Future directions for nurture in education

Developing a model and a research agenda

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ABSTRACT

This paper examines the challenges facing research on nurture groups and on the wider field of nurture in education. A four-level model is proposed based on severity of need, ranging from universal applications in nurturing schools and communities, through to addressing the needs of children and young people whose needs are so great that a nurture group will provide only part of the solution. Consideration is given to the need for alternative provisions in situations where nurture groups are not feasible, such as in areas of low population density and providing for children with a lower threshold of needs. The paper concludes by proposing a coherent research agenda articulating with each of the four levels in the model.

It is now more than 40 years since the first experimental nurture groups were established in London by Marjorie Boxall (Boxall 2002). Since then, and especially from the late 1990s onwards, nurture groups have spread throughout the UK. They have also been subject to a wide range of research investigations, ranging from single case studies (Doyle 2005) through parent, teacher and pupil perceptions within a single nurture group (Bishop & Swain 2000), to small quantitative studies without controls (for example, Sanders 2007), to large controlled quantitative studies of social, emotional and behavioural gains (for example, Cooper & Whitebread 2007), to large controlled studies which also included quantitative measures of academic attainment (Reynolds, MacKay & Kearney 2009).

Over the same period a wider interest has developed in nurture in education at a more general level, with the effects of a school nurture group on school organisation and ethos leading to the idea of the 'nurturing school' (Lucas 1999) and attempts to evaluate this concept using quality indicators (Glasgow City Council 2011). There have also been reports of alternative structures to nurture groups within schools, designed to provide for pupils with different needs or to address contexts where a nurture group was not seen to be the answer (for example, King & Chantler 2002). At the same time there has been a significant expansion of research on evidence-based therapies, including the raising of specific concerns regarding the evidence for various attachment therapies for children with a more severe level of need (Chaffin et al 2006).

In these circumstances two things become clear. First, there is a need for a coherent model that may be applied to the field of nurture in education, embracing the importance of nurture groups as an evidence-based intervention, but also encompassing a much wider range of interventions both at a more severe level of need and as a universal application of benefit to all children and young people. Second, there is a need for a coherent research agenda to correspond with such a model and to provide a basis for a programme of research at all levels of the model. It is these two requirements that this paper seeks to address in providing a template for future directions in the field of nurture in education.

When nurture groups are not feasible

Despite the contribution nurture groups can make to addressing the needs of vulnerable children and young people, there are situations where it is not feasible to provide them. Two such situations are outlined here: rural schools with low density populations and other areas where there is an insufficient pool of target children.

In relation to rural schools with low density populations, this may be illustrated by the example of Argyll & Bute Council, where the author undertakes a contract for the psychological service. It is the second largest Council area in Scotland by land size and has more coastline than the whole of France. However, it is the third smallest Council in Scotland by population density. There are 74 primary schools with an average roll of 31. Many schools have a single figure population. This situation has parallels not only in the rest of Scotland, where 20 per cent of primary schools have fewer than 50 pupils, but also in England and Wales where over 1,000 primary schools have fewer than 50 pupils.

In relation to other areas where there is an insufficient pool of target children, the example may be given of East Dunbartonshire where the author has provided services at other times. It is the wealthiest local authority in Scotland, and most schools are similar in size to the large Glasgow schools that formed the sample for the Reynolds et al (2009) study.

This raises significant issues for traditional nurture group models, which are best suited to school populations with sufficient numbers of vulnerable children and young people to constitute a nurture group within the school's own pupil intake. However, what happens to the child who is the only individual in the school needing a nurture group? Consortium arrangements may be proposed in which children are transported each day to a selected school to be

part of a nurture group, but this raises issues regarding how a child is fully included as part of the school and as part of the local community. In some rural areas the distances involved would require very lengthy travel times. This raises both economic and practical issues in addition to wider questions about the extent to which such arrangements are equivalent to the usual structure of nurture groups and their identity with the host school as the establishment to which the child belongs and where full inclusion in mainstream classes is later expected to take place.

This points to the need for a consideration of alternative structures to nurture groups in situations where they are not feasible, and also to the need for a research agenda as to which structures are most effective in meeting the needs of children and young people in these circumstances.

