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**The Robertson
Trust**

**University of
Strathclyde**

Jeely Piece Club

The Jeely Nursery

Letting the children lead

A final report to the Robertson Trust

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JEELY NURSERY/ROBERTSON TRUST PROJECT 2007 – 2010
FINAL REPORT NOVEMBER 2010

EXECUTIVE SUMMARY

This is the final report written at the conclusion of a three year Robertson Trust funded project at the Jeely Nursery in Castlemilk, Glasgow, 2007 to 2010.

The project purpose was to meet the particular needs of children vulnerable to highly adverse social and economic circumstances, including those living with parental addiction. The aim was to develop a collaborative strategy which would, by involving children, nursery staff and parents *together*, help to build enduring resources for the emotional resilience needed by children to overcome adversity and improve their chances of achieving educational success. The well validated premise underpinning the child-led pedagogy, Special Playtime, is that early negative attachment experiences can be transformed through direct positive experience with trained staff.

The report examines the project using a three dimensional conceptual framework located in the literature on attachment, resilience and child-led pedagogy and focuses on the manner in which the several and differing relationships within the project interacted with and sustained each other.

Despite its limited scale and the relatively early stage at which the evaluation is taking place, the evidence of this report shows several mutually confirming indicators of remarkable progress overall and life changing success for some parent/child dyads. There was universal agreement on the value of the new pedagogy and considerable benefits were indicated for parent and child from the collaborative strategy. The substantial quality of the relationships between parents and nursery workers and the centrality of the underpinning strength of the entire nursery team provided the foundation for the achievements experienced overall.

Several unplanned positive outcomes from the project include; the extension of the child-led pedagogy as an entitlement for all children in the nursery, parents and staff; the establishment of a Nursery/Home Links team; the generation of supportive friendship groups among parents in the community; the institution of a residential week and the establishment of an Outreach programme within the wider community.

The validation of the project and its funding is evident not only from the impressive evidence but also for the sound research basis in the way it was constructed and envisioned. It is highly to be recommended.

JEELY NURSERY/ROBERTSON TRUST PROJECT 2007 – 2010 FINAL REPORT DECEMBER 2010

1.0 BRIEF

This is the final report written for the Robertson Trust at the conclusion of a three year project at the Jeely Nursery (referred to in this report as the Nursery) in Castlemilk, Glasgow, 2007 to 2010.

The evaluation team was asked to monitor the work of the project continuously over the three year period, to support the project team in planning effectively for progress and to collect and examine evidence for the Robertson Trust in a series of yearly reports, two interim and one full, final submission. To this end the process is most usefully described as having been interactive and iterative. Regular meetings have been held between the two teams in order to identify and address issues arising from work in action and, where appropriate, advice has been offered and a sounding board for new ideas provided. Both teams have enjoyed a positive and fully collaborative relationship.

2.0 THE JEELY NURSERY

Focus by staff on the essential requirement to situate the child within his or her family setting is integral to the ethos and tradition of the Nursery. It was established in Castlemilk in 1975 by local parents with the aim of improving opportunities for their children. It has grown significantly during the succeeding thirty five years and has continued throughout this time to enjoy the strongly committed support of the community. Nursery staff work closely with a wide range of related professional agencies and, as a recognised training centre, offer training opportunities to other professionals and placements to local students. The Nursery is a registered charity, a limited company and is managed by a board of directors inclusive of the parents of children attending the nursery.

The Nursery is currently regarded as one of the most successful community organisations in Scotland recognised for its development of a range of innovative and quality services for children and their families. A good example of this is the recent successful involvement in a project which focussed on addressing the devastating consequences of negative attachment, to their parents or main carers, for pre-five children. The evident success of this experience, developed and delivered by a team of play therapists from the Notre Dame Centre (NDC) in Glasgow, provided the stimulus from which the current Robertson Trust funded project developed.

3.0 PROJECT AIM

The overarching project aim was that the Nursery would establish an appropriate and effective response to meet the needs of children vulnerable to highly adverse socio/economic circumstances, particularly those living with parental addiction, and that this would be carried out in the full expectation that appropriate skills and experiences would be shared and developed in collaboration with parents and/or main

carers within the context of their families and within the context of the Nursery. It was expected that the quality of the response developed would provide enduring benefit for both emotional resilience and long term educational success for the children identified. A distinctive characteristic of this project is that it is focused primarily on the children affected by family circumstances, whereas addiction policies generally have focused on parental problems and have assumed, erroneously, that if parents respond positively, their children will benefit as a matter of course (Barnard and McKeganey, 2004).

4.0 CURRENT POSITION

Outcomes and targets for each year of the project were identified and have been successfully achieved. Separate yearly progress and summary reports were requested by and submitted to the Robertson Trust. The three years during which the project has been carried out have been accompanied by a series of unsettling, unforeseeable and challenging events, culminating in the departure of the Pre-five Director, in December 2009, who had introduced and managed the project from its inception. A new Head of Nursery has just been appointed at the time of writing. It is a tribute both to the current senior management team and to the staff of the Nursery, and a testimony to their commitment, that the intensive work of the project has been sustained in difficult times and that problems have been competently resolved throughout the years.

5.0 THEORETICAL BACKGROUND

Children who live their earliest years in adverse socioeconomic conditions linked with the negative implications of substance abuse and addiction are well established as being among the most vulnerable groups in contemporary society. Without effective intervention such children are more likely to suffer neglect and abuse, more likely to be taken into permanent care, assessed as aggressive withdrawn or detached, and at risk of psychiatric disorder including major depression (Barnard and McKeganey 2004). The prognosis for their future is generally bleak, indicating negative outcomes which can include relationship, educational and employment failure, and physical and deepening mental ill health (ibid.) The likelihood of individuals from this group establishing themselves as autonomous and capable of living successfully in the complex and fast changing world of the 21st Century without help, is heavily undermined by the circumstances of their early lives. A major concern has been identified as being the effect of parental addiction on the attachment bond between parent and child formed in the early years of life (Suchman et al., 2008).

Some children do survive adversity however and evidence from research focused on the discovery of factors that make a difference to survivors, points to the significance of two separate bodies of theory, those of *attachment* and *resilience*. Secure attachment to parents and other significant adults is well established as providing the essential basis for growing resilience and a child's capacity to learn and develop in a positive manner (ibid). The interconnectedness of resilience and attachment theory is similarly well established. Writers such as Atwood (2006) have demonstrated that a knowledge and understanding of the dynamics of attachment provides a clearer explanation of resilience and the insights gained from this body of work are arguably a crucial area of study for those who seek to encourage resilience in children who face chronic adversity within the family setting.

In relation to practice, Barnard and McKeganey (2004) refer to work which indicates that early intervention can reverse some of the negative aspects in the child-parent relationship and facilitate the forming of beneficial attachment bonds; similarly, research into resilience has promoted numerous strategies which Daniel (2009) suggests offer hope for the recovery of the individual.

Practitioners at the Nursery were well acquainted with the group of children and parents identified above and very aware of the importance of the conceptual framework outlined, particularly the premise that early negative attachment experiences can be addressed and transformed by positive experiences later. The opportunity was taken to introduce and develop an intensive therapeutic approach to resilience building with significant consequences for pedagogy and working practice at every level of the organisation. It required a fundamental change in work place culture and a deeply significant pedagogical shift from child centred to *child-led* play.

5.1 ESSENTIAL CONCEPTS

The three concepts in italics above, attachment, resilience and child-led play, are central to the project and knowledge of each is necessary to the understanding of the nature and depth of the work carried out by the Nursery. The summaries which follow represent aspects of each body of work to the extent to which they are most relevant to this evaluation process.

5.1(i) Attachment Theory

Attachment theory originated in John Bowlby's seminal work in the 1950s (Bowlby, 1953), was further developed by Mary Ainsworth (1979) and has remained a continuing focus for research over the subsequent decades. It is a well investigated, evidence-based area of study which has experienced a notable resurgence in interest in recent times (Daniel et al., 1999; Howe et al., 1999).

Attachment theory focuses on the relationship between the infant and the caregiver. It has become an influential force in the understanding of early social development, whose central tenet identifies the need for an infant to have a close, continuous relationship with at least one primary caregiver in order for social and emotional development to occur satisfactorily. The caregiver or attachment figure plays a crucial role in managing anxiety when the child is completely dependent in the early period of his or her life. By developing the ability to tune into the infant and respond sensitively, meeting his or her needs appropriately and consistently, the child is helped to form a secure attachment. It is from this secure base, the security achieved in the relationship with the caregiver, that the child gains the confidence to make exploratory steps into the world (Ainsworth, 1979).

The implications of the quality of early attachment experiences extend through childhood and into adult life and therefore have deep relevance for this project. From a very early stage, children begin to construct an internal working model based on their sense of self, and their daily experience of others in the world (Bowlby, 1969; Howe et al., 1999) which is used to guide interactions with their caregivers and their environment. Different internal models give rise to different observable behaviours.

Three consistent patterns of behaviour arising from differing attachment experiences were identified by Ainsworth (1979), *secure* attachment, *avoidant* attachment and *ambivalent/resistant* attachment. A fourth category, *disorganised/disorientated* attachment, has since been identified by Main et al. (1985). There seems to be general agreement that it tends to emerge in high risk communities and is most likely to occur in abusive situations (Atwool, 2006). A further category, similarly linked to abused and or neglected children was identified in 1992 (Downes, 1992) as *anxious preoccupation*. Further exploration of the internal working models will be useful because the insights offered are appropriate to this report, help to understand why some children act the way they do and they will be used to inform the analysis.

