can be understood within the context of a 'caring triangle' which involves a triangulation of the relationship between the child, parent, and practitioner (Hohmann, 2007). As noted by Brooker (2010), these are heavily influenced by the social and cultural backgrounds of parents and practitioners, as identified in the current study, as well as perceptions about identity, values, role, and status. Hohmann (2017) suggests that conflict arises between practitioners and parents when there are

differences in opinion surrounding their control over the childcare provided and when both parties feel they have equal authority to make decisions. For example, a practitioner may place themselves as the professional or expert in line with their childcare qualifications and experience of working with children, whilst a parent may view themselves as the professional, who is the expert of their own child's development. Either way, Brooker et al., (2010) argues that that a lack of recognition and care for each individual within the 'caring triangle' is likely to impact upon the well-being of adults and children involved.

### 5.3.2 Approaches to developing children's social and emotional skills

#### 5.3.2.1 Relationships

Practitioners in the current study viewed forming relationships with children as pivotal in supporting their social and emotional well-being. They identified several factors which promoted the development of these relationships including providing physical comfort, giving children attention and coming down to their eye level to communicate with them. In addition, practitioners sought to maintain familiarity and consistency for children attending the nursery and did so through the implementation of routines, preparing them for upcoming changes and undertaking home visits. Although not discussed in great depth by practitioners, this practice is consistent with the requirements laid out within the EYFS surrounding the allocation of a key person to individual children (DfE, 2017). In general, the quality of relationships with children seemed to influence practitioner's responses to behaviour and targeting appropriate support. This is consistent with Spratt et al., (2006), who found that close staff-child relationships led to staff having a clearer understanding of possible reasons for children's behaviour.

The quality of staff-child relationships and its impact on children's development has been informed by attachment theory (Bowlby, 1969) and studied extensively within the context of education (Hattie, 2009; Sylva et al., 2004; Wilder; 2014). Research suggests that positive child-adult relationships provide and allow the child to feel a sense of safety and security, which facilitates their exploration of the world and supports learning from their environment (Zeanah, Berlin & Boris,



2011). Attachment theorists propose that the relationships formed in the early years of a child's life are hugely significant and form the basis of the child's 'internal working model' for future relationships (Bowlby, 1969). As such, our 'internal working models' and attachments are likely to form the basis of how we interact with others as adults and are also relevant to the parent-practitioner relationship, as discussed under the theme 'relationships with parents/carers'. Arguably, this gives EY practitioners an important responsibility in developing and sustaining key relationships with the children and parents with whom they work.

The development of relationships between staff and children within EY settings was captured by Page and Elfer (2013). They discovered that children's centre staff mostly adopted an intuitive approach to building relationships with children by drawing on their own personal experiences, rather than theoretical knowledge. In the current study, several practitioners discussed the notion of becoming 'emotionally attached' to the children which they worked with. One practitioner also referred to the idea of 'love' in the context of working with children and made comparisons to the love she shares for her own children: "*I realise that yeah the love I give my children, I can give the same out here*" (Participant 2). Interestingly, practitioners did not mention attachment theory in relation to their key worker role or when building relationships with children. This may be explained by the lack of training opportunities provided for EY practitioners in supporting their understanding of the rationale behind the key worker approach (Dearnley & Elfer, 2007).

These findings also link to Page's (2011) concept of 'professional love'. Page (2011) argues that this type of love offered by EY professionals does not attempt to compete with the love between a child and their parent, rather it complements the relationship between them. In this context, the parent has given their 'permission' for the practitioner to 'love' their child. Similarly, Taggart (2011) makes the point that educational practitioners often position 'love' as being a key professional quality, as well as upholding an ethic of care. However, within the current study, there were also tensions identified amongst practitioners when building relationships with young children. These mostly related to emotional demands and the appropriateness of their attachments to children in relation to

issues surrounding safeguarding and child protection. For example, one practitioner discussed being cautious about the use of physical touch when working with young children.

#### 5.3.2.2 Emotional regulation

Alongside building relationships with children, practitioners in the current study were involved in supporting the development of children's emotional regulation skills. Emotional regulation refers to the ways in which an individual can effectively manage, monitor, and/or change how they experience and express their emotions (Eisenberg, 1997). The main techniques that were commonly used by practitioners to support emotional regulation included acknowledging children's feelings, modelling emotional language, encouraging reflection, and teaching self-regulation strategies. This is supported by research which suggests adult modelling of emotional behaviours as well as supportive, nurturing responses to children's positive or negative emotions are positive factors in the development of emotional regulation in children (Thompson, Meyer & Jochem, 2008; Morris et al., 2010; Spinrad et al., 2004).

#### 5.3.2.3 Positive behaviour management

Practitioners discussed using several positive behaviour management techniques with children. This included using non-confrontational methods, such as removing the child from the situation and allowing them time to calm down, reinforcement of positive behaviours, teaching clear rules and consequences, and maintaining consistency in their approach. They also discussed the importance of having a behaviour management plan for each child.

These findings are consistent with that of Aubrey and Ward (2013) who found that EY practitioners supported children's behaviour through modelling of appropriate behaviour, setting clear expectations, talking to children about their actions and supporting them to identify strategies they may use in the future when experiencing similar emotions. However, the researchers also noted that there was some hesitation from practitioners about the use of behavioural techniques such as 'time out', particularly if their application was unrelated to the needs and

motivations of the individual child. Interestingly, a similar theme emerged from the current study, in which practitioners reported changes in relation to behaviour management techniques used in the EY. For example, one manager spoke in favour of the shift towards more positive behaviour techniques and emphasised the move away from traditional behaviourist techniques: *'we've come a long way from putting children on a naughty chair'* (Manager 2). This suggests that behavioural techniques used in early child care have evolved in line with current educational policy which emphasises the role of educational settings in promoting resilience in children and 'equipping them with inner resources' and 'problem-solving skills' (DfE, 2016).

Therefore, the way in which EY practitioners respond to the emotional challenges experienced by children is likely to characterise children's self-regulation skills and emotional competence. There were however concerns raised by staff about managing more extreme behaviour presented by children, such as violence and aggression. The current research suggests that staff relied on their manager for support around how to manage challenging behaviour. This seems to contrast with research undertaken within primary school settings, in which teachers were reluctant to seek help when faced with challenging behaviour due to fear over losing their credibility amongst other staff (Spratt et al., 2006).

#### 5.3.2.4 Child centred approach

Practitioners supported children's social and emotional well-being by engaging in practices which addressed the individual needs of the child. This included taking into consideration the children's cultural background, age and stage of development, using their interests and adapting the play environment. Throughout the study, there was also an emphasis on the importance of following the child's lead, with the adult taking a step back to encourage independence. This practice is heavily reflected within the EYFS (DfE, 2017) which places importance on child-initiated activities to support learning and development and the role of practitioners in responding to the individual child's emerging needs and interests.

#### 5.3.2.5 Play

There seemed to be a common understanding of the importance of supporting children's social interactions and building peer relationships. Practitioners reported that this was mainly done through collaborative play-based activities where children were given the opportunity to develop skills in turn-taking and sharing, as well as resolve peer-conflicts within the boundaries of a safe environment. Similar experiences have been captured in previous research, in which EY practitioners discussed their role in teaching children key social skills through dialogue and explanation (Aubrey & Ward, 2013).

### 5.3.3 Staff knowledge and skills

Most practitioners within the current study reported feeling confident in supporting children's social and emotional well-being. This confidence seemed to be directly related to their years of experience working in EY and their passion and commitment to supporting children. However, this perceived confidence was not backed up by a theoretical knowledge of child development, nor a clear understanding of the underlying reasons for children's behaviour.

A lack of understanding of child development was a common theme addressed by practitioners. Rather, practitioners' practices tended to be driven by their own personal experiences of being a parent or guided by the values held within their culture. Therefore, unsurprisingly, practitioners reported inconsistencies in behaviour management techniques implemented when supporting children. This is interesting given that practitioners emphasised the importance of a consistent approach, when supporting children's behaviour (See theme 'positive behaviour management'),

The tendency for educational practitioners to draw upon their own personal experiences when supporting children is not uncommon and has been identified in previous research (Rothi, Leavey, & Best, 2008; Page & Elfer, 2013; Wood; 2016). Interestingly, within the current study, practitioners' personal experiences seemed to provide them with a sense of confidence in supporting children's social and emotional skills. This seems to differ from studies exploring the views of school staff, who revealed feeling incompetent in supporting children's social emotional and mental health (Rothi, Leavey & Best, 2008; Spratt et al., 2006).

The finding therefore indicates that EY practitioners have a lack of awareness of the importance of drawing on theory and training in their work with children. A potential danger of this for EY practitioners could be that practice in this area becomes 'automatic', It may therefore be important for the theories underlying practices related to well-being, such as attachment, child development and emotional regulation, are brought to the surface and made more explicit for EY practitioners.

#### 5.3.4 Constrained by the system

Practitioners discussed several external factors which were felt to impact upon their ability to support children's social and emotional well-being. These external factors mostly related to systems pressures including funding cuts to EY education and LA services, as well as experiencing pressure to meet targets. Alongside this, practitioners expressed their frustration in relation to the amount of time spent completing paperwork, which removed them from their direct work with children.

The systems issues discussed within the current study are reflected in previous research (Weare, 2015). In the context of EY, Cottle and Alexander (2012) found that practitioners felt pressurised within an educational climate driven by outcomes and disagreed with the expectations placed on young children. This was also captured in a study by Osgood (2004) who highlighted that EY practitioners felt 'their work supporting children and families was often steam rolled by reforms that favoured rationality, commercialism and measurable outcomes' (p.14). Similar experiences have been reported in primary school settings, in which the focus on attainment was seen to be damaging to children's well-being (Cane & Osland, 2015; Rothi, Leavey & Best, 2008; Spratt et al., 2006).