When nurture groups are not enough: the needs of the most vulnerable

Some children with attachment disorders or similar needs at a severe level require additional specialised interventions that would normally be beyond the scope of a nurture group to provide. The report of the APSAC task force on attachment therapy, reactive attachment disorder and attachment problems (Chaffin et al 2006), which was endorsed both by the American Professional Society on the Abuse of Children and by the American Psychological Association, stressed that both assessment and intervention for attachment problems at this level require the type of expertise found among mental health professionals with specific experience of working in this field. In terms of therapeutic interventions, it was noted that many characteristics of effective attachment interventions are the same characteristics found among effective child interventions in general. These include caregiver qualities such as environmental stability, parental sensitivity, responsiveness to children's physical and emotional needs, consistency, a safe and predictable environment and a patient, non-threatening and nurturing approach. In their meta-analysis of attachment interventions in early childhood Bakermans-Kranenburg, van Ijzendoorn & Juffer (2003) identified common characteristics found among the most successful approaches and noted that those which most increased parental sensitivity were also the most effective in improving children's attachment security. Shorter term, focused and goal-directed interventions that included both fathers and mothers yielded better results than broad-based and longer term interventions.

In their position statement, the APSAC task force recommended that assessment should include samples of behaviour across situations and contexts (Chaffin et al., 2006). It should not be limited to problems in relationships with parents or primary caretakers but should include information regarding the child's interactions with multiple caregivers, such as teachers and peers. Intervention services should be founded on the core principles suggested by attachment theory, including caregiver and environmental stability, child safety, patience, sensitivity, consistency and nurturance. They should be based on shorter term, goal-directed, focused, behavioural interventions targeted at increasing parental sensitivity and should involve both fathers and mothers where possible.

To provide an example of the application of these principles to addressing the needs of the most vulnerable children, for the purposes of this paper the author interviewed Sue Reynolds, lead author of the Reynolds et al (2009) study, who is a psychologist and therapist working in the field of attachment within both educational and clinico-legal contexts. There were two circumstances in relation to the child she describes which determined that his severe needs were not going to be addressed through a nurture group. The first was that he attended a school in a rural area where geographical factors relating to population density precluded the possibility of a nurture group. The second was that even if he had been in an area where there was a nurture group, his needs were of a type that demanded a specialist level of individual input that would not normally be available to nurture group staff working within education authorities.

A detailed excerpt from the interview is provided in Appendix 1. By way of summary, a description is given of a six-year-old boy with a significant insecure attachment disorder who had been referred by the Court in a family law action. His needs had to be addressed urgently and with a high level of expertise to prevent breakdown of both his home and his school placement. As a result of skilled, short-term intervention with parents and school, and individual therapeutic work with the child, positive changes were effected at a level that averted placement breakdown and laid a stable foundation for the child's positive future development in both home and school.

There are resource implications for meeting the needs of children at this level of severity. Specialist therapeutic services are required from psychologists or other therapists with skills in attachment interventions, using cognitive behaviour therapy or other evidence-based approaches. However, in terms of cost effectiveness, service provision at the level required costs considerably less than the cost, in the short to medium term, of providing a highly specialised school and residential placement and, in the longer term, of dealing with the outcome of enduring impairments in social, emotional and behavioural functioning. Specialist resources are already available to education authorities and to health boards in the provision of educational and clinical child psychologists. However, there is often a lack within these services of the required level of expertise in terms of attachment disorders and attachment interventions.

Within the UK, further opportunities for delivering psychological therapies have also been created by the expansion in the number of therapists trained in cognitive behaviour therapy and other evidence-based therapists, through the Government's flagship mental health programme for England, No Health Without Mental Health (HM Government 2011), which included a focus on increasing access to psychological therapies. Although the central focus has been on issues of anxiety and depression in adults, the programme has been widened to include children and young people, and to extend the range of mental health issues being addressed. In summary, a commitment to providing the training required within existing services to offer short term, targeted attachment interventions where they are crucially needed would represent a valuable investment in cost benefit terms.