The descriptions below are based the work of on Atwool (2006), Howe (1999), and Daniel and Wassell (2002). They describe in some detail the kinds of behaviours relating to each of the five categories above and give a clear indication of the state of mind enjoyed or endured by the infant displaying them. They provide a useful base from which to evaluate the perceived changes in behaviour observed by nursery staff.

5.1(i)(a) Secure attachment

The secure pattern provides the context for the optimal development of the individual. A sensitive, warmly responsive and consistent primary attachment figure will encourage an internal working model where the self is perceived as worthy, others are perceived as reliable and available and the environment is perceived as manageable with support. The attachment figure provides a stable base that facilitates an exploration of the environment. Children play comfortably and react positively to a stranger. Perceived threats will activate observable behaviours in both caregiver and child such as the desire to be close and efforts to maintain proximity will be seen. Separation from the attachment figure may cause anxiety to extreme degrees which are unlikely to be consoled by a stranger, but the child will become calm once reunited and will return to play. Children are confident and at ease relating with each other. They learn how to take turns, to lead and to follow and how to express and receive (McAdams, 1989: cited in Cardillo). Adolescents with a history of secure attachment present as confident, outgoing and able to access support when necessary (Allen and Land, 1999). Adults with a secure internal working model have been characterised as secure and autonomous (Hesse 1999).

The four insecure categories identify the ways in which children adapt their behaviours to accommodate a less than optimal environment.

5.1(i)(b) Avoidant attachment

The avoidant pattern develops in the context of an unresponsive and rejecting relationship with the attachment figure. The self is perceived as unworthy and others are seen to be unavailable and hurtful. The environment is perceived as threatening due to lack of support in stressful situations. The infant has to become self reliant at a much earlier stage and learns to shut down attachment behaviour (such as seeking the caregiver) in order to protect the self from repeated experiences of rejection. Children in the avoidant category continue to develop cognitively but emotions may be defensively repressed. Relationships are not regarded as important but there may be underlying resentment or anger. Children are indifferent to where the attachment

figure may be situated in a room for instance, may or may not cry when they are left alone, are as likely to be consoled by a stranger as the attachment figure and are indifferent to the reappearance of the attachment figure. Avoidant adolescents present as sullen, withdrawn and with intermittent outbursts of rage. Peer relationships tend to be superficial and aggressive behaviours may be triggered in close relationships because past experience has taught them that you cannot trust others, especially those close to you. Adults with this pattern of attachment have been characterised as dismissive and placing little value on relationships (Hesse 1999).

5.1(i)(c) Ambivalent/resistant attachment

The ambivalent/resistant pattern develops in response to inconsistent unreliable and at times intrusive responses from the attachment figure. There is uncertainty about the worthiness of the self. Others are perceived to be unreliable, overbearing and insensitive and the environment is perceived to be unpredictable and chaotic. Cognitive responses are limited because they are experienced as being ineffective due to the inconsistency of response from the caregiver. Emotional responses are amplified and uncontrolled in order to gain proximity to the attachment figure. Infants stay close to the attachment figure but do not appear to gain comfort from the presence. They become upset when the caregiver leaves but are not consoled by their return. They simultaneously seek renewed contact with the attachment figure and resist their efforts to comfort. Exploration is inhibited, increasing the likelihood that cognitive development might be impaired. Self control is not usually achieved. Helplessness and resentment tend to categorise children in this category. Adolescents with a history of ambivalence /resistant attachment are likely to be engaged in intense and explosive relationships with the attachment figure. They may want relationships with peers and significant others but may fear rejection and drive others away (Allen and Land, 1999). Adults with this pattern remain preoccupied with relationships often enmeshed in on-going conflict (Hesse, 1999).

5.1(i)(d) Disorganised/disorientated attachment

Children in this category have most often been exposed to neglect and abuse. They face the daunting task of maintaining proximity to a caregiver who is a source of threat. Children in this category seem to have no coherent method for dealing with stress. They may behave in seemingly contradictory ways, screaming for the presence of the parent then moving away when approached. The primary caregivers of children in this category are described as frightening or frightened. In abusive situations the self is perceived to be unworthy and others are perceived as frightening and dangerous. The lack of consistent and patterned response significantly impacts on development. The infant is fearful and reactive, exploration is inhibited and children may not develop a capacity for symbolic play. Some children in this group may later develop compulsive compliance, compulsive care giving or controlling behaviour. Survival is the dominant strategy. Their capacity to reflect on their own internal states is limited and they may lack the ability to identify feeling states. They are hyper vigilant of care giver cues and the internal states of others but struggle to reflect. By adolescence significantly increased rates of psychopathology and violent crime have been found in longitudinal studies of children classified as disorganised in infancy (see Atwool for a thorough review of the literature in this area).

5.1(i)(e) Anxious preoccupation

Arising most often from experiences of abuse and or neglect, indicating insecure attachment behaviours such as those described above, children may also become overly anxious and pre-occupied with the availability of the caregiver, with the consequent negative effects on emotional, cognitive and physical development.

5.1(i)(f) Propensity for change

Despite the fact that there is complexity in the nature of research findings on the continuity or discontinuity of attachment patterns in general (Atwool, 2006) and that they largely ignore the area of maltreatment in particular (Burgess and Daniel, 2009), there is strong evidence to support the propensity for positive outcomes, including those which are based on persons outside the family. Bowlby's original view that internal working models are open to change has been upheld by later research which clearly demonstrates that significant progress can occur (Waters et al., 2000; Thompson 1999). For very young children, before the onset of formal operational thinking, Atwool suggests that the possibility of altering internal working models can only be achieved in response to direct experience. This is useful supporting evidence for the Nursery project, which is premised on the understanding that early, negative attachment experiences can be positively transformed through direct experiences with trained staff.

Attachment theory contributes in large measure to an understanding of the processes that underpin resilience.

5.1(ii) Resilience

Resilience has been increasingly recognised in recent years as a concept which offers positive, insightful guidance to those who have responsibility for intervening in the lives of children who have experienced adversity and/or have a poor prognosis for their future health and well being. The Scottish Government has placed resilience at the centre of the 'Getting it Right for Every Child' (GIRFEC) initiative (Scottish Government, 2008), a practice model focused on an integrated approach to gathering and responding to children's needs. This initiative indicates the growing recognition that, while protecting children from further adversity may not always be possible, developing their resources in order to strengthen resilience may offer the chance of better eventual outcomes for their lives (Daniel and Wassell, 2002).

Definitions or descriptions of resilience vary. Gilligan (1997) focuses on 'qualities that cushion a vulnerable child from the worst effects of adversity, in whatever form it takes, and which may help a child or young person cope, survive ... in the face of great hurt and disadvantage'. Newman and Blackburn (2002) describe resilient children as 'better equipped to resist stress and adversity, cope with change and uncertainty and to recover faster and more completely from traumatic events or episodes.' Cefai (2008) introduces factors that move away from a focus on the personal attributes of the child and explores the significance of other influences including family, school and community. Whatever the perspective of the writer

however, there is an understanding that some children achieve relative well being against the odds and adapt positively in the face of severe adversity. To be considered resilience, Burgess and Daniel (2009) suggest that the level of well being of the individual would exceed that which might otherwise have been predicted, taking into account the severity of the adversity encountered. An investigation of factors which support or diminish the achievement of resilience is essential to this report.

There is a degree of relativism attached to the discussion of both risk and adversity in relation to the individual in the literature on resilience (see Cefai, 2008 for a thorough review of the literature in this area). Children differ in the personal circumstances of their lives and experiences. Resilience is a complex phenomenon for a number of reasons and there are many influences and interactions that influence its development; it changes over time and may grow or diminish in a child; different individuals may respond differently to the same circumstances, for example siblings within the same family (Wales College, 2006). Clearly, resilience cannot be predicted against a set of generalised indicators alone. Certain factors are associated with the risk of less positive outcomes but, equally, some domains have found to be helpful in structuring a positive response and can be used to underpin strategies for intervention at practice level.

5.1(ii)(a) Risk

The term 'at risk' is a broad one with numerous factors being considered as likely to compromise children's development including poverty, abuse, neglect, developmental disability and parental illness or psychopathology. In education it usually refers to children and young people who are at risk of school failure by virtue of coming from backgrounds disadvantaged by socio economic and or family circumstances, ethnic status and language (OECD, 1995). Lubeck and Garrett (1990) add another dimension, one of active prejudice. They argue that there is a consistent belief that some parents have failed their children and that this reflects a deep-seated bias against women, the poor and ethnic groups (Cefai, 2008). Where risks accumulate, and they are likely to because they are interconnected, the child's capacity to build resilience becomes less strong (Wales College, 2006).

The paradigm shift from risk towards models of resilience and competence has drawn attention away from the deficit model towards a focus on growth in the face of adversity.

5.1(ii)(b) Framework for resilience building

There is now a considerable body of work focused on resilience factors, that is, those aspects which have been identified as having been helpful to children who have been resilient in the face of adversity. The framework following is representative of those which are relevant to this project and is based chiefly on the work of Gilligan (1997), Daniel (2005), Daniel and Wassell (2002), and Bostock (2004). The framework is inclusive of intrinsic and extrinsic factors and represents the broad range of risk identified above. As with other information in this section, it will be used in the evaluation of the project.

Three internal factors or building blocks that influence a child's level of resilience or vulnerability are identified:

1. A secure base: a strong sense of belonging, identity and security.
2. Positive self esteem: a feeling of worth, of importance and competence, a close fit between the ideal and perceive self.
3. A sense of self efficacy: a strong feeling of personal control over our lives, a sense of being able to affect the world around us by our own efforts, an accurate understanding of personal strengths and limitations.