#### 5.3.5 Emotional well-being of staff

Practitioners in the current study spoke of the physical and emotional demands experienced in their daily work with children. Practitioners used the terms 'exhausting' and 'draining' when describing their work, particularly in the context

of supporting children's challenging behaviour. It seemed that practitioners' passion and ethic of care towards young children often translated into feelings of worry, hopelessness, and frustration, which extended beyond to the nursery environment. Many practitioners also appeared to suppress their own emotions to ensure a sense of professionalism was upheld, in line with previous findings (Cottle, 2011; Elfer & Page, 2015). The suppression of these emotions seemed to function as a way of avoiding conflict with other practitioners, or parents, for example if there was a difference in opinion about how to support a child.

A source of anxiety and discomfort for many practitioners was their work with parents. This included delivering sensitive information to parents about their child's development and behaviour or questioning them about their practices at home. Practitioners reported parents becoming emotionally attached to them following separation from their child. However, maintaining an emotional distance was perceived as important for practitioner's own well-being. This finding further illustrates the importance of positive relationships with parents and carers in the EY in supporting the well-being of children and staff.

The degree of difference between the emotions that individuals express or suppress in the context of the work place and their own inner feelings has been termed 'emotional labour' (Hochschild, 1983; Nylander, Lindberg, and Bruhn 2011). This causes the individual to experience emotional dissonance as they attempt to regulate their own emotions to match the behavioural responses perceived to be necessary for their role, or the expectations of the work place.

Emotional labour has been found to be a key aspect of the role of educational professionals which can have a negative impact upon well-being (Kinman, Wray & Strange, 2011; Rae, Cowell & Field 2017). Previous research has linked higher levels of emotional labour to emotional exhaustion and poor work satisfaction in teachers (Kinman, Wray & Strange, 2011). The well-being of educational professionals has also been found to influence the level of emotional support offered for children and the development of children's emotion knowledge and appropriate emotional behaviours (Cassidy et al., 2017; Gottman, Katz and Hooven, 1997).

In the current study, practitioners seemed to monitor one another's levels of emotional well-being and would step in to support each other during times of difficulty. Despite both managers in the study expressing concerns in relation to the emotional well-being of their staff, there was little mention of the specific approaches used to promote the well-being within the centre. In previous research, it has been recommended that staff stress be supported through staff development, counselling, and mindfulness-based approaches (Weare, 2015). In a recent study, teachers supporting children with social, emotional and behaviour difficulties reported wanting opportunities for reflection through objective, solution-focused support (Rae et al., 2017). Within the context of EY settings, Elfer (2012) proposes that practitioners who are involved in interactions which enhance social-emotional learning should be given the opportunity to talk through the emotional demands of their work in a supportive capacity. As such, this would hope to reduce any stress experienced by practitioners and to manage the emotional labour associated with their role more effectively (Kinman, Wray & Strange, 2011).

#### **5.4: Research question 3: What training have EY practitioners received to help them in supporting children's social and emotional well-being? What further support, or training would they like in the future?**

##### **5.4.1 Training and external support**

The data which supports research question three can be found within the theme 'training and external support'.

Practices related to supporting children's social and emotional well-being were generally informed by training on safeguarding, child paediatrics, play, behaviour, and the Solihull approach. In addition, practitioners had received support from external professionals including SALT and EPs where their involvement was statutory. However, several practitioners perceived current training in EY to be rigid, repetitive and shallow and there seemed to be a general lack of training specific to the area of children's social and emotional well-being. Managers acknowledged that funding cuts had had a huge impact upon the reduction in

training, which was often linked to their inability to provide cover for staff travelling off-site for events.

In terms of further support, practitioners reported a need for more input on child development, attachment, and understanding and managing challenging behaviour. A particularly prominent finding, which was emphasised by a large proportion of practitioners, was the desire for training on working with parents. This centred around how to feedback sensitive information (i.e. developmental concerns about their child) and delicately explore factors related to their home life, as well as how to support parents emotionally. Finally, linked to external professional support, practitioners favoured the idea of a link EP attached to the centre, a consistent individual who offered staff training and/or drop-in sessions.

A lack of training in relation to supporting children's social and emotional well-being has been highlighted in previous research (Connelly et al., 2008; Rothi et al., 2008; Spratt et al., 2006). In addition, the current research has been undertaken within a context of austerity in LAs which is likely to have had implications for the delivery of training in schools and EY settings (Hastings, Bailey, Bramley & Gannon, 2015).

Weare and Gray (2003) argue that teachers should receive formal training on supporting children's social and emotional well-being and identifying appropriate interventions to target these areas. More recently, the government Green Paper 'Transforming Children and Young People's Mental Health' has proposed additional training of whole school approaches to promoting better mental health (DfE, 2017). It is hoped this will allow school staff to feel better equipped in their understanding of mental health and prevent high numbers of referrals to mental health services.

## 5.5 Implications of findings

The following section will outline the possible implications for future practice for EY practitioners and EY settings in relation to supporting children's social and emotional well-being.

### 5.5.1 Knowledge and skills



- Practitioners identified a lack of training in the EY related to children's social and emotional well-being. Another key finding was that their practices in this area were largely guided by personal experiences and intuition. Therefore, EY practitioners may benefit from training opportunities which develop their understanding of child development, attachment, and behaviour. This could include training opportunities to develop their understanding of the rationale behind the key person approach (Dearnley & Elfer, 2007). In addition, their core responsibilities in supporting children's social and emotional well-being could be made more explicit.
- Practitioners revealed some ambiguity surrounding the term social and emotional well-being. As such, there may be scope for EYs settings to work together in developing an agreed local definition of 'social and emotional well-being'. Developing a shared understanding of the term is likely to influence early identification and intervention for social and emotional difficulties.
- Inconsistencies in behaviour management techniques amongst staff were perceived as challenging. Addressing these issues and regularly reviewing current behaviour management policies with staff is likely to have a considerable impact on the promotion of children's social and emotional well-being in EY settings.

#### 5.5.2 Working with parents/carers

- Relationships with parents/carers were perceived to be a key aspect of practitioners' work in supporting children's social and emotional well-being. Therefore, children's centres could be encouraged to expand upon their current systems which support the development of relationships with parents and carers. This could include increasing the frequency of meetings with the child's key worker, reviewing settling in/transition procedures, a private room to speak with parents, suggestion boxes for

parents or welcoming parents on trips or celebration events run by the centre.

- As well as developing current systems, the emphasis on relationships with parents and carers should be embedded within the culture and vision of children's centres. This could involve a comprehensive parental needs analysis and ongoing monitoring and evaluation of practices related to work with parents.
- As practitioners identified concerns in relation to having difficult conversations with parents/carers, future training and coaching could focus on developing relationships with parents and carers. This could be part of staff's continuing professional development, and address techniques in feeding back sensitive information to parents including the use of questioning techniques, and strategies to relieve parental anxiety.
- Cultural differences and values between parents and practitioners were perceived as a barrier to developing relationships with parents and carers. Therefore, children's centres should endeavour to embrace culturally competent practices and interventions. This could include translating materials into a family's native language, hiring a trained interpreter when feasible, and using reliable and valid assessment instruments which take into consideration the child's linguistic and cultural background. In addition, staff may benefit from future training on cultural sensitivity and awareness to further support their work with parents.

### 5.5.3 Emotional well-being of staff

- A prominent finding from the research was related to the physical and emotional demands of the work undertaken by EY practitioners when supporting children's social and emotional well-being. This included a lack of specific approaches used to promote practitioner well-being within EY settings. Therefore, this highlights a need for staff to discuss the emotional demands of their work. This could be done by promoting a culture of

sharing throughout the centre including opportunities for staff to debrief with their manager following meetings with parents. Staff could also have access to reflective supervision; for example, peer supervision groups have been found to be a useful approach for EY practitioners (Dearnley & Elfer, 2007).

#### 5.6 Dissemination of findings

The researcher hopes to attend an EY training day to present the research findings to EY practitioners who took part in the study, alongside children's centre managers and the LA EY leadership team. As such, the implications for practice and recommendations identified from the research will be used as part of practitioners' Continuing Professional Development.

In addition, opportunities will be sought to present the findings to the EPS, where the researcher is currently on placement. This may support the EPS to develop the breadth of their practices within EY settings and with EY practitioners. It will also be important to disseminate these findings more widely to professionals working with EY practitioners, such as SALT, Occupational Therapists, or the Portage service, so they are aware of the role of EY practitioners in relation to supporting children's social and emotional well-being.

This research will be available in electronic form, through the repository of open access publications at the University of East London. In addition, the researcher also hopes to publish the findings from this thesis alongside her academic and professional tutor.

#### 5.7 Implications for EPs

The work of EPs within EY settings has received limited attention in research (Robinson and Dunsmuir, 2010; Shannon & Posada, 2007). With specific training in child development and learning, it could be argued that EPs are well placed to support EY settings in identifying and understanding the needs of individual children. Furthermore, the Special Educational Needs Code of Practice (DfE, 2014) emphasises the crucial nature of early intervention work, placing a

responsibility on those working within LAs, such as EPs, to ensure this is at the forefront of their work.

Although the work of EPs is extensive, a core part of their work involves developing relationships and working in partnership with parents/carers. As this research has identified the importance of relationships with parents and carers in the EY, EPs' experience in this area could prove to be valuable. With the shift from individual case work to more systemic ways of thinking, EPs are expanding their involvement with parents and staff through work such as consultation (Pellegrini, 2009), staff supervision (Brown & Henderson, 2012) and parenting groups (Sanders, 2008).

In line with findings from the current study, EPs could offer support at an organisational level and deliver training for EY practitioners in the areas of child development and behaviour. In doing so, EPs could utilise their knowledge of systems, attachment and learning theory. They could also support managers with the development and dissemination of centre policies, such as behaviour management policies, drawing on psychological theories of resiliency and well-being.

In addition, EPs could adopt a consultative role working in EY settings offering regular drop-in sessions for staff to explore potential issues. As Dennis (2004) points out, regular discussions with staff could help to shift from a within-child approach to a more holistic understanding of children's social and emotional difficulties. It may also be beneficial for EPs to work in a solution-focused capacity, setting up and facilitating supervision groups for EY staff. These could be set up to encourage reflection around practitioners' relationships with parents and carers, and to support their own emotional well-being.

