Unveiling Therapeutic Thinking's Impact on School Behaviour: A Realist Evaluation

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Abstract

This thesis comprises three sections: literature review, empirical research, and reflective commentary. The literature review begins by defining school behaviour within the context of this work, followed by a historical overview of societal perspectives and legislative context, with a focus on punitive practices in UK schools. A systematic review of school behaviour initiative evaluations discusses 29 studies, identifying four key characteristics of successful programmes: theoretical underpinnings, a multi-tiered approach, explicit teaching curriculum, and school culture development. The first chapter justifies the necessity for an effective, evidence-informed programme, concluding with the introduction of Therapeutic Thinking as a potential candidate. In the subsequent chapter, a realist evaluation of Therapeutic Thinking looks beyond whether the programme works to discover what about it works, under what circumstances, and for whom. An initial theory, based on available literature, the programme website, and experiential evidence, is refined through qualitative analyses of focus group data from various stakeholders. The research culminates with eight middle-range theories and a final refined programme theory. Findings suggest that Therapeutic Thinking creates a network of complex causal relationships, which can reduce difficult behaviours in schools by the development of a therapeutic culture. Other associated outcomes include effects on staff and student mental health, professional self-esteem, local authority capacity, attendance, sense of belonging, and suspensions and exclusions. Results also show that Therapeutic Thinking is more effective in primary and specialist settings than secondaries, with a proposed explanation relating to differing presence of behaviourist perspectives. The empirical chapter concludes with suggestions for further research and practice implications. Lastly, the reflective commentary reviews the researcher-practitioner journey from design to dissemination, detailing personal and professional development with implications for future research and practice.

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>
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>
> "WDG" – Connor, SW, SD, FOCHN.
>
> "Just get on with it." – Ben, cheers babe.
>
> "You can do anything you set your mind to." – Mummy, throughout my whole life.

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List of Abbreviations

Abbreviation	Definition
ACEs	Adverse Childhood Experiences
CYP	Children and/or Young People (singular or plural implied)
DES	Department for Education and Science
DfE	Department for Education
EBSA	Emotionally Based School Avoidance
FG	Focus Group
ICAMOC	Intervention, Context, Actor, Mechanism, Outcome Configuration
IPT	Initial Programme Theory
LA	Local Authority
MAT	Multi-Academy Trust
MRT	Middle Range Theory
ODR	Office Discipline Referral
Ofsted	Office for Standards in Education, Children's Services and Skills
PA	Programme Architecture
PBIS	Positive Behaviour Interventions and Supports
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PT	Programme Theory
RAMESES	Realist And Meta-Narrative Evidence Syntheses: Evolving Standards
RE	Realist Evaluation
RPT	Refined Programme Theory
SED	Social and Emotional Development
SEMH	Social, Emotional, and Mental Health
SEND	Special Educational Needs and Disabilities
TT	Therapeutic Thinking
TTL	Therapeutic Thinking Ltd.

Note. Where specific interventions are referred to by their abbreviation in Chapter One, these are identified in Table 1.

Chapter One: Literature Review

Introduction

This chapter commences with a justification of the wider area of interest, school behaviour. To begin, behaviour is defined for the purposes of this thesis. An overview the societal and legislative background in the UK then gives rise to a unique insight about how behaviour in schools has come to be the prevalent issue it currently is. Statistics are presented to support the need for initiatives to combat this widespread issue. A systematic review of programmes for school behaviour, organised thematically for discussion, is then reported. Culmination of the chapter is found as the review recognises a commonality amongst effective strategies; being underpinned by psychological theories rooted in child development. An overview of such a programme currently being rolled out across the UK then introduces the next chapter of the thesis.

Behaviour is a complex construct heavily influenced by cultural and societal changes over time (Burke et al., 2009). In real-life educational settings it typically relates to 'difficult' or 'challenging' behaviour and education practitioners (school staff) often refer to individuals as having 'behaviour' (problems or needs) when they mean social, emotional, and mental health (SEMH) needs (Hallworth, 2022). This labelling can be detrimental as it does not adequately represent what is in the academic literature and produces a discourse negatively framing children and/or young people (CYP, hereafter CYP will refer to both singular and plural forms, as implied; Abrah, 2019). The Oxford English Dictionary (2024) currently holds seven definitions for the term 'behave', whereby the first is most clearly stated "to act". The conclusions drawn from this are that behaviour is a neutral term and simply describes action, but in education it has been used to articulate when a CYP behaves in a way that the adults in the system perceive as incorrect (Moore et al., 2019). There are a range of implications for this use of the term; incorrectness is subjective and therefore inconsistent, adults are not omnipotent and so their perception is fallible, framing behaviour as difficult or challenging places blame on the CYP. In addition, labelling a CYP can cause stereotype threat (fearing poor performance due to a label attribution, and therefore performing poorly; Spencer et al., 1999), stigmatisation (others treating the individual differently as a result of the label; Link & Phelan, 2001), and the Pygmalion effect (teachers' expectations of a student's behaviour makes them interact differently with the student, so the student meets their expectations; (Rosenthal & Jacobson, 1968).

The term behaviour largely emerged in the scientific literature in the early 1900s with the work of John Watson (Watson, 1913). His concept related to the field of psychology needing to be defined beyond the science of 'mind' as science relates to the examination of measurable, observable data and mind cannot be examined as such. Therefore, he claimed that psychology must be considered the science of behaviour, as behaviour is the observable representation of the mind. This notion is a

continual debate in the literature; arguing whether the inclusion of human consciousness in a definition of psychology renders the field unable to be considered a legitimate science. Henriques and Michalski (2020) provide a comprehensive paper examining the nature of the development of the concept of behaviour, focussing on the ambiguous and conflicting use of the term across different disciplines and contexts. They define the mainstream psychological view as coming from a cognitive functionalist epistemology. Lewin's equation is perhaps the most simplistic way of explaining this (Burnes, 2020); $B = f(P, E)$, where behaviour (B) is the function (f) of the interaction between a person (P) and their environment (E).

Differing conceptualisations of behaviour are, although abstruse, necessary; there cannot be a single definition of a term which spans scientific domains, societal discourses, and chronological developments. Academic authors must therefore be responsible for clearly defining their meaning. As mentioned, in current educational practice 'behaviour' tends to hold valence (i.e., good vs. bad) and the linguistics around it can be problematic for CYP. Despite this, the use of the term in this thesis must conform to the wider literature base to facilitate coherence for the reader. The default perspective in the field of education remains as behaviour meaning problematic, difficult, or challenging behaviour. Although the author's preference would be to consider CYP's behaviour as a means of communication, a way to express emotion or serve a function to meet an unmet need, this perspective is not widespread in the academic field (despite its current upward trajectory in educational practice; e.g., Mooney & Ryan, 2021; Parker & Levinson, 2018). In the current review, the concern is of behaviour in schools and hence uses the term 'school behaviour' to represent the overall issue (as opposed to discussing an individual CYP's behaviour) and uses behaviour in alignment with the current majority view. However, with hopes that this conceptualisation of behaviour will soon become obsolete, this work elucidates the imminent understanding that what is truly meant is SEMH needs, or social and emotional development (SED). As such, these terms (behaviour, SEMH needs, SED) will sometimes be used in conjunction or interchangeably, where contextually relevant. Therefore, behaviour refers to the type of school behaviour that has historically been categorised as difficult or challenging, and that requires additional support due to SEMH needs or level of SED. In addition, the term 'interventions' is commonly used in the academic literature but could be considered as perpetuating a medicalised model of educational and psychological practice (to which the author is not aligned). However, it is so prominent in the current research base that its use cannot be eliminated. As such, wherever appropriate, the terminology of 'initiative' or 'programme' has replaced 'intervention'. In the instances where the term cannot be replaced for reasons of clarity or relevance, the preface is given that future writing should seek to further reduce the use of this medicalised term to enhance the movement towards de-medicalisation of educational and psychological practice.

Historical Context

In the early 20th century, societal perspectives on school behaviour were heavily influenced by authoritative and punitive approaches. Corporal punishment was widely accepted and legally endorsed as a means of maintaining discipline (Saunders & Goddard, 2010). This reflected a broader societal belief in strict, hierarchical structures both in education and at home. The underpinning theoretical perspective was rooted in behaviourism, where punishment was seen as an effective deterrent to undesirable behaviour (Skinner, 1953). In addition, this general view of school behaviour can be recognised as based on the understanding of childhood throughout this time period which saw CYP as small adults and expected them to behave as such (Ariès, 1962). During the 1960s and 1970s, societal attitudes began to shift, influenced by broader cultural changes advocating for individual rights and freedoms (Hendrick, 1997). The rise of progressive education theories, such as those proposed by Dewey (1938), emphasised the importance of understanding the CYP's experience and promoting a more humane and empathetic approach to discipline. There became increasing criticism of corporal punishment and a gradual shift towards understanding the psychological and social factors influencing behaviour.

Then saw the growing influence of ecological systems theory, as articulated by Bronfenbrenner (1979), which highlighted the complex interactions between various systems (such as family, school, and community) and how they impact a CYP. Following this, legislative context entered a pivotal period of change and introspection within the education system. In 1988, the Secretary of State for Education and Science established the Committee of Enquiry into Discipline in Schools, responding to significant concerns about school behaviour (Department for Education and Science [DES], 1989). This initiative emerged after the abolition of corporal punishment in the UK's public school system, while other UK schools (i.e., those in the private sector) continued to employ physical discipline until 1999, when the School Standards and Framework Act (1998) fully prohibited it. The Elton Report (DES, 1989) marked an instrumental moment in the UK's understanding of school behaviour. It was the result of one of the largest teacher surveys of its time, which reflected widespread concern among educators about the escalation of issues following the abolishment of corporal discipline.

Key findings in the report included that teachers' experiences of incidents of violence were of concern, but in fact the most pressing issue was persistent classroom disruptions. Notably, 91% of teachers indicated a perceived decline in discipline over the previous decade, and a significant proportion of teachers, 1 in 6 in secondary schools and 1 in 10 in primary schools, identified 'serious' behavioural problems in their settings. The account emphasised that the solution to disciplinary concerns lay in fostering a holistic approach rooted in positive school ethos and community values, suggesting that consistency from school leadership downwards was crucial for improvement. The Elton Report also proposed that behavioural issues were not solely attributable to CYP but were the

Figure 1

Influences Contributing to The Elton Report
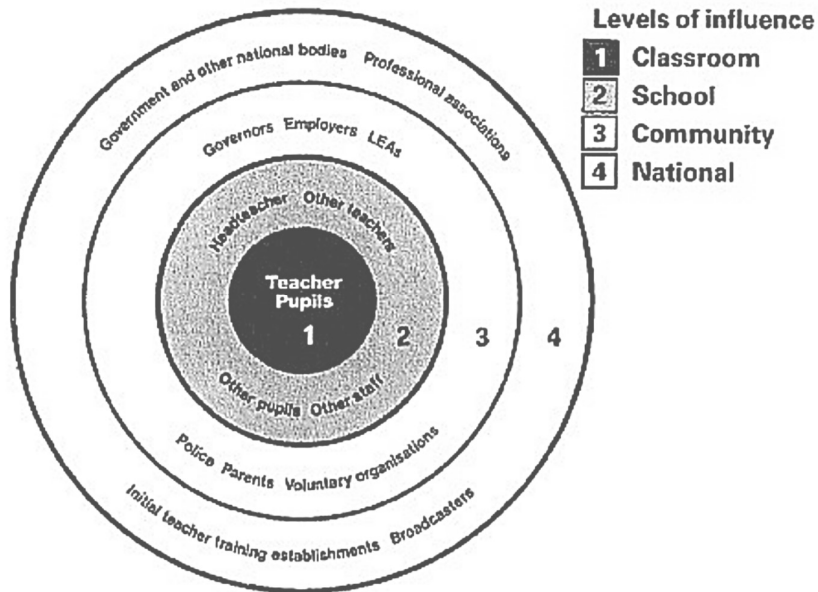
Note. Reprinted from *Discipline in Schools. Report of the Committee of Enquiry Chaired by Lord Elton (The Elton Report).*, by DES, 1989, London: Her Majesty's Stationery Office 1989. OGL.

result of complex interactions between various systems influencing the teacher-student relationship (as illustrated in Figure 1, clearly reflecting Bronfenbrenner's theory). In essence, The Elton Report underscored that effective behaviour management depended on the school's ethos and community values rather than punitive measures.

Today's societal perspective is largely unchanged from this 1989 viewpoint, though the legislation has deviated through the years (as shown in Figure 2). For instance, although the Elton Report proposed an elimination of punitive disciplinary methods, the Education and Inspections Act (2006) enforced the means of detentions and exclusions. This deviation may assist in explaining why such little progress has been made; the need for change towards a holistic, ethos-driven approach to school behaviour remains unmet. In parallel, it could be argued that CYP's needs in terms of behaviour, SEMH, and SED, remain unmet. However, in recent years, there has been a growing emphasis on restorative practices and mental health in schools (Bennett, 2017). Restorative practices focus on repairing harm and restoring relationships rather than simply punishing misbehaviour (Zehr, 2002). This approach is rooted in theories of restorative justice, which emphasise the importance of community and empathy in resolving conflicts. Additionally, there is a heightened awareness of the impact of mental health on school behaviour. The increasing prevalence of mental health issues

Figure 2

Timeline of UK School Behaviour Legislation

| Year	Legislation	Description
1986	EDUCATION (NO. 2) ACT	Corporal punishment abolished in state schools.
1989	THE ELTON REPORT	Schools advised to establish clear behavioural expectations, use non-punitive disciplinary methods, and foster positive relationships between students and staff.
1998	SCHOOL STANDARDS AND FRAMEWORK ACT	Corporal punishment abolished in all schools.
2001	SPECIAL EDUCATIONAL NEEDS AND DISABILITY ACT	Schools and LAs required to make reasonable adjustments to protect students with SEND from discrimination and ensure their inclusion in mainstream education.
2003	EVERY CHILD MATTERS (GREEN PAPER)	Schools encouraged to work in partnership with other services to focus on early intervention and adopt a holistic approach to child welfare so that every child has the support they need to stay healthy, safe, achieve, and make a positive contribution to society.
2004	THE CHILDREN ACT	The legislative framework for Every Child Matters; LAs tasked with improving the coordination of services for CYP and ensuring the integration of educational and social services.
2007	THE EDUCATION AND INSPECTIONS ACT	Reinforced the authority of headteachers and staff to maintain order by enforcing discipline, including detentions and exclusions.
2010	THE IMPORTANCE OF TEACHING (WHITE PAPER)	Emphasised the role of teachers in managing behaviour, the need for high standards and discipline, and suggested measures to improve teacher training and strengthen school discipline policies.
2011	BEHAVIOUR AND DISCIPLINE IN SCHOOLS	Advised schools on how to develop effective behaviour policies and strategies; clear rules, consistent disciplinary measures, involving parents to promote good behaviour.
2014	SEND CODE OF PRACTICE	Schools required to identify SEND, provide tailored support, and involve students and their parents/carers in decision-making processes.
2018	MENTAL HEALTH AND BEHAVIOUR IN SCHOOLS	Schools encouraged to create a supportive environment, train staff in mental health awareness, and provide appropriate interventions. Schools encouraged to understand the link between mental health and behaviour.
2019	TIMPSON REVIEW OF SCHOOL EXCLUSION	Schools advised to improve behaviour management strategies, provide alternative provision for excluded students, and address the underlying causes of misbehaviour.
2021	BEHAVIOUR HUBS PROGRAMME	An initiative aimed to improve school behaviour by encouraging schools to share best practices using outreach support from exemplary schools (withdrawn 2024).
2024	BEHAVIOUR IN SCHOOLS	Strategies and frameworks for managing behaviour in schools with an emphasis on the importance of a positive school culture driven by inclusive behaviour policies.

Note. This timeline shows key developments, it is not an exhaustive list.

among students has led to the integration of mental health support within behaviour management strategies (Weare & Nind, 2011). This reflects a broader recognition of the importance of SED in its relation to school behaviour. In summary, the developments in theoretical understanding, empirical research, and legislative guidance, have led to significant evolutions in the UK's perspective of school behaviour over time. From early punitive approaches to contemporary emphases on restorative practices and mental health, the journey reflects a broader shift towards more empathetic, holistic, and evidence-based strategies in supporting school behaviour.

Present Context

Despite the developments over the previous century, statistics show that educational institutions in the UK continue to implement the behaviourist methods of the previous century at a growing rate (as shown in Figure 3). The evidence shows that these disciplinary approaches are unsuccessful in enabling long-term change and have detrimental effects on CYP in a wide range of areas (e.g., Gregory et al., 2010; Jones et al., 2023). Therefore, it is concerning that the most recent legislation, Behaviour in Schools (Department for Education [DfE], 2024a), which refers to all students irrespective of additional need, includes statements such as "disruption is not tolerated, and proportionate action is taken" (p. 6) and "members of staff have the power to use reasonable force … to maintain good order and discipline at the school" (p. 22). Furthermore, some advice is ambiguous and leaves much to be determined by individual headteachers. Most of the guidance is preceded by the word 'should' (to offer suggestion; occurring 166 times in the document) rather than 'must' (to indicate legal requirement; written only 19 times). In addition, sanctions, such as removal from the classroom, detention, school-based community service, suspension, and permanent exclusion, are largely at the discretion of the headteacher. This is, again, despite evidence; Zuccollo et al. (2023) found that the effectiveness of headteachers across the UK strongly relates to the overall success of a school. These findings would not have been possible with a consistently high quality of headteachers (i.e., there needed to be a disparity in headteacher effectiveness for this research to take place). The recognition that some headteachers may be ineffective leads to the question of whether more structured government guidance is required.