Factors in the family and wider community that can help protect children;

1. Strong bonds between child and primary care-giver that mean there is at least one secure attachment relationship.
2. Positive nursery, school and/or community experiences

5.1(ii)(c) The connection between attachment and resilience

The links between attachment and resilience are clearly indicated. Attachment theory offers insights into the significance of relationships from the earliest stages of life; that resilience rests essentially on human relationships was noted by pioneers in the field and, this claim, has been upheld by every major review since (Masten and Obradovic, 2008). The key importance of secure attachment and the provision of a secure base is well understood to be the dimension that underpins all others.

For the practitioner it is suggested (Daniel, 2005; Howe et al., 1999; Atwool, 2006) that an understanding of the internal working model allows insight into how and why children manage their emotions and relationships the way they do. It can clarify behaviour patterns, and point in the direction of appropriate action to encourage development. Clearly the opportunity to form attachments and build relationships from a secure base is essential, particularly for the children whose earliest years have been effected by neglect or abuse. Those who have had less opportunity to develop positive attachment in early life are most likely to be identified as having a disorganised internal working model lacking a coherent way of managing relationships, feelings or experience. Daniel and Wassell (2002) indicate both the possibilities and the beneficial effects of creating a network of attachment figures around an individual for whom it is not immediately possible to enable attachment to one person. Arguably such children could benefit most from resilience building strategies focussing on self esteem, self efficacy and the development of autonomy. The children selected for the Nursery project belonged predominantly to this category.

5.1(ii)(d) Practical application of theory

The application of the conjunction of attachment and resilience theory at the level of practice, is well known in aspects of social work (Bostock, 2004; Wales College, 2006) and increasingly so in education (Scottish Government, 2008; Cefai, 2008). Contributions by Burgess and Daniel (2009), Daniel and Wassell (2002), Howe et al. (1999), Masten and Coatsworth (1998) are representative and help to give an

indication of the imperatives which should guide day to day practice and which should be integral to daily ethos. The guidelines below, together with details of the strategies and activities appropriate to resilience building documented in the work referenced above, contribute to the intrinsic building blocks for resilience identified in the resilience framework.

Practitioners will therefore focus upon providing: a secure attachment base through key dependable and consistent relationships; a focus on work which encourages and assists the building and strengthening of warm and supportive relationships; focus on empathy and the ability to be empathetic, encouraging the capacity to be kind and helpful to others. Work on the development of the social and emotional skills required for self determination, self regulation and the building of self esteem, is clearly essential for dealing adequately with adversity and promoting emotional growth, but this aspect can be undermined by assumptions that children, and indeed their parents, have the language necessary to discuss their difficulties and explore affective aspects of their lives. Positive focus on the development of appropriate language seems also to be required as an imperative to progress. Similarly, the lack of ability to regulate attention has been associated with a range of problems with social competence. Young children need the opportunity to strengthen their ability to focus, direct and persist in attending, particularly, to social cues.

Underlying all activities is the aim to provide children with the opportunities to come as close as possible to achieving the secure, confident, autonomous state which is the inheritance of those who achieved a secure attachment base when they were very young. In addition, if progress made is to be sustained, close links with the family need to be maintained and familial adults also need to understand the significance of relationships and their role in the life of their child. Work in this area similarly contributes to the extrinsic factors identified in the resilience framework.

5.1(ii)(e) Parental Status

Throughout the preceding outline the terms *attachment figure* and *primary care giver* have been used to indicate the status of the adult crucial to the infant's development towards secure attachment. In the context of this report the word *parent* is most appropriate because it is the parent, most usually the mother, who has been involved in the work of the project. 'Parent' will be used in the following sections where and when it is necessary to indicate the specific relationship between the child and the primary caregiver.

The importance of the parent has been emphasised consistently throughout the preceding summary, underlined by Luthar (2003) who argues that it is the presence of supportive parenting which promotes the secure attachment that underpins resilience. Atwool (2006) similarly argues that it is the quality and competence of parenting that is the most sensitive predictor of resilience status. While other key individuals outside of the family can, as understood from the evidence examined, make a life changing difference to a child's ability to build resilience, it is clear that the parent, if still part of the child's life, must play an active role if progress is to be maximised. This is arguably of increased importance if children are not in residential care as is the case for looked after or fostered children. The quality of the relationship that a child needs to have with key worker and parent will be determined by the philosophy

underpinning the strategies and the activities which promote that relationship, and is optimised when both parties have a clear understanding of what is involved.

5.1(iii) Child - led play

Child-led play, similar to child-led learning, is based on the premise that children learn best and rise to their full potential when they are allowed to lead the way and explore aspects of their lives as they feel ready. Child-led play describes a one to one playtime between a parent (or other adult) where the child is helped to lead the play, as long as it is not destructive or harmful, in any way that is pleasing. Briefly, the responses required from adults in child-led play sessions differ significantly from more traditional pedagogy in that clear rules exist dictating what should not be done when interacting with a child. These include for instance avoiding: giving commands or directions, changing the direction of play, giving instruction or 'teaching' the child how to use or play with an object, making suggestions or in any other way taking control. Adults are otherwise invited to: follow the child's lead by moving where they move, responding when the child want to interact, describe to the child what it is the child is doing, imitate their actions, follow the lead and praise when it is appropriate. The rationale for the child-led approach is based on the premise that it builds a child's sense of independence and self confidence, increases the time a child has for positive adult attention and close contact, develops empathy and the quality of the parent /child relationship and improves a child's sense of security (CMCH, 2004).

The child-led programme which is the basis of the Nursery project was pioneered by a team of play therapists from Notre Dame Centre, the First Base Project (FBP) team, in Glasgow in 2006 and is grounded in child-led pedagogy. Developed as a first stage with nursery staff, the training programme 'Child Staff Relationship Training' (CSRT) provided by the Notre Dame team was based on a pre-existing and well established American programme (Bratton et al., 2006). Its aim was to help to strengthen the relationship between a child and a member of staff, as a prelude to introducing parents, by replicating the qualities of secure emotional attachment. The significance of issues related to attachment having been addressed in a previous training programme.

CSRT is/was an intensive course during which staff participate, after essential input by the therapists, in a series of carefully structured Special Playtimes (SPTs). The child and his/her key worker experience one to one play sessions where the course participants practice and consolidate the skills and strategies introduced in the programme and demonstrate their understanding of the concepts underpinning the therapeutic aspects of the activity. The structure is strong, explicit and the guidelines for interaction and language allowed are clearly explained as a requirement. All SPT sessions took place, as a prerequisite, in a room or space separated from other children and adults and samples were videoed in order to facilitate post-session discussion and analysis between the professional therapist and the member of staff involved.

In brief, the SPT offers participating staff an opportunity to learn how to respond empathetically to their child's feelings, build the child's self-esteem and help him/her to develop self control and personal responsibility. The desired outcome is for the staff member to create an accepting relationship in which a child feels safe to express

him/herself through play, for example fears, likes, dislikes, wishes, anger, loneliness, joy or feelings of failure. Once the play relationship has reached the stage where children feel accepted, understood and cared for, they are ready to play out many of their problems and tensions and burdens, their self worth improves and they are able to discover their own strengths and assume greater self direction (Bratton et al., 2006). Progress is observable in play sessions and participants are required to record in a structured pro-forma their observations on themselves and their children for further discussion with senior staff with support from the Notre Dame therapists. The pro-formas remain as an assessment record of the progress of the child and serve as part of the process in which individual planning takes place.

From its initial stages, the significance of the involvement of parents in relation to secure attachment was understood and relevant aims were identified for the project. It was quickly realised however that, in practice, the implementation would have to have two stages: the first would be to introduce the training programme and SPT to participant staff and, once established, the second would extend the project and offer involvement to parents. The structure of the evaluation process and the methods used to gather and analyse information reflect the staged nature of the project over three years.

5.2 SUMMARY

The underpinning theory, the focus and purpose of the activities described in the therapeutic training for, and the conducting of, the SPT, have a powerful resonance with those identified within the body of work on promoting resilience. Both recognise secure attachment as the foundation for positive growth, both address the foundation blocks underlying resilience, both understand the beneficial contribution of *informed* practitioners to the later establishment of a secure base and both recognise the importance of the parent in the continuance of healthy emotional growth in the early years. There is also agreement over the need for *direct experience* to enable children at the pre formal operational stage to alter established internal working models.

Though many factors can be associated with resilience, three seem universally to be accepted as fundamental to satisfactory development: a secure base promoting a strong sense of belonging and security; positive self esteem, evidenced in a sense of self worth and competence; and a sense of self efficacy indicated by strong feelings of personal control with the expectation of positive outcomes achieved by personal efforts. Further factors in the family and wider community that can help protect children include strong bonds between child and parent and positive nursery, school and/or community experiences.

The SPT programme is clearly appropriate to meet the Nursery project's aims of establishing secure attachment and developing resilience in children whose less than optimal early life experiences leave them vulnerable to negative outcomes. The degree or extent to which the aims have been achieved can be evaluated using the conceptual framework outlined above, within which we would expect to see progress in some if not all of the dimensions identified.

6.0 AIMS AND PROCESS OF THE EVALUATION

The agreed brief for the evaluation process was to monitor the impact over time of the project in action, to gain evidence for the Robertson Trust Fund with regard to the progress of the project and to support the project team in planning effectively for a progress towards the stated aims and purpose.

6.1 STRUCTURE OF THE EVALUATION PROCESS

The quality of the relationship between those who work with the children themselves, and the quality of collaboration between those who work together for the ultimate benefit of the children, separate into four discrete but interlocking categories for the purpose of the evaluation.