Findings from this study indicate that there may be scope for EPs in relation to specific approaches, such as video-work. A type of video-work that has increased in popularity is termed Video Interactive Guidance (VIG) (Kennedy, Landor & Todd, 2011). VIG is a strength-based approach which has been found to enhance relationships and increase confidence (Fukkink, 2008; Hayes, Richardson, Hindle & Grayson, 2011). The intervention focuses on selecting positive clips of an interaction (e.g. between a parent and child) and draws on principles of

attunement. Findings from the current study indicate some difficulties for practitioners in relation to managing challenging behaviour and having difficult conversations with parents. Therefore, an intervention such as VIG may support to empower practitioners by highlighting their existing strengths and skills in their interactions with parents and children, as well as promoting efficacy in their role. However, with the growing culture of 'traded' EP services, the cost of these services for EY settings cannot go unrecognised. Within the context of the current study, no EP services have been 'bought' in by an EY setting. This poses potential questions for the EP service in relation to developing traded work within EY settings in the borough. However, with cuts to EY funding, it could be argued that EP work in EY settings must be as 'cost-effective' as possible. This may favour more systemic ways of EP working, such as consultation and staff supervision, as discussed earlier.

#### 5.8 Strengths and Limitations

This study has provided insight into a relatively understudied area exploring the views of 10 EY practitioners in relation to supporting children's social and emotional well-being and highlighting future implications for practice. As identified in the literature review, the majority of research focusing on this area has obtained the views of staff in the context of UK primary school settings, supporting the rationale to focus on the views of EY practitioners for this research. The methodological design of the study was sound; the choice of semi-structured interviews and thematic analysis were well suited to the critical realist position of the research and were appropriate for obtaining practitioners' views. In addition, the researcher followed a clear, replicable model when undertaking the analysis, as outlined by Braun and Clarke (2006).

There were also several strengths related to the selection of the sample. Firstly, the researcher sought to avoid participants being selected at the discretion of the centre manager by attending team meetings to recruit practitioners in person. Secondly, although the researcher was working as a TEP in the LA in which the children centres were located, there had been no previous involvement with the centres working in this capacity. This therefore allowed the TEP to take up the position of 'researcher' without any confusion of roles from the perspective of

practitioners. As such, interviews were not influenced by previous relationships the practitioner may have developed with the researcher.

However, there are several potential limitations which relate to the sample used within the study. The current research took place across three children's centre settings within an inner London borough. This suggests that the findings may be limited to this particular EY context, and responses may differ for practitioners working in independent non-maintained nurseries or those working as child-minders. However, it is important to note that it was not the intention of the researcher to make generalisations, but rather to assist in developing an understanding of the views of EY practitioners at a local level.

For many of the practitioners who volunteered for the study, the topic of social and emotional well-being was of interest to them which may have influenced their depth of knowledge about the area. Furthermore, centre managers acted as 'gatekeepers' to recruitment and their agendas or interests may have influenced their willingness to volunteer for the research. This could have potentially encouraged a sampling bias, whereby only managers of children's centres which had a clear implementation of practices related to supporting social and emotional well-being volunteered to be included in the study.

It should also be acknowledged that participants within the study were all female. This could have implications for how social and emotional well-being is constructed. For example, gender has been found to play a role in the types of emotional socialisations strategies used with children, with men and women differing in their responses to children's emotions (Root & Denham, 2010). However, since the EY work force is predominantly female (DfE, 2011) it could be argued that this study is reflective of the current context. Similarly, the researcher's position as a female and previous experience working within a similar role is likely to have contributed to increased levels of relatability between practitioners and the researcher. This may have influenced how rapport was built and responses to interviewees' questions. In addition, the linguistic variability of the term 'social and emotional well-being' may also have influenced participants' understanding.

A further limitation pertaining to the present study is related to the use of semi-structured interviews. An issue arising from the pilot interview was the potential for 'respondent bias' whereby practitioners may have been answering questions in a way which they perceived would please the interviewer. Following the pilot, questions were 'lightened' to allow for more of a conversational feel and vignettes were added to encourage deeper exploration of participants views. Despite this, it is noteworthy that the current educational climate is driven by achieving targets and settings are receiving regular Ofsted inspections to ensure appropriate provision is in place. This is likely to create an air of caution for practitioners who may position all external professionals as evaluating their performance in line with national standards. Although confidentiality was reiterated, participants may have approached interviews with a degree of caution due to the identity of the researcher, and limited their responses to ensure they, or the centre, would not come under any scrutiny or be singled out.

Lastly, as this study was guided by a critical realist epistemology, the analysis of the data and naming of themes is open to re-interpretation. Other types of analysis could lead to differences in interpretation, such as discourse analysis focusing on how EY practitioners' discourses contributed to their understanding and experiences of supporting children's social and emotional well-being. Similarly, IPA could have been used to explore the lived experiences of practitioners supporting children's social and emotional well-being. However, since this study did not seek to explore the direct experiences of individuals (IPA) or how their views were constructed (Discourse Analysis), thematic analysis was deemed an appropriate method for this study.

### 5.9 Implications for further research

Future research in this area could focus on addressing the limitations of the present study by using a larger sample size and interviewing practitioners from a wider range of EY settings. This could include EY practitioners working in non-maintained nursery settings, play groups or those working as childminders. In addition, a wider range of stakeholders could be interviewed, including those individuals responsible for monitoring, and overseeing EYs policy across the borough.

A key finding from the study related to practitioners' relationships with parents and carers, and parents' significant role in the development of children's social and emotional skills. Therefore, it may be of benefit for future research to explore the views of parents in relation to supporting children's social and emotional well-being, their partnerships with children's centre settings and their views on how future relationships can be promoted. An evaluative piece of research could also be undertaken which assesses the impact and effectiveness of an intervention aimed at promoting the parent/practitioner relationship. As mentioned above, this could involve evaluating the impact of a VIG based intervention on enhancing parent-practitioner communication.

Furthermore, an action research study could focus on increasing parent engagement through the home/EY setting in order to improve the parent-practitioner relationship. Opportunities to increase parent engagement could be identified through parent questionnaires and may include an increase in home visits, use of text messaging to communicate with parents, or training opportunities to enhance parent's knowledge and skills.

#### 5.10 Conclusion to discussion

This study has provided insight into a relatively understudied area exploring the views of EY practitioners in relation to supporting children's social and emotional well-being.

Findings from this study suggest that EY practitioners are implementing several effective approaches to supporting the development of children's social and emotional skills. However, these practices seem to be underpinned and guided by EY practitioners' own personal experiences and values, rather than a theoretical knowledge or understanding. This is likely to have implications for identification, management, and intervention for children in the EY who may present with social and emotional difficulties. As discussed, this is an area which EPs can evidently contribute, through their knowledge of attachment and child development, and supporting EY practitioners through training opportunities.

The current study has identified several distinctive findings. To the researcher's knowledge, the conceptualisation of social and emotional well-being from the



perceptive of EY practitioners, has not been captured in previous research. Therefore, this study provides an insight into practitioners' perceived roles and responsibilities in this area, and their understanding of the factors pertaining to the development of children's social and emotional well-being. Furthermore, although the researcher did not initially set out to explore practitioners' relationships with parents and carers, findings have highlighted the significance and complexities of relationships with parents and carers in the EY within the context of supporting children's social and emotional well-being. As previous studies in this area tended to focus on parental engagement and were undertaken within school contexts, this study offers a relatively distinct finding related to relationships with parents and carers in the EY. Practitioners in the sample valued communication with parents and were a regular source of emotional containment for parents. However, differences in values and culture, as well as the attributions held by staff members about parents, seemed to place a strain on the parent-practitioner relationship, and impacted their development. This suggests potential for further development in relation to promoting relationships with parents and carers within EY settings.

Another distinctive finding that emerged from the current study was the impact of supporting children's social and emotional well-being and building relationships with parents and carers, on EY practitioners' own well-being. It seemed that practitioners would often experience emotional labour as part of their daily work with children and parents, eliciting feelings of frustration and exhaustion. This finding highlights the need for opportunities for EY practitioners to discuss the emotional demands of their work in a supportive and reflective capacity.

The implications of these findings were also discussed in relation to EP practice. As such, EPs were identified as having a role in supporting practitioners' relationships with parents and carers, as well as practitioners' emotional well-being. This included EPs adopting a consultative role, offering staff drop-in sessions, or facilitating supervision groups for EY practitioners, to encourage reflection around issues such as their relationships with parents and carers. In addition, scope for EP involvement in EY intervention work was considered including the setting up of VIG work to enhance parent-practitioner communication.

Finally, practitioners faced many challenges in relation to achieving targets and completing paperwork whilst trying to balance this with providing a high level of support for vulnerable children. The context of austerity in LA and cuts to EY funding were also discussed as having repercussions on the availability of external support and training opportunities for EY settings.

Linking in with the national and political mental health agenda, this research offers an important contribution in presenting the views of EY practitioners in relation to supporting children's social and emotional well-being. As such, the current research suggests that approaches aimed at supporting children's well-being in the context of EY settings should focus indirectly on facilitating parent-practitioner relationships and supporting the emotional well-being of practitioners working with young children in EY settings.