Initially, the persistence of punitive measures appears beyond comprehension given the overwhelming evidence contrary to its use. However, this becomes more understandable when considering that society is only 25 years into reform from systemic physical abuse in the UK's educational settings (School Standards and Framework Act, 1998). The behaviourist attitudes which justified the use of corporal punishment were deeply entrenched in societal fabric, to the extent that the notion of discipline through punitive methods was not only accepted, but institutionalised. Although the use of physical measures was compliantly and quickly eradicated, other means of discipline rooted in the same outdated philosophy are less obviously detrimental. Therefore, these

Figure 3

Rate of Suspensions and Exclusions

A
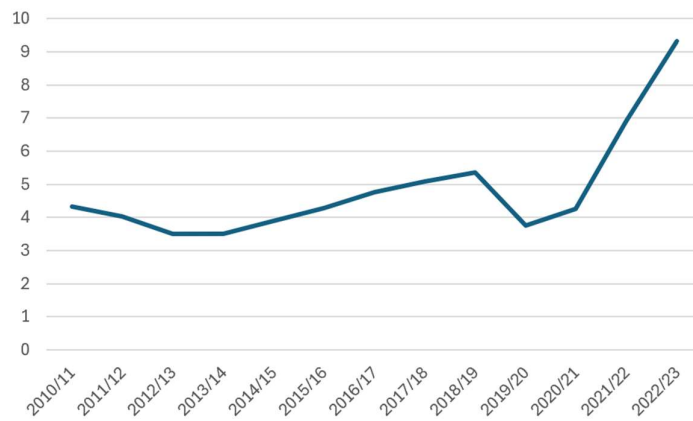
B
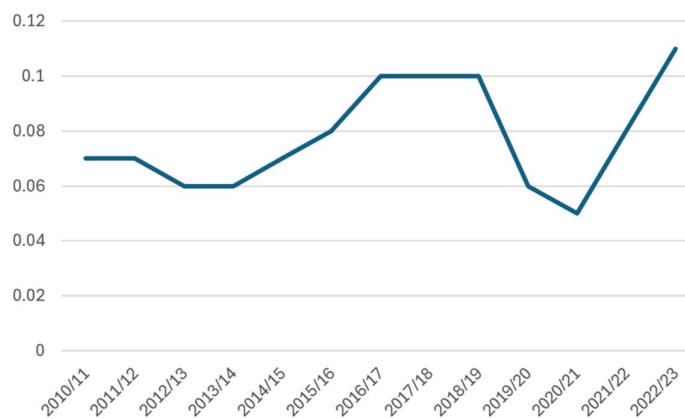
Note. Data relating to all state-funded schools in England, combined from the DfE's education statistics website (DfE, 2024c). The data points for the years between 2019 and 2021 are impacted by the pandemic. Panel A: Suspension rates. Panel B: Permanent exclusion rates.

practices linger and enforce gradualism in the evolution of school behaviour. According to Kuhn's (1994) theory of paradigm shifts, societal change often encounters resistance due to historically established norms and values. These paradigms are sustained by a collective consciousness that is slow to adapt, even in the face of compelling evidence that contradicts traditional practices.

Fortunately, despite its limitations, the current legislation (DfE, 2024) does appear to present a liminal phase in this cultural movement. For example, the earlier mentioned quote, "disruption is not tolerated, and proportionate action is taken", is preceded by "support is provided to all pupils to help

them meet behaviour standards" (p. 6). As well as advocating for traditional punitive sanctions, the guidance also describes preventative and restorative approaches, highlighting that "the aims of any response to misbehaviour should be to maintain the culture of the school, restore a calm and safe environment in which all pupils can learn and thrive, and prevent the recurrence of misbehaviour" (p. 15). The use of more compassionate language in the document clearly indicates a shift towards a more modern, evidence-informed approach. Where the focus was previously on managing behaviour (Education and Inspections Act, 2006), the emphasis now increasingly lies on supporting individuals in their behavioural development. Without contention, there is progress to be made in legislation, practice, and the integration of these. Although the government outlines that exclusions should only be enforced in exceptional circumstances (DfE, 2022) persistent disruptive behaviour has been named as the leading reason for exclusions since this data was initially published (see Figure 4). What constitutes persistent disruptive behaviour can vary widely; talking unnecessarily or chatting, calling out without permission, being slow to start work or follow instructions, not bringing the right equipment (The Office for Standards in Education, Children's Services and Skills [Ofsted], 2014). The fact that the UK's current educational system classifies these behaviours as 'exceptional circumstances' warranting permanent exclusion underscores the critical need for effective interventions for school behaviour.

Figure 4

Reasons for Permanent Exclusions
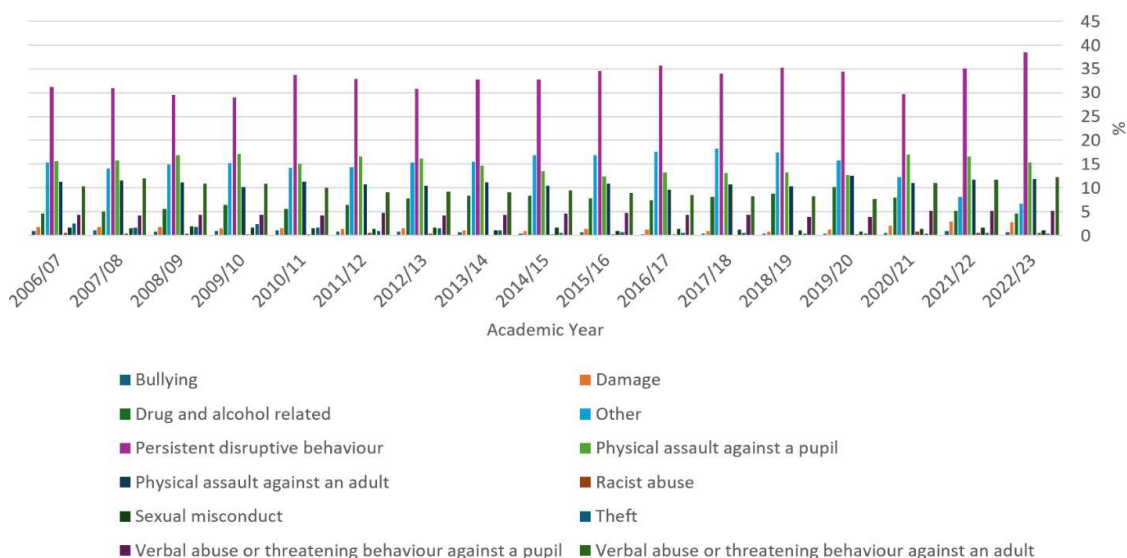
Note. Data relating to all state-funded schools in England, combined from the DfE's education statistics website (DfE, 2021, 2024d). From the academic year 2020/21 onwards, more reasons for permanent exclusion could be given and these have been summed to produce the 'other' category for these years. The data points for the years between 2019 and 2021 are impacted by the pandemic.

Systematic Review of School Behaviour Programmes

A literature review evaluates the available sources relating to research in a particular area to increase knowledge, locate gaps, and coagulate the evidence to inform further research. In the domain of social science, narrative reviews are most commonly adopted as they broaden the scope of research enabling a general overview of a topic which crosses disciplines; summarising key elements whilst acknowledging subjectivity from an interpretivist paradigm (Sukhera, 2022). However, limitations of narrative reviews include the potential of omitting important information dependent on the line of enquiry. A more focussed approach to reviewing the evidence is a systematic literature review which seeks to be encyclopaedic, that is, every possible paper pertaining to a topic is sought from a database (or group of). Whilst the systematic review is a complex and time consuming process which can often be criticised for claiming empirical certainty without foundation, it can provide a level of academic rigour unavailable to the narrative reviewer (Kolaski et al., 2023). The standardised process of systematic search methodology leaves it replicable and transparent.

As established, school behaviour continues to be an increasing issue in the UK despite empirical, theoretical, and legislative publications emphasising the necessity for change. It has been proposed that the approach taken to intervene with school behaviour must transition from outdated, punitive practices rooted in behaviourist philosophy (e.g., Bennett, 2017; DES, 1989). More holistic, evidence-informed, and most importantly, effective strategies are required. The existing evidence base shows a range of systematic reviews which have explored programmes in this area. Ijaz et al. (2024) synthesised the results from research into the impact of disciplinary strategies (verbal reprimand, suspension and exclusion) on CYP mental health and wellbeing. They found that these approaches are consistently associated with poor psychological outcomes, as well as detrimental effects on social and classroom behaviour. Gage et al.'s (2018) meta-analysis discovered that positive behaviour interventions and supports (PBIS), an approach widely implemented across the USA, significantly reduced suspensions. Valdebenito et al. (2018) reviewed studies examining the reduction in exclusions as a result of school-based initiatives. Focussing on police involvement in schools, McGuire et al. (2021) established that programmes addressing positive school culture can reduce the risk of criminal offending. Finally, Riden et al.'s (2022) umbrella review (compiling evidence from multiple meta-analytic and systematic reviews) presented varied results on the impact of evidence-based strategies for CYP with existing emotional or behavioural issues.

A scoping search indicates that, to date, there are no systematic reviews of primary studies to investigate the effectiveness of school behaviour programmes on a broader scale. Namely, currently available reviews either evaluate specific types of initiatives (disciplinary strategies, PBIS) or particular outcomes (suspensions and exclusions, criminal offending). Therefore, the present study aims to establish the key correlates between programmes which improve school behaviour (as

defined earlier in this chapter, hence inclusive of SED and SEMH needs). Though this aim holds valence, that is it focuses on the characteristics of successful programmes, research with less positive findings will be included in the synthesis. Studies with results of this kind will be used to establish the differential elements from more impactful interventions. However, this does not account for the publication bias which exists by the systemic unavailability of null-finding research (Kepes et al., 2014). In an attempt to mitigate the consequences of this unavailability of some empirical evidence, the typical practice of selecting databases for consultation has been omitted (Justesen et al., 2021).

Methodology

A search was conducted for peer-reviewed articles between 1999 (relevant to the legislative restrictions on corporal punishment in UK schools) and March 2024 across all University of East Anglia library databases, where the full-text was available via the university's library. The initial search returned 209 results, using the search terms listed below:

- Subject Terms: "behaviour management OR managing behaviour OR behaviour interventions OR behaviour strategies OR behaviour intervention"
- Abstract: "school OR schools OR school-based OR education" AND "whole school approach OR whole school intervention OR whole school OR whole-school"
- All Text: "evaluation"

No geographical restrictions were placed on the search as there is useful knowledge which surpasses the cultural bounds of school behaviour (Alexander, 2001). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement was used to inform this review (Page et al., 2021), please see the corresponding flow chart in Figure 5.

This review sought qualitative, quantitative and mixed-method, analytic, primary studies that evaluated interventions in educational settings. Meta-analyses and systematic reviews were excluded from the search to reduce the impact of reporting or interpretation biases (Baldwin et al., 2022). Isolating primary studies increased the independence of the synthesis and enabled authentic reflexivity to benefit the process in a way that critically reviewing other academics' reviews may have not (Subramani, 2019). In addition, any studies based on specialist settings were excluded due to the wide potential for confounding variables leaving the results less generalisable to mainstream populations (i.e., measures of school behaviour could vary depending on the specific needs of the setting population).

Figure 5

PRISMA Flow Diagram

Identification of studies via databases and registers (March 2024)

Identification

Records identified from:
  Databases (n = 209)
      APA PsycINFO (n = 76)
      ERIC (n = 54)
      Complementary Index (n = 20)
      CINAHL Ultimate (n = 15)
      Academic Search Ultimate (n = 13)
      APA PsycArticles (n = 6)
      Emerald Insight (n = 6)
      Communication & Mass Media Complete (n = 3)
      Business Source Ultimate (n = 2)
      Child Development & Adolescent Studies (n = 2)
      Directory of Open Access Journals (n = 2)
      MEDLINE Ultimate
      UEA Library catalogue (n = 2)
      eBook Academic Collection (EBSCOhost) (n = 1)
      eBook Collection (EBSCOhost) (n = 1)
      Education Abstracts (H.W. Wilson) (n = 1)
      JSTOR Journals (n = 1)
      MEDLINE (n = 1)
      OpenDissertations (n = 1)

Records removed *before screening*:
  Duplicate records removed (n = 44)
  Records marked as not a peer reviewed article by automation tools (n = 22)
  Records marked as not in an academic journal by automation tools (n = 9)

Screening

Records screened
(n = 134)

Records excluded
(n = 2)

Reports sought for retrieval
(n = 132)

Reports not retrieved
(n = 5)

Reports assessed for eligibility
(n = 127)

Reports excluded:
  Outcomes (n = 39)
  Participant population (n = 12)
  Intervention (n = 9)
  Study design (n = 38)

Included

Studies included in review
(n = 29)
Reports of included studies
(n = 29)

Note. Adapted from *The PRISMA 2020 statement: an updated guideline for reporting systematic reviews,* by M.J. Page, J.E. McKenzie, P.M. Bossuyt, I. Boutron, T.C. Hoffman, C.D. Mulrow, ... & D. Moher, 2021, BMJ, 372, n71. doi: 10.1136/bmj.n71. Licensed under CC BY 4.0.

Inclusion and Exclusion Criteria

Guidance for establishing these criteria came from use of the 'PICO' heuristic (Nishikawa-Pacher, 2022). The acronym represents four key elements to be operationalised in research design: P (Population) relates to who the review will be applied to; I (Intervention) specifies the type of approaches being evaluated; C (Comparison) defines what alternative may be offered in a control condition; O (Outcome) refers to what findings are of interest. A Comparison was not applicable in the current strategy as the search expanded beyond controlled trials in the interests of including studies which used diverse methods typical of social science (Gallifa, 2018). In addition to the P, C, and O components, supplemental criteria was added for study design as the screening process located records which did not assess or evaluate an intervention, which focussed on specific subgroups of a population, or which were not available as a full text in English.

- Participant population; must be mainstream and primary, middle, or secondary school (excluding specialist settings, higher, and further education).
- Intervention; must be within the education sector.
- Outcomes; must include behaviour as defined for the current thesis (e.g., sanctions, discipline, teacher rating, persistent disruptive behaviour, emotional literacy, emotional agency, emotional regulation, social skills).
- Study design; must evaluate an intervention and include the results of the whole sample (e.g., cannot be limited by biographic data, such as only reporting or discussing gender or racial comparisons).

Whilst the search terms specified behaviour interventions, reports which focussed on a variety of different interventions were returned. Reflecting on the nature of behaviour and the wide range of interrelated constructs, and the specified meaning of *school behaviour* for the purposes of this thesis, inclusion criteria was reconsidered early in the screening process. Initially the criteria stated that the focus of the intervention must be school behaviour, however this was reevaluated so that studies would be included if an associated outcome was measured (and reported). For instance, prior to the refinement of this criteria, the study by Busch et al., (2015) was excluded as the main focus of the intervention it evaluates is nutritional health. However, it also analysed effects on the Strengths and Difficulties Questionnaire, a well-established measure of emotional and behavioural functioning (Hall et al., 2019). Acknowledgement of the need to expand the scope of the review in this way occurred during the eligibility assessment, therefore all reports screened to this point were re-examined. The screening process resulted in 29 studies to be included in the review (see summary in Table 1), a table of excluded studies can be found in Appendix A.

Table 1

Summary of Reviewed Articles

Author (Year), Country	Study Design [a]	Intervention Name	Intervention Summary	Active Years [b]	Sample Characteristics	Key Findings	Themes
Barrett et al. (2008), USA	QED	PBIS	Structured support spanning levels of state, district, and school, using data to guide action at universal, secondary, and tertiary tiers of theory-informed support.	1999-2006, any range of years within this span	467 schools (elementary, middle, high) across the state of Maryland	Fewer ODRs than national across all school age groups. Sig. reduction in suspension rates after 1 year of implementation.	Theoretical underpinning; multi-tiered
Binnie & Allen (2008), Scotland	PP	Nurture Groups (NGs)	Smaller group learning with a structured routine with a home-like environment focussed on SED and adapted academic learning.	2006-2007	36 children from 6 primary schools	All children sig. improvements across behavioural measures both at home and in school, sig. improvements in self-esteem, confidence, and academic progress.	Theoretical underpinning; explicit teaching
Blomart et al. (2006), Belgium	PP	-	External facilitators teaching 2 x 50-minute whole class SED skills for 12 weeks, focus on managing conflict.	-	82 children from 2 elementary schools	Statistical analyses not provided of quantitative measures; qualitative data suggests improvements in children's attitudes. *Report appeared to be translated into English with mistakes therefore difficult to interpret.*	Explicit teaching

Author (Year), Country	Study Design [a]	Intervention Name	Intervention Summary	Active Years [b]	Sample Characteristics	Key Findings	Themes
Bohan & Smyth (2022), Ireland	ABAB	Caught Being Good Game (CBGG)	Teams of students receive points when adhering to 5 classroom rules during 20-minute period, 4 days per week (points result in prizes).	-	18 children from one class in an all-boys school, including 2 target students	Academic engagement increased and disruptive behaviour reduced, for whole class and more so for target students. Second baseline was higher than initial.	Theoretical underpinning; explicit teaching
Bonell et al. (2018), England	C-RCT	Learning Together	3-day training in restorative practices for all school staff. Twice termly student-staff group meetings to develop policies. Focus on developing student-staff relationships.	2014-2017	6667 students from 40 secondary schools, from end of Y7 to end of Y10	Sig. reduction in bullying victimisation. Sig. improvements in psychological adjustment. Effects stronger with time.	Theoretical underpinning; culture
Bradshaw et al. (2008), USA	C-RCT	PBIS	As above.	2002-2007	2596 staff members from 37 elementary schools in the state of Maryland	Improvement in students' attitudes and behaviour. Lowest baseline led to strongest improvement.	Theoretical underpinning; multi-tiered
Brennan et al. (2021), Northern Ireland	C-RCT	Project Daire	'Nourish' focuses on food policy and the school environment and 'Engage' targets children's knowledge about food. Intervention either included Nourish, Engage, or both (compared to control).	2019	903 children from 15 primary schools	Nourish intervention sig. improvement in psychological adjustment and behaviour conduct. No sig. effects of Engage.	Explicit teaching; culture