- Change management
- Pre-five worker/child
- Pre-five worker/parent
- Child/parent

The developments planned by the project team lay within each of these categories. Each category had/has an identified set of purposeful activities focussed on addressing the broad aim for the project. Each has been investigated and analysed separately but concurrently as each phase began. Evidence on the first three categories has been presented previously in two interim reports completed at the end of each of the first two years of the project (Baldry and Moscardini, 2008; Baldry and Moscardini, 2009). These are available in full at www.therobertsontrust.org.uk. Figure 1 below, outlines these relationships diagrammatically.

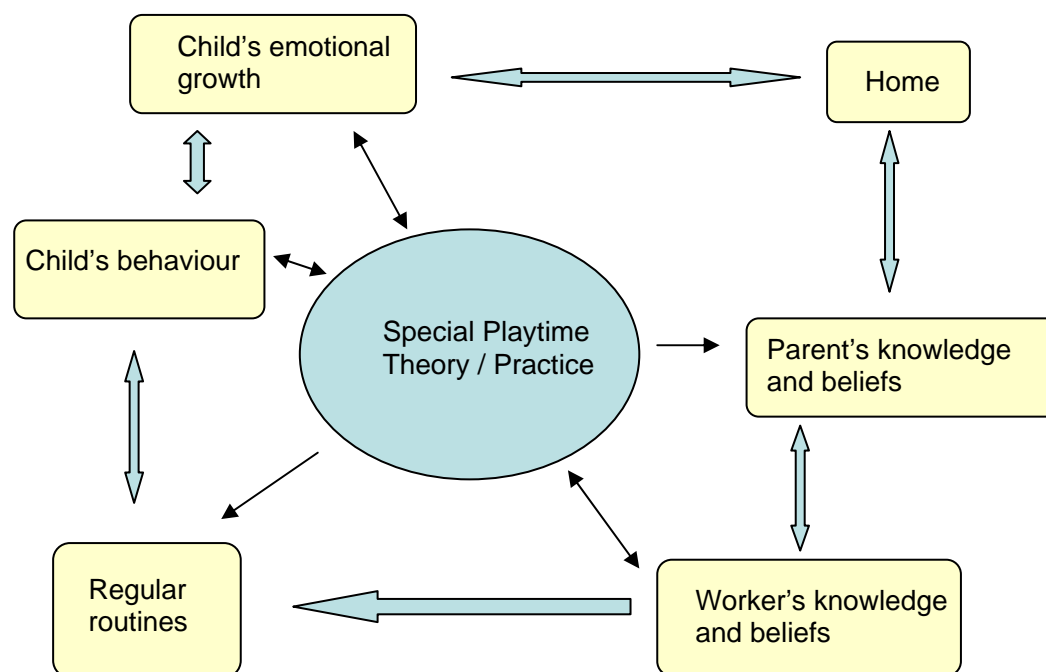


Fig 1: Conceptual framework illustrating interconnected relationships

6.2 FINAL REPORT: CONTENT AND ANALYSIS

This final report will present summaries of the progress made in the first three categories using findings presented in the two interim reports, and will then integrate the most recent data relating to these areas. The final category that of child/parent, will be investigated in detail for the first time. Evidence will also be sought to establish the degree to which child-led pedagogy has been embedded in the Nursery practice, as an indication of the likelihood of sustainability in the future. Information for all aspects of the analysis will be drawn from the qualitative data gathered over each of the three years. The resilience factors discussed in section 5.1(ii) will provide the frame of reference for the analysis of evidence of growth towards improved emotional attachment in children, and evidence will also be sought which indicates growth in understanding amongst parents.

6.3 PARTICIPANTS IN THE PROJECT

All the nursery staff were involved in the project, including the senior management team and the pre-five nursery workers. All parents were included in the broadest sense in that they were invited into the ethos created within the nursery and were made aware of nature of the work being carried out with their children. The overarching aim was gradually to develop parents' deeper understanding of the new approaches through close relationships with the staff. The degree to which individual parents became involved, and the timing and intensity of their involvement, depended upon their personal circumstances and their own and their child's particular needs.

The situation for the Castlemilk community from which the nursery population is drawn is particularly challenging. The number of Social Work clients aged 0-15 years for example is 78% above the Scottish national average (Whyte, 2008). The Nursery receives many referrals from Social Work and Health officials related to parenting issues involving varying degrees of abuse and neglect. The children who participated in the SPT programme were selected by the nursery staff and/or identified as in need of intensive help by other agencies involved with the family, always with the agreement of the parent. Adversity, particularly that associated with substance misuse, parental mental ill health and other indicators of risk, was taken as a given by the evaluation team.

6.4 METHODS OF EVIDENCE COLLECTION

In order to evaluate the effectiveness of the SPT programme over an extended period of time careful consideration has been given to the type of data required to provide valid information. This evaluative process has been theoretically informed by Patton (1990) who outlines a range of strategies for selecting information-rich cases through what has been described as a process of purposeful sampling. This type of sampling involves gathering relevant data from particular sources at agreed appropriate points in the project for in-depth analysis. This has involved semi-structured interviews with Nursery staff, carried out every year of the project, semi-structured interviews with representatives from another involved agency, detailed discussion with the senior

management team regarding written reports and procedures and, at the end of the final stage of the project, semi-structured interviews with two parents whose children had been participants in the SPT programme.

6.4(i) Validity of interview data

The evaluation team relied principally upon the reportage of the pre-five workers but were able to place a high level of confidence in the validity of the responses due to the stringent internal monitoring and support processes put in place by the senior management team.

Well established assessment, recording and planning processes monitor the progress of individual children involved in the SPT programme, as in all other aspects of nursery curriculum. Each play session is videoed and a separate record is also made for each session using a pro-forma which directs the pre-five worker towards specific aspects of the interaction. All assessment data is analysed jointly with senior staff and decisions about future steps are similarly made and recorded in cooperation with a trained member of the senior management team. Each child has an individualised educational programme, aspects of which are also discussed with other team members in regular meetings called for the purpose; parents and children are also invited to contribute to the process. The maintenance of therapeutic standards is supported through regular contact with a member of the Notre Dame Centre therapeutic team. No external assessments were therefore carried out by the evaluation team during the course of the project. A rich resource of recorded information was available for examination.

The responses obtained by the two interviewers were also regularly compared for internal consistency and for consistency over time.

7.0 ANALYSIS AND DISCUSSION

Reference will be made to the previous reports completed for the Robertson Trust (www.therobertsontrust.org.uk):

Baldry and Moscardini, (2008), First interim report: *Letting the Children Lead*.

Baldry and Moscardini, (2009), Second interim report *Letting the Children Lead*.

7.1 FOCUS ONE: CHANGE MANAGEMENT AND PROJECT MAINTENANCE.

This aspect becomes more significant for the final report because of the influential role that senior management have played in the success of the project, because of the changes in management in the Nursery Pre-Five team during the months following the second report to the Robertson Trust and, latterly, because of the impact of the evident changes in the circumstances of the children referred and the timing of referrals, over which the Nursery has little control.

7.1(i) Summary of progress

At the end of year one the Pre-Five Director and the Nursery team had successfully managed and maintained a substantial transition from traditional pedagogy to the constructivist practice model expressed in *child led* play. Special Playtimes (SPT) were well established, and the considerable shift in working practice and culture had been welcomed by the staff who reported on the benefits for themselves and for the children (Baldry and Moscardini, 2008: sections 3.2, 3.3.). Considerable support for and commitment to the new pedagogy was clearly evident in the report findings (Baldry and Moscardini, 2008: sections 5.1, 5.2). There was also evidence that some children were spontaneously using their SPT language and behaviours in the general playroom. Staff had responded immediately by building on the children's learning and establishing appropriate child led practice techniques for all the children, including those who were not involved in the SPT programme. Helpful reminders of the new language were placed in the practice rooms for consistent, daily support.

The second report to the Robertson Trust (Baldry and Moscardini, 2009) indicated that child-led pedagogy was firmly established and embedded within the nursery practice at all levels (Baldry and Moscardini, 2009: section 5.02 (i)). Staff commitment remained strongly in support of the SPT programme which had been maintained and developed in spite of inevitable difficulties related chiefly to child or staff illness (Baldry and Moscardini, 2009: section 5.02 (ii)). A senior member of staff attributed this to a disciplined approach to timetabling the SPT sessions and to the extra staff supplied through the Robertson Trust funding.

In response to issues arising from the first report, formal guidelines for staff had been documented offering clear, detailed structures and procedures to support the development and sustain achievements in all aspects of the project (Baldry and Moscardini, 2009 section 5.01). The guidelines were planned to be sufficiently robust to ensure continuity for children, parents and staff in the event of a change in senior management or any other potentially disruptive event.

In order to ensure the high standard of practice in the special play sessions, the management of assurance of quality in therapeutic practice was identified as being an area which should be similarly addressed in year three.

7.1(ii) Integration of the 2010 data

7.1(ii)(a) Child-led pedagogy

The commitment to child-led pedagogy continues to grow from strength to strength both for the SPT sessions and on the general nursery floor. It remains the established pedagogy of the Nursery, has the support of all members of the staff, including those who have joined the project after its beginning in 2007, and commitment to the pedagogy is a requirement of all new members of staff, both sessional and permanent.

Some respondents looked back to the beginning of their experience of the SPT child-led approach and admitted that it had been a challenge at first explaining that it took some time to ‘*get there*’ but added that there were ‘*no difficulties now*’.

Other members of staff, particularly those who were trained in directed play techniques, reported that it was:

Hard at first, you used to have to get the children to do things but now you let them explore for themselves (you) get involved but don’t interfere. I’m used to doing it now.