A model of practice for nurture in education

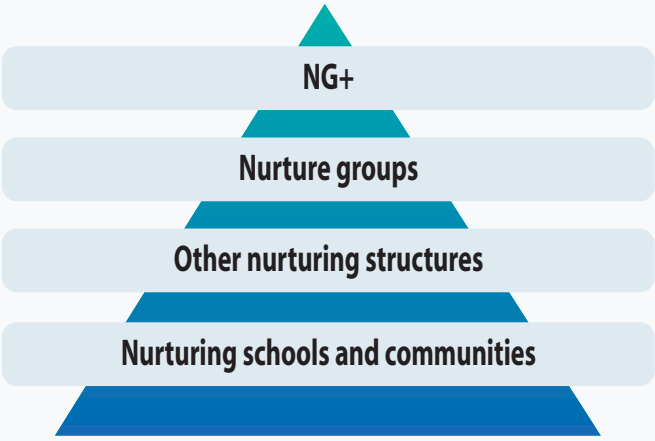
There is now therefore a need for a coherent model of practice for nurture in education within which nurture groups are located, but which also embraces contexts where nurture groups are not feasible and where the needs of the most vulnerable children require supplementary approaches. It is then necessary to develop a research agenda to map on to that model. MacKay et al (2010) stated that it was 'of crucial importance to investigate different models in comparison with traditional nurture group structures' (p.106). This was partly for economic reasons, as nurture groups are a costly intervention, albeit they are cost-effective for children with a high level of need who might otherwise have required a still higher tariff of specialist provision (Bennathan 1997; Iszatt & Wasilewska 1997). However, for children with needs at a less pronounced level, the economic reality is that education budgets are frequently subject to sudden and often draconian cuts, particularly in times of economic uncertainty. It is therefore important to ensure that the social, emotional, behavioural and academic gains offered by nurture groups are delivered in the most effective and economical way. In addition to the economic argumentsit is also necessary to address current gaps in knowledge and practice by establishing clear pathways for a coherent research programme for nurture in education.

MacKay et al (2010) proposed a model of practice aimed at encompassing the needs of vulnerable children and young people, not all of whom would have sufficiently pronounced issues to need to attend a nurture group. This was intended to serve as a guideline in supporting education authorities to best meet the needs of such children and was based on three levels. For those whose needs were not severe it was expected that they could be catered for within their mainstream classes provided there was a sufficiently nurturing educational environment, with scope for additional support within the classroom as required. For those at the next level, who could not be fully accommodated in mainstream classrooms, a range of possible supports offering more structure within the school setting was proposed. For those with needs at the level of severity originally described by Boxall it was proposed that they should have support of the type offered by a classic nurture group.

It is proposed in this paper that the principles underpinning that model may be developed further to provide a coherent overall model for nurture in education. In order to be fully comprehensive two additional issues need to be addressed beyond considering those with needs at nurture group level or in a less severe range.

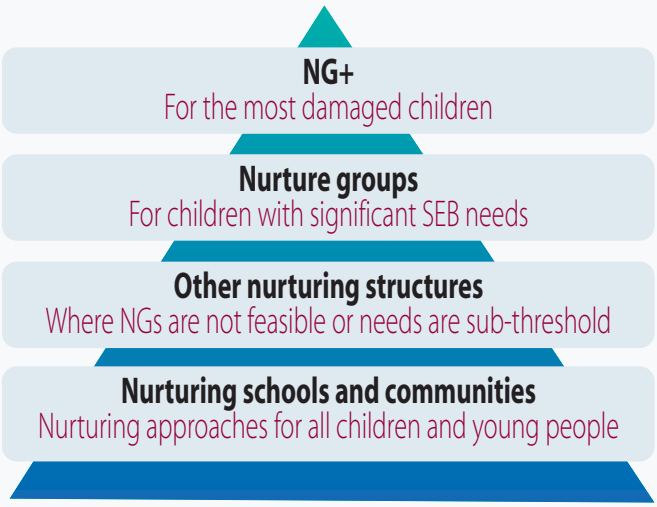
First, structured proposals need to be made for those described above whose needs are so great that a nurture group is not enough. Second, there needs to be more explicit recognition that the concept of nurture in education is of a universal nature and should involve a stated commitment to addressing the needs of all children and young people and not just those who are vulnerable. **Figure 1** shows a proposal for a comprehensive model, using a pyramidal structure based on level of severity.