Author (Year), Country	Study Design [a]	Intervention Name	Intervention Summary	Active Years [b]	Sample Characteristics	Key Findings	Themes
Busch et al. (2015), Netherlands	C-RCT	Utrecht Healthy School (UHS)	Schools use publicly available information to independently develop healthy school policies, a healthy environment, parental engagement, and health education.	2011-2013	969 students from 4 high schools	Sig. improvements on psychological adjustment. Effects stronger with time.	Explicit teaching; culture
Carroll et al. (2017), Australia	PP	KooLKIDS	Experienced member of staff trained as a facilitator to deliver alongside class teacher; weekly one-hour SED lessons for 13 weeks. 8 of these to target students and 5 to the whole class.	-	58 children from 26 primary schools	No effect on social skills or self-esteem but sig. improvements across a wide range of other behavioural and emotional scales.	Multi-tiered; explicit teaching
Carroll et al. (2020), Australia	PP	KooLKIDS	As above but facilitated by teachers who completed 1 day of standardised training and received weekly follow-up support.	-	524 children and their 21 teachers from 6 primary schools	Sig. improvements in social and emotional competence and psychological adjustment. Strongest predictor of improvement was baseline score (lower baseline=more improvement).	Multi-tiered; explicit teaching
Cooper & Whitebread (2007), England	QED	NGs	As above but with policy and school structure adapted to support wider school ethos.	1999-2001	374 children from 34 primary or secondary schools across 11 LAs	Improvements in psychological adjustment and behavioural difficulties for NG attendees compared	Theoretical underpinning; explicit teaching; culture

Author (Year), Country	Study Design [a]	Intervention Name	Intervention Summary	Active Years [b]	Sample Characteristics	Key Findings	Themes
						to non-attendees. Of those with behavioural difficulties but not attending NG, sig. improvements if school has NG compared to if school has no NG. Effects stronger with time.	
Dorado et al. (2016), USA	PP	Healthy Environments and Response to Trauma in Schools (HEARTS)	Multi-tiered programme with trauma training for all staff, stress-coping lessons for all students, policy change, parent workshops, intensive interventions for target students, wellbeing support for staff, and external service involvement.	2009-2014, range of 1.5-5 years within this span	1243 students from 4 elementary schools, intensive intervention received by 88 students	Sig. reduction in ODRs, sig. improvements across a wide range of emotional and behavioural measures. Effects stronger with time.	Theoretical underpinning; multi-tiered; explicit teaching; culture
Ford et al. (2020), USA	ABAB	No-team version of the CBGG	As above but with whole-class points and rewards rather than teams.	-	74 students from 3 classrooms in 2 high-schools	Sig. reduction in disruptive behaviour and increase in academic engagement.	Theoretical underpinning; explicit teaching
Gaias et al. (2020), USA	PP	Equity-Explicit Establish-Maintain-Restore (E-EMR)	Teachers complete 6-hour training in the EMR heuristic to develop supportive relationships with students, and teacher reflection meetings.	-	133 students from 1 high school	Sig. increase in student sense of belonging, prosocial behaviours, and sig. decrease in problem behaviour.	Theoretical underpinning; culture

Author (Year), Country	Study Design [a]	Intervention Name	Intervention Summary	Active Years [b]	Sample Characteristics	Key Findings	Themes
Grunstein & Nutbeam (2006), Australia	PP	Rock Eisteddfod Challenge (REC)	Students plan and rehearse and 8-minute production on a theme of their choice for a dance/drama competition presented to peers, families, and judges in a professional venue; aimed to promote resilience.	-	781 students from secondary schools	No sig. impact on resiliency. Sig. increase in alcohol and marijuana use for controls but not for REC attendees.	Theoretical underpinning
Hunter-Dehn (2021), New Zealand	CS	Riroriro	Whole staff training in trauma-informed practice. 6 trauma-experienced children placed in the Riroriro classroom taught by a trained and experienced teacher and assistant for nearly one school year focusing on SED and attending play therapy 1-3 times per week.	-	6 students from 1 primary school	Emotional literacy and regulation increased for all children, more empathic behaviours and successful relationship building when returned to mainstream 1 year after reintegration. All children more able to engage with the curriculum.	Theoretical underpinning; explicit teaching; culture
Kamps et al. (2011), USA	ABAB	Class-Wide Function-Related Intervention Teams (CW-FIT)	3-5 days of teaching positive classroom behaviours and brief review at the beginning of daily CW-FIT lessons; teams of 2-5 students receive points for appropriate behaviour, target	-	107 students from 6 classrooms across 3 elementary schools, including 8 target students	Sig. increases in on-task behaviour for whole class and target students, sig. reduction in disruptive behaviour for target students. Second baseline higher than initial.	Theoretical underpinning; explicit teaching

Author (Year), Country	Study Design [a]	Intervention Name	Intervention Summary	Active Years [b]	Sample Characteristics	Key Findings	Themes
			students provide their own scoring (points result in prizes).				
Kellam et al. (2014), USA	QED	Good Behaviour Game (GBG)	Classroom rules provided; teams received a reward for less than five infractions. Game played for 10 minutes three times weekly. Teachers received 40 hours of training and follow-up mentoring.	1985-1987	1196 students from 41 classrooms across 19 schools	Only males categorised as having persistently high behaviour issues showed sig. fewer behaviour difficulties in middle school if exposed to the GBG compared to not.	Theoretical underpinning; explicit teaching
Kiviruusu et al. (2016), Finland	C-RCT	Together at School	Teacher training over a 10-month period of supporting SED in structured lessons, guidance for SLT on improving the school environment, and enhancing parent engagement.	2013-2014	3704 students from 79 primary schools	No sig. impact. *Active control may have compounded statistical analyses.*	Explicit teaching; culture
Luiselli et al. (2005), USA	PP	PBIS	Whole staff training on functional behaviour theories, behaviour support team of key staff meet regularly to develop the programme. Policy revised, data management system refined, student reward strategy introduced. In	2000-2002	550 students from 1 elementary school	Descriptive statistics show improvements in ODRs, suspensions, and academic performance. *Inferential analyses not conducted.*	Theoretical underpinning; multi-tiered; culture

Author (Year), Country	Study Design [a]	Intervention Name	Intervention Summary	Active Years [b]	Sample Characteristics	Key Findings	Themes
			second year of implementation additional strategies for target students.				
Marlow et al. (2014), England	PP	Incredible Years (IY) Teacher Classroom Management (TCM)	Teachers attended 1 day of training each month for 6 months, on positive strategies of SED surrounding relationship building with students and parents.	-	31 teachers and 16 headteachers from 16 primary schools	Sig. reduction in challenging behaviours.	Theoretical underpinning; culture
Novak et al. (2017), Croatia	C-RCT	Promoting Alternative Thinking Strategies (PATHS)	Teachers complete 2 days of initial training and 2 days of training mid-way through the course. 63 lessons on SED delivered twice weekly involving modelling and role-play. Coaches observe once monthly and give feedback to teacher.	-	568 students from 29 elementary schools	No sig. differences in emotional regulation or prosocial skills for higher risk group, but sig. differences across all measures for lower risk group.	Explicit teaching
Ogden & Sørlie (2009), Norway	QED	Positive behaviour, interactions and learning environment in school (PALS)	Manualised strategies across multiple tiers of support, tiers implemented sequentially. Weekly staff training, support for school leaders to develop school environment, psychology	-	735 students and 82 teachers from 8 elementary schools	Sig. reductions on a wide range of measures of problematic behaviour and improvements in social competence. Effects stronger with time.	Theoretical underpinning; multi-tiered; explicit teaching; culture

Author (Year), Country	Study Design [a]	Intervention Name	Intervention Summary	Active Years [b]	Sample Characteristics	Key Findings	Themes
			services arranged, parent engagement, and students taught SED strategies.				
Polirstok & Gottlieb (2006), USA	QED	Professional Development Programme	5-7 half days of training in positive behavioural supports for all staff with a focus on developing positive systems of reward in the classroom.	-	3 elementary schools	More than 60% reduction of ODRs and of special educational needs referrals in one school, more than 30% reduction of special educational needs referrals in other schools. Academic achievement increased by 5% compared to an average of other schools in the district.	Theoretical underpinning; culture
Shortt et al. (2014), Australia	PP	Risk Assessment and Management Process (RAMP)	Reorganisation of school systems to facilitate a staff team responsible for identifying and supporting students at risk of poor mental health outcomes. Weekly meetings attended by CAMHS practitioner.	2005	6 primary and 3 secondary schools	No sig. difference in behaviour incidents or SED from quantitative analyses but qualitative data suggested benefits for students.	Culture
Trip et al. (2015), Romania	C-RCT	Rational Emotive Behavioural Education	REBE consists of 9 student lessons on emotional skills, ViSC consists of 10 student lessons on social skills.	2011-2012	970 students from 35 classes in 11 primary schools	When controlling for gender, sig. improvement in frustration tolerance, no	Theoretical underpinning; explicit teaching

Author (Year), Country	Study Design [a]	Intervention Name	Intervention Summary	Active Years [b]	Sample Characteristics	Key Findings	Themes
		(REBE) and Viennese Social Competence (ViSC)				sig. differences in behavioural outcomes.	
Underwood et al. (2023), England	C-RCT	CUES-Ed	Manualised cognitive behavioural program based on a character (Ed) developing recognition of behavioural 'cues' of emotions. 8 whole class sessions delivered by teacher, overseen by a clinical psychologist.	2017	960 students from 33 classes in 14 primary schools	Sig. improvements across a wide range of measures of SED and behavioural outcomes. Effects stronger with time.	Theoretical underpinning; explicit teaching
Watson et al. (2018), Australia	C-RCT	ACTI-BREAK	6 weeks of 5-minute active breaks 3 times a day in the classroom routine.	2017	374 children from 6 primary schools	Sig. improvement in academic achievement and on-task classroom behaviour for individuals but not at a whole class level.	Theoretical underpinning
Winther et al. (2014), Australia	PP	Early Action Programme	Multi-tiered programme involving an action team of school staff and a psychologist. All staff completed 6 hours of training on behavioural	2007-2010	8546 students from 40 primary schools	No sig. effects at the universal level. Less than half of teachers reported that social skills and behavioural problems improved, whereas over	Theoretical underpinning; multi-tiered

Author (Year), Country	Study Design [a]	Intervention Name	Intervention Summary	Active Years [b]	Sample Characteristics	Key Findings	Themes
			difficulties and strategies. Higher tiers received parent and child support sessions, frequent psychologist consultations, and behaviour plan development.			70% of parents agreed with this.	

Note. A hyphen indicates an absence of reporting.

[a] Where the study design was not explicitly stated in the report, categorisation was made based on available knowledge (Gast & Baekey, 2014; Handley et al., 2018; Ranganathan & Aggarwal, 2018; Salkind, 2010). QED = quasi-experimental design; PP = pretest-posttest; ABAB = withdrawal design; C-RCT = cluster randomised controlled trial; CS = case study; sig. = significant.

[b] Active years refers to the implementation of the intervention rather than the period of research and is noted to support reflection of development over time.

Thematic Synthesis

In consideration of the question posed by this review, the narrative discussion has been organised by programme characteristics. Of the 29 articles included, 23 initiatives were underpinned by psychological theory, 8 were multi-tiered programmes, 18 used explicit student teaching, and 13 attended to the culture of the school environment. As shown in Table 1, some interventions involved more than one of these components, hence the sum of this list being more than 29.

Theoretical Underpinnings

The literature indicates that most successful interventions are theoretically driven, and where limited success is reported, there is an absence of psychological theory. Psychological theories which can be seen in this body of research include theory of change (Weiss, 1995), systems theory (Bertalanffy, 1968), attachment theory (Bowlby, 1979), social learning theory (Bandura, 1986), and ecological systems theory (Bronfenbrenner, 1979). The particular theory underpinning an intervention did not appear to relate to the success reported in the research reviewed. For instance, both the Together at School programme (Kiviruusu et al., 2016) and PALS (Ogden & Sørlie, 2009) are based on systems theory yet have differing impacts, with the majority of PBIS approaches showing significant improvements in school behaviour. Additionally, the presence or absence of a theoretical basis for an intervention did not consistently relate to successful impact. Although the Early Action Programme (Winther et al., 2014) rests on a framework of behaviour development theories, no significant effects were found in the study (although qualitative data did indicate some benefits for SED). It therefore could be concluded that it is neither the type of theory, nor the use of a theory, which characterises a successful intervention.

The key finding of this review is that the absence of theoretical underpinning was more common in articles where limited, lesser, or no impact on school behaviour was found. It must be noted that this judgement is based on a comparative assessment when regarding all studies in the review. Furthermore, the categorical status of interventions in terms of efficacy cannot be definitive due to the range of research methods involved (qualitative, quantitative, and mixed methods). It may be that future study seeks to conduct a meta-analysis of quantitative elements in this review, however this was beyond the scope of the current paper. As an example of what informed this conclusion, Novak et al.'s (2017) research of the PATHS intervention found no significant differences in a higher risk group of CYP but significant differences in a lower risk group. In contrast, Kamps et al.'s (2011) evaluation of CW-FIT found significant improvements for the whole class population as well as CYP identified as having behavioural difficulties. Where theories of self-determination and growth mindset inform the CW-FIT programme, there is an absence of obvious theoretical underpinnings for PATHS. This pattern can be seen across the articles reviewed, leading to the conclusion that an

intervention is more likely to be successful in improving school behaviour if underpinned by psychological theory.

Multi-Tiered Programmes

Programmes which offer universal interventions (i.e., for a whole school or class population) as well as targeted strategies (for specific groups or individuals) tend to be more effective in improving school behaviour. This is a key characteristic of PBIS, a model used widely across the USA which involves cascading support from a statewide level to individual schools (Barrett et al., 2008; Bradshaw et al., 2009; Luiselli, 2002). These three studies evaluate different versions of PBIS and all conclude that the approach is effective. Luiselli's report did not include inferential statistics and therefore the results have been interpreted with caution. In addition, where Barrett et al. and Bradshaw et al. conducted their research on a large population (467 schools and 37 schools, respectively), only one school was used for Luiselli's evaluation. Despite this critique, the widespread adoption of PBIS in the USA and the robust quantitative findings of Barrett et al.'s study exemplify the benefits of the multi-tiered approach adopted by PBIS.

Supporting the argument for a multi-tiered model of intervention, KooLKIDS (Carroll et al., 2017, 2020), HEARTS (Dorado et al., 2016), and PALS (Ogden & Sørlie, 2009), were also found to improve school behaviour. Winther et al.'s (2014) appraisal of the Early Action Programme also led to the conclusion of improvements in school behaviour. However, upon further inspection of the report, the data did not adequately represent the authors' inferences. At the universal level of the intervention, no significant effects were found, and qualitative data showed that only a minority of teachers reported improvements in behaviour and SED at other levels (although the majority of parents disagreed). To understand why the multi-tiered approach did not equate to efficacy in the Early Action Programme in the same way as other multi-tiered interventions, contrasting details in the initiatives can be inspected. KoolKIDS, HEARTS, and PALS involved explicit teaching to students of strategies for SED whilst the Early Action Programme did not. It is possible that this was an instrumental difference in the approaches which led to the variation in results.

Explicit Teaching

When specific content is delivered to CYP as part of their timetabled teaching and learning, the intervention is more likely to improve school behaviour (e.g., Busch et al., 2015; Carroll et al., 2020; Ogden & Sørlie, 2009). Some interventions mention psychoeducational strategies which are not in a curriculum (e.g., informational posters around school, ad-hoc discussions with students teaching them about behaviour) or delivering content to teachers and staff; these are not examples of the key factor being explored here. Explicit teaching in this review is intended to refer to lessons which CYP take part in involving curriculum content devised specifically for the intervention. This is a key

component of NGs, an approach which consists of removing specific CYP from the mainstream classroom to prioritise their SED above academic curriculum learning (Binnie & Allen, 2008; Cooper & Whitebread, 2007). This framework is similarly adopted by the Riroriro intervention which also involved individual play therapy for target CYP and training on trauma-informed practice for the whole staff body (Hunter-Dehn, 2021). All of these studies reported strong positive impacts on school behaviour, however it is unclear whether this is explained by the explicit teaching or other key aspects, such as smaller-group learning (assumptively a combination of these).

Another common model relating to this aspect across multiple interventions is group contingency; a way of gamifying behaviour management whereby CYP are taught how to behave in the classroom context in relation to a list of rules (Helton & Alber-Morgan, 2020). After teaching, a period of time is set where CYP receive points or other forms of token economy to motivate them to adhere to classroom rules and expectations. This contrasts to the NG approach in that the teaching is of observable behaviour, rather than relating to the underlying SED. In the context of this review, included group contingency approaches are the CBGG (Bohan & Smyth, 2022; Ford et al., 2020), the GBG (Kellam et al., 2014), and CW-FIT (Kamps et al., 2011). The CBGG is considered a version of the GBG reframed to be more aligned with theories of positive psychology. Whereas the GBG involves a points system based on rule infringement, the CBGG is focussed on rule adherence. This could provide an explanation for the variation in success of the interventions reported in the reviewed articles. Therefore, it could be concluded that positively oriented group contingency interventions support the efficacy of school behaviour interventions.