One member of staff felt that there ‘*still could be a place at some point for structured play pre-school*’ but supported the child-led pedagogy wholeheartedly and claimed she ‘*wouldn’t be in the job if it wasn’t worth the effort*’.

The role of senior staff in the guidance and support of individuals who needed help to make the transfer is described below but the ethos of the transition for new workers is clearly indicated by this comment from a member of the senior team, in which there is a sense of gentle insistence:

*New staff are shown how to work (in the same way), we work with staff **positively** if they have the old way of working and we have a supportive role to junior staff. The (child-led) practice is policy in the nursery, and it is sustained.*

There is universal support for the pedagogical model. Individual nursery workers reported benefits to their professional lives from the change in focus to child-led practice, particularly in relation to the facilitation of richer experiences with which to engage children. The quality of the change in practice is often described in personal terms by experienced members of the team for whom a return to traditional approaches would seem to be a retrograde step:

It would be hard to go back because I feel a better person, because I’ve incorporated it into my own family, because it’s second nature.

It’s worth every effort. I wouldn’t go back (to traditional pedagogy) I wouldn’t work again in a council nursery, too many children slip through the net. They (staff) miss their issues and their needs.

Those who have recently joined the nursery team expressed keen interest in the practice model and indicated a desire to learn how to take part appropriately. They explained how they followed the protocol and procedures using the aide memoire in the general nursery spaces and received constant positive mentoring from established staff. New staff expressed eagerness for the opportunity to train in the pedagogical techniques and in the meantime attended induction courses which introduced the underlying principles of child-led pedagogy.

7.1(ii)(b) Sustaining continuity during changes in management

The levels of consistency in practice are particularly commendable in view of the changes in leadership which occurred early in the third year of the project. The original Pre-five Director, who introduced and guided the project through the first two years, removed to another post and a member of the senior management team, who similarly has worked with the project since its inception, has been acting in this post. A replacement director has been appointed and had just taken up the post at the time of writing this report.

Factors which have sustained continuity and consistency in practice over the last year can be identified from the nature of the comments above, from those in former reports and from current data. There is strong ethos arising from an evidently shared system of beliefs and values in a team which is mutually supportive regardless of status. Regular training, induction courses, in-service events and 'refreshers' serve to focus staff on essential issues and offer an arena for ongoing discussion and exploration of important aspects of practice. The leadership continues to remain strong, consistent and accessible. There is a sense from respondents of the management team operating as a resource for staff, sharing experience and quick to offer advice and being 'constructive':

You (can) ask the more competent staff who are very, very keen to help you. Hazel helps me to be open and honest about my own needs in the situation.

I can go to the whole staff team, I can go to any key worker and I have the support of seniors.

The formal guidelines are also an identifiable factor in sustaining continuity over a potentially disruptive period. They were drawn up with the express purpose of providing structure and appear to be valued for the support they offer.

Everyone does the same, it's consistent and the policy document helps to keep you on track.

It is interesting to note that it appears to be the sense of ownership and the process by which the contents of the document are written that draws the team together in its use.

We read our policies every six to eight weeks to keep (them) updated. We use them, (the documentation), but we all know them so well. We all contribute; we get so much input it helps us to perform well.

We went through it (policy document) all together. We constantly review and update, do it as a staff team.

There is a clear sense of a team working together for a shared purpose. The joint approach to the creation of policies was instituted by the management team who use it specifically as an opportunity to discuss and revise practice procedures and encourage staff to raise issues. An example of the success of this approach was offered spontaneously by two members of staff who chose to comment on the changes in the timing for the recording of SPT session;

We like the way the schedules are written out now. There is time to do a session, then the recording and follow up. This was once separated and difficult to do.

There's more time to do the evaluations afterwards and rest, it's good because it can be an emotional experience. Staff need their time because it can be very intense.

Facilitating the organisation of the revised procedure was universally considered to be of benefit by the staff, both for themselves and for the children, and was originally identified in a joint staff meeting.

7.1(ii)(c) Quality Assurance

The quality management of the therapeutic aspects of SPT practice, identified as requiring attention in year three, has been addressed through the formalisation of the regular input by a therapist from the Notre Dame Centre who knows the staff well and has been involved with the Nursery since the beginning of the project. Senior staff are able to maintain their own skill levels through this support and receive help in supporting their team. Individual members of the SPT team can also meet with her if they need to discuss a particular issue and she has also contributed to the in-service programme offered to the wider Nursery staff. While achieving a satisfactory solution to this aspect of practice, temporary difficulties created by the lack of the new post have considerably increased the workload in this intensive area for the two remaining members of the senior team, who continue to manage by working late and supporting each other.

7.2 FOCUS TWO: PRE-FIVE WORKER/CHILD

This section will begin with a summary of progress based on the earlier reports. The findings, including the most recently gathered data, will be analysed for evidence of progress, specifically in emotional growth, informed by the resilience framework identified in 5.1(ii)b.

7.2(i) Summary of Progress

The increasingly positive nature of the relationships developed between the key worker and child in SPT in the first year (Baldry and Moscardini, 2008: section 5.2) was well established over the second. Evidence indicated that child-led strategies were facilitating an awakening of emotional awareness and expression in the young children involved in the SPT programme and staff observed the emergence of a sense of self and growing skills of self directedness (Baldry and Moscardini, 2009: section 5.02(ii)). Children had generalised their new skills and brought them into play in contexts outside of the SPT sessions, with the consequence that child-led strategies were now used by all staff in the general playrooms as a matter of routine and with all children including those not involved in SPT.

7.2(ii) Integration of 2010 data: Pre-five worker/child

Evidence from the 2010 information gathering exercise confirms and amplifies the evidence from the previous reports and offers a continuing story of success, in spite of the wider context within which the project has been taken forward.

Analysis of the evidence focused on those aspects of the resilience framework which would enable a view to be taken on the extent to which emotional growth and development had occurred within the group of children who had been involved in the SPT programme. The evaluation team therefore looked for evidence of behaviours to suggest: more secure attachment (for example *signs of empathy, emergent social skills, reliance on a trusting relationship, trying out new tasks*); a growing sense of self esteem (for example, *signs of a feelings of self worth, personal confidence, a sense of self*) and a growing sense of self efficacy (for example, *signs of an ability to control emotions, control behaviour, make choices, act independently*). Integral to growth in these broad categories is evidence for the development of more accurate language use and improved attention. The extent to which staff used the language of attachment and/or resilience was also noted as an indication of a secure grasp of the underlying purpose of the SPT programme.

7.2(i)(a) Findings for Pre-five worker/child focus: attachment/resilience factors. Special Playtime programme

Strong evidence for progress appeared in all of the responses from key workers who had been involved in SPT. The general view being that children found SPT a '*calming time*' in which they began to focus and attend, sometimes referred to as '*playing cooperatively*' and being '*absorbed*' and open to '*guidance*.'

The importance of positive attachment is clearly understood by key workers who are watchful and sensitive to differing need. Changes in behaviour are carefully recorded.

*Consistency (in the key worker) is very important. He now knows how to ask (for things, for help) He **actually asks** for his key worker when he is distressed.*

He is affectionate with his worker, his personality is changing because he is learning to understand what has happened to him.

Achievements such as these are indicative of the skill of the key workers who conduct SPT. Difficult behaviour is understood and responses are designed to help a child develop security in the relationship. One respondent, for example, referred to a child whose constant attention seeking behaviour was initially rarely satisfied in spite of the consistency of response, evidence of a probable insecure internal model of attachment, but who over time built trust in her key worker and achieved a more secure base. Released from anxiety the child was able to spend more time focused on appropriate interests and the key worker was able record her growing independence. She commented:

This nursery understands the significance of this kind of behaviour; she is not to be seen as an irritating nuisance. It's a sign of need. We have to move her on, not reject her.

This experience is typical of the responses from the staff, who were clear about the benefits of SPT in relation to the building of the secure attachment relationship. Key workers spoke of '*connecting*' and '*reconnecting*' with children, many of whom would not know that experience otherwise. Children were '*focused on taking part*', SPT being described as a time to see the child '*how they really are*', '*a meeting of minds*'. Respondents were aware that they were helping children to '*grow their emotions*' while carefully recording the developments and planning appropriate further experiences based on individual need, next steps being '*firmly based in attachment theory*'.

Building on the developing secure base, there was evidence that a significant number of children were growing in autonomy and self regulation. There were many references to children's understanding of, and growing ability to intervene in, habitual behaviour patterns and make choices about what they might do next. Staff reported choice in relation to learning to recognise and control their anger.

Children have been able to manage their anger. They know they have a choice to make. They know they are getting angry and they stop and say, 'what are my choices?'

They build resilience, learn to recognise their own emotional states. They work through it and know what to do next time.

I can give you an example of two children negotiating and compromising in a play situation, able to resolve a potential conflict.

Children are helped to understand their emotional state firstly, for instance, by being encouraged to recognise when they are angry. In the sensory room a child in an emotional state sees himself in the mirror with the face of his key worker who says '*you look very, very angry*' and she shows him her face looking angry. She starts a discussion and he eventually calms down. She talks through the experience, introducing necessary language, making it real and valid and something they can work on together. He will learn that he has choices to make about what he can do in some situations with help and finally will depend on making a choice himself to manage potentially angry situations.

The ability to take control and make choices in other areas is universally recorded by staff:

Children calm down. (In SPT) I see children making choices of activities, they show they have their own ideas and have gained in self confidence and independence. A child (I have worked with) who (would) hit out, finds security in this way of working.