Figure 1: **A model for nurture in education**



This addresses nurture in education at four levels, with the universal provision of 'nurturing schools and communities' at the first level at the bottom of the pyramid, with differentiated provision described as 'other nurturing structures' at the second level and with nurture groups at the third. These three levels correspond to those previously outlined by MacKay et al (2010). To that is added a fourth level of 'nurture group plus', to indicate the level of provision with the highest intensity. **Figure 2** indicates which children and young people would represent the target population for each level of provision.

Figure 2: **Target populations for different nurturing structures**



At level one, in addition to schools and communities that aim to address those whose needs are least severe, but who may still require some additional classroom support, there is explicit recognition that nurturing principles should be of universal application to all educational contexts, and that they are likely to be of benefit to all children irrespective of whether or not they are seen to be vulnerable. At level two it is necessary to have alternative provisions for children who are educated in contexts where it is not feasible to have nurture groups. In addition, there is a need for alternative approaches for children and young people whose needs are not at the threshold of requiring provision at the level of intensity of a classic nurture group, but who nevertheless are not able to cope fully with the demands of the mainstream classroom. Nurture groups are located at level three, and their target

population is already well defined in terms of the criteria by which their needs are assessed. Finally, at level four are the children and young people who have sustained the greatest degree of psychological damage and whose needs are most severe. They require provision at the level of a classic nurture group where available, but they also require specialised mental health interventions.

This model then provides a template on the basis of which a research agenda for nurture in education may be developed, with the key research needs being mapped on to each of the four levels. **Figure 3** seeks to provide a starting point for such a research agenda.

Figure 3: A research agenda for nurture in education

A research agenda for nurture in education

Level 1: Nurturing schools and communities

The resurgence of interest in nurture groups in the late 1990s and their subsequent widespread development led to an examination of some of the underlying concepts and the promotion of a wider vision of the 'nurturing classroom' or the 'nurturing school'. However, the idea in itself is not new. Landsman (1979) wrote about creating a nurturing classroom environment, and although she was speaking mainly of older students she noted that her ideas grew from her own experiences of kindergarten, where fear of her first teacher had made her physically ill, while a new teacher helped her to feel good about school and about herself and to start learning. However, it was Lucas (1999) who promoted the idea of the 'nurturing school', noting that 'when the principles inherent in the Nurture Group approach to teaching and learning are applied more widely in mainstream schools which have a clear curriculum focus, teaching becomes more effective' (p.14). The concept was based on valuing not only the pupils but also staff and parents and seeking to understand and respect them as unique individuals, placing their personal development as the highest priority. Indeed, the idea was sufficiently inclusive to define relationships in the family, the group and the wider community as being 'integral to the educational process' (p.14). This theme was further developed by Doyle (2001, 2003, 2004), who wrote of spreading nurture group principles and practices into mainstream classrooms, and by Binnie and Allen (2008), who noted that schools with a nurture group reported an improved school ethos and an increased capacity to support children with social and emotional difficulties.

Cooper and Whitebread (2007), referring to the fact that the 'nurturing school' may still not be able to cater effectively for certain pupils who do well in the nurture group and then return to mainstream classes, spoke of 'the need for mainstream classrooms to be reconceptualised in a way that is informed by an understanding of educational nurturing' (p.189). Some attempts have been made to formalise a reconceptualisation of this kind. These have largely grown out of existing successful practice in nurture groups and the broader application of nurturing principles to the whole school environment. Doyle (2003, 2004) provided a template for a 'social development curriculum' for mainstream classes. The success of nurture groups in Glasgow led to the production of How Nurturing is Our School? (HNIOS) (Glasgow City Council, 2011), a self-evaluation tool based on nurturing principles. This provided quality indicators utilising an established evaluation framework used throughout Scottish schools (HMIE 2007).