The difficulty with these approaches, and gaining insight from the studies which assess them, is that outcomes for CYP were not measured beyond when the group contingency approach was active. That is, although withdrawal study designs were used, the periods of data collection were (for example) a 20-minute intervention phase followed by a 20-minute baseline phase (when the game was not being played). Therefore, the longer-term impact on CYP's behaviour is unclear and it is possible that the behaviour changes are externally driven rather than supporting CYP's development. However, Kellam et al.'s research differs from the others in this category in that it was longitudinal and collected data from adults who experienced the GBG for two years at elementary school. They initially found no significant differences between participants who experienced the GBG and those who did not. After separating by gender and categorising baseline behavioural issues, males with persistently high issues were found to have significantly fewer behaviour difficulties in middle school. Although this could be taken to indicate favour for group contingency programmes beyond the short-term impact established, multiple other measures were not significantly impacted by the GBG (e.g., drug and alcohol dependency, aggressive behaviours). Furthermore, Kellam et al.'s study is based on the GBG applied in the years 1985-1987; a time considered to predate the current educational

context, as highlighted in the introduction to this review. The historical validity of this article is therefore questionable, although its findings may still provide some insight into the longer-term implications of group contingency interventions.

School Culture

Interventions which sought to change school culture (or ethos, as it was often referred to in the reviewed articles) as a means of improving school behaviour commonly used policy change and staff training to achieve this (e.g., Cooper & Whitebread, 2007; Dorado et al., 2016; Kiviruusu et al., 2016; Shortt et al., 2006). Within these articles there are some approaches which indirectly serve school behaviour because their primary focus is nutrition (Brennan et al., 2021; Busch et al., 2015). It is well-established that nutritional health is correlated with emotional wellbeing, therefore it could be concluded that this is the process by which school behaviour is impacted (O'Neil et al., 2014). However, it is proposed that an impact is seen on school behaviour because the avenue for the interventions is within school culture. This is supported by Brennan et al.'s research which found that conditions which involved the development of school culture (such as with policy change) produced significant improvements in behavioural and emotional outcomes. Conversely, conditions which focussed on CYP's food-related knowledge did not have significant effects. Given that this was a controlled trial, it is valid to conclude that the differences between conditions resulted in the contrasting findings. However, the aspect of culture was not the only variation between conditions. Despite this, the presence of policy change and staff training across interventions in the review which resulted in significant improvements to school behaviour demonstrates the importance of this characteristic.

Another means of developing school culture was to focus on staff-student relationships (Bonell et al., 2018; Gaias et al., 2020; Marlow et al., 2015; Polirstok & Gottlieb, 2006). There is a difficulty in understanding the significance of this from the literature because it is rarely reported when this factor is already having a positive influence. This is not a criticism of researchers, but rather related to the nature of relationships themselves in that if they are working well, they go unnoticed; it is only when they are detrimental that improvement is recognised. One of the advantages of a systematic review is the ability to recognise trends which would go otherwise unseen. This component is only visible by comparative examination of different studies. It could therefore be concluded that in a context without strong relationships between staff and students, an intervention which seeks to impact school culture should improve relationships as part of this. Additionally, the articles reviewed in this synthesis suggest that attending to staff-student relationships is a successful way to develop school culture.

Limitations

Various limitations of this review should be considered, some of which can be attributed to the academic context. Siddaway et al.'s (2019) guidance on best practice for systematic reviews suggests the use of multiple reviewers in the search and screening process, and the locating of unpublished works. This research was completed as part of a doctoral thesis, therefore bound by regulations to be independently produced and oriented by the importance of upholding scientific rigour (which proposes peer-reviewed articles as reliable sources). Another constraint could be that no systematic critical appraisal process was used. However, several authors have discussed the drawbacks of evaluating study quality in this way (e.g., Conn & Rantz, 2003; Jüni, 1999). In publications of the available tools themselves, caution is advised as to the definitive conclusions which can be made on the basis of such evaluations (Maeda et al., 2023). Therefore, reviewer critique of the studies was articulated where relevant to the synthesis. A final concern of this review is that, although following systematic protocol, it became apparent throughout the examination of the literature that some articles relevant to the research question were not retrieved. This is likely attributable to the search criteria used and future reviewers may benefit from expanding the scope by using a citation chaining approach (Haddaway et al., 2022). In addition, none of the articles included in this review were conducted on interventions delivered after the COVID-19 pandemic. Following a brief scoping of the available knowledge, research of this type appears yet to be published. Given the evident impact of the pandemic on school behaviour, it is necessary that the understanding developed in this review considers possible constraints of generalisation in the new societal context (Chaabane et al., 2021).

Conclusion

Importantly, a common finding reported in the reviewed studies was that effects were stronger with time (Bonell et al., 2018; Busch et al., 2015; Cooper & Whitebread, 2007; Dorado et al., 2016; Ogden & Sørlie, 2009; Underwood et al., 2023). This relates to the length of time interventions were implemented rather than the long-term impact of a discrete intervention (such as group contingency approaches). The evidence indicates that when data was collected at different time points across a successful intervention, the impact on school behaviour increased. The implications of this finding are that school behaviour is a complex issue requiring persistent intervention, and therefore schools seeking to change the status of the problem must be persistent to achieve optimal outcomes. In particular, the research suggests that a realistic expectation for impact is more than one year of consistent implementation.

The articles reviewed in this chapter demonstrate that the key characteristics of successful interventions for school behaviour are theoretical underpinning, use of a multi-tiered approach, explicit curriculum teaching, and school culture development. Examples to the contrary, however, are

evident within the review. Crucially, one aspect of this research is without exception; when only one of the four highlighted themes are present in an intervention, there is less positive impact on school behaviour. Additionally, two interventions for which unequivocal positive findings are reported combine all the factors highlighted in the themes above. The programmes HEARTS and PALS are multi-tiered, psychologically informed approaches in which the universal levels of support involve school culture development, and the targeted levels involve explicit teaching of SED (Dorado et al., 2016; Ogden & Sørlie, 2009). This suggests a necessary cumulative effect of the discussed characteristics. That is, interventions should seek to include more than one of these aspects to achieve the best outcomes for school behaviour.

Therapeutic Thinking

An approach to supporting school behaviour currently being implemented across the UK is Therapeutic Thinking (previously called Steps). As will be established in the following chapter, this approach involves all aspects suggested by this review to characterise successful interventions for school behaviour. The most relevant factor explored in this chapter is the theoretical underpinnings of Therapeutic Thinking, which are both foundational for the programme and integrated throughout its application. The programme is similar to the PBIS model in that it cascades from a local government level into schools. In addition, its widespread and growing use could be seen as likened to the trajectory of PBIS in the USA, at an earlier point. In contrast to PBIS, however, there is presently a lack of empirical research to evaluate its use; the subsequent chapter seeks to resolve this issue.

Chapter Two: Empirical Research

Introduction

The first chapter of this thesis established the need for further research into whole-school approaches for supporting positive school behaviour. This chapter addresses this need by presenting an evaluation of a programme called Therapeutic Thinking (TT). The TT programme offers a theory-driven, psychologically informed, whole-school approach via its train-the-trainer model which cascades from TT Ltd. (TTL) to local authorities (LAs), multi-academy trusts (MATs), federations, and ultimately, individual schools. While TT also extends its reach into health and social care, this research focuses solely on its impact within the education sector. It is currently implemented across 11 LAs and 6 MATs or federations in the UK, with a growing presence. The current widespread adoption of TT has been driven largely by anecdotal evidence; the organic promotion when one setting hears of the success experienced in another setting. A portion of this referral network is supported by local data which is collected by LAs to monitor the impact of TT or as part of the school census. However, this evidence is limited due to the reliance on self-report measures, and the lack of rigour in accounting for potential biases or extraneous variables. These constraints hinder the ability to draw comprehensive and reliable conclusions about the long-term effectiveness and broader impact of the TT programme. As far as the researcher is aware and the existing literature indicates, this study offers the first robust piece of empirical research into TT.

The Department for Education (DfE, 2023) writes that "schools and local authorities should work to create environments where school exclusions are not necessary because pupil behaviour does not require it" (p. 3). In the companion document to this, the DfE speaks mostly about whole school culture and the importance of a "calm, safe and supportive environment" (DfE, 2024a, p. 5). Therapeutic Thinking is closely aligned with these government initiatives, and it could be suggested that the legislative position is only beginning to adhere to the psychological evidence about the best approaches to school behaviour, which TT has followed since its origin in 2012 (under its previous name, 'Steps'). Irrespective of TT's advancement on national guidance, the current coherence between the programme and legislative position means that TT could be an option for improving the issue of behaviour in schools. Without robust research evidence, however, the efficacy of TT remains uncertain; this uncertainty carries significant implications. If TT were found to be less effective, it might raise concerns about the optimal allocation of valuable resources. Conversely, if TT is shown to support school behaviour, it provides a meaningful opportunity to positively influence both individual students and broader societal outcomes.

Research has consistently shown that persistent school behavioural issues can have detrimental long-term consequences, increasing the likelihood of involvement in the criminal justice system, mental

health services, and hindering overall societal contributions (e.g., Madia et al., 2022; Wolf & Kupchik, 2017). In addition, research indicates that the punitive justice systems embedded throughout the UK educational institutions are having a negative impact on children and young people (CYP; singular or plural implied hereafter; Ijaz et al., 2024). Therefore, understanding the effectiveness of interventions like TT is crucial for mitigating these negative outcomes and fostering a more positive and productive future for CYP. Please note that throughout this research some terminology has been collated for ease of writing. When referring to schools, this also relates to other educational settings (i.e., such as where other literature often refers to schools and/or settings). Reference to parents is inclusive of carers and other family members who may take on a parental role.

Theoretical Underpinnings of Therapeutic Thinking

The systematic review leading this research showed that there are four key characteristics of successful interventions for school behaviour: having a theoretical underpinning (e.g., Binnie & Allen, 2008), providing multi-tiered support (e.g., Dorado et al., 2016), the inclusion of an explicit curriculum (e.g., Novak et al., 2017), and a focus on school culture (e.g., Bragg et al., 2022). Therapeutic Thinking fulfils each of these criteria, with the theoretical basis being the primary aspect. Broadly, the programme is grounded in humanistic psychology, holding the perspective that humans are complex beings requiring understanding through examining their holistic experience (Bland & DeRobertis, 2019). Humanistic psychologists argue that people cannot be compartmentalised and that working with individuals means recognising their ecological contexts and hypothesising about the impact they have on the person. They believe that the narrative surrounding an individual's life provides ideal insight into who that person is, and who they might become. By this notion, TT takes the view that school behaviour is determined by the social and emotional development of a CYP, and that this is created by their life experiences. Therefore, improving how school behaviour is supported must take a stance of attending to CYP's social and emotional experiences.

Aligned with this ontological basis, TT's core concepts are based on theories of childhood development, particularly attachment theories, adverse childhood experiences (ACEs), and functional behaviour theory. Attachment theory was originally developed by John Bowlby in the mid-20th century and posits that the bond between a child and their primary caregiver plays a critical role in the child's emotional and social development (Bowlby, 1979). Bowlby proposed that this bond is not merely a result of the caregiver providing food or safety, but rather a fundamental aspect of the child's psychological development, influencing their behaviour and their ability to form relationships throughout life. Attachment theory then evolved with Mary Ainsworth's definition of different types, or styles, of attachment, which in modern psychology is now recognised as an outdated perspective

(Fraley et al., 2013). The current view of attachment theory maintains that the development of relationships in early life are foundational for a CYP's later social and emotional experiences (and therefore, their behaviour; Fearon et al., 2010).

The theoretical framework surrounding ACEs is grounded in the understanding that early exposure to trauma can disrupt a child's neurological and psychological development (Anda et al., 2010). Researchers have evidenced that experiences such as abuse, neglect, and household dysfunction have a strong correlation with negative outcomes in adulthood, including physical health issues, mental health disorders, and behavioural problems (Felitti et al., 1998). Additionally, it is theorised that ACEs have a 'dose-response' relationship with later outcomes, meaning that having more ACEs in an individual's childhood increases the likelihood of difficulties manifesting in later life. Contemporary perspectives about ACEs emphasise the importance of resilience and protective factors in mitigating lasting impact (Larkin et al., 2012). Supportive relationships, positive community environments, and effective coping strategies are highlighted as critical components in buffering the long-term effects of ACEs. A key element of the TT programme is educating school staff about how a CYP's behaviour develops, that is not merely a choice made by the individual, and that their behaviour can change with the provision or enhancement of protective factors.

Functional behaviour theory proposes that a CYP's actions or responses to stimuli (i.e., the environment, other people, internal sensations) serve a purpose (a function; Alstot & Alstot, 2015). It is based on the ideas of operant conditioning (Skinner, 1953) in that when a behaviour succeeds in achieving a goal for an individual, it is reinforced and therefore more likely to occur. These goals are considered as meeting a need in one of four areas; sensory, escape, attention, or tangible (Alberto & Troutman, 2013). For instance, a CYP may throw their pencil across the classroom because it is visually stimulating (sensory), because doing so means they will be removed from the classroom (escape), because the teacher will speak to them (attention), or because they will be given a new pencil (tangible). However, understanding behaviour is rarely as simplistic as suggested by this example. Moreover, the difficulty increases when integrating the theories of humanism, attachment, and ACEs to inform hypotheses about CYP's behaviour; a challenge which TT takes on.

Methodology: Realist Evaluation

This research makes use of realist evaluation (RE; Pawson & Tilley, 1997), a methodology originally devised to evaluate interventions (or a programme, as a combination of interventions) in health care settings. Realist approaches go beyond simply uncovering whether a programme works or not, instead they acknowledge that intervention outcomes are subject to contextual influence and, therefore, attempt to answer the question: 'how, why, for whom, and under what circumstances' does a programme work (Gilmore et al., 2019). Realist evaluation, therefore, goes beyond the change

that can be empirically observed and searches to uncover the causal processes (mechanisms) that bring about these changes. These mechanisms are real processes and are context sensitive, but are not necessarily observable (e.g., thought processes, emotions, interpersonal relations, motivations; Timmins & Miller, 2007). The expectation is that when a programme is applied to certain contexts, it will trigger the appropriate mechanism which in turn will cause the desired outcome (Nielsen et al., 2022). By exploring these mechanisms of change, RE aims to understand how a programme works or is expected to work within specific contexts, and what conditions may hinder or promote successful outcomes. The use of RE has become increasingly valued in educational domains as it accommodates the common issue of context dependency in applied research (Nielsen et al., 2022). Empirical findings in psychology can often be criticised for lacking generalisability because of the complexity of human nature and the scope for uncontrollable variables (Smedslund, 2016). If an intervention is found to be successful in one school, one class, or with one individual student, there is no guarantee that this same intervention would work in a different setting. Realist Evaluation accounts for this issue because it makes that context a vital part of the research itself. In RE, going beyond whether a programme works, into what about a programme works, under which circumstances, and for whom makes the appropriate contexts for a successful intervention a key part of the research thus eliminating the critique around context dependency/generalisability (Greenhalgh et al., 2015).

Realist evaluation is method-neutral, that is, methods for data collection are not imposed on the researcher. However, the design should be based on the realist concepts of construct validity and generative causation (Greenhalgh et al., 2015). Construct validity refers to the degree to which a test or instrument measures the theoretical construct it is intended to measure (Strauss & Smith, 2009). In the case of RE, it relates to the evaluation being designed in a way which accurately reflects the psychological constructs of the programme. In other words, the design must follow logical reasoning; conducting a general knowledge quiz to evaluate the impact of an intervention to improve students' behaviour would lack construct validity. Typically, quantitative measures are evaluated for their construct validity but in this instance, the consideration is for the use of focus groups as a method for obtaining the perspectives of different stakeholder groups. Generative causation can be explained literally in a linguistic sense, a causation (an outcome) can only be generated in certain contexts, and the means of that generation is the mechanism. Pawson and Tilley (1997) used the analogy of gunpowder to explain this concept more clearly, as seen in Figure 6. The chemicals in the gunpowder are the mechanism, the means of generating an explosion (the outcome). But this mechanism cannot be activated unless certain factors (contexts) are present (oxygen, dryness, compaction, power), and it is the spark that stimulates the entire process (the intervention or programme). Importantly, Pawson and Tilley (1997) noted that mechanisms are not isolated to one configuration, they may "have different effects on different subjects in different situations, and so produce multiple

outcomes" (p.217). For instance, the chemicals in the gunpowder (mechanism) produce an explosion (outcome), but if an additional compound is present then this different context could create a different outcome (like evaporation or dissolution).

Figure 6

A Model of the Gunpowder Analogy for Generative Causation
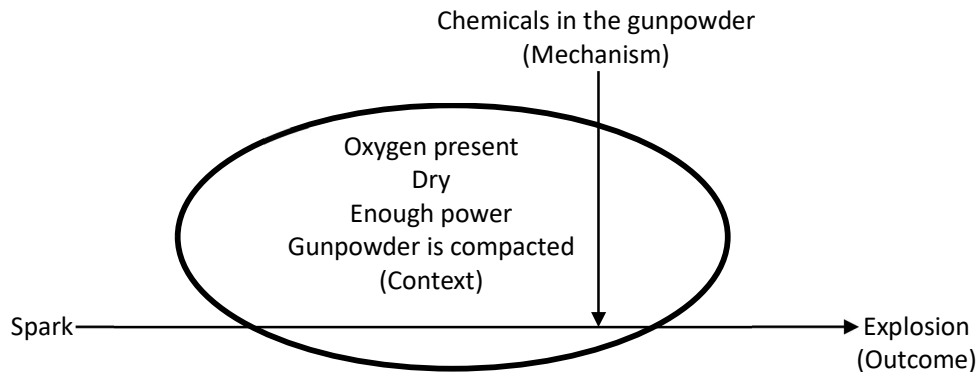
Note. Adapted from Pawson & Tilley, (1997), p.58

Overall, RE is grounded on this premise that 'outcomes' are triggered by 'mechanisms' which occur in certain 'contexts', and these can be gleaned from gathering data about a programme. Researchers can use the heuristic tool of context-mechanism-outcome configurations (CMOCs) to present ideas of how the three elements are related (De Weger et al., 2020). Many researchers have further expanded on this framework to include components of 'intervention' (elements of the programme) and 'actor' (stakeholders within the programme), resulting in ICAMO configurations (ICAMOCs; Marchal et al., 2018; Mukumbang et al., 2020). Smeets and colleagues (2022) provided a concise example to illustrate this concept; "regular team meetings (I) organized by a general practitioner (A) at an inspiring location (C) could give team members (A) a feeling of be-longingness (M), potentially leading to better communication and co-operation within the team (O)" (p. 158). The configuration heuristic is used as a platform on which to base a programme theory (PT); the causally generated idea about how, under what circumstances, and for whom, a programme works. Prior to conducting an evaluation, an initial PT (IPT) is formed based on the programme architecture (PA) and any preliminary knowledge about the workings of the programme (Owen et al., 2024). The PA describes the programme being evaluated, in practical terms; detailing the different components of the programme and how they are structured (Jagosh et al., 2022). The IPT can then be used to develop a plan for the evaluation with methods based on construct validity, and analysis based on the concept of retroduction.