There are other references to growing indications of self worth. This kind of breakthrough would perhaps appear insignificant to observers of the lives of securely

attached children but it is important when a child who has not been so fortunate comes to a realisation with pride that *'I've done well with this'*, or can say with confidence in a context outside of SPT, *'Don't hit me. I'm not for hitting'*.

7.2(i)(b) General Nursery floor

The establishment of child-led practice, following from the spontaneous development of SPT behaviours and language, to the general life of the nursery has been reported previously. Evidence of a continuance of the benefits to children who are not included in the SPT programme is commented on by all respondents, for instance in developing independent behaviours and learning to make decisions: *'Children use choice amongst themselves, for example, "What are you choosing?" and "Is this your choice?"'* A child might ask at a critical moment *'what are my choices?'* or may say *'I'm choosing to move away now'*. The language of SPT referencing self worth has also been observed on the playroom floor: *'friends are not for hurting'*. Children are articulating the reasons for their choice of action, as for instance when a child explained to a member of staff *'when we can run and when we can't run'*, then proceeded to follow up with the appropriate action.

7.2(i)(c) Summary

The degree of self awareness and control indicated in such statements is remarkable in view of the nature of the difficulties many of the children endure. The focus of nursery workers on *'offering choices and reflecting feelings'* and *'offering rich experiences'* is based on observation and on the particular needs of each child as an individual. Children are encouraged to express themselves, to find the words to explain how they are feeling. Staff explain the difference in the quality of learning between this encouragement and the *'more usual way of directing them or distracting them'*.

It's not about keeping children happy and making things better for them, it doesn't work because you can't, because they haven't learn anything from that.

The evidence presented above arguably upholds the claim below:

I've worked in other nurseries and we are much more structured here. We are not wasting time, all the activities are based on the needs of the child. Play is with a purpose.

Children's progress towards developing a secure base and building the resources to support resilience is carefully planned in a team approach which is evidently informed by an understanding of attachment and resilience theory and the growth and development of emotional well being. Paying attention to the importance of language is integral to the child-led approach and key to holding the pedagogy together and this is understood and practiced by all members of the staff, including those who have not yet received the specialist training.

The evidence for progress is indicative of the success of the strategies used in the SPT programme in the relationship between pre-five worker and child. There are universal

benefits from the child-led approach in the general playrooms and the SPT programme is clearly reaping benefits for those involved, at an individual pace and according to their own needs.

7.2(iii) Issue of selection for SPT

In order to ensure the continued success and development of the programme and sustain its positive nature in the future, it may be necessary to revisit the selection criteria for SPT. The Nursery has in place rigorous procedures which support the programme well at present and senior staff are experienced in the selection of appropriate candidates for the programme. However, the changing nature of the population of the Nursery and the growing imbalance towards more challenging Band A families, along with a concern for those children who are possibly in need of fully trained professional therapeutic care, could pose a threat to the sustainability of the project. There is the potential danger that the changing circumstances may reduce the evident effectiveness of current practice which might disadvantage vulnerable children who are clearly benefiting from the experiences.

7.3 FOCUS THREE: PRE-FIVE WORKER /PARENT

The literature indicated that, while change in the status of the internal model of attachment can be achieved by direct, positive experiences with a trained individual who is external to the family (see 5.1(i)(e)), the likelihood of the continuing benefits of a secure base are diminished if the child returns to a parent who has no understanding of the significance of the quality of her relationship with her child. This significance is similarly identified within the range of factors which underpin resilience (see 5.1(ii)).

The recognition of the importance of the parental role in providing an environment with supporting relationships, within which a child can develop in a beneficial way, underpins a strong and arguably unique parental policy in the Nursery. Staff, at all levels, have an empathetic understanding of the problems many families face. The underpinning stance is non judgemental. There is recognition that many of the parents may not have had positive experiences of parenting themselves and that their behaviour stems, as a member of the management team said, *'less from malice or disinterest and more from lack of knowledge and understanding'*.

The evaluation team looked for evidence from the project findings to show that parents were included in the changes in pedagogical practice and that they were in a position to learn from nursery staff to the benefit of their children.

7.3(i) Summary of progress

Parents were included as a second stage of the project, after the successful establishment of expertise within the nursery staff. This was agreed before the beginning of the project to be an essential prerequisite in ensuring that the eventual inclusion of parents could be undertaken with confidence and competence.

The second report (Baldry and Moscardini, 2009) provided encouraging evidence of the positive contribution made to parents' lives through the provision of accessible opportunities to address their own learning needs. Of particular note is the provision of Parenting Courses (ongoing) which focus on aspects of child development, particularly attachment and emotional growth; Parents Groups, (ongoing) which address a wide range of interests as well as independent living skills; Personal Development Planning sessions (ongoing) which encourage individuals to take control of aspects of their lives and record their progress through a self evaluation process. The strategy of 'live coaching' of parenting skills, viewed as a necessary addition to modelling and educative approaches (Barnard and McKeganey, 2004) underpins the Residential Support Week initiative, one of the most innovative of the project's activities. During the residential week parents live with staff, who provide continuous mentoring support to parents learning to develop a secure relationship with their child. This experience was similarly very well evaluated by those who had been able to participate (Baldry and Moscardini, 2009: section 6.01).

Parent feedback overall indicated strong appreciation of the efforts made by staff in providing opportunities to learn (Baldry and Moscardini, 2009: section 6.0). Many mentioned the closeness of the relationship that forms not only between staff and parents but also between the parents themselves, some of whom disclosed that they otherwise lived isolated and lonely lives. Funding from the Robertson Trust has been an essential component of these developments.

Only the highly successful nursery/home links initiative has of necessity been temporarily scaled back. The Nursery had pioneered a shift from the traditional model of home support to one centred on a coordinated, holistic approach with information managed across the range of contexts for individual children by one key worker.

7.3(ii) Integration of 2010 data

7.3(ii)(a) Relationships between parents and nursery staff

Previous findings have been upheld. Positive indicators confirm the continuation of the establishment of a close relationship between parent and pre-five worker which is the necessary foundation for the type of intimate discussion and live coaching approach integral to nursery practice. Parents' growth in confidence in their own self worth continues to be observed:

SPT parents seem more empowered and at parents meetings they talk about it, they encourage and support other parents.

Evidence strongly suggests that both parties recognise the quality of the relationships that have been created. All staff indicated a desire to include, reassure and help in every way they could;

We support the whole family, not just the children, we learn about their problems and we can (access) other agencies for them, help them in many different ways.

The parents speak openly; they know the nursery staff are here for them... because they feel comfortable they can talk about their lives and share their difficulties.

I communicate the positives and listen to parents, they are all aware of the negatives in their child's life and don't need these reinforced.

The non-judgemental approach claimed for the ethos of the Nursery was consistently apparent and the close relationships which are the underpinning strength in the work to develop resilience in children were commented on in the parent interviews also, the details of some of whose lives made difficult listening and reading.

*The staff are positive and helpful and they **care**. Its not **just** about the child, it's the whole family. They are interested and friendly.*

I love the Jeely. They helped me when I needed help. Me and [child's name] are better for having been here. This is still a valuable part of my life.

7.3(ii)(b) Changes in parental behaviours

Pre-five workers reported on a growing understanding among parents of the behaviours appropriate to developing secure attachment. Incidences of shouting, negative labelling and negative speaking about a child were diminishing because parents were encouraged gently to discuss with staff the implications of their behaviours for their children: *'he's not for shouting at, let's talk about what's happening'*. Parents are listening and responding: *'she's stopped speaking about him as if he isn't there', 'she's getting that it's humiliating and denigrating'*. A degree of reflection is noted, with one mother looking at her now calm child and saying *'I can't believe I used to shout'*. Staff talk of parents being more confident about approaching their children and of *'cuddles happening'*. The transference of skills in child led strategies to parents are frequently witnessed in the nursery where parents *'copy'* the way workers relate to their charges and they hear the language of self regulation and self esteem, *'friends are not for hitting', 'well done, you did that'*. Staff use the aide memoir on the nursery walls to reinforce the language messages for parents. Those with a particular problem related to their child will come and ask staff *'what would you do?'*; they listen and respond and *'nine times out of ten they say its working'*.

There is, as would be expected, a consequent change in children's behaviour toward their parent. Staff recorded many events which were indicative of a more secure attachment pattern. Children running to meet the parent, holding up their arms to be greeted; showing a clinginess when they leave which had never been previously witnessed; children, proud of their achievements, *'dying to tell mum'* what they had done. One parent told a member of staff, *'I get cuddles all the time now'*. Nursery staff all comment on the positive observable behaviours they witness:

You can see a closeness with the children (and the parent), a joy when a child sees (her) mum that wasn't there before.

The benefits are reported for all parents to some degree. Distinctions were not made between SPT groups and others and staff are clear that the child-led ethos and consistency of practice will ensure the continuance of this progress.

7.3(ii)(c) Problematic parental behaviour

In spite of the positive ethos created by the Nursery for parents, difficulties occasionally arise. In one instance a father, not a usual visitor with the mother and child, undermined evident success by colluding with his son's aggressive/violent attitude towards the women. The child responded to his father, his mother lost confidence and was unable to use the strategies she had learned. Effective training and a professional response served to support the nursery worker who carried on and retrieved the situation. She pointed out afterwards however that success can be hard won and the closeness and supportive nature of the nursery team is significant in disallowing incidents such as this to impact on morale. It also facilitated the necessary discussions on ways forward for that family.