However, there has been little by way of direct research into the actual effectiveness of applying nurturing principles to a whole-school context. Doyle (2003) provides a persuasive account of how the school where she worked as nurture group teacher was transformed from being described by Her Majesty's Inspectorate as 'a wasteland of violent and disruptive behaviour', 'a bear-pit' and having 'a deeply entrenched school ethos of directionless, unmotivated and underachieving classes' to obtaining a positive Ofsted report three or four years later. The central contribution of the nurture group and the embedding of a culture of nurture throughout the school was clear. However, this was in some ways an exceptional case of a school that required to be placed in 'special measures' and in which there were major issues relating to school leadership. What is now required is more general investigation of the effectiveness of applying nurturing principles with a view to identifying the specific features that contribute most successfully to outcome variance.

Level 2: Other nurturing structures

A range of additional structures designed to be of a nurturing nature as an alternative to remaining full-time in mainstream classes is described in the literature. These include 'nurture corners', a number of which have been set up in nursery schools in Glasgow. These are dedicated spaces where children have the opportunity for more intensive interaction with nursery practitioners. Evaluation by Stephen, Stone, Burgess, Daniel and Smith (2014) indicated that in the experience of parents and educators, time spent in a nurture corner can support children to overcome language and communication difficulties, develop appropriate social skills and begin to regulate their own behaviour and expressions of emotion. Several cross-age studies in primary schools have been reported. Spalding (2000) reported on a small pilot initiative that shared common aims with nurture groups and that offered primary school children a 'Quiet Place', a room within the school with soft furnishings and items designed to promote a sense of peace and

relaxation. Children could attend for an agreed number of sessions using a holistic therapeutic approach over a six-week period, with parents invited to attend also. Positive reports were obtained from parents and school staff, but quantitative results did not reach significance level in comparison with controls. However, a subsequent larger study with 54 children showed significant gains for the children participating (Renwick & Spalding 2002). Similarly, King and Chantler (2002) reported positive results in a small study without controls using a 'Quiet Room' staffed by a suitably experienced half-time support assistant. The children admitted had significant emotional and behavioural issues and required a nurturing approach, but this was not because of a lack of early nurturing but from other issues such as divorce and bereavement. Cullen-Powell and Barlow (2005) delivered a programme aimed at 'promoting inner stillness', with a small intervention sample of nine children. Gains were shown by the intervention group compared with a matched non-intervention group following 45-minute sessions each week over a school term.

Cheney, Schlösser, Nash and Glover (2014) conducted a systematic review of UK group-based interventions in schools designed to promote emotional well-being. Of 16 papers selected, nine were nurture group studies. Nurture groups were the most extensively researched intervention and showed positive emotional gains, with results of alternative interventions being less clear. However, the review clearly highlighted the need for a higher quality research agenda for all programmes of this kind. Problems with the studies reviewed included inadequate descriptions of the intervention, lack of assessment of programme implementation and failure to report all outcomes. The reviewers concluded that while many UK schools are providing services to support pupils' well-being, programmes are currently delivered on an understanding of best practice extrapolated from guidelines rather than on scientific knowledge of effectiveness. A coherent research agenda is therefore required to identify the types of structure and programme components that may most effectively meet the need for nurture in contexts where nurture groups are not feasible.

Level 3: Nurture groups

The evidence for the beneficial effects of nurture groups has developed through increasing levels of formality over a period exceeding 40 years. It was the success of two experimental nurture groups in 1970 that led to their spread throughout the Inner London Education Authority during the following two decades (Boxall 2002). An analysis of retrospective data by Iszatt and Wasilewska (1997) pointed to encouraging outcomes for nurture group children in terms of later school placements, and indicated that the groups were cost effective when set against placement outcomes in two comparable schools without nurture groups. Since that time one systematic review (Hughes & Schlösser 2014) and several individual studies have consistently reported a range of positive results, both without control groups (Binnie & Allen 2008; O'Connor & Colwell 2002; Shaver & McClatchey 2013) and with control groups (Cooper, Arnold & Boyd 2001; Cooper & Whitebread 2007; Gerrard 2005; Reynolds et al 2009; Sanders 2007; Scott & Lee 2009; Seth-Smith, Levi, Pratt, Fonagy & Jaffey 2010).