Retroduction, or retroductive theorising, is closely linked to generative causation in that it can be seen as the analytic process by which generative causation is established (McEwan et al., 2024). Mukumbang et al. (2021) explain retroductive theorising as a means of inference making which hosts an interplay of induction (making predictions based on observations), deduction (making predictions and validating them through observations), and abduction (the creative thinking required to come up with predictions). Jagosh (2020) highlights the importance in RE of the distinction between abduction and retroduction, with the former being epistemological as it directs attention to how predictions should be thought of, and the latter being ontological as it is the recognition that predictions move beyond the empirical (the observable) to the real (the latent). To further articulate this, Jagosh expands on an analogy initially made by Lawson (1997) surrounding the colour of ravens. Induction is used through the process of asking the question 'what colour are ravens?' and reaching the conclusion, based on multiple observations, that all ravens are black, therefore predicting that the next raven will be black. Deduction asks the question 'are all ravens black?' and observes whether the next raven is black to reach a conclusion. Retroduction moves beyond the observable to consider the deeper ontological levels of reality, considering not whether all ravens are black but that if they are, how so? Abduction is the ability to creatively consider the different possible responses to the question and decide which is most plausible. It is the process of looking back from, below, or behind the observed pattern of black ravens (outcome) to conclude that their colour is an evolutionary adaptation (mechanism) which changes based on their environment (context). Using retroductive theorising to analyse the data collected, the RE process then involves refining the IPT with multiple iterations of PTs (middle-range theories, MRTs) before a final, refined PT (RPT) is presented (McEwan et al., 2024). Please see Table 2 for a summary of the key terms outlined in this section (informed by understanding from various authors: Greenhalgh et al., 2015; Jack, 2022; Jagosh, 2020; Jagosh et al., 2022; McEwan et al., 2024; Mukumbang et al., 2021, 2023; Nguyen et al., 2022; Strauss & Smith, 2009).

Table 2

Key Terminology in Realist Evaluation

Term	Definition
Programme architecture (PA)	The components which comprise a programme/intervention; a full description of all the elements involved and how they are structured to form the programme.
Programme theory (PT)	An idea about how, why, and under what circumstances a programme works.
Initial programme theory (IPT)	A PT in its pre-evaluative stage, based on assumptions about why the programme is expected to work.
Middle-range theory (MRT)	A PT in the midst of evaluation, when theorising is taking place at a deeper level than that of the IPT but is still in need of refinement.
Refined programme theory (RPT)	A PT post-evaluation which, in the absence of new information, is saturated because additional data collection is not anticipated to create further refinement.
Intervention	A strategy within a programme, a specific element of a programme, or a combination of these.
Context	A feature of the circumstances which form the setting for the intervention, such as an environmental factor.
Actor	An individual, group, or institution which plays a role in the programme; stakeholders.
Mechanism	A determinant of change, an action or reaction that occurs as a result of the intervention or programme.
Outcome	A change which occurs as a result of the programme.
ICAMO configuration (ICAMOC)	A heuristic explanatory tool with which to construct PTs.
Construct validity	The degree to which the evaluation design is justified by the IPT.
Generative causation	A realist principle which underpins the concept of the relationship between contexts, mechanisms, and outcomes, whereby the outcome is caused by the context's generation of the mechanism.
Retroduction	A form of inference which involves making the unobservable visible by using a combination of induction, deduction, and abduction; the mode for theorising in RE.

Design

The relative flexibility of the chosen methodology means that researchers have a degree of autonomy in the structure of their RE, which is typically contrary to the format of most empirical papers (data collection, analysis, results). To support this, the study has been designed taking guidance from the RAMESES II (Realist And Meta-Narrative Evidence Syntheses: Evolving Standards) to uphold quality assurance (Greenhalgh et al., 2015). These quality standards can be summarised as follows:

1. Evaluation Purpose – The aim of the research is to improve understanding of how and why a programme works (or not), and this purpose is clearly articulated for the layperson reader.
2. Generative Causation – Research strategies are consistent with a comprehensive understanding of realist generative causation (as explained in the gunpowder analogy).
3. Realist PT – The ideas which contributed to the development of the programme are made explicit and translated into realist terms to provide an IPT predicting how and why a programme works. This is then refined through appropriate data gathering and interpretation to produce an RPT formed of one or more ICAMOCs.
4. Evaluation design – Methods to confirm, refute or refine the PT are clearly described and justified; clearly reporting any adaptations made as new knowledge arises. The design is informed by the IPT, flows logically from research aims through to data analysis, and is ethically sound.
5. Data collection – Data is sought relating to each construct in the configuration and to inform interrelationships. Methods for collection are driven by the PT, are consistent with the realist domain (e.g., realist focus groups), are unbiased (seeking to capture positive, negative, expected and unexpected outcomes) and, where possible, use multiple methods to facilitate data triangulation.
6. Sample recruitment – Key respondents, diversified in their experiences, are found through purposive sampling directed at identifying participants able to provide information about the PT. When necessary, informants are returned to as new evidence emerges to explore the PT extensively.
7. Data analysis – The overall approach is retroductive, the process is iterative, the findings integrate data, PT, and formal theory, and the overall analysis consists of assigning conceptual labels (ICAMO) to data elements, identifying the relationship between concepts within configurations, and identifying the relationships across configurations (interactions between ICAMOCs within a PT).
8. Reporting – Reports are consistent with the RAMESES II reporting standards (Wong et al., 2016), conclusions and implications for policy/programmes/practice follow logically from

data analysis, writing is transparent and clear, and formats are diversified for dissemination of findings.

Overview of Study Design

To begin, a description of the PA is provided for contextual understanding and to form a basis for the presentation of the IPT. This is informed by a collection of academic and grey literature (including programme website and other documentation), professional knowledge, personal experience, and conversations with stakeholders. Data is not formally presented from these stakeholder conversations due to their natural occurrence being prior to initiating the research. That is, initial communication with these stakeholders took place in advance of the research to plan and discuss the feasibility of the project, but no formal research data was collected at this stage. The specification of objectives for the research then follow, in the form of the evaluation questions (research questions). An account of what was planned, carried out, and why, is then offered in the justified evaluation design. The subsequent methods section includes a description and justification of participant details, the recruitment process, the sampling strategy, data collection and analysis methods, and the process for PT refinement. Details of the ethical approval for the research are then shared, with a more in-depth exploration of the ethical considerations provided in chapter three of the thesis. The findings are then broken down into three sections; examples of the iterative process between data and theory in the early stages of PT refinements, a description of the MRTs and how they arose from the data, and the final RPT representing the overall response to the evaluation questions.

Programme Architecture

Therapeutic Thinking Ltd. is a company which provides services to LAs, MATs, federations, schools, and professionals, including consultancy, bespoke support for provision and policy development, and the implementation of training programmes (TTL, 2024). The TT programme as discussed in this thesis refers to the company's core training product which supports educational settings to develop "a trauma-informed approach to behaviour… grounded in evidence-based research" (TTL, 2024, Home section, para. 2). The programme follows a cascade model whereby, typically, an employee from a LA or MAT becomes a 'Lead' who facilitates the deployment of the programme across their organisation, with support from TTL. Leads sometimes have TT as their sole occupation within the LA or MAT, or sometimes occupy a joint role, like being an educational psychologist. Schools can then send delegates from their staff body to complete the three-day TT training to become 'Tutors'. The Tutors then return to their educational setting to disseminate the training they have received to their colleagues. Staff who have received the minimum six hours of compulsory training from a Tutor are then referred to as 'Practitioners'. Importantly, the TT programme expands beyond the completion of

mandatory training; in fact, the training can be considered as simply a starting point to an educational setting adopting the TT approach.

This research evaluates the programme which disseminates the TT approach into schools, via the cascade model. It therefore considers the uptake of TT within LAs, the three-day Tutor training course, the six-hour Practitioner training, and the broader implementation of the TT philosophy which is often guided by supervisory support from Leads. Despite the training content being provided by TTL, it becomes locally owned by each LA, therefore there is some autonomy in terms of how the programme is delivered. The core principles and essential training remain the same, with some variation in the mode of delivery and follow-up support. For instance, in one LA, the training may be delivered online and in another it may follow an in-person model, the three days may be offered successively or spread over three weeks, and there are some slides in the training presentation which are optional. Regardless of these variations, the core content which comprises the TT programme (theory, strategies, practical tools) remains consistent. As the programme involves a range of elements which can vary depending on the LA, the PA will be articulated in terms of the content covered over the three days of initial Tutor training (the Practitioner training is simply a condensed version of this content). Importantly, the purpose of the whole three days is three-fold; (1) to teach Tutors the actual programme content (the theoretical and practical knowledge and skills), (2) to advise Tutors how to deliver the Practitioner training in their settings (and provide them with an opportunity to practice this), and (3) to orchestrate a mindset shift in Tutors to be more therapeutically thinking.

Day one is focussed on the theoretical underpinnings of the programme: attachment theory, trauma, and ACEs. Firstly, the national and local contexts are shared; the national provided by TTL and the local drawn up by the Lead in the LA which often involves presenting data about the impact of TT in the LA over time. The core principles of the TT philosophy are discussed, such as the intrinsic links between emotions and behaviour, the complexity of the human condition, and the holistic intentions of education (although these discussions continue across the three days, this is when the explicit presentation takes place). In the interests of laying the foundations for the rest of the course, key terms and concepts are defined and negotiated in order to obtain a shared understanding. Some of the crucial government literature is used to inform these definitions, as well as setting the legal parameters for approaching school behaviour, demonstrating how the TT programme is in alignment, and outlining the statutory responsibilities of schools. Space is also held for important conversations around equality and diversity, as well as a core theory around inclusion in education. It could be suggested that TT can be used as a model for inclusive education, however the notion of true inclusion is one which is widely and subjectively contested. Most of day one surrounds obtaining a

critical understanding of the programme's underpinning psychological theories:

- Attachment: the perspectives of four key theorists in the field, and the emerging modern position of attachment styles as changeable behaviour patterns rather than fixed traits.
- ACEs: defining trauma and toxic stress, sharing examples of ACEs, providing data on research into the implications of ACEs in later life, and hosting a key conversation about what has become a controversial term, 'trauma-informed practice'.
- Exclusion: inspecting the government perspective, exemplifying the scale of the national problem using research data (how many exclusions occur, and the catastrophic implications of them for CYP and wider society).

Day two is focussed on translating theory into practice, taking some of the legislative documents discussed on the previous day, as well as other important literature (e.g., books and research publications) and associated statistics to actualise the problem of school behaviour and justify the need for change. The traditional approaches to managing behaviour in schools (control, discipline, punishment) are then challenged through sensitive, but potentially confronting, conversations which involve comparison to more modern, therapeutic ideas around supporting school behaviour. After these respectful and compassionate discussions, the content moves towards the practical strategies forming the programme, emphasising how these strategies benefit the necessary evolution of the education system. Day three consolidates the previous two days of learning with ongoing discussions and Tutors planning and delivering part of the presentation as they would to Practitioners in their settings.

Throughout the programme, Tutors are guided to practice the strategies and principles in the context of their own setting, thinking about CYP they know and discussing them anonymously. The strategies and practical elements of the TT programme have recently been restructured into five levels (ranging from a universal behaviour curriculum to specialist therapeutic planning), with each level involving deeper analyses and more specialised interventions. Every level has clearly defined processes and associated physical resources which facilitate inclusion in educational settings. This multi-tier aspect of the programme means that there are different strategies available for different levels of CYP's needs, as is required by the Special Educational Needs and Disabilities (SEND) Code of Practice (DfE & Department of Health, 2015):

A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing

specialist expertise should be brought to bear on the difficulties that a child or young person

may be experiencing. (p. 280)

Integrated throughout the training are quotes, pictures, videos, case studies, and examples which are shared and discussed in a way which ignites Tutors' open-mindedness and recognition of the need for a therapeutic approach to education. The exact nature of this aspect of the programme is dependent on the person delivering the training, which is why the Leads have a closer working relationship with TTL and greater experience or more intensive support for their role. Typically, training is co-delivered by a Lead and one of the programme directors. One example of how this mindset-shift component is implemented in the programme is shown in Figure 7. This meme is often displayed on the screen as people enter the training on day one (if following an in-person model of delivery), to organically encourage interesting discussions. In simplified terms, the programme seeks to create therapeutic educational environments by increasing staff knowledge of child development and providing the systems required to support this development.

Figure 7

Example of a Training Slide
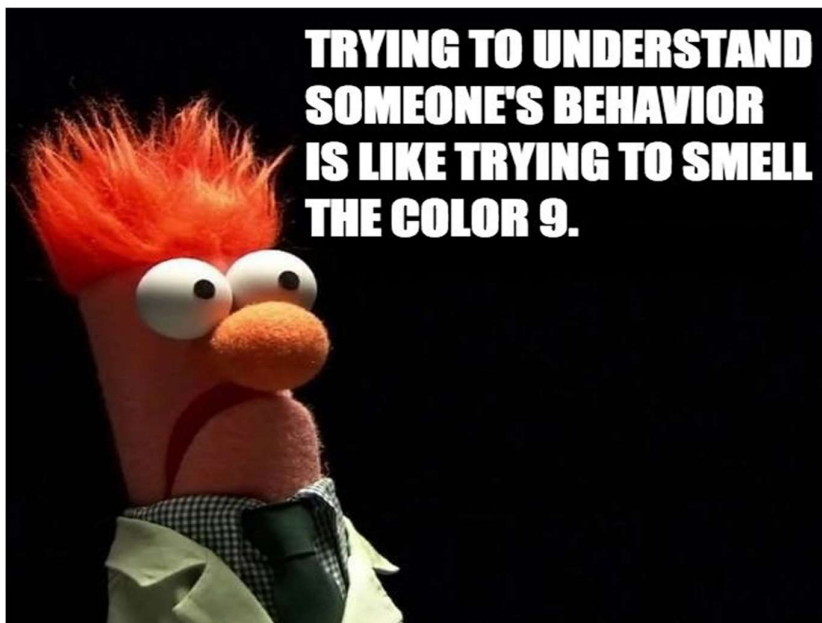
Note. From "Quotes by Genres", by unknown, n.d.

(https://www.pinterest.com/pin/21532904441931016/). In the public domain.

Initial Programme Theory

Realist evaluators' IPTs are formed of configurations based on how a programme is expected to work, often based on initial interviews with stakeholders, document inspection, and existing literature (Gilmore et al., 2019; Mukumbang et al., 2018a). Sometimes development of the IPT is in itself a research project, particularly when little is known about the programme or intervention under evaluation (e.g., McEwan et al., 2024). Considering that this is the first instance of exploration into TT, it may be assumed that such priority is needed for the development of an IPT here. However, prior to beginning the research, the researcher's professional experience led to multiple and varied conversations with different stakeholders regarding the nature of TT, creating a pre-existing general knowledge about the programme's expected aims. As previously noted, the widespread uptake of TT has been mostly driven so far by anecdotal evidence meaning that the narrative surrounding the programme could be biased. Therefore, lacking academic rigour in the organic acquisition of this information could be considered to require caution of potential bias, so the IPT has been kept broad to support the validity of the evaluation:

The TT programme (C) improves school behaviour (O) by increasing knowledge (M) around child development (I) in school staff (A).

Table 3

Initial Programme Theory Components

Intervention	Context	Actor	Outcome
Multi-tiered	Primary school	Leads	Therapeutic approach
Underpinning theory	Secondary school	Tutors	Reduction in exclusions
Explicit curriculum	Specialist setting	Practitioners	Accessible environments
Culture and ethos	MAT	Programme directors	Cost-effectiveness
Cascade model	LA	School staff	Improved capacity
Trauma-informed	Maintained school	CYP	Active participation in learning
Partnership across agencies	Academy school	Parents	Upskilled staff
Consistency across settings	Accountability	LA	Inclusive education

To add depth to the IPT, a table was created of components which were expected to appear in the evaluation (see Table 3). Typically, the interrelationships between these components would be hypothesised to form additional configurations in the IPT (Roodbari et al., 2021). As indicated by the PA, the TT programme is complex and given the primacy of this research as the first to understand TT, it was decided that rather than hypothesising any further specific configurations at this early stage, it would be better for the relationships between these components to come from the data collected. Furthermore, given the nature of the data used to inform the IPT, the mechanistic components would also be sought inductively. This approach is supported by other realist evaluators who highlight the challenge of distinguishing between a component being a context or a mechanism (Dalkin et al., 2015; Jagosh et al., 2014). By omitting mechanisms from the IPT, it is hoped that the issue often faced by other researchers of re-categorising concepts can be minimised. This resulted in intervention, context, actor, and outcome components which were anticipated to play a key role in the developing PTs. The researcher's pre-existing understanding from natural exposure to the programme and conversations with stakeholders, the literature base, and data available on the TT website were used to form the component table, as described.