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## Appendix A: Critical appraisal of qualitative studies based on Yardley's (2000, 2008) criteria

		Research Paper												
Area of critical appraisal (qualitative)	Criteria	Wood (2017)	Wood (2016)	Danby & Hamilton (2016)	Cane & Oland (2015)	Elfer & Page (2015)	Aubrey & Ward (2013)	Broomhead (2013)	Page & Elfer (2013)	Cottle & Alexander (2012)	Cottle (2011)	Connelly et al (2008)	Rothi, Leavey & Best (2008)	Spratt et al (2006)
Sensitivity of context	Description of study context/setting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Statement of purpose/rationale	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Consideration of existing literature	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Recognition of challenges to recruitment	✗	✗	✓	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗
	Ethical considerations – informed consent stated	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗
Commitment and Rigour	Use of triangulation (multiple views gathered/more than one method/more than one person to analyse the data)	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
	Appropriate sample size	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Transparency and coherence	Use of quotations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Description of participants	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Description of recruitment process	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗
	Details of data collection	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Transcription details	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Impact & importance	Research introduces new ideas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

## Appendix B: Summary of review articles table

Study	Sample	Aim/Description	Method of data collection	Method of data analysis	Reported Findings
<b>Wood (2017)</b>	17 teachers including head teachers, managers, teachers, learning mentors and welfare staff members. Taken from 3 UK schools across areas of social disadvantage	Part of a larger study mixed methods study exploring the interpretation and utilisation of SEAL in UK schools which included three strands. The paper reports findings of the third strand of the research – individual interviews with participants across case study schools	Qualitative Semi-structured interviews	Inductive approach Thematic analysis using Atlas software	Staff members held negative appraisals of parents and attributed blame to this group for the pupils' 'inappropriate' social, emotional, and behavioural skills. Found that staff tended to blame certain groups of parents, particularly those from minority-ethnic and low socio-economic backgrounds, for their children's behaviours.
<b>Wood (2016)</b>	24 staff members across 4 schools in Northern England including learning mentors, teaching assistants and	Part of a larger study mixed methods study exploring the interpretation and utilisation of SEAL in UK schools which included three strands. This paper reports the responses of non-teaching staff	Qualitative Individual interviews	Thematic analysis	Many non-teaching staff members underemphasised their role in supporting children's social and emotional development, viewing this aspect of

	pastoral support staff.	members during the individual interview phase (third phase) of the study			their work as 'automatic' and 'common sense'. Staff would often draw on their experiences as parents, and use this knowledge to support children's social emotional and behavioural problems in school.
<b>Danby &amp; Hamilton (2016)</b>	18 practitioners (nine teachers, seven teaching assistants and two additional learning needs coordinators) across 2 UK primary schools	The focus was gaining insight into the experiences of school practitioners, on how children's mental health and well-being was understood, supported, and promoted	Qualitative Small scale exploratory study Semi-structured self-completed questionnaire completed by 14 participants  Semi-structured interviews completed with 7 participants Overlap as 3 participants completed the questionnaire and interview process	General inductive analysis	Practitioners offered broad interpretations to define mental health, reluctance to discuss mental health with children due to perceived stigma, practitioners identified anxiety as being the most common condition experienced by children, lack of training in mental health for staff

<b>Cane &amp; Oland (2015)</b>	Four UK schools	To understand the processes operating in the implementation of the programme TaMHS.	Focus groups lasting 45-60 minutes with one 'full' group of 10 participants and mainly using 'mini' groups of 3-6	Analytic framework: socio-cultural activity theory Thematic analysis	TaMHS perceived by school staff to provide positive behavioural, social, and emotional outcomes for CYP, positive outcomes for staff confidence, self-efficacy, awareness and understanding.
<b>Elfer &amp; Page (2015)</b>	8 nursery managers from 2 local authorities	To explore the beliefs, aspirations and approaches of nursery managers concerning pedagogy with babies	Exploratory study Individual interviews	Thematic analysis	Managers experienced ambivalence, anxiety, and uncertainty about managing the complexities of this work in a way that facilitates close emotional attachments for the babies, whilst also being sensitive to the proprietorial feelings of parents.
<b>Aubrey &amp; Ward (2013)</b>	46 teachers working in EYFS attached provision attached to primary schools	To investigate the views of practitioners on early children's PSED and the strategies they used when difficulties were identified	Mixed-methods approach using survey and follow-up in-depth interviews	Descriptive statistics used to analyse survey data Grounded theory methods used to	Staff concerned out low-level disruption and used a range of strategies to support behaviour. Staff most concerned about aggressive behaviour

			(46 participants completed survey and 3 volunteered for follow-up interview)	analyse open-questions from survey and interview data	and lack of social skills. Emerging theme and challenge emerged around working with newly arrived children into the UK with EAL
<b>Broomhead (2013)</b>	15 educational practitioners; seven employed in mainstream schools (six primary and one secondary), eight from BESD schools (one primary, one mixed primary and secondary, and six secondary).	Draws on larger study examining socio-emotional aspects of home-school relationships between parents of children with SEN and educational practitioners, which more specifically explored perceptions of blame, stigma, partnership, and empathy. This paper solely focuses on the views of educational practitioners	Qualitative Semi structured interviews	Interpretative phenomenological analysis (IPA)	Educational practitioners viewed the home environments of pupils with BESD as unstructured, chaotic, and dysfunctional, with the practices of their parents deemed to be inadequate and viewed their role as compensating for poor parenting practices
<b>Page &amp; Elfer (2013)</b>	5 children centre practitioners; under threes manager, baby room leader, toddler room leader, baby room practitioner and deputy head of centre	To explore staff's understanding of 'attachment' in nurseries, how they form attachments with baby's young children and families and how this attachment translates to everyday practice	Case study in a children centre including Face to face interviews Focus group Self-completed daily diaries across 5 months	Grounded theory	Staff adopted a largely intuitive approach to forming attachments and highlighted logistical and emotional complexity of their work with children

<b>Cottle &amp; Alexander (2012)</b>	165 practitioners working in 18 early years settings across 2 shire counties and 2 London boroughs including nursery schools and classes, reception classes, free- standing nurseries and Children's Centres	To understand what early years practitioners, understand by quality and success and how these are expressed in their daily experienced with children	Symbolic interactionist approach (interview, focus groups, observations, and consultations with children)	Thematic analysis	Interpretations of quality varied, and understood by a combination of the settings' expectations and personal and professional values. Pressure felt by the practices prescribed by the government, and children's attainment being measured against EYFS but not always indicative of quality. Frustrations around outcomes-based agenda which conflicted with their own personal values. Practitioners demonstrated commitment to children's welfare and development through warm relationships
<b>Cottle (2011)</b>	- Data collected from 11 Sure Start Children's Centres in 2 London boroughs and two shire	To explore practitioners' understandings of quality and success in the context of sure start children centres	Symbolic interactionist approach (interview, focus groups,	Thematic analysis	Working towards the visions of Sure Start frequently involved struggle in terms of becoming established in



	counties, focusing on the views of the 115 practitioners working in these settings		observations, and consultations with children)		the community, to form relationship with parents and to fulfil expectations. Practitioners spoke of the emotional complexity of their role and the need to achieve 'a balance of sensitivity, empathy, and professional boundaries' in their relationships with children and families, but this is not easy task - several heads discussed concerns for the emotional health of their staff - saw the importance of Ofsted and termed it a 'necessary evil'
<b>Connelly et al. (2008)</b>	365 teachers (159 heads and deputy heads, 206 teachers)	To report teacher's responses as part of the Scottish Needs Assessment Programme (SNAP) in relation to the emotional and behavioural difficulties faced by children and young people in schools and pre-school settings in Scotland,	Questionnaires	Microsoft Access database for quantitative data. Free-text responses were analysed using the qualitative analysis package QSR N6 to allow systematic	Teachers are working with children and young people with a range of significant emotional and behavioural difficulties and using many strategies. Teachers describe frustrations in trying to

		and how teachers are responding to them		coding and retrieval of practitioners' comments.	provide direct support for pupils with emotional and behavioural difficulties, and in relation to the help they can access from specialist services
<b>Rothi, Leavey &amp; Best (2008)</b>	<p>30 staff each working in different school settings across England Participants in the study worked across a range of settings including primary, secondary, special school and a Montessori school</p> <p>head teachers and teachers with varying responsibility including special educational needs, learning support, head of year and student and pastoral support</p>	To examine the perceptions of school teachers regarding self-perceived duty and competency in the recognition and management of pupils with MH problems	Semi-structured interviews	Thematic analysis	<p>Teachers used their intuition and personal experience, rather than set criteria, to identify children who may potentially have mental health difficulties. Teachers also reported feelings of incompetence in supporting children with mental health difficulties and were often unsure whether the child may have a mental health problem, a behavioural problem, or emotional behavioural difficulty. The researchers recommend further research into teacher's views on their self-perceived role in</p>

					supporting children's mental health in the context of education
<b>Spratt et al. (2006)</b>	30 representatives of local authorities, 18 representatives of health boards and 18 employees of voluntary organisations. Interviews provided a picture of mental health interventions and activities across Scotland. 6 local authorities were selected for innovative practice.	It draws from a Scottish study, which examined the links between mental well-being and behaviour in schools (Shucksmith, Philip, Spratt and Watson, 2005), by exploring the responses of schools, authorities and their partners in the health and voluntary sectors to challenging behaviour that was thought to be triggered by poor mental health	1st Phase semi structured interviews, 2nd Phase Case Study (face to face interviews)	Interpretative qualitative methods, Grounded Theory	Staff considered the quality of the relationships between pupils and staff to be hugely significant in promoting children's mental health. Non-teaching staff reported being approached by children with difficulties as their roles allowed more time for one to one discussions, compared to teachers. In general, the study revealed that well rounded relationships between staff and children enabled more sensitive responses to children's behaviour in cases where they had a clearer understanding of possible causes



## Appendix C: Information sheet and consent form



Dear Early Years practitioners,

### **RE: Research with Trainee Educational Psychologist**

#### **Title of research**

**Supporting children's social and emotional well-being in the early years: an exploration of practitioners' perceptions within children's centre settings**

#### **Purpose of the research**

I am a second-year Trainee Educational Psychologist currently undertaking my doctoral training at the University of East London (UEL). As part of my training, I am carrying out a **project exploring early years practitioners' views on supporting children's social and emotional well-being.**

The area of 'social and emotional well-being' has been identified by the government and Child and Adolescent Mental Health Services (CAMHS) as an area of importance, with a particular emphasis on early intervention. Research suggests that social and emotional well-being in childhood is linked to positive outcomes in adolescence and adulthood, including life satisfaction, mental health, and physical health.

It is hoped that by undertaking this research project, information and feedback that is developed will be used to assist early years' practitioners and Educational Psychology services in building upon their current practices around children's social and emotional well-being.

#### **What will the research involve?**

I am looking for **12 Children's Centre staff** (8 practitioners and 4 centre managers) to take part in this study in which you will have the opportunity to share your views and experiences around supporting children's social emotional well-being.