For some children, whose personal family circumstances are severe and difficult, attachment is achieved with those close to him or her in the nursery but beneficial relationships with the mother can be more difficult to improve initially. Progress for that child within SPT is however seen as a strength. Nursery staff and PACT team representatives both report that the SPT sessions allow a child to talk about their own feelings and experiences when they are ready to. Following this it is often possible to get appropriate help and support to the mother and ultimately to the child. One respondent commented that '*In SPT you can see if there is love in the family*'. This is an important starting place for those concerned with building resilience.

7.3(iii) Summary: Parent/pre-five worker relationship

The success of the child-led pedagogy is established in the nursery where the significant majority of mothers point to positive changes in their relationships with their children, attributable to a newly gained understanding of emotional growth and developmental needs. The foundation of this achievement has been the establishment of a strong, trusting and mutually respectful relationship with nursery staff which has fostered the intimacy of personal discussion and live coaching. An ethos of sensitivity and commitment underpin all progress, including the more challenging mother and child dyads.

7.4 FOCUS FOUR: PARENT/CHILD

The focus of this section is to look for evidence that the project has had a positive impact on the relationship between mother and child at home, away from the guidance of nursery staff. This is, deliberately, the first full reference to the parent /child category in the series of reports on the project. It has necessarily been left to the final year because of the sensitivity of the content, the complexity involved in the gathering of suitable and valid data and the need for a passage of time in order to collect credible data for analysis.

A full investigation of the nature of the impact of child-led practice in the nursery on the security of attachment bonds between a parent and child demands more than can be attempted in this report, and should arguably be the focus of an in-depth study over a longer period of time, particularly as the ultimate purpose of the project is to help children to build resources they can draw on in adversity. For the purposes of this evaluation the exercise will be focused on investigating indications that information is being taken home and is being used ultimately to the benefit of the child.

Work on information gathering began at an earlier stage in the project and has run concurrently with the other activities discussed in this report. The most sensitive information has been drawn from interviews with three parents, one of whom now works in the nursery and two more who generously agreed to come and talk to us about their lives.

7.4(i) Data for 2010

Early indications are positive. Parents have established a pattern of seeking advice from nursery staff (see above). Incidental discussions of this type are recorded in the Parent Log and point to steady transference of skills to the home from the nursery. Staff perceive increased self esteem and growing confidence within many families, resulting from new skills tried, tested and found to be effective. It would be unlikely that the visual evidence of closer attachment bonds between the mother and child such as those reported above could be produced simply in the context of the nursery. It would seem reasonable to suppose that positive relationship behaviours are now being reinforced at home.

Records of the nursery/home links initiative, based on observation of the parent and child under the guidance of a visiting member of staff, provided a useful commentary on the attempts mothers made to change their behaviours. At the time of writing this can only be taken as an indication of the possibility of permanent change. It is to be hoped that there is a future for the potential this initiative offered.

The richest and most informative accounts of the transference of child-led philosophy and practice to the home are provided by the parent interviews. Though few in number and differing in personality and to some extent background, the parents were remarkably consistent in their views about what the Nursery had offered them and what they had learned from the staff about themselves and their children. One parent still had a child in the Nursery whose siblings had preceded her, two of whom had experienced SPT. The other two parents had children who had moved on to primary school and one of these children had also been involved in SPT sessions. All were reflecting on their experience of the Nursery. All were still either involved in the nursery work or visited staff for support. The value added to their lives and those of their children through working with the Nursery was rated extremely highly.

7.4(i)(a) Parent's accounts of their experiences of involvement with the Nursery.

All three parents indicated that they behaved differently now at home with their children and that that behaviour was embedded. The speed at which the newly learned relationship building skills were established at home depended very much on the

circumstances of the individuals involved. For these parents progress was gradual but consistent. It was dependent on the carefully structured, interrelated nature of theory and practice organised by the nursery staff and reliant on opportunities for reinforcement and constant support. This interrelatedness is illustrated in the following sections.

7.4(i)(b) Foundations in understanding.

Parents were very clear that the relationships that they now had with their children were due solely to nursery input. The courses, particularly on emotional development and attachment were highly valued for the foundation they offered for the day to day reality of relating positively to their children. Parents classes were judged to be *'very good (because they) helped me to understand [child's name]'s behaviour, his need for emotional support'* Addressing difficult topics and being able to conduct discussion calmly and reasonably was also identified as a valued new strength, *'It totally helped me. It helped me talk to the children. I did 'Talk To' It helped me talk to the children about sexual activities which wouldn't have happened before'*. All three parents spoke of an increase in confidence in themselves and a sense of feeling good about their increased knowledge in these areas.

7.4(i)(c) Practical application in the nursery.

Concurrent with the introduction to theory was its application to practice in the nursery. The parents gave examples of the ways in which new learning was continuously reinforced using the modelling, live coaching approaches and frequent opportunities for focused discussion, mentioned in a previous section. They described watching and practicing how to stay calm, *'it's how you respond to difficult behaviour, not yelling or shouting... not reacting, knowing what to do'* they spoke of being helped to *'keep a balance'* and learned that *'kids respond to consistency'*. The well established practice of *'making choices'* was referred to in a most natural way by all three parents. They practiced the language of the pedagogy and understood its purpose. Listening to what the children were saying was particularly important to one parent as a way of improving the relationship between herself and her child. All of these essential concepts, previously unappreciated, were acted upon as promptly as possible for each individual. When asked why, the responses were simply that *'it works'*, *'we get on a lot better now'*, *'I struggled badly with [child's name,] after SPT it changed, it seems a terrible thing to say but I liked being with her more'*.

On one occasion the introduction to theory followed, rather than preceded, an incident watched by a member of staff. This parent disclosed that she *'smacked'* her child one day at the nursery because he was being *'hyper'* and she was *'stressed out'* and unable to cope with the behaviour any longer. The member of staff *'saw me and took me to one side and talked to me about being calm, about listening to him more and then I went on a parents course and it was excellent'* She continued to create a more secure attachment bond with her son and with the help of staff and was able now say;

I have felt closer since that time I smacked him. That's come about because of what I have learned here. I'm more patient. I know how to calm him down. He used to get me very angry, I don't get angry now. I know how to calm myself and my child.

Parents are describing aspects of the work required to create a secure attachment pattern with their children and this has resonance with the perceptions and observations of the nursery staff in the section above. All the parents gave ready examples of how the relationships begun in the nursery with their children continued to develop at home.

7.4(i)(d) New behaviours at home

Evidence for this section clearly demonstrated that parents were reproducing child-led strategies away from the guidance of nursery staff. The activities focused on the range of factors which evoke the resilience framework: developing autonomy through self control and decision making, social skills such as empathy, respect and tolerance. The following are a sample of the experiences recounted by the parents to the interviewer.

I use this (approach) at home now. They (the children, none of whom had experienced SPT) get choices; it makes me a better mum. My kids listen now, for example, my son started up (a noisy activity) and I said, you can't do that in the living room we are watching the television. You have a choice, you can either go outside or you can go upstairs to your room, and I don't shout, I just say it quietly and he does it, he makes a choice.

We have our own (special) playtime at home now, playing one to one. I listen more, [Child's name] is (able) to suggest things now, he isn't hyper he takes control and organises.

In one family, where two of the children had experienced special playtime, one of whom was described by her mother as having challenging behaviour and global learning difficulties, the tolerance of the more able child was perceived as a clear behavioural change.

[Child A and child B] both had SPT, SPT gave us the confidence to interact (positively) with [child A]. [Child B] is calm and tolerant and coped well with her. [Child B] doesn't tell [child A] what to do, she asks [child A], 'what would you like to do?'

It is interesting in this case that a third, the eldest sibling, has not changed her behaviour. In spite of the experiences of [child B] and her mother, she will still tell [child A] what to do.

7.4(ii) Summary: Parent /child relationship

We can speculate on why, as in the first example, children are comfortable with the new regime and are reconstructing their expectations to accommodate it when, as in the third example, positive behaviour modelled by mother and sister does not seem to have made an impression on the third child. It is possible that the impact is stronger when the mother and child experience the 'training' together as they do at the nursery. There is a clear indication that, however small the sample, transference can occur away from the guidance of the nursery staff and that it does affect family life in a

positive way. The fact that it is some time since the children under discussion left the nursery seems also to imply that changes can be sustained with support.

Indeed, one of the children, struggling to remain calm in a formal class situation asked his primary teachers what his 'choices' were. This did not have a happy outcome but the failure was arguably not on the part of the child or the project. He was using all his learning appropriately and selecting in the heat of the moment strategies he knew would help him. He will not be respected for his mature effort to control his own behaviour until there is closer collaboration between his mother and his teacher. His mother knows the value of such collaboration now but she has yet to convince the teacher. In any case it is clear from this example that the transference for this child has moved beyond even the home.

7.5 SUMMARY: THIRD AND FOURTH RESILIENCE FACTORS

The framework outline in 5.1(ii)(b) included, along with the internal factors or building blocks that influence a child's level of resilience, two external factors that can help to protect children: strong bonds between child and primary care-giver that require there to be at least one secure attachment relationship in the family, and positive nursery, school and/or community experiences.

Evidence from the project suggests that both factors are being addressed successfully within the pedagogy. In addition, the ending of isolation and the development of friendship groups has been a positive outcome of the work carried out between staff and parents. This is indicated by one parent's comment that:

I'm a totally different person now. I have built friendships and made friends here too. We have a mini support system going here.

Arguably, developments such as this have positive implications for vulnerable mothers and following from this, their children.

7.6 IDENTIFICATION OF THE POTENTIAL FOR NEGATIVE IMPACT ON THE PROJECT

Some external factors were identified as potentially threatening to the sustained success of the project. These have been acknowledged and are being addressed by the team.