The literature shows that an intervention being underpinned by theory and having a multi-tiered approach, that is, varying levels of support for CYP with varying levels of need, are important factors for success. Previous experience of the programme has indicated, as shown by the PA, that these are also aspects of TT; 'multi-tiered' and 'underpinning theory' have therefore been included as an intervention component in the IPT. Conversations with the directors of TTL emphasised the importance of an explicit curriculum to teach emotional/behavioural skills, leading to this also being included in the component table. As apparent from the PA and professional experience, the cascade model seems to be a key part of the programme and discussions with other stakeholders as well as the headline on the TT website "We provide a trauma-informed approach to behaviour" led to the addition of 'trauma-informed' to the component table (TTL, 2024b, Home page). Given the knowledge that TT is currently implemented in primary, secondary, mainstream, academized, and specialist settings, across MATs and LAs, it was expected that these would form contexts in the upcoming evaluation. The actor components anticipated to arise were the different levels of TT agents (Leads, Tutors, Practitioners, directors), CYP and by secondary impact, their parents. School staff were also included because conversations with stakeholders indicated that some staff were not categorised as Practitioners due to not receiving the full six-hour training course but were still involved in implementing the TT programme. The LA was also incorporated into the actor domain, considering the LA as an active participant in the programme (as well as an environmental context).

The outcomes for the IPT component table (underlined) and some further intervention (italicised) and context (bolded) components were drawn from the TT website where the "Objectives of implementing Therapeutic Thinking" are listed (TTL, 2024a, About section):

- To support settings to develop a <u>therapeutic approach</u> to behaviour.

- To ensure all children and young people, regardless of any SEND needs, <u>[inclusive education]</u> their emotional wellbeing or identified behaviour needs receive their entitlement to full-time education, balanced curriculum, and extra-curricular activities.

- To enable schools and other settings to create an inclusive *ethos* and an <u>accessible learning environment</u> in which children and young people can <u>actively participate</u>.

- To enhance the <u>ability</u> and <u>capacity</u> of school's other settings, and the local authority to work in partnership to secure measurable outcomes for all children and young people.

- To improve the *consistency* and effectiveness of *partnership* working between schools, education settings and other agencies, leading to sustained quality outcomes.

- To <u>reduce and ultimately eliminate exclusions</u> by considering more inclusive alternatives.

- To ensure that resources are deployed equitably and transparently.

- To focus on securing a <u>cost-effective</u> approach and long-term value for money.

- To create clear channels of **accountability** which enable the effective monitoring of outcomes.

Although there is more which could be inspired from this list, the most relevant points were chosen based on whether they, or similar constructs, were corroborated by other evidence. For example, the equitable deployment of resources was not mentioned in the PA because there was no prior knowledge about this aspect of TT. Conversely, the notion of inclusive education as an outcome was repeatedly present in professionals' narratives around TT.

Evaluation Questions

As acknowledged by the realist paradigm, the TT programme does not exist in a controlled experimental setting – it is constantly impacted by the extraneous variables of the complex real-world environment. Moreover, the programme itself is constantly adapting to new knowledge, policies, legislation, and stakeholder input, making it a dynamic organism with everchanging infrastructure. Utilising RE for this research means that the core aim is to improve understanding of how TT works, accounting for these natural constraints of reality. Therefore, the following research questions have been extracted from the IPT based on what is feasible (under the practical limitations

of the thesis) and what is useful (for the development of TT and other interventions for school behaviour):

1. What are the changes caused by TT, and how?
2. In what circumstances does TT create change, and why?
3. What are the barriers and facilitators of the programme in creating change, and for whom?

Evaluation Design

Within RE, there is freedom for the researcher to design the evaluation in a way that suits the programme being evaluated, and to make pragmatic decisions based on where answers to the research questions are likely to come from (Timmins & Miller, 2007). As such, the design took advantage of the different stakeholder levels (Leads, Tutors, and Practitioners) and the cascade model of programme delivery to facilitate a successive focus group (FG) model. Focus groups are a valuable tool in RE because they provide a platform for participants to share their experiences of the programme in open-ended discussion, guided by the researcher, which enables both theory refinement and theory generation (Manzano, 2022). In addition, FGs are a uniquely fertile ground for the inference of causal mechanisms due to the conducive difference in group reasoning compared to independent reasoning. Seeking to go beyond thematic saturation in data, RE proposes retroduction as the main analytic strategy; "building models using cognitive material and operating within the ambit of analogy and metaphor, to uncover structures and mechanisms… transcending the social construction of facts and evidence" (Mukumbang et al., 2021, p. 4). Between, behind, and within the interactions of participants during FG conversations, this retroductive theorising can take place more availably than it might with quantitative strategies or with individual interviews.

Beyond their benefits specifically for use in RE, FGs are known for other advantages; the group dynamics encourage creative thinking and authentic expression (revealing attitudes which may not surface in individual interactions), there is scope for the exploration of contradictions and nuances, the data collection is more time-efficient, and additional insights can be gleaned from observational data (Krueger, 1988; Patton, 2015). In addition, the researcher was particularly interested in the method's capacity to elicit diverse perspectives to counter ethical concerns around RE being focussed on 'what works' rather than what does not. However, limitations of FGs are also acknowledged; groupthink means that dominant personalities can influence the discussion to a higher degree and quieter voices can become silenced (Janis, 1982), social desirability bias could cause participants to feel pressure towards conformity to group norms and may avoid expressing perceived unpopular opinions (Podsakoff et al., 2003; Schwartz, 1977), and the findings may not be generalisable to the larger population (Creswell, 2014; Patton, 2015). Strategies to reduce the impact of these limitations included within-group monitoring of contributions to invite quieter participants into conversations,

and out-of-group instructions and guidance to emphasise the importance of different perspectives and the intended safe climate of the groups.

The plan was initially formed of six FGs, intended to be carried out in the following order: one with Leads, two with Tutors, three with Practitioners. This plan was based on the available participant population and recruitment expectations whereby the cascade model of TT meant that each successive stakeholder level had a higher population from which to recruit a participant sample. For instance, a single Lead may train 100 Tutors, and each Tutor trains 40 Practitioners (resulting in a population of 4000), therefore increasing the number of FGs with each level would enhance the representativeness of the sample and hence, the data. However, likely in relation to the pressures of Practitioner's core roles in schools (as teachers/teaching assistants), participant recruitment for the final stakeholder group did not amount to enough to form three FGs and instead only one was feasible.

Methods

A total of 19 participants attended four FGs across the course of the research (excluding a follow-up FG for which no data was collected or stored beyond researcher reflection); please see Table 4 for participant characteristics split by FG. Participants were sought from the three stakeholder levels (Leads, Tutors, and Practitioners) to provide a comprehensive view of the programme's impact with unique perspectives being provided by each professional group. Participants were identified using purposive sampling, in accordance with RE guidance (Wong et al., 2016). They were recruited via email using the channels of TTL; company directors forwarded the recruitment email for Leads via their contact already stored for internal communications, Leads then forwarded emails to Tutors'

Table 4

Participant Characteristics

Focus Group	Number of Participants (female, male)	Stakeholder Level	Time in current TT role (as of January 2024)*
1	4 (3, 1)	Lead	< 1 year – 7 years
2	9 (7, 2)	Tutor	4 years – 12 years
3	2 (2, 0)	Tutor	< 1 year – 6 years
4	4 (4, 0)	Practitioner	3 years – 7 years

Note. *Participants sometimes had more length of experience with TT in previous roles, some participants approximated dates in their response, rounded to years.

contacts, and Tutors forwarded to Practitioners (see Appendix B). The participant information forms were provided via a Microsoft Forms link in the recruitment email and associated conduct information was sent following completion of this form (see Appendix C and D, respectively). Contact and demographic details were only stored after participants registered their informed consent (see Appendix E for anonymised records).

Focus groups consisted of online conversations on Microsoft Teams whereby the researcher shared hypotheses, suggested configurations, encouraged participants to use practical examples, and facilitated conversations to elicit as much information as possible. Groups lasted between 69 and 88 minutes (with a mean time of 75 minutes), with transcriptions automatically generated and later reviewed and edited for accuracy by the researcher. Each transcript was stored as an individual source and analysed sequentially. As the FGs were carried out, informal inferences contributed to the adaptation of discussion schedules. For instance, after a prominent discussion in FG1 about the importance of more than one member of senior leadership within a school advocating for the TT programme, this was proposed as a hypothesis in FG2 to stimulate discussion. Each FG involved constant reflection and generative structuring of the discussion (i.e., the researcher guided the discussion by being considerate of new topics or constructs as they arose). As such, a broad guide for the structure of the FGs was developed to ensure flow of conversation when this intuitive approach fell short (please see Appendix F) and the researcher made use of brief, anonymised, reflective notes when key constructs arose to be carried into the next discussion.

The formal analysis process was initiated after the first four FGs were carried out and transcribed. Editing the automatically generated transcriptions for accuracy enabled initial familiarisation of the data. The IPT component table was used to create a coding framework (see Table 5) with the analysis implemented based on the RAMESES standards for RE; using retroduction as part of a clearly described iterative process, moving between data and theory (Mukumbang et al., 2021). The coding framework made use of the reviewer commenting tool in Microsoft Word, where codes were linked to the relevant portion of data by highlighting the transcribed text which the researcher recognised as either a construct (denoted by a capital letter I/C/A/M/O and a lower-case letter related to a previously identified element). For example, if a participant working in a primary school shared their experience of the programme improving teachers' relationships with children because teachers generally have a kinder attitude towards students then this would be coded as 'IdCaAeOg' to indicate 'culture and ethos, primary school, school staff, improved staff-student relationships'. As the analysis is carried out, in alignment with realist principles and the RE approach, codes could be modified or added as new construct terms arose (e.g., 'improved staff-student relationships' could become 'improved within school relationships'). A new column would also be added to this framework for

mechanisms (Ms) as these were elicited throughout the analysis. A record of any decision-making or rationales for theory refinement was kept by adding further comments to transcriptions throughout the analysis process.

Table 5

Coding Framework

Codes	I	C	A	O
a	Multi-tiered	Primary school	Leads	Therapeutic approach
b	Underpinning theory	Secondary school	Tutors	Reduction in exclusions
c	Explicit curriculum	Specialist setting	Practitioners	Accessible environments
d	Culture and ethos	MAT	Programme directors	Cost-effectiveness
e	Cascade model	LA	School staff	Improved capacity
f	Trauma-informed	Maintained school	CYP	Active participation in learning
g	Partnership across agencies	Academy school	Parents	Upskilled staff
h	Consistency across settings	Accountability	LA	Inclusive education

It was necessary for the analysis process to adapt in response to the data; there were multiple iterations of the coding framework (records can be seen in Appendix G), including a key development whereby a parallel framework was created to accommodate contradictory theories (that is, configurations or components suggestive of when and how the programme does not work). When data was found which evaluated TT as being ineffective or inefficient, this was coded as '(-)' with the associated alphabetic codes from the parallel framework (see Appendix G). As well as this, when mechanisms were elicited during the coding process, these were added to the frameworks. Due to the complexity of mechanistic relationships between the components, configurations could be presented without mechanisms for them to be inferred after coding was completed. As the analysis

progressed, it transpired that use of the coding framework was reducing capacity for inductive reasoning. Coding has been criticised by other researchers in the same way; attempting to attribute concepts presented by the data to codes was obscuring the holistic element central to qualitative analysis (Skjott Linneberg & Korsgaard, 2019). Therefore, the analysis proceeded considering that loyalty to the data be prioritised over application of the coding framework meaning that codes were used where appropriate, but often written configurations were used instead of codes (still using the commenting tool in the same way) based on retroductive reasoning. As Coffey and Atkinson (1996) validate, "there is no single right way to analyze qualitative data; equally, it is essential to find ways of using the data to think with" (p. 2). This less restrictive approach to analysis is supported by RE guidelines which suggest the only criteria required are clear justification of analytic strategies, iterative PT refinement, application of a realist philosophical lens, and the use of retroductive reasoning (Wong et al., 2016). Therefore, in instances where the coding framework was not suitable, inferences were guided by these RE principles framed by the following prompts:

1. What is this data telling me about TT?
2. Are there links to previously analysed data?
3. What is the logical reasoning behind, within, or between this data?

Following this analysis process, all comments from the use of the reviewer tool (codes and analytical synthesis) across the data transcription files were collated into a single document to facilitate distributing the data into configurations. The process of retroductive theorising enabled each comment from the coding process to be mapped onto the IPT configuration. Using freely available online software (miro.com), the configuration from the IPT was used as a foundation on which to build the MRTs, and the key elements from these were then extracted to illustrate the final RPT.

Ethics

This research was granted ethical approval (see Appendix H) from the University of East Anglia School of Education and Lifelong Learning Research Ethics Subcommittee and carried out in accordance with the BPS Code of Human Research Ethics (Oates et al., 2021). All data was handled and stored in accordance with the Data Protection Act 2018, UK General Data Protection Regulation, and the University of East Anglia's Research Data Management Policy. The relevant ethical issues are discussed in depth in the final chapter of the thesis.

Analysis

In this section, the iterative process of theory refinement is demonstrated by exploring some of the key developments through the analysis process. Due to the scale of the project and number of iterations, it is not feasible nor logical to present the entire refinement process, as is often the

approach taken in RE (Roodbari et al., 2021). In fact, realist evaluators tend to describe their analysis methods and then present their MRTs/RPT without detailing the process of iterative refinements from raw data and the IPT (e.g., Gilmore et al., 2016). However, given the broadness of the IPT in the current research it was considered important to be transparent about the analysis process. Firstly, examples are presented of how the data was transferred from its raw form to PTs and how additional data contributed to refinements. Next, the movements from linear, narrative analyses to visually represented configuration maps are described. A crucial structural refinement of the overall PT is then explained, before moving to the presentation of the MRTs, and finally the RPT. The quotes presented were chosen based on their particularly poignant phrasing, offer of a practical example, or ability to demonstrate the retroductive theorising which took place. In line with research integrity guidance, any quotes included in the report have been edited as minimally as possible and only in the interests of clarity for the reader (American Psychological Association, 2020); repeated phrases/words and vocal fillers (e.g., 'umm') have been removed, punctuation has been added, ellipses indicate an omission of text (so that only relevant data is included), italics are used where words have been changed for anonymity reasons, and square brackets are used to supplement contextual information as required. Additionally, some participants used the previous name of TT (Steps) in their comments, and this has been changed (indicated by italics) for consistency and clarity of reading.

Programme Theory Refinement Examples

With the data coded based on the IPT component table, and when this became less applicable, annotated with reflective/interpretive comments, each quote was extracted with its associated comment and these were inspected sequentially to either add to an existing PT, create a new PT, or make no change to a PT. The first example shows how insight was generated from combining data with the IPT: 'The TT programme (C) improves school behaviour (O) by increasing knowledge (M) around child development (I) in school staff (A).'

> "He [child] now knows that he doesn't lump ten bells of something out of somebody first thing, because he knows somebody's gonna listen, and they want to find out what's wrong, and they're gonna empathise first, and it's that empathising first."

This suggests that TT is the reason students' dangerous behaviours are reduced. Therefore, the outcome in the configuration could be specified, with students added as an actor component: 'The TT programme (C) reduces dangerous behaviours (O) in students (A) by increasing knowledge (M) around child development (I) in school staff (A).' This is an example of deductive reasoning in the analysis; from the data, this conclusion can be deduced. There is also the aspect of empathy and listening as mechanistic components. However, it is unclear where these would enter into the PT; do

they replace the existing mechanism of increasing knowledge, or are they in addition? Conducive with retroduction, the theory refinement can go beyond the surface level of what the participant is saying. This comes from examining the data at a deeper level to propose what the participant is basing their words on, to infer what experiences their perspective is rooted in. To support this, related quotes like "it enables the staff that are working with that child to really reflect on that child's lived experiences" and "building relationships, you know, creating a culture and an environment where children feel safe, appreciated and valued" were considered. From this, it can be inferred that the reference to empathy and listening is part of a broader mechanism of relationships between students and staff, informed by the understanding of child development theories. This leads to the configuration: 'The TT programme (C) reduces dangerous behaviours (O) in students (A) by increasing knowledge (M) around child development (I) in school staff (A), which enables relationship building (M) so that students have a sense of belonging (O).' It is obvious from this example how easy it is for configurations to become complicated and why most realist evaluators move towards a visual representation of the data (e.g., Caló et al., 2020; Mukumbang et al., 2018b).

Development of Configuration Maps

The next example illustrates how data was analysed sequentially from the creation of a new PT, through the refinement, to the point of transfer to the visual mapping software. It is centred around the intervention aspect of network meetings, which repeatedly arose in conversations throughout the FGs. Quotes relating to network meetings are presented here alongside the associated code/comment with an explanation of the retroductive theorising that took place.

> "We [Leads] also deliver network meetings … where school tutors can come along to those and one of the things that they've asked for is practical examples of how particular tools or particular approaches have been used. And so, we have invited schools who have had success … who have given practical examples of what they have done, how they have used a particular tool or a particular methodology, and what impact, and you know what, what challenges they faced with that."

The code attributed to this extract was 'Ik Aa Ab Md Ol' which, when transferred using the coding framework (see Appendix G), would correspond to the following configuration: 'Network meetings (Ik) supported by Leads (Aa) enable Tutors (Ab) to use the TT principles and methods in practice (Ol) because it provides them with real-life examples of successful implementation (Mb)'. Further quotes relating to network meetings were then used to refine this PT.

> "We [LA] had a network event in *Month w*hich had, you know, four or five schools talking about their journey and the things that they've done. I [Lead] demonstrated bits from the toolkit and then when I followed up and asked what do you want to know more about?

> Schools are always like this in every job I've done. When I've not been in a school myself, all people want to know is what are the other schools doing? So, the schools said to me they just want to know what the others are doing and what's working and what do people use. And then the second thing below that was to, yeah, look at the toolkit and practice it and look at some case study work as well."