If you are interested in participating, you will be invited to take part in **1:1 interviews lasting approximately 45 minutes-1 hour**. These interviews can take place in the Children's Centre that you work and can be carried out during a time that suits you.

You will be given some time following the interviews to ask any questions about the research or to discuss the interview process. Responses that you give in the interviews will be analysed and the findings will be summarised in a report approximately 12 months later.

### **Confidentiality**

All information you share with me will remain anonymous and confidential at all times throughout the research. The information from the interviews will be transcribed and potentially shared with my university tutor. Your name will not be used in any reports or publications. Interview information will be voice recorded to ensure all the information is captured. Audio recordings will be kept in a secure place and deleted once the study is complete. If the study is put forward for further publication, anonymised transcripts may be kept for further analysis. You have the right to withdraw from the study at any time.

### **Feedback**

A summary of my findings and a report will be sent to participants once the research has been completed. I will also deliver a presentation of my research to participating Children Centres including a summary of my results and further information surrounding supporting children's social and emotional well-being and areas for development, as identified by the research.

### **Contact**

If you have any questions about this research, please do not hesitate to contact me on the details below:

Main researcher: Holly Seaman, Trainee Educational Psychologist, University of East London. E-mail: [REDACTED]

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor. Tel: [+442082234363](tel:+442082234363), E-mail [l.cockburn@uel.ac.uk](mailto:l.cockburn@uel.ac.uk), School of Psychology, University of East London, Water Lane, London E15 4LZ

## Informed consent form



**Title of project:** Supporting children's social and emotional well-being in the early years: an exploration of practitioners' perceptions within children centre settings

**Main researcher:** Holly Seaman, Trainee Educational Psychologist

This is to certify that I....

- 1) Have read and understood the attached information sheet giving details of the project '*Supporting children's social and emotional well-being in the Early Years: an exploration of practitioner's perceptions within children centre settings*'
- 2) Have had the opportunity to ask the researcher any questions that I had about the project and my involvement in it, and understand my role in the project.
- 3) Agree to be interviewed by Holly Seaman, Trainee Educational Psychologist, and that the interview will be audio-recorded.
- 4) Have consented to taking part voluntarily and I understand I am free to withdraw without giving any reason for my withdrawal.
- 5) Understand that data gathered from the interviews will be used to form the basis of a report or other form of publication.
- 6) Understand that my name will not be used in any of the reports produced and all efforts will be made to maintain my confidentiality at all times.

Participant name: .....

Participant signature: ..... Date: .....

Researcher name .....

Researcher signature: ..... Date: .....



**Appendix D: Pilot and final interview schedule** (*Please note the pilot interview schedule includes notes in italics following the pilot on possible amendments of questions*)

**Pilot interview Schedule**

1) Participant information

Name?

Age?

What is your job title?

Can you give a brief description of your role? What does the role involve?

How long have you been working in this role?

How many years have you been working in this current setting?

Do you work part time or full time?

Do you have any other experience of working in the EYs?

What is the Age range of the children you work with?

What is your highest level of education?

Are you a parent?

2) We are now going to talk about the area of social and emotional well-being.

First of all, what is your understanding of the term 'social and emotional well-being?'

- How might you describe this term?
- What do you know about this term?
- Where have you heard about this term?

*Lighten, make less formal - there is a lot of interest in SEMH at the moment especially in EYs – what does that mean to you? It's a really broad term I know but what does it mean for you? What's it all about?*

3) How do you support children's social and well-being in the children centre?

- What have you found to be particularly effective?
- Are you able to give me an example?
- What impact do you think this had?
- Are there any specific programmes or interventions that you implement in the children's centre to support this area?

*Lighten – what is it that you individually do to support Social emotional well-being?*

*Include vignette - If there is a child in your child crying - what might you do? How do you think that would help the child?*

4) What do you think are the main challenges to supporting children's social and emotional wellbeing?

*For you personally, what are the main challenges...*

- 5) How important is supporting children's social and emotional well-being in the Early Years Curriculum?

*Thinking about well-being/learning which do you think is more important/a priority? Why?*

- 6) How do you support children who present with challenging behaviour in the nursery/children's centre?
- Can you give me an example of a recent situation in which a child was presenting with challenging behaviour? What did you do in that situation?
  - What impact do you think this had on their behaviour?
  - What do you consider to be the main reasons for children presenting with this type of behaviour? *Should this be a separate question? During pilot, participant didn't seem to understand the main causes for some of the children's challenging behaviour and she replied 'I think they are just finding their way in the world? PROMPT - So what would be the way of managing that? How are you going to help the child next?*
  - How do you feel about supporting 'challenging' behaviour?

*During pilot, practitioner asked me what I meant by 'challenging' behaviour? Perhaps there should be a question around what behaviours they perceive to be challenging? i.e.- what behaviours do practitioners perceive to be 'challenging' or have difficulty managing?*

*Have you had any experience with children who are challenging/difficult to manage?*

*What is it that you would normally do?*

*Back to vignette – sometimes children are challenging for example XXX. What might you do?*

*PROMPT –can you think of any reasons why they might be behaving in a certain way?*

- 7) When working with children who present with challenging behaviour, do you seek support from other colleagues or professionals? If yes, who?
- How effective how you found this to be?
  - What, if anything, do you find helpful?
  - What do you feel could improve this process?
  - *How do you deal with this issues?*

- *Is there anything else that you do?*
- 8) What role do you think parents have in supporting children's social and emotional well-being?
- How would you compare your role with the parent's role?
  - How do you think parents impact upon the work you do in the children's centre?
  - *Are there any examples of where working with parents has helped? Are there any examples of working with parents who have been challenging?*
- 9) How do you support children's social and emotional well-being during transitions? (e.g. to primary school)
- Are you able to give me an example?
  - What worked well?
  - What did not work so well?
- 10) I recognise that as a borough, Hackney is very diverse. How do you feel your family background/your culture has influenced your work with the children?

*During pilot, participant seemed a bit confused by this question. Perhaps re-word?*

*When you're working with families from different communities, is there anything you would need to consider? When you're working with parents from a range of communities, what might you need to consider? are there things you feel that you need to consider? What works well? What's challenging?*

*Allow them permission to talk about others – some people find it quite difficult to talk about other cultures*

- 11) How would you describe the support/training you've received in the area of children's social and emotional wellbeing?
- How able/confident do you feel in supporting the area of children's social emotional well-being?
- 12) In your opinion is there any further support the children's centre, or other services could offer in supporting EYs practitioners in the area of children's social emotional well-being?

Summary and closure (5 minutes approx.)

\* Is there anything that you feel you would have liked to share about your experience that I haven't asked about?

\* Reminder of right to withdraw

\* Thank participant for their involvement

**Final interview Schedule**

*Introduction and overview (5 minutes approx.)*

- Welcome - introduction to the researcher
- Introduce information sheet – go through and explain the following points:
  - This interview will form part of my thesis for my educational psychology doctorate.
  - I am not Ofsted and that anything you say to me will be completely **anonymised and remain confidential**.
  - **No right or wrong answers**
  - I am interviewing several practitioners across different children's centres and feedback will be given as a whole, by collating together everyone's responses so it will be extremely difficult to detect who said what.
  - I will be **audio recording** your data today so I can analyse the data – my memory is so bad I would never be able to recall all the information you tell me otherwise!
  - **The audio recorded data will be stored in a secure place** and only I will have access to it
  - You also have the **right to withdraw** at any time
  - Do you have any questions at this point?
- **Consent form** – if you are happy with all of the things I have just, please sign the consent form and we can get started with the interview
- **Instructions regarding the interview:**
  - *I am interested in finding out about your views and experiences of supporting children's social and emotional well-being in a children's centre setting.*
  - *I am also interested in learning more about your perspective on supporting children with challenging behaviour and what training or future needs you might identify as helping to increase your understanding in the area of children's social and emotional well-being.*

- Are you comfortable?
- Begin interview

### 13) Participant information

What is your job title?  
 Can you give a brief description of your role?  
 How long have you been working in this role?  
 How many years have you been working in this current setting?  
 Do you work part time or full time?  
 Do you have any other experience of working in the EYs?  
 What is the age range of the children you work with?  
 What is your highest level of education?  
 What is your ethnicity?  
 Age?  
 Are you a parent?

14) There is a lot of interest in children's social and emotional well-being at the moment, especially in the early years. It's a really broad term I know, but what does the term 'social and emotional well-being' mean for you? What's it all about?

**PROMPT** - If I were to say tell me three things about 'social and emotional well-being', what would you say to me?

15) What is it that you individually do to support children's social and emotional well-being in the children's centre?

**PROMPT** - Are you able to give me any examples of things that work well?

16) **Vignette** - If there is a child in the children's centre crying in the corner of the room - what might you do?

Why would you respond that way?  
 How do you think that would help the child?

17) Are there any specific programmes or interventions that you implement in the children's centre to support children's social and emotional well-being?

18) For you personally, what do you feel are the main challenges to supporting children's social and emotional well-being?

19) Thinking about children's social and emotional well-being and learning, which do you feel is more important?

**PROMPT** - Why do you think that is?

20) Sometimes children can be challenging, for example, a child might hit or scream. If they present with this type of behaviour, what might you do?

**PROMPTS** –

-Why would you respond that way?

-How do you think that would help the child?

-Can you think of any reasons why they might be behaving in a certain way?

21) When working with children who present with challenging behaviour, how does this effect you?

**PROMPT** – Is there anything you think might help you to deal with these issues?

22) Thinking about the role of parents in supporting children's social and emotional well-being. Do you have any examples of when working with parents has helped?

**PROMPT** - Are there any examples of working with parents who have been challenging? Why do think this was the case?

23) If participant a parent - has being a parent influenced how you might support children's social emotional well-being in the children centre?

24) Thinking about times of transition in the CC. This might be from the children's centre to school, or between rooms. How might you support children's social and emotional well-being during these times?

**PROMPTS** –

- What worked well?

- Were there any challenges with this process?