The focus of most nurture group research has been on social, emotional and behavioural gains. Later studies introduced reference to cognitive and educational impacts, but without formal measures of these. Cooper and Whitebread (2007) referred to improvements associated with 'cognitive engagement in learning tasks' based on the Boxall Profile strand of 'organisation of experience', which includes features such as 'connects up experiences' and 'engages cognitively with peers' (Boxall & Bennathan 1998), but no comparison with controls was available to isolate nurture group effects from improvements over time. Sanders (2007) and Binnie and Allen (2008) reported favourable impressions by teachers on academic progress of nurture group children.

In a large-scale, controlled study across 32 schools, Reynolds et al (2009) used a formal measure of academic attainment, a baseline assessment of early literacy skills (MacKay 1999) which had proved to be a sensitive instrument of change in other large-scale research studies (MacKay 2006, 2007). Children in nurture groups showed significant gains in comparison with controls. This was of particular relevance to the status of nurture groups as an attachment intervention. There is an established relationship between attachment and academic achievement. This has been demonstrated for all age groups from the primary school stage through to school leaving age and beyond (Jacobsen, Edelstein & Hofmann 1994; Pianta & Harbers 1996; Teo, Carlson, Mathieu, Egeland & Stroufe 1996). This is wider than attachment to a primary caregiver but applies also to secondary attachments to teachers (Learner & Kruger 1997) and to peers (Marcus & Sanders-Reio 2001). However, there remains an absence of randomised controlled trials, comparing nurture groups not only with non-intervention controls but also with different types of intervention. The difficulties of conducting randomised controlled trials in educational settings is recognised, and they are not exclusive as a source of evidence-based practice. However, until such trials have been successfully conducted nurture groups will be seen as falling short of widely accepted standards for 'well established' interventions (Silverman & Hinshaw 2008).

Many of the key aspects of nurture groups still require to be systematically investigated. These include the effects of class size, the key components of teacher behaviour (for example, Bani 2011; Colwell & O'Connor 2003), the nature of parental involvement (for example, Kirkbride 2014) and the longer-term outcomes for children placed in nurture groups compared with others at a similar level of need. Further research is also needed on the age at which children are admitted to a nurture group. In relation to primary schools, Scott and Lee (2009) in a cross-age study reported gains for children admitted to nurture groups in the first three years of primary schooling but not for those admitted later. However, this was a small study with only 10 children admitted in the later years. The study of nurture groups in secondary schools is still in its infancy and supported only by a few descriptive and exploratory accounts with no controls (Colley 2009; Cooke, Yeomans & Parkes 2008; Garner & Thomas 2011; Kourmoulaki 2013).

A further key issue in terms of both cost effectiveness and being closer to inclusive practices in keeping children as closely linked to the mainstream as possible, is the question of part-time nurture groups as opposed to the 'classic' full-time model. In the study by Binnie and Allen (2008) the maximum attendance at nurture group

was four mornings a week and, while their study was a small one (36 children across six schools), they argued that 'this model offers a greater degree of inclusion within schools without compromising the gains in functioning for the children involved and the benefits afforded to schools demonstrated in previous research' (p.203). Certainly, Boxall herself (2002) emphasised that 'school-based provision for disturbed and distressed children ranges from part-time individual support in the mainstream class to full-time help' in the nurture group (p.191), depending on level of need, but there remain issues in determining what the differential thresholds of need actually are. Hughes and Schlösser (2014) concluded that there did not appear to be significant differences between classic and part-time nurture groups in terms of effectiveness.