From this extract, coded as 'Md Ik Ae Ce Ol', additional components (italicised) were added to the configuration (which involved rewording to facilitate this). 'When Tutors (A) *and school staff (A)* attend network meetings (I) supported by Leads (A) *and are connected to the wider LA (C),* they are more able to translate theory into practice (O) because it provides them with real-life examples of successful implementation (M).' Being 'connected to the wider LA' is not an obvious construct from this data extract alone, it only alludes to it with the insinuation that schools are interested in the experiences of other schools. However, this was contextualised with a discussion which emphasised the turnout at network meetings as because "there's quite a lot of collegiality between the schools" and another which suggested a difficulty with implementing the programme was "because there's there seems to be not a huge connection between schools and the LA here". Making use of the RE principles and seeking to ensure that the PT was accurately representing the data, it was still felt that this construct was not being articulated by this phrase. The researcher therefore returned to the data, as is customary for an iterative theory refinement.

> "*Participant A:* I like hearing from other schools. I'm so nosey that I'm one of those people that I'm like ooh that's what happens. And especially sometimes being in a special school, I like hearing from a mainstream point of view, like when I go to consultations for children, that we get that could potentially come here, I'm always like, oh, look at this school and so on. So it's really nice to hear.
>
> *Participant B:* It's really interesting to hear from you as well, *Participant A.*"

Looking between, within, and beyond the transcription, there arose a sense of community being important to facilitate this PT. Horo and Kachchhap (2021) support this theory in their research about the necessity of sense of belonging and a healthy organisational climate for teachers. It appears that this is a typical trait of those employed in education systems; a setting which fosters community is preferred. Moreover, this data shows that the community component is mechanistic in nature rather than a context (as suggested by the previous quote) because it is activated by network meetings (I), as opposed to existing alongside it, and enables theory to be put into practice (O). Therefore, the PT was refined as follows: 'When Tutors (A) and school staff (A) attend network meetings (I) supported by Leads (A), they are more able to translate theory into practice (O) because it provides them with real-life examples of successful implementation (M) and a *community of shared experiences (M).*'

The next quote illustrates how some extracts, although having common factors with others, do not always align with the same PT.

> "You need to make sure, let's say you have at least two or three people within each school to do it, you assign X amount of time to those members of staff to deliver training. You ensure that you have network meetings, you provide a level of supervision, you know."

The comment associated with this extract from the coding analysis, demonstrating the adapted analysis process when the coding framework became too reductive, was: 'Mc supervisory or follow-up sessions, Mg time capacity and agency for change, multiple tutors, then the programme will be successfully embedded Ok which means you'll have long term sustained change Oq which means… all the other outcomes basically (reduced exclusions/seclusions/improved MH/inclusive education)'. This interpretation was based on placing the quote within the context of the conversation it came from, which was about criteria which contribute to long term sustained change. It therefore supports the notion that the application of a coding framework is not sufficient as a method for analysis in RE. Had this been reduced to the code 'Ik' (network meetings), the meaning demonstrated by the associated comment could have been lost. Returning to the network meeting PT; although this extract mentions network meetings, it does not relate to the previously discussed configuration about facilitating Tutors' ability to translate theory into practice. The next two data points show contexts which contribute to the PT surrounding network meetings. (In brackets, the annotation linked to each quote is shown.)

> "It's [The network meeting is] not well attended, it was, it was, you, you couldn't get enough chairs in the room when *Director* was leading those." (Network meetings requiring inspiring leader.)

> "Like you [other participant] were saying about time, being a SENCO [Special Educational Needs Coordinator], well, I mean, I don't know probably in your job as well, like in welfare, you just don't have the time. Oh my God, that's another meeting I've got to attend and I haven't got time for that. … actually physically going to the network meeting, making sure I'm there on time, you know, being able to leave school early or whatever it was." ((-) Time is the biggest commodity in the education sector and network meetings need this.)

The PT was then refined to: 'When there is *time capacity (C)* and *inspiring leadership (C),* network meetings (I), supported by Leads (A), enable Tutors (A) and school staff (A) to translate theory into practice from the training (O) as they are provided with real-life examples of successful implementation (M) and a community of shared experiences (M).' Within this conversation, a participant noted: "So it's kind of like this is quite nice in the fact that we've done it online", which inspired the researcher to propose a solution to the issue of time. An additional configuration was

then added onto the PT: 'When there is time capacity (C) and inspiring leadership (C), network meetings (I), supported by Leads (A), enable Tutors (A) to translate theory into practice from the training (O) as they are provided with real-life examples of successful implementation (M) and a community of shared experiences (M). *Network meetings (I) could have higher attendance rates (O) if provided in a hybrid format (C) because Tutors (A) are in a dual role as teachers, where time is the biggest commodity (M).*' The next extract alludes to an explanation of why inspiring leadership supports the efficacy of network meetings.

> "When *Director* was hosting them, you know, there wasn't enough seats in the room because people were pouring in. It's just something about the climate and culture and society. You, you know, you do stardom, you know, you do fall over yourself to get somewhere where someone charismatic has held the space. Passionate, charismatic and powerful and all of that." (Importance of a passionate charismatic leader.)

It proposes that inspiring leadership increases Tutors' attendance to network meetings because in wider society there is a 'stardom/fandom' culture causing people to become excited about being around charismatic individuals.

Figure 8

Map of a Programme Theory Iteration

At this point, the PT moves beyond the linear structure it has been presented in so far, requiring a visual format to enable multi-dimensional relationships between components (as in other research, such as Caló et al., 2020; Mukumbang et al., 2018b, 2020). The previously established PT surrounding network meetings reads as follows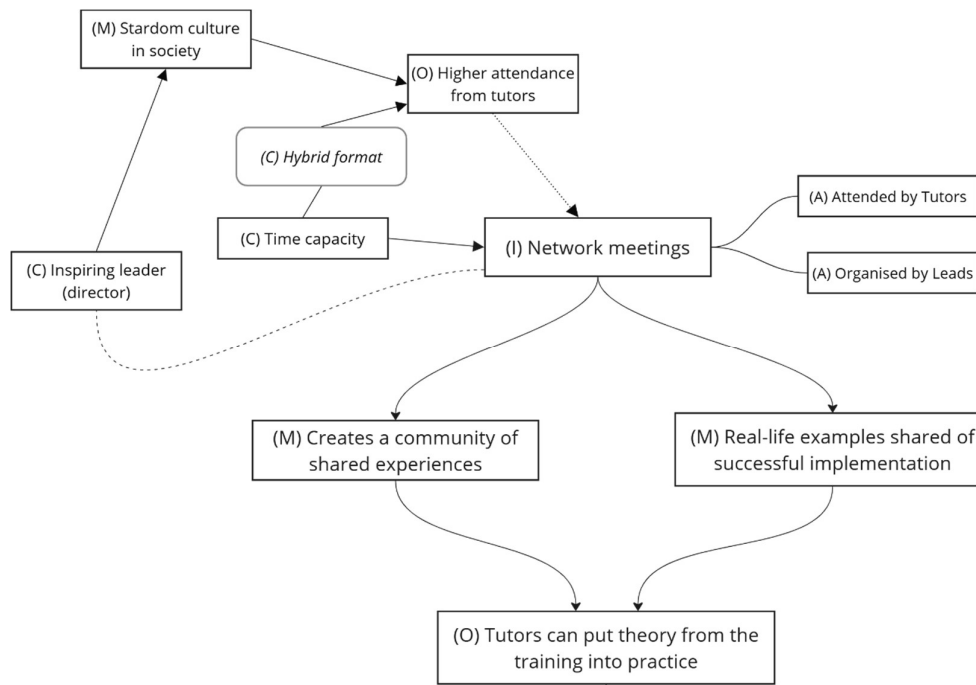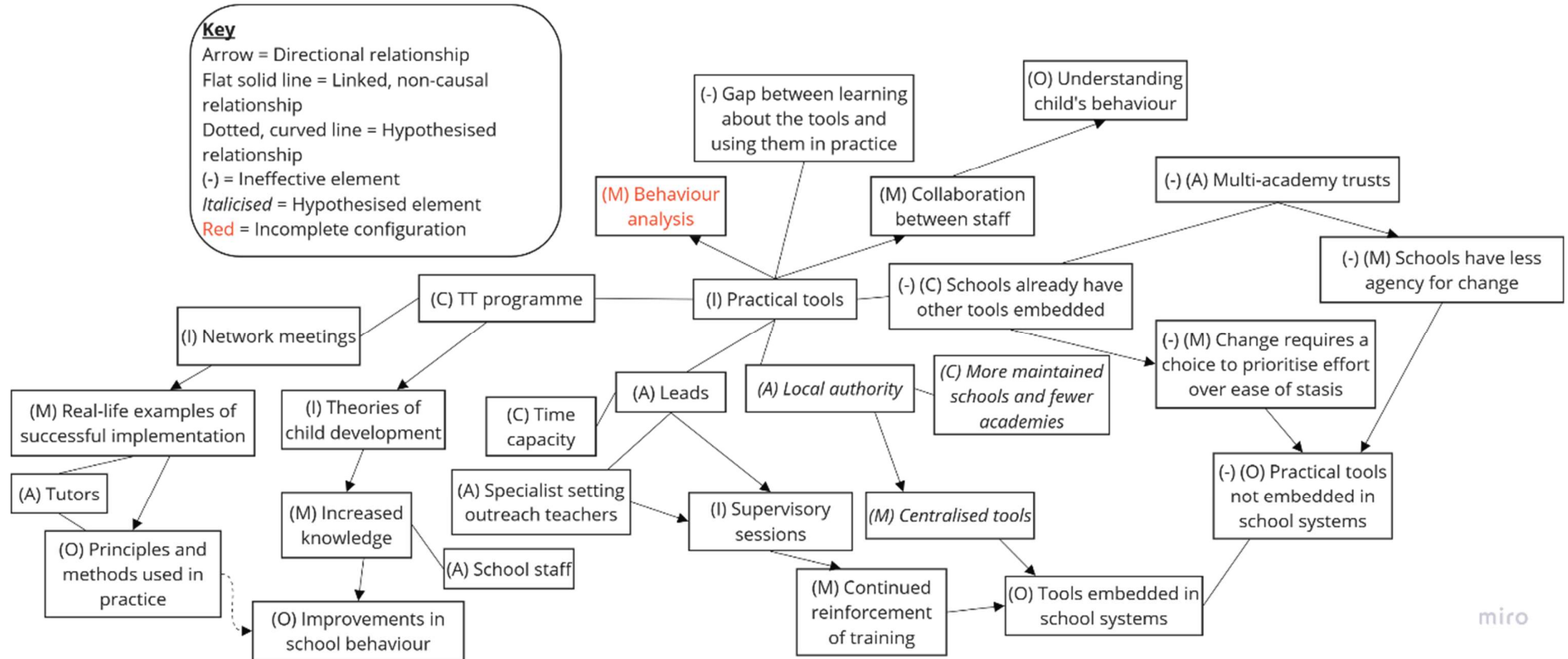: 'When there is time capacity (C) and inspiring leadership (C), network meetings (I), supported by Leads (A), enable Tutors (A) to translate theory into practice from the training (O) as they are provided with real-life examples of successful implementation (M) and a community of shared experiences (M). Network meetings (I) could have higher attendance rates (O) if provided in a hybrid format (C) because Tutors (A) are in a dual role as teachers, where time is the biggest commodity (M).' Figure 8 shows this in a visual form, with the integration of new information shown by the dotted line. The rounded box with text in italics indicates that this component is a hypothesised solution to the issue of time capacity, rather than something which is already offered. Please note that the meaning of different graphical elements (i.e., dotted lines, italicised text) changed as the maps developed.

As theory refinement progressed, the configuration map rapidly became increasingly complex, with some elements from the map in Figure 8 being stored peripherally so that core concepts could be focussed on. From a total of 93 pages of extracted data (quotes and associated coding/analysis comments), Figure 9 shows the core configuration map as it was after processing three pages of data. From below the key, the context of the TT programme branches out into different intervention components of network meetings, theories of child development, and practical tools. The map attempts to demonstrate the following, moving anti-clockwise from the bottom left of the network:

- Network meetings (I) enable Tutors (A) to use the methods and principles of the programme in practice (O) because they provide real-life examples of successful implementation (M). The dotted, curved line from the outcome of this configuration shows a hypothesis that by Tutors using the methods and principles in practice, a knock-on effect is expected to create improvements in school behaviour (O).

- Improvements in school behaviour (O) are also reached because school staff (A) receive increased knowledge (M) from the theories of child development (I) as part of the TT programme (C); representative of the IPT.

- When Leads (A) have time capacity (C) to facilitate supervisory sessions (I), this enables continued reinforcement of the training (M) which leads to the practical tools being embedded in school systems (O). Supervisory sessions can also be supported by specialist setting outreach teachers (A).

- It is hypothesised that if an LA (A) centralises the practical tools (M) then this will support the schools being embedded in school systems (O).

Figure 9

Core Configuration Map in Early Development

Key
Arrow = Directional relationship
Flat solid line = Linked, non-causal relationship
Dotted, curved line = Hypothesised relationship
(-) = Ineffective element
Italicised = Hypothesised element
Red = Incomplete configuration

(-) Gap between learning about the tools and using them in practice

(O) Understanding child's behaviour

(M) Behaviour analysis

(M) Collaboration between staff

(-) (A) Multi-academy trusts

(C) TT programme

(I) Practical tools

(-) (C) Schools already have other tools embedded

(-) (M) Schools have less agency for change

(I) Network meetings

(-) (M) Change requires a choice to prioritise effort over ease of stasis

(M) Real-life examples of successful implementation

(I) Theories of child development

(C) Time capacity

(A) Leads

(A) Local authority

(C) More maintained schools and fewer academies

(A) Tutors

(A) Specialist setting outreach teachers

(I) Supervisory sessions

(M) Centralised tools

(-) (O) Practical tools not embedded in school systems

(M) Increased knowledge

(A) School staff

(O) Principles and methods used in practice

(M) Continued reinforcement of training

(O) Tools embedded in school systems

(O) Improvements in school behaviour

miro

- A negative configuration is denoted (-); when schools already have other tools embedded (C), the TT practical tools are not embedded in school systems (O) because the change requires a choice of effort over ease of stasis (M). In the case of MATs (A), this is is more difficult because schools have less agency for change (M).

- The practical tools (I) facilitate collaboration between staff (M) which supports the understanding of child behaviour (O).

- There is a gap between learning about the practical tools and using them in practice; the map is a working model, and this box is an example of researcher reflections being included throughout the analysis process.

- The practical tools (I) enable behaviour analysis (M), but it is unclear what outcome this relates to at this stage in the data analysis.

Restructure of Programme Theory

The complexity at this early stage of the mapping process highlighted the need for a structural refinement to simplify the data presentation. Fortunately, the PTs began to show a natural emergence into a tertiary structure, categorised as follows:

1. Enrolment – What components (ICAMOs) contribute to schools' choice to enrol a staff member in the Tutor training, or not?

2. Implementation – Given that Tutors are enrolled on the 3-day training course, what components contribute to the successful (or unsuccessful) implementation of the programme?

3. Impact – Given that Tutors are enrolled on the 3-day training course, and have successfully implemented the programme, what components contribute to the impact (or lack of) on CYP and associated systems?

To further articulate this idea, a quote is shared from the FGs where the researcher requested feedback from participants about the hypothesis:

> "So, my theory around how Therapeutic Thinking works … [it's] kind of split up into three different sections and that is … why it's difficult for some schools to sign up to it, you know what's that barrier there? What's supporting some people to sign up and others not? And then the second area is once schools have signed up, it's difficult to implement in some places and easier in others, what's happening with implementation? And then the final one is we're signed up, we're invested, you know, those mindset changes have happened …

> what's the ongoing impact for the school, for staff, for the children? So it's kind of signing up, implementation, and then … impact. So does that make sense?"

Although participants did not respond to this invitation for comment in full sentences, their non-verbal responses (e.g., nodding) and backchanneling (e.g., 'yep') can be interpreted to indicate their agreement with the researcher's suggestion (Mallik, 2020).

Given that the data naturally fell into these three categories, and there was an observed need to simplify the configuration map, the PT was restructured to reflect this (see Figure 10). This illustration suggests that each aspect (enrolment, implementation, impact) holds a dual-role in terms of its categorisation as an ICAMO component. Byng et al.'s (2005) research acknowledges this complexity of RE; configurations can be dependent on prior configurations where outcomes become contexts, creating a series of complex causal relationships. In this instance, enrolment is an outcome which then becomes the context for implementation, and implementation then becomes the context for impact. In addition, the ineffective elements (where data was coded (-)) which suggest why, how, or under which circumstances TT does not work, were separated in a collection on the bottom half of the map. All data extracts (quotes with their annotations) were analysed sequentially and added to this, leading to a large and complex visual system surrounding this tertiary structure (see Appendix I).