25) I recognise that Hackney is a very diverse Borough. When you're working with parents and children from a range of communities, are there things you feel that you need to consider?

**PROMPTS:**

- Can you give me an example of what has worked well when working with children and families from different communities?
- Were there any challenges with working with children and families from different communities?

26) What, if any, training have you received in the area children's social and emotional well-being and development?

**PROMPTS:**

- When was the last time you received this training?
- How would you describe the training you've received in this area?

27) Could you describe your level of confidence in supporting children's social and emotional well-being?

**PROMPT** – In which areas do you feel more/less confident in?

28) In your opinion, is there any further support the children's centre, or other services could offer in supporting EYs practitioners in the area of children's social emotional well-being?

**PROMPT** – Is there anything you would like to learn more about in this area that might help you with your practice?

\*If they mention special educational needs, ask - what do you mean by this?

Summary and closure (5 minutes approx.)

\* Is there anything that you feel you would have liked to share about your experience that I haven't asked about?

\* What will happen next – A summary of my findings and a report will be sent to participants once the research is completed. I am also hoping to deliver a presentation of my research to participating children's centres

\* Reminder of right to withdraw and thank participant for their involvement

## Appendix E: Notice of ethics review decision

School of Psychology Research Ethics Committee

### NOTICE OF ETHICS REVIEW DECISION

# For research involving human participants

BSc/MSc/MA/Professional Doctorates

**REVIEWER:** Dr Jolanta Burke

**SUPERVISOR:** Dr Laura Cockburn

**COURSE:** Professional Doctorate in Child and Educational Psychology

**STUDENT:** Holly Seaman

**TITLE OF PROPOSED STUDY:** Supporting children's social and emotional well-being in the Early Years: an exploration of practitioner's perceptions

#### **DECISION OPTIONS:**

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The



supervisor will then forward the student's confirmation to the School for its records.

- 3. NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

**DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY**

*(Please indicate the decision according to one of the 3 options above)*

Approved

**Minor amendments required** *(for reviewer)*:

**Major amendments required** *(for reviewer)*:

**ASSESSMENT OF RISK TO RESEARCHER** *(for reviewer)*

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

MEDIUM

LOW

*Reviewer comments in relation to researcher risk (if any):*

**Reviewer** *(Typed name to act as signature):* Dr Jolanta Burke

**Date:** 31<sup>st</sup> January 2017

*This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee*

**Confirmation of making the above minor amendments** *(for students):*

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

**Student's name** *(Typed name to act as signature):* Holly Seaman

**Student number:** U1529169

**Date:**

*(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)*

**PLEASE NOTE:**

\*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

\*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here:  
<http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

## **Appendix F: Research diary extract**

### **Reflections following first interview with centre manager:**

*"I was surprised at how exhausted I felt after the first interview. The semi-structured nature of the interviews allowed flexibility with my questioning and I was able to let the participant lead to an extent. I noticed that at the beginning of the interview, the participant's answers were rushed and sounded scripted. I wondered whether this was because professionals working with young children are often monitored by the LA and Ofsted, and perhaps the participant had fallen into a routine of answering questions in a certain way. In addition, my position as a researcher, but also as a TEP working for a LA, may have influenced her answers. However, as the interview progressed, she became more relaxed and I felt she opened up more. I found it helped to let her know early on in the interview that I had previously worked in a children's centre before starting my EP training.*

*During the interview, I was struck by the concern the manager expressed over her staff's well-being, particularly when supporting children's behaviour. In addition, the topic of parents dominated much of our conversation and I wondered whether this would be a pattern in my following interviews with staff.*

*At the end of the interview, the manager seemed pleased she had spoken with me, and we engaged in some friendly rapport. She seemed really passionate and interested in the topic of well-being and asked me when I would be sharing my findings"*

## Appendix G: Example of initial coding

Line number	Transcript	Initial coding
1 2 3 4 5	I: We're going to go into some of the questions now. At the moment, there's a lot of interest in children's social and emotional well-being in the media.. but also specifically in the early years. So, I know It's quite a broad term, but what does the term 'social and emotional well-being' mean for you?'	
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	P: I don't think.. see I've been working here for 6 years.. I'm going to be really honest.. I hate being honest. Okay so.. I've been working here for 6 years so my background like I was deputy manager, acting manager, I did SEN and safeguarding previously, and I came here coz I knew in a children's centre you get more experience. And, it's like, you just meet lots of different people and different families. Umm, I don't, I don't, I think that ermm in early years there is a lack of support in supporting staff in understanding the develop, like developing children's social and emotional skills and I don't think staff have got, I think staff need more support in understanding, I feel like you only learn the base line when you're getting the qualifications but there's so much more to it. Just like there's so much more to language. And I don't personally I think erm we are because, working in a children's centre, there's lots of different children coming in with types of needs. And I do personally believe that we are possibly not supporting them	<p>Staff background</p> <p>Value working in children's centre</p> <p>Exposure to different communities</p> <p>Lack of support for staff</p> <p>Lack of understanding social and emotional skills</p> <p>Childcare qualifications lack depth</p> <p>Children with different needs</p>

22 23	enough, and maybe to an extreme that maybe we're failing some of them. Or maybe we have.	Failing to support well-being Failing children
24 25	I: And, what does it mean for you that term? social and emotional well-being?	
26 27 28	P: I think, umm, I don't know if I'm answering it right you know I think umm, just developing, just being stable.. within yourself. That's what I think, I don't know if it's right or wrong. I don't know.	Uncertainty around term Stability
29 30 31 32	I: Yeah. Exactly. Yeah. Okay so, I've got a little scenario for you now. So if there was a child in the children's centre who was very upset and crying in the corner of the room, what might you do to support them in that moment?	
33 34	P: Umm I wouldn't probably go over to them, to their level, and talk to them. Just to find out.. I'd probably use the High Scope Method.	Get down to child's level High scope method
35	I: What's that sorry?	
36 37 38 39	P: The High Scope method, so acknowledging their feelings first, so labelling how they're feeling and ask them what happened, what can we do about it, get them to kind of, work out how they can manage their feelings.	Acknowledging feelings Labelling feelings Manage feelings
40	I: Great. And how do you think that would help the child?	

41 42 43 44	P: They will start learning how to manage their feelings and expressing their feelings. They need to know there is something there if they are feeling down, to be able to express it rather than hold it in	Learning Manage their feelings Expressing feelings
45 46 47	I: Ok thank you. And is there anything else you think you individually do to support children's social and emotional well-being?	
48 49 50 51 52 53 54 55 56 57 58 59	P: I don't know we just use High Scopes.. High scopes is amazing, its our favourite.. It's amazing it works for everything, that's what we use. I tell you what it in.. do you know one of the behaviours that I do strongly believe where people don't acknowledge..coz I know I mentioned safeguarding, and I feel like its so important to understand different behaviours and I feel like if a child comes from, has seen, domestic violence, or comes from a background, a violent background. They will react differently to other children, their responses are different. But I don't, I do, my personal opinion is that I don't think staff know how to acknowledge those different behaviour patterns. And I do feel it's because there's a lack of training there.	High scopes as effective  Behaviour Safeguarding issues Importance of background Family circumstances Child responses dependent on background Lack of understanding of different behaviour presentations Lack of training on behaviour
60	I: Okay, so knowing how those behaviours might present?	
61 62 63 64 65	P: Yeah because they will constantly, regardless of the situation, their responses, like I'll give you an example, like one, like if you was to, if they were really upset, like they didn't get that car they want, and you was to go over to them, nice and calm, they will probably hit out. Um, they will hit out, But I, um, and that's one of	Displaying frustration Calming approach Physical behaviour

66 67 68 69 70 71 72	<p>them, and it might be consistent and then you'd start questioning. But I don't think there's enough, um, I don't think there's enough training or support for staff to see that, or understand. And I get it, because if you haven't worked in that type, in within that type of scenario you wouldn't know, you would only know if someone showed you, or explained to you, or you'd been working there. So, but..</p>	<p>Frequency/consistency of behaviour raises concern Lack of training/support for staff on behaviour  Lack of experience</p>
73 74 75	<p>I: You've already pre-empted my next question. For you personally, what are the main challenges to supporting children's social and emotional well-being?</p>	
76 77 78 79 80 81 82 83 84 85 86	<p>P: Err, I think, you know, you've probably seen that as well. Everyone has their own interpretation of behaviour management. Everyone. I love high scopes, I've worked with High scopes forever and it works its amazing its like fairy dust, and um, but everyone has their own interpretation and I feel like sometimes you know when you tell them, no you're doing it that way, you don't do it..but breaking it down and explain to them, it might help. I just feel like staff need support in understanding why we can't do certain things or say certain things.... is it because we're too harsh or because were too soft? and knowing where their boundaries are according to their age, but I.. yeah</p>	<p>Different views on behaviour management High Scopes as effective  Supporting staff's understanding  Need for staff to understand behaviour  Knowing boundaries according to age</p>
87	<p>I: You mean a lack of consistency in putting in boundaries?</p>	
88	<p>P: Yeah</p>	