Level 4: Nurture groups plus

Research into psychological therapies both for adults and, to a much lesser extent, for children has increased significantly in recent years, and specific therapies have been identified as having the best evidence base for a range of specific disorders (see, for example, the review by the Australian Psychological Society 2010). Cognitive behaviour therapy (CBT) has a strong evidence base as an effective intervention for addressing a wide range of issues in children and adolescents (see, for example, Chapman, Forman & Beck 2006; Hoffman, Asnaani, Vonk, Sawyer & Fang 2013). Its underlying principles, as well as the common features of other evidence-based therapies, provide a starting point for attachment interventions, together with expertise in relation to attachment theory itself. However, while the evidence base for therapy in general is a robust one, there is much more limited academic evidence specifically relating to attachment. This is clearly highlighted in the APSAC report (Chaffin et al 2006) and in the systematic review by Bakermans-Kranenburg et al (2003). The review by Cornell and Hamrin (2008) concluded that 'there are few studies addressing therapeutic interventions for attachment disorder' (p.35). A particularly concerning feature of the lack of good evidence for attachment interventions has been the rise of controversial and at times harmful theories and interventions without any evidential support. Much of the APSAC report is devoted to addressing these issues, to the extent that six out of its seven recommendations on treatment focus wholly or partly on what should not be done rather than on what should be done. There are programmes available that draw from established theoretical frameworks and some of these, such as the approach developed by Hughes (2004) referred to above, have been found to have considerable clinical utility. However, the challenge for attachment interventions is to move on from agreed good practice to the establishment of an evidence base.

CONCLUSION

The spread of nurture groups throughout the UK, the development of alternative interventions for addressing emotional and behavioural wellbeing and the wider issues relating to nurture in education renders it imperative that a coherent model of practice should be available. The pyramidal model offered here covers the field of nurture in education at four levels, ranging from universal applications in nurturing schools and communities to addressing the needs of the children and young people with the most severe level of difficulties. The research agenda outlined in relation to each of the four levels seeks to provide a basis for developing a coherent research programme for nurture in education.

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APPENDIX 1

Addressing the needs of the most vulnerable children

An interview with Sue Reynolds

I am going to talk about a child called Michael, age six, a young boy with a significant insecure attachment disorder. This child was referred to me by appointment of the Court in a family law action. It was becoming increasingly clear that he was going to have to leave the family he had been living with since he was two and a half, where his parents were his father and his stepmother. This was because of his extremely challenging behaviour at home. In addition he had very serious behavioural problems in his primary school. The only placement options available to him were a return to his birth mother, from whom he had had to be removed because of lack of care and protection and who had an ambivalent relationship with him. In terms of her being able to offer him any consistent care in the future she was not at all well placed. The only alternative was to seek a foster care placement.

When I became involved I was given the opportunity to carry out three sessions with his family, so very early on I had to decide how I was best going to use that time. What I decided was essential was to build an attachment for this child between himself and his stepmother. His stepmother was a warm and nurturing woman, but had actually been very rejecting of Michael because she had two little children of her own to Michael's father, a four month old baby and a two year old boy. Some of Michael's aggressive behaviour had been so concerning to her that she was really worried that he might get up in the middle of the night and seriously harm her children. This all added to the general feeling of uncertainty about Michael's future within the family. Michael was very much on the margins of the family, and one of the things I had observed early on when I went to the house was, for example, that when Michael came home from school, nobody greeted him except the two year old, who would shout, 'Hello, Michael', but the stepmother and the father did not even greet him with a hug. This was important and something that needed to be dealt with straight away.

The plan I developed was as follows. I started off with a 'psycho-educational' component – the provision of information for both the stepmother and the father. There can be a temptation to assume in a kind of way that people understand what attachment disorder means but, of course, this is not the case. I used a series of videos explaining this in a clear way. Both stepmother and father found this a great relief, and they were very interested to look at the typical difficulties shown by children with attachment disorder. They felt it explained Michael's behaviour very fully, and for the first time I think they were able to step back and view him as a little boy who had had a difficult start in life, which was indeed the case. They began to realise that in some ways they were compounding his difficulties by viewing him just as a badly behaved child.

Each time I went I followed a protocol. The first part of each session was a de-briefing, to find out how Michael had been since I last saw him. That was followed by information for the parents, which would be on basic aspects of attachment disorder. This included using the work of Dan Hughes on 'PACE' – playfulness, acceptance, curiosity and empathy (Golding & Hughes 2013; Hughes 2004). The final part of the session with the parents was giving both of them homework to do. That was a very important part, and I would check on how they had carried this out when I came back for the next session.