The opening of the discussion on quality assurance raised important issues which are likely, in the view of a member of the senior management team, to have an impact on the future health and sustainability of the project. The Nursery management team perceive a lessening in the levels of support previously available to vulnerable families and children in the area through early intervention strategies. Crisis management is now the predominating experience and the Nursery, as a result, has received and continues to receive a significant increase in referrals, particularly of Band A children (those in most need of help), from external organisations during the past year. The children come without any additional resource and the consequent pressures on Nursery staff from the increased numbers of this vulnerable population is becoming, in the view of a senior member of the management team, a notable issue

for the nursery. The underlying strength and unity of the nursery team and the inclusive, transparent and grounded guidance which forms the character of the leadership offers considerable likelihood that this challenge will be both met and a resolution achieved.

Pressure on the Nursery staff resource is further compounded by the degree of need experienced by recent incomers to the nursery. Well equipped and experienced as the team are to conduct the Special Playtimes programme, it is the view of the Notre Dame Centre therapist that the high degree of damage endured by some children lies beyond the expertise of the Nursery team to address. A senior member of the management team acknowledges the point and is clear that *'staff are not trained therapists and never claimed to be'*.

It is of course necessary to recognise the limitations of the SPT programme in some circumstances. It will evidently not be appropriate for non-therapists to attempt to help all children through the SPT strategy, nevertheless, if the approach is considered inappropriate for the needs of the most damaged children, its relevance should not be diminished in face of its overall success. The positive advantages enjoyed by the majority of parents and children are well supported by the evidence. If the dividing line between those who may be helped and those who may not is not clear, efforts perhaps should be made to clarify the already rigorous procedures for selection of children for the programme so that the guidance supports all participants, staff, parents and children.

The more challenging nature of the referred families has also impacted on the highly successful and valued nursery/home links programme. Nursery staff have been advised against the continuance of visiting some families in view of possible threats to staff.

As reported in the FIR (Baldry and Moscardini, 2009: section 6.02) a change in the model of practice, where the traditional role of the family/home supporter was to work independently from the nursery, was replaced with one whereby the family was visited by familiar, dedicated key workers from the Nursery staff. The purpose of the change was to facilitate a more useful collection, coordination and dissemination of crucial information between the separate contexts in which the children live and a more focussed sharing of practice and giving of advice. The aim was to strengthen and improve the quality of parenting for the benefit of vulnerable children and their families. The programme has been highly rated by staff:

It definitely helps ... one parent gradually disclosed the need for help at home. When support was put in place there was evidence (in the nursery) of the child benefiting and attachment between the mother and child improved.

I bring information (from the home) back into the nursery through a report after each visit to the home. Any concerns I have go to the team meeting. I discuss any urgent issues with the key worker or the nursery head.

It is also appreciated by parents who are working with the people they know well and trust and has proved to be very valuable in creating an effective relationship between nursery home visitors, parents and children (Baldry and Moscardini, 2008: section

5.3i). Continuation of the programme would therefore be highly desirable and further discussion on its current difficulties to clarify a way forward should perhaps be seen as a priority.

In addition to this, the Nursery has lost their connection with the South East Parents and Children Together (PACT) team, one of a number of multi-disciplinary teams set up by Glasgow City Council with a brief to support vulnerable families with pre five children. They have worked closely with the Nursery in a mutually beneficial relationship in the Castlemilk area for a number of years, bringing prompt and effective help to struggling families. This team has recently been removed from the area, an event viewed as a considerable loss by the Nursery management. Interviews with representatives from the PACT team provide a clear picture of the quality of the contribution in general that the Nursery makes to the Castlemilk community:

We use the Jeely for children who wouldn't fit the criteria for a funded place in a local authority nursery, for example a short term stay, under three (years) or for emergency cover for example, a young mum expecting a second child in poor health and leaving care herself so with no family support. The Jeely have also provided day-care as respite at short notice in a crisis situation.

There is flexibility, decisions are made at ground level, we have face to face discussions about families (and the) response is immediate. We can get short term help quickly.

The Jeely provides a service others do not provide. There is nothing like it in my experience – very high standards and the staff are so involved with the children and are from the local community so they understand the children's needs and have good relationships with the parents.

The speed at which the Jeely team can move to support children and their families has arguably, in the past, prevented a difficult situation from worsening. The uniqueness of the role that the Nursery plays and the support it offers to children and families in Castlemilk gives an indication perhaps of how and why it finds itself under pressure from referrals in the current economic context. The SPT programme is not linked directly to the complex situation faced by the Nursery team beyond the identification of children considered too damaged to be helped by non-therapists, but anticipation of challenges ahead, already apparent in the increasing workload for staff, is a justified concern for the management of the project into the future. As explained above, the quality of the Nursery team leaves considerable expectation of a creative and durable response because of its commitment to, and focus on, the needs of the community it serves.

8.0 CONCLUSION

The project purpose was to meet the particular needs of children vulnerable to highly adverse social and economic circumstances, including those living with parental addiction. The aim was to develop a collaborative strategy which would, by involving children, nursery staff and parents *together*, help to build enduring resources for the emotional resilience needed by children to overcome adversity and improve their

chances of achieving educational success. The well validated premise underpinning the child-led pedagogy, Special Playtime, is that early negative attachment experiences can be transformed through direct positive experience with trained staff.

Despite the small scale of this project and the relatively early stage at which the evaluation is taking place, the evidence of this report shows several mutually confirming indicators of remarkable progress overall and life changing success for some parent/child dyads. Respondents, whether parents or nursery staff, were in universal agreement as to the value and impact of the new pedagogy on the children and claimed considerable benefits for parent and child from the collaborative strategy. The significance of this success, even at this early stage, is noteworthy. This evaluation should be read against the background of two factors which taken together characterise the nature of the Jeely Nursery initiative.

The severe disadvantage endured by the Castlemilk community and the negative outcomes which are the harsh reality for many of the women who bring their children to the Nursery are considerable and the distressing urgency of the practical and emotional needs of many mothers, cannot be underestimated. One respondent for instance, admitted *'If the Jeely hadn't been here, there is a 99% chance my children wouldn't be with me now'*. Such circumstances are a chief concern to the Nursery staff and they form the backdrop against which evidence of the progress that mothers make in establishing secure attachment with their children should be assessed.

In addition, the assessment of success in any of the broad aims for this project cannot be judged in terms of the kind of attainment targets typical of much contemporary testing. Because they represent a change in internal models of thinking and a significant shift in established patterns of behaviour, the achievements reported rather indicate the beginnings of a journey for individuals or a process of development, which will be relevant throughout life. Evidence of the establishment of positive changes, with indications of success in the context of disadvantage and adversity, was found to be convincing by the evaluating team.

Children selected for Special Playtime belonged predominantly to the group who displayed insecure attachment behaviours before they began. The evidence from our respondents clearly indicates that more secure patterns have emerged during the course of the project and that the development of resilience behaviour has been observed consistently among this group. While it is too early to make a judgement on whether evidence of secure attachment in these children now, will result in positive outcomes for their education later, the outlook is certainly more hopeful than before and the potential is well supported in the literature.

The evidence presented in this report confirms the conceptual model (Figure.1, on p.12) which was used to demonstrate the manner in which the several and differing relationships within the project interacted with and sustained each other. The closeness of the collaboration and the substantial quality of the relationships between parents and nursery workers provided the foundation for the progress made by the children, and this is reinforced again and again in the data. The centrality of the underpinning strength of the entire Nursery team, united in purpose, values, beliefs, and in commitment to professional and personal development, is the foundation for the achievements experienced by the project overall. The ability to sustain

involvement in the face of changing and challenging circumstances is also an indicator of strong leadership and this has been maintained despite changing roles for individual members of staff.

The additional activities added to and growing out of the original initiative over three years have been considerable and commendable for their positive impact. They include: the extension of the child-led pedagogy as an entitlement for all children in the Nursery, parents and staff; the establishment of Nursery-home links; the generation of supportive friendship groups among parents in the community; the opportunity for mentor support in a residential stay and the addition of a sensory room in the nursery. The success of SPT and child-led pedagogy has most recently been recognised externally through the establishment of an Outreach programme. This programme extends the SPT pedagogy to other families within Castlemilk and surrounding area. Children referred by other agencies are assessed and visited in their homes by Nursery staff where the results in the ten week programme, currently the provision for an individual child, have been commented on as '*amazing*'.

The achievements of the project based on the nursery and beyond could not have been sustained without the funding from the Robertson Trust. The provision of extra staff is seen as '*invaluable*' and is appreciated and understood by the team.

The potential for any future disruption of the project, other than the reliance on funding sources, are externally located and have been identified and suitable responses are being or will be addressed. The new Head of Nursery, in place at the very conclusion of the evaluation process, has indicated that she is very committed to the SPT, child-led pedagogy and is enthusiastic about the future development of the project. The team has her full support.

It is a hopeful sign that the place of resilience in educational success has been recognised at national level in Scotland (Scottish Government, 2008) and at local authority level through developments such as the Nurture Group initiative. Cefai (2008) points to strong links between resilience building and educational success in the primary school and research indicates children can and do recover from adverse life circumstances and establish a secure internal model of attachment which is the bedrock of resilience behaviours and survival.

The Jeely Nursery project makes potential, and actual, life changing contributions to the lives of some of the most disadvantaged families in society and offers hope for positive outcomes for children from adverse social backgrounds. In addition the project has the potential to make a valuable contribution to the body of knowledge on resilience in childhood in a very under researched area.

The validation of the project and its funding is evident not only for the impressive evidence but also for the sound research basis in the way it was constructed and envisioned. It is highly to be recommended.

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