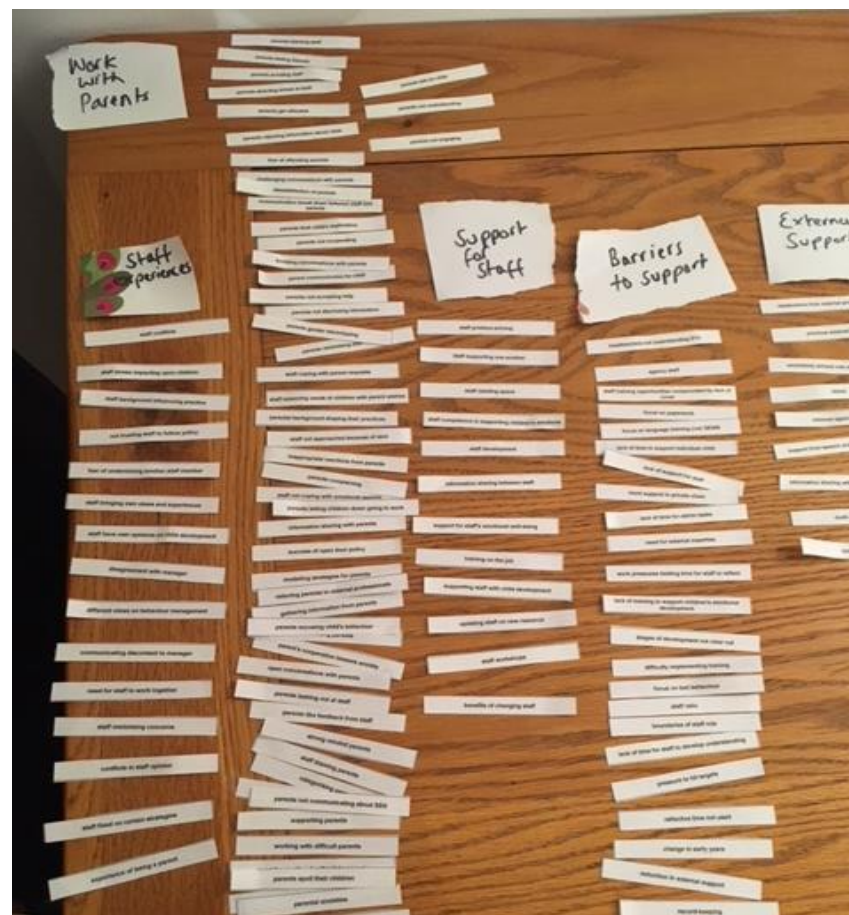
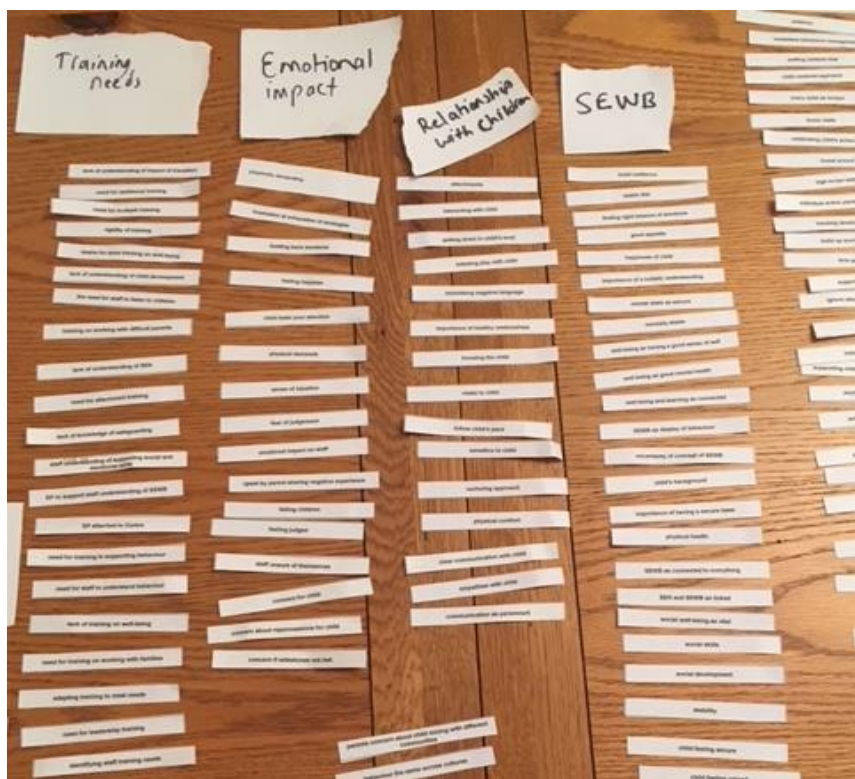


89 90	I: Okay so thinking about children's well-being and their learning, which do you feel is more important?	
91	P: Their well-being. I think that comes first.	Well-being as priority over learning
92	I: And why do you think that is?	
93 94 95 96 97	P: Because like they need to like you need to build their confidence, their self-esteem, if they don't have it, they won't learn. Like as soon as they have that and they're confident they are ready to go out there and learn and question and explore and investigate, so their well-being will always come first before their learning.	Build confidence Build self-esteem Readiness to learn Exploration of learning environment Well-being as priority over learning

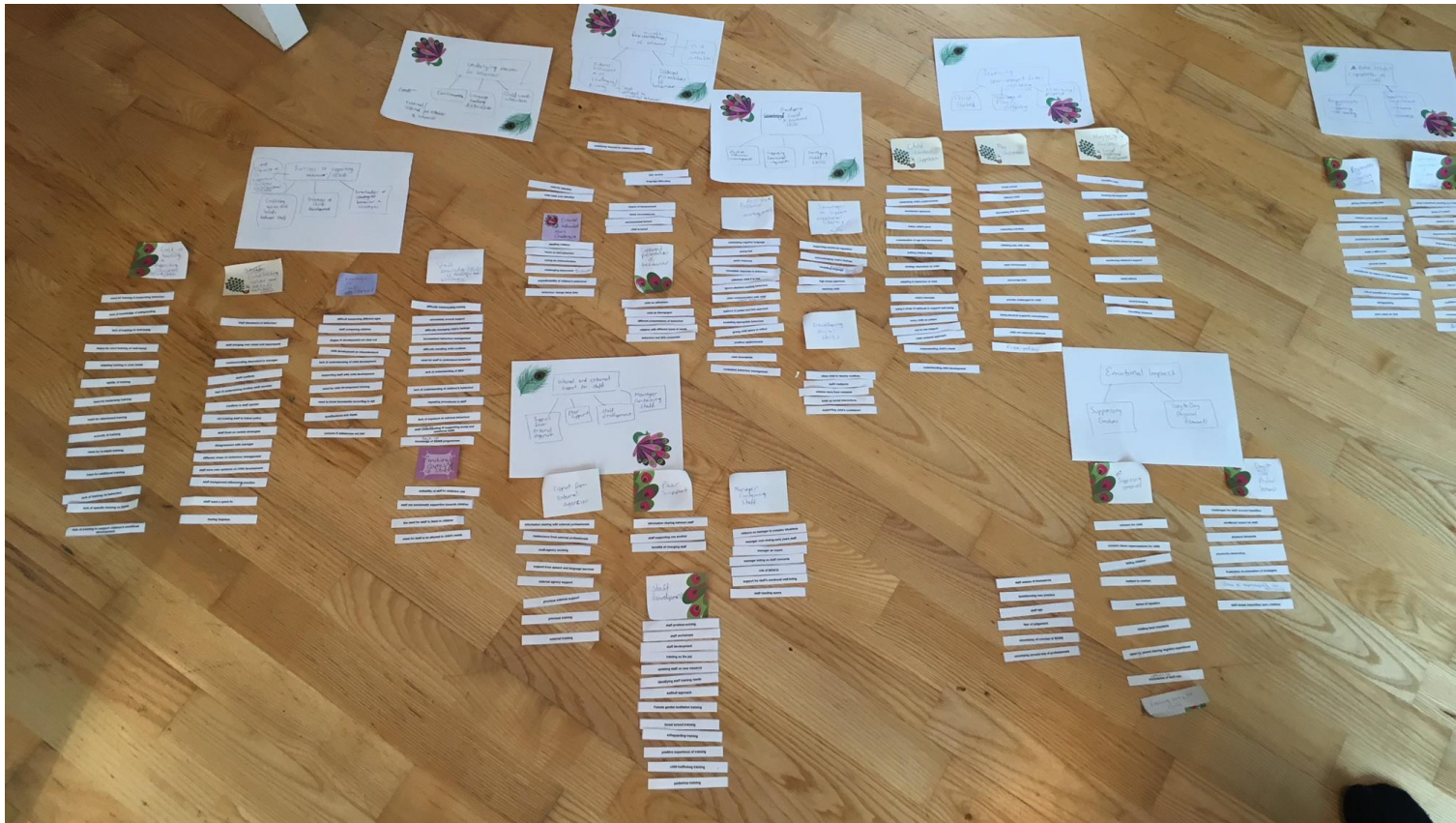
## Appendix H: Photo documentation of initial data Analysis

### a) Initial arrangement of data extracts from all transcriptions

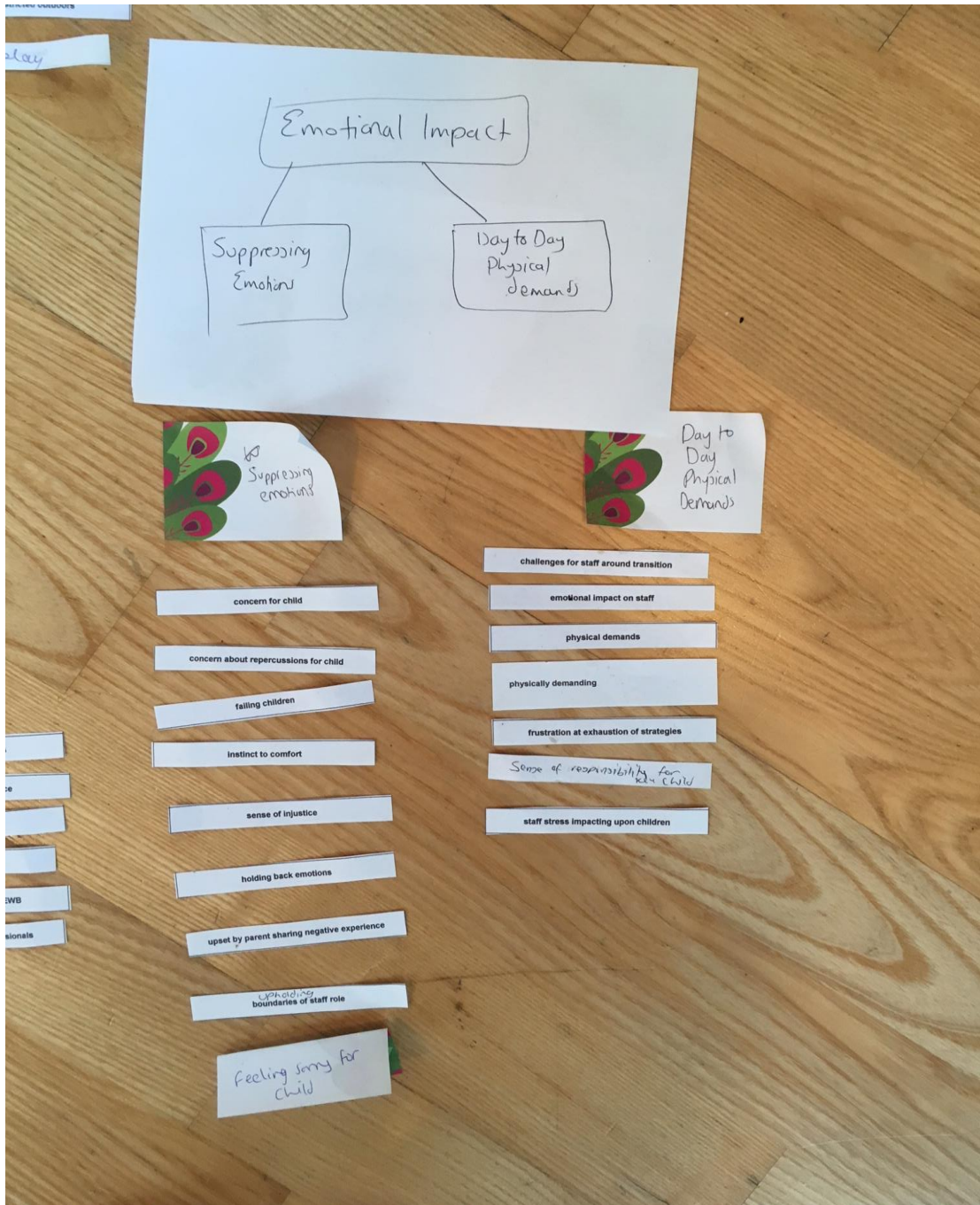
NB. It is acknowledged that this photo is not clear or large enough to read the text, it is provided as an indication of the data analysis method and process.