After I had done the work with the parents I then went to get Michael from school, and the next very important part of the plan was to work with Michael and his stepmother together. I had asked her about behaviours that had particularly worried her over the summer holiday period, and in response she mentioned several behaviours that had really upset her. One of these is used here by way of example. When Michael went out to play with the neighbour's four year old girl he took down her pants and sniffed her bottom. The stepmother was extremely upset about this and it caused a lot of friction between her and her neighbour. This, however, became the beginning of a friendship between them because the stepmother went next door, apologised and said she had recently learned that Michael had an attachment disorder, and this brought about a much more friendly understanding and relationship between the two of them.

The stepmother told me that if I was going to deal with an event then it was with this issue that she would like me to start. When I brought Michael back from school therefore we immediately got into the position recommended by Dan Hughes, where a child is very physically close to his caregiver and the PACE protocol is then followed. The starting point is playfulness. We went through a little play routine, involving things like counting freckles and tickling. Then, in pursuing the rest of the protocol in relation to acceptance, curiosity and empathy, we got straight into the behaviour itself. This was really interesting because when I spoke to Michael I said, 'Now, we are going to talk about things that make you not such a good boy inside and make you feel worried and upset afterwards'. He immediately looked really anxious. When I mentioned the event itself there were tears rolling down his cheeks and he looked very anxiously at his stepmother.

This is the crucial point of this work, where we are looking at emotional connection, and I was able to say to Michael: 'I'm sure at that time you thought that Mummy [his stepmother] was going to send you home,' and he started crying and said: 'Yes, I did. I thought she would send me away.' This then was an opportunity for his stepmother to engage in repair. She held him close and soothed him. Emotional growth in these circumstances involves concepts about the rupture and repair of a relationship. This was a turning point in this case. From that point we moved on to looking at homework the two of them would do. For example, the father was to spend special time with Michael and the stepmother was to find opportunities to be close physically and also to devote time to him on his own.

On the second visit, I began by speaking to the stepmother again, and she reported a huge change not only in Michael's behaviour but also in her own behaviour. She said she felt far more confident in handling issues as they arise, and in addition she felt closer to Michael. Overall she felt that the situation at home was as good as it could get and she was amazed at the difference.

I then went to the school, where the problems were still very significant. School issues therefore became the focus of the next discussion. Michael was not keen to talk about that, and we went through another tearful episode. I then moved on to using some solution-focused approaches (Macdonald 2011). We did the 'miracle question' ('Suppose that one night, while you are asleep, there is a miracle and everything changes for you. When you wake up in the morning, what will be different that will tell you that the miracle has taken place?...') We talked about what differences we would like to see and who would see it first. An important aspect was that Michael's father used to get very angry with him because he was always late for school, so we agreed that one of the things he would notice was that Michael was in time for school.

On the third and final visit we again began with de-briefing. Both the stepmother and the father reported further marked improvement at home. His father was seen to hug Michael, which he had never done before. One of the crucial things was that the parents had acted on every single suggestion I had made. For example, with children who have an attachment disorder it is of benefit for caregivers to find chores for them to help with and to find other ways of keeping them close. The parents had gone out and had bought some poultry for keeping outside in the garden and Michael was given a sense of ownership of this aspect of things in terms of looking after them.

When I went back to the school I found that there had been a marked improvement. I had given Michael a little 'golden book' and in this he had stars for good behaviour from the school and from his stepmother. Finally, in my last session with Michael I spoke to him about the progress he felt he had made. I also met with his parents for an overview of where we had reached on the journey with Michael. It was, of course, a work in progress, but already the significant foundations had been laid for repairing the attachment and ensuring the security of Michael's home and school placement for the future.

Postscript: Over three months after this interview Sue Reynolds received a letter from the parents that stated: 'Michael has come on leaps and bounds. You would not recognise the little boy we have now. He has matured and is very settled and happy both at home and at school'.

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