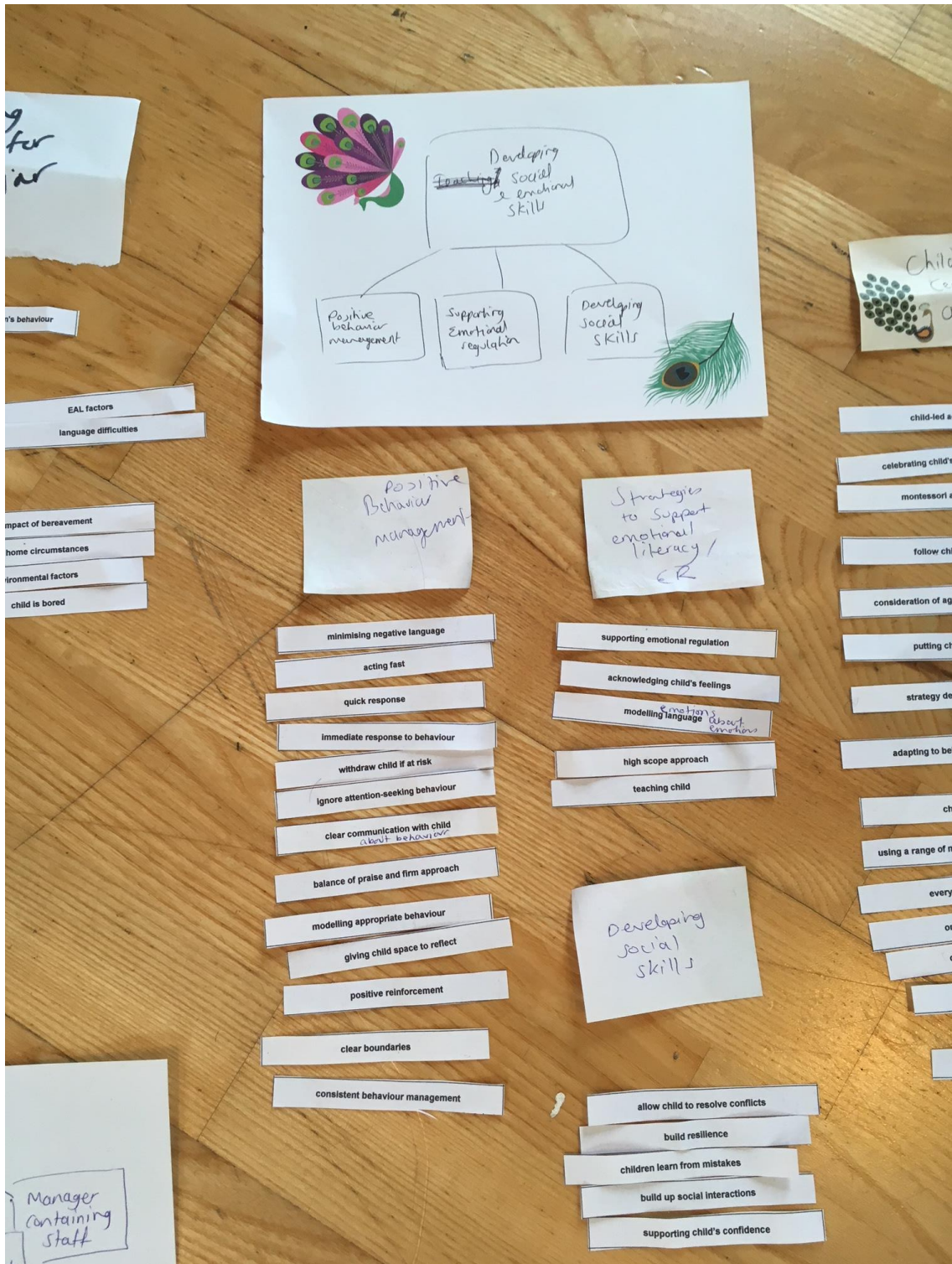
b) Initial theme development



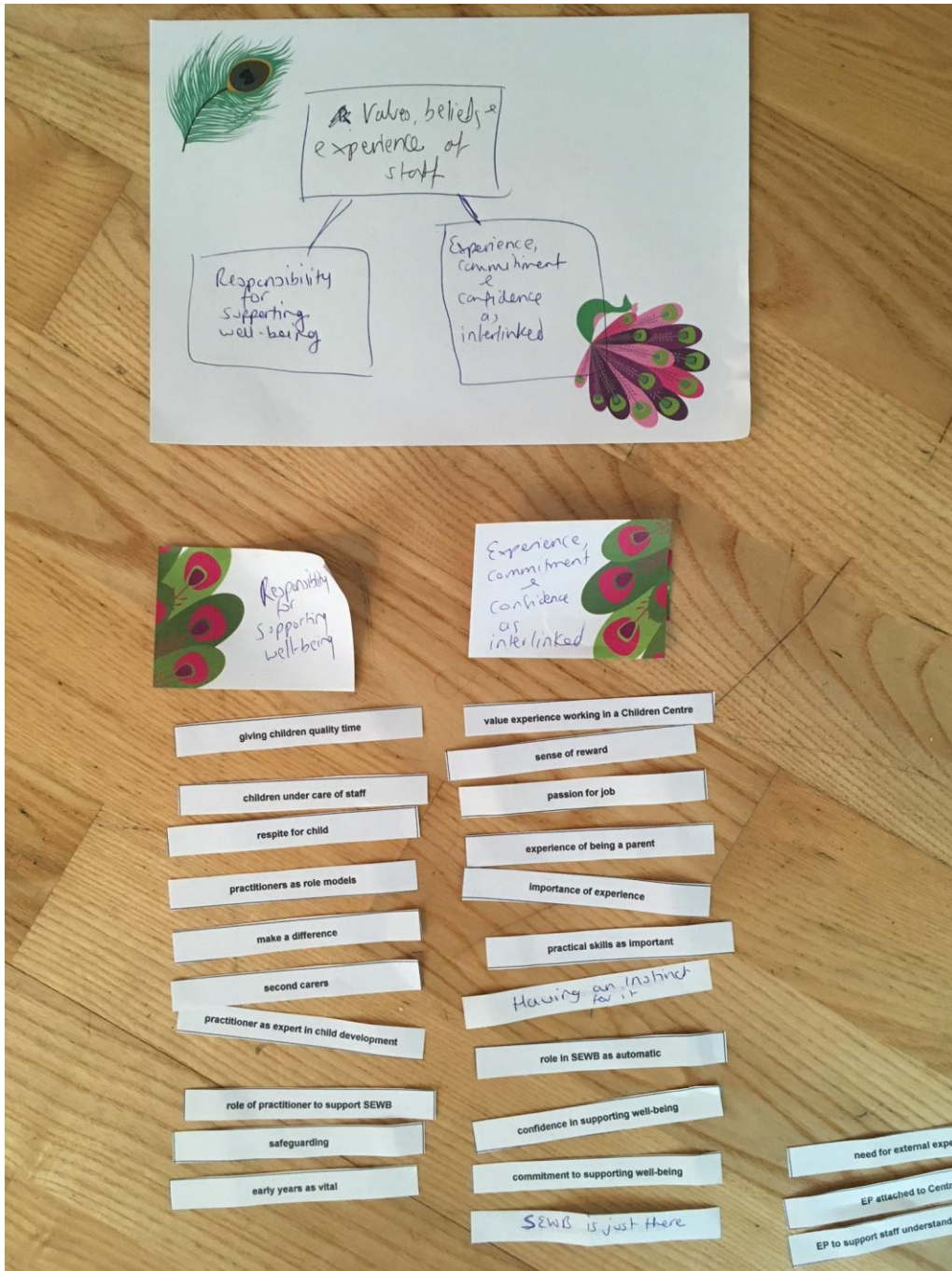
c) Initial theme development: Emotional impact



d) Initial theme development: Developing social and emotional skills



e) Initial theme development: Values, beliefs, experiences of staff



f) Initial thematic map. Nb. Following Phase 4 of Braun and Clarke's (2013) stages for Thematic analysis, several themes were reviewed and collapsed. See figure 4.1 for a copy of the final thematic map.