Figure 10

Configuration Map Restructured into Tertiary System
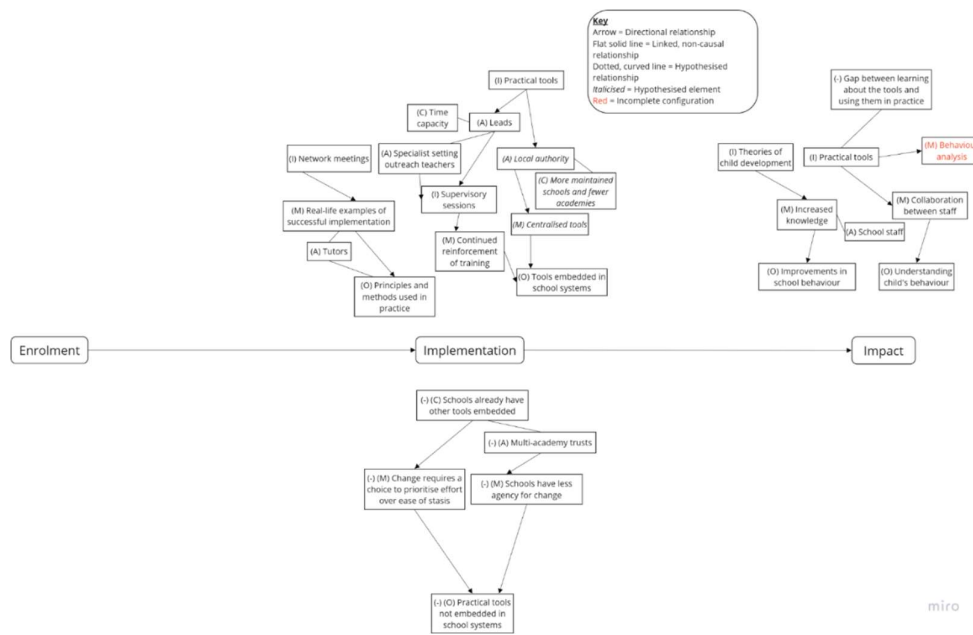
Note. The text in this figure is not designed to be legible, it is shown only to demonstrate the rearranged system.

Within the implementation sector of this structure, there are some findings that do not lend themselves to being mapped on to the visual representation of the PT. Throughout the FGs, there were repeated conversations involving the phrases 'drip feed' and 'big launch'; this refers to the model of disseminating the TT approach after completing the Tutor training. These are not explicitly taught as part of the TT programme, however these different approaches have naturally taken shape and formed part of the discourse amongst stakeholders. A 'big launch' refers to the Tutor(s), typically on an Inset day, presenting the TT approach to the whole staff body as a new way of working. Whereas the 'drip feed' relates to the small and more subtle changes to the systems and environment of the school. Speaking about a headteacher who reported that TT was ineffective, one Lead said:

> "It worked out that he completed the training before COVID himself as a Tutor and hadn't delivered any training to his staff team. Well, that's why it's not working because you haven't tried it, you haven't got to that point where you're embedding the ethos throughout your setting and it's that drip feed, it's not just six hours' worth of training, it's that constant revisiting of the principles of Therapeutic Thinking for it to be in the forefront of people's minds."

The notion that both the 'big launch' and the 'drip feed' were required to facilitate successful implementation was discussed further by Tutors, for example:

> "I took over as head last September, so did a big relaunch of this is what my beliefs are, this is how my school runs, this is how we deal with children."

> "I think it's about that culture shift. I think that you, as an organization, as *Participant* said, you know, you're working, you can't just go overnight, even with a big launch, it's all gonna be different the next day. I think it doesn't matter whether you do a big launch or a drip, drip, drip feed. I think it's about the consistency and it's about everybody on board."

> "It's not just with Therapeutic Thinking, it's with everything. We've had to do a big launch of whatever it is, and then it's been about consistency of expectation. It's been the same as you would have with children in terms of that drip feeding you need. I think you need that opportunity to share with everyone. This is what we're doing, this is what we're about."

> "You have to have that consistent approach to monitoring it, to supporting it, for it to be able to work. And I think that's how we've gone about making changes is, yes, we're setting the expectations out in our big start to the year, mad Inset [so] that everyone's shattered before they start teaching, but then you have to go every day. This is how we're doing it, this is what we do, and pick people up on it."

> "We did the big launch, the big change. But I think that's because our head and deputy head did the training together at the beginning and they were so excited and so passionate when they came back that they just couldn't wait."

> "I don't think it matters that you do a big launch. You need to refresh and model it all of the time, but it's about that consistency, either little drips or big bangs, it doesn't matter."

In particular, an interesting perspective was shared by an LA based Tutor who had attributed difference in success at different schools to the big launch/drip feed approach taken:

> "I've had three schools take it on in the last, sort of, two years, and the one school where it hasn't been as effective is where they haven't done a big launch, because the staff just don't get what the end result is. They've been shown, first of all, we're gonna change our language or I'm going to introduce you to this bit or that bit, and they can't see the bigger picture like. … three of the members of staff they're the Tutors. But rather than deciding to launch it to the whole school and show them the big picture, they've taken bits and staff are just confused. … The drip-drip is definitely needed to go back over, but I think unless you've got that overarching overview at the beginning, staff are just a bit lost as to what's the point."

Another participant responded to this point, likening the issue of consistency and the need for the drip-feed to when new government initiatives are introduced:

> "It needs to be something. This is what we're doing and changing over time … it's a bit like some of the initiatives that come in, you know, where we do, don't we, we put into place the government initiatives, things like every child matters, which is actually quite [a] decent initiative, but then [it] disappears, community cohesion, that just disappears, you know, all of those things that have gone. And so it's about making sure that it's here to stay, that it's, you know, that the training is ongoing, there's a plan for training moving forward."

In essence, this characteristic of TT can be captured by the word 'consistency' and importantly, the data shows that this must be consistency over time. From the quotes extracted for analysis from the FGs (not all included here), the word 'time' was used in 74 instances. It is well-established that time is the greatest commodity in the education sector, particularly for teachers (Thompson et al., 2023). For TT, time is important to have for:

1. Attending Tutor training

2. Attending network meetings

3. Planning the implementation strategy

4. Completing the Practitioner training

5. Using the practical tools effectively

6. Building relationships with students

The next greatest need for the success of TT is financial sustenance, which is required for:

1. Initial three-day training for Tutor(s)

2. Cover staff for Tutor(s) to attend training

3. Cover staff/overtime for Practitioner training (if Inset days are not used)

4. Cover staff/overtime for additional Practitioner training when new staff arrive

5. Annual refresher training for Tutor(s), and cover/overtime

However, if commitment is given to being consistent, with determination over time (generally more than a year), and the financial costs are fronted, then the returns on investment are great.

> "*Participant A:* You shell out a load of cash in the beginning to get it embedded and then once it is embedded, it inevitably saves you money because you are keeping staff for longer, you know, there's not that constant roll of staff recruitment, supply staff coming in, because staff wellbeing is higher.
>
> *Participant B:* OK, our context has not been like that at all. So, we're really, really poor. We're really cash poor, and each head in the last bunch of years has inspired, due to the changes they've bought [brought] a mass exodus. So, we've had a really, really, really fluctuating environment. … £80 per person is a lot of money for us right now. That being said, it is, in essence a very small amount of money for the payoffs that are not striking. But the pay offs are there."

Essentially, cost and time are barriers to the success of TT but there are facilitators, such as consistency, which act as mediators to overcome these barriers. In the following presentation of findings, considering configurations in this way, as either facilitators or barriers, provides a logical transition through the MRTs to the final RPT.

Middle-Range Theories

After all data was integrated into the visual system, individual networks were created to form the MRTs. Whilst the distribution of components into the tertiary structure was helpful and remains a key finding in the research (hence why it is returned to in the RPT), there were still too many elements to present the MRTs clearly so they were broken down into individual maps (as shown in Figure 11). Configurations relating to enrolment formed one map and implementation and impact

configurations were broken down further due to the amount of data comprising them. Constructs contributing to implementation were separated into those which applied to different actor components (Leads, Tutors, Practitioners, and Parents). Data which related to the context of Secondary Schools was isolated in its own map as it emerged throughout the FGs that this context was of particular interest due to its apparent incompatibility with successful implementation. For impact, two maps were created based on their relation to the development of a Therapeutic Culture, or the different intervention components forming Programme Aspects. The configurations represented in each MRT map are provided in a bulleted list (presented clockwise from the left handside of the figure) and the data evidencing these is shown in accompanying tables. For elements of the maps which are less intuitively understood, additional narrative is provided. Symbolism used in the figures are consistent across all eight MRTs; arrows indicate directional relationships, italicised text denotes comments from the researcher (whereas non-italicised text is used for ICAMOCs), and notations of '(-)' show an element suggestive of how the programme does not work, consistent with the coding framework. Where dotted lines are used, this represents a problem-solution link between elements (either two components or a component and a comment) which will be made clear in the narrative explanation.

Figure 11

Breakdown of Middle Range Theories
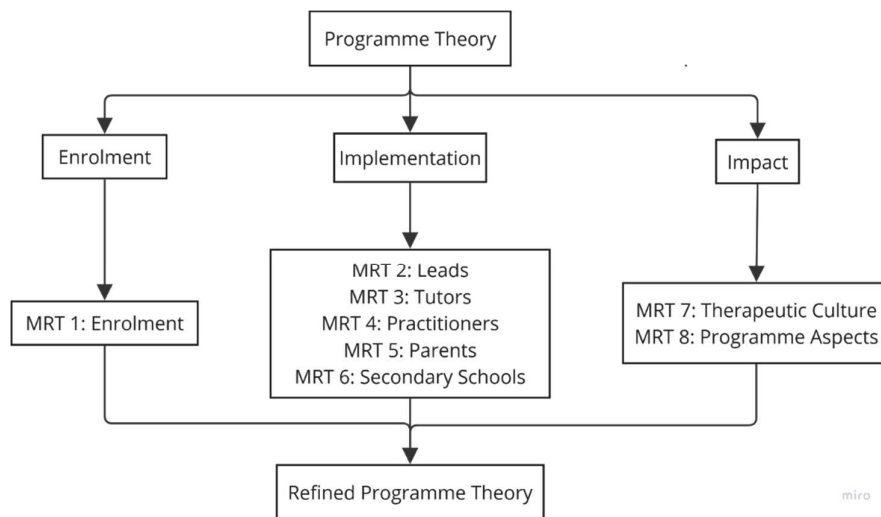
MRT 1: Enrolment

Enrolment defines the outcome of a school sending one or more members of staff to complete the TT Tutor training programme. It does not take into account that when some staff become trained Tutors, they might not return to their school and disseminate the Practitioner training or put TT into

practice (this is a concern of the implementation MRTs). The following configurations are presented in this MRT (as shown in Figure 12):

1. The TT team (i.e., directors, Leads; A) create a sense of the approach being worthwhile (O) because they bring evidence and experience (M), which facilitates enrolment (O).
2. When schools within an LA are connected (C), groupthink occurs (M) which creates a sense of TT being worthwhile (O), which facilitates enrolment (O).
3. When the Lead has been part of the LA for a long time (C), schools have a trusting relationship with the Lead (M) which supports them gaining the sense that TT is worthwhile (O), so they enrol (O).
4. When the LA has sufficient resources to carry out research (which in some cases, is by making use of TEPs and links with universities; C), evidence of the success of TT in that LA can be provided (M) which helps schools to feel that TT is worthwhile (O) so they enrol (O).
5. When schools (A) are interested in change (C) and/or open to support (C), Leads (if they have capacity) can provide consultation services (M) and adapt TT to the needs of the individual school (O) which makes them more likely to enrol (O).
6. When schools (A) are interested in change (C) and/or open to support (C), they are attracted by the novelty of the approach (M) and so they enrol in the programme.
7. (-) When MATs have different levels of commitment to the programme (C), groupthink occurs (M) resulting in them all having the belief that TT does not work (O) so they do not enrol (O).
8. (-) When the LA advocates for the programme (C) but lacks agency to enforce the approach (M) and/or there is a lack of affinity between the LA and schools (M), school are not motivated (O) and so they do not enrol (O).
9. (-) Small village schools (C) have limited financial resources (M) and so find TT unaffordable (O) and do not enrol (O). However, in one LA, the programme is centrally funded and a higher proportion of schools are enrolled (a potential solution to this negative configuration).

In addition to these configurations, a hypothesis arose around the 'sense of the approach being worthwhile' that when schools are experiencing significant difficulties (with behaviour especially), they are more open to support and therefore more inclined to believe that the approach will be worthwhile. Therefore, when schools are facing more adversity, they are more likely to enrol in TT. The concept of homeostasis and Hull's Drive Reduction Theory can be used to understand this finding further (Hull, 1952). Homeostasis is typically referred to in physiology, but can also be linked to human behaviour. It suggests that a system is naturally oriented to balance, that is, if there is imbalance, there is motivation to return the system to homeostasis (equilibrium). In the natural sciences, this concept can be evidenced more easily; for instance, the human body automatically

Figure 12

MRT Map 1: Enrolment
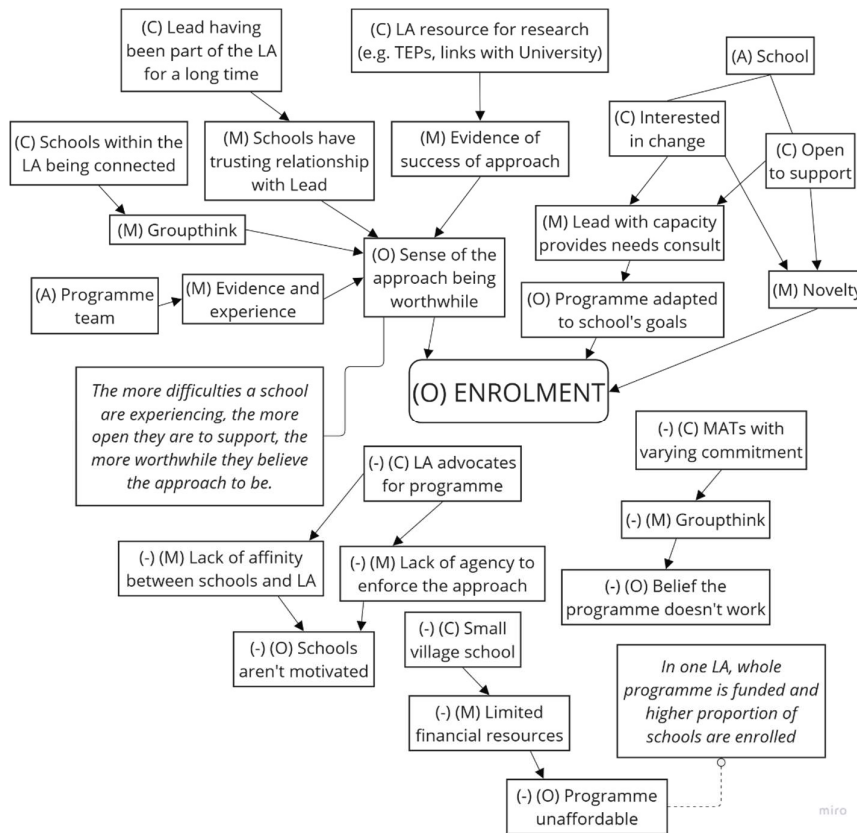
compensates for transgressions from its normal temperature, such as by producing sweat to cool the body when it becomes hot. Hull proposed that this motivation for equilibria is transferrable to the social sciences; humans behave in a way that seeks to reduce the sense of deficit or 'drive' (such as eating because of hunger). Therefore, it could be suggested that motivation for enrolment into the TT programme, or a similar one, is only found in contexts where there is deficit. That is, in a school which is not struggling with behaviour or SEMH needs, enrolment is unlikely because there is no motivation to reduce a difficulty. A 'sense of worthwhile' is subjective and strongly linked to the baseline experience. For example, in a school where exclusion rates are higher and there are more incidents of dangerous behaviour, there will be a greater sense of TT being worthwhile because there is a stronger deficit from equilibrium, and therefore a greater likelihood of enrolment.

Groupthink is a construct of social psychology which refers to when individuals in a group make decisions based on conformity over critical thinking (Janis, 1997). Typically, it holds negative connotations whereby a decision being made has adverse effects, but it can be relevant for positive influence as well. Interestingly, this MRT found that groupthink can have this dual effect as a

mechanism within enrolment into TT. There is more than one instance throughout the MRTs where an element appears in both configurations about why TT does work, and configurations about why it does not. This is a demonstration of a key principle in RE, that mechanisms are context dependent; in certain conditions the same mechanism can create different outcomes. For this example, the research has shown that social conformity can be the mechanism by which a school enrols in TT or not, with the outcome being based on whether the context advocates for TT or not.

As can be seen in Table 6, almost all of the data which led to the development of this MRT came from Leads. This is because the Lead stakeholder level is more involved with enrolment than other stakeholder levels; Leads can provide more insight into enrolment because their role includes supporting schools to enrol and experiencing the feedback when they do not. In contrast, Tutors' and Practitioners' reflections are related to their experience of having enrolled on the programme which is a decision they themselves may not have been involved in at all. Therefore, although the unique perspectives of all stakeholder groups are useful in this research, the latter two groups are rationally less relevant in their contribution to this MRT.

Table 6

Quotes Evidencing MRT 1: Enrolment

Participant Role	Quote	Configuration
Lead	*Director*… kind of came in and said, right, this is a better way of doing it and I've worked in, you know this situation and been in these residentials and was able to provide evidence that *they* had from *LA Name.*	1, 4
Lead	The schools, they kind of trusted *Director* because *they* came with experience and *they* came with evidence. So, I think that those are really important buy in factors for schools … just more broadly that actually if schools feel that for whatever reason that this is an approach that is worthwhile doing, this is an approach where other schools have seen, you know, we can see the evidence that suggests that it may work for us as well. There's evidence it's worked elsewhere. I think those are really important factors of buy in.	1, 4

Lead
If you use the toolkit well it does it better than most schools do it most of the time. But the difficulty then becomes about, well, is this something that we want to prioritise? Do we want to prioritise changing our individual planning, document, whatever you want to call it in a school, IEP or whatever, do we want to prioritise changing that to Therapeutic Thinking? Or do we want to prioritise giving time to making a change using some of the things from the toolkit or whatever it might be? So I think schools, my experience which is limited so far has been they like it and they like the idea of it. But there's a challenge in actually bringing it on using it.
6, 8

Lead
What is it you're interested in? I can come in and have a look at that with you and then one of my answers is going to be get Therapeutic Thinking trained obviously, I'll be upfront with them about that from the beginning. But I suppose I've been able to … throw myself at them basically and kind of give them whatever I can because at the moment my service to them is free and I have the time and space to do it.
5

Lead
I remember that it it being this really new, fascinating kind of igniting passion that we're gonna do something different.
6

Lead
Those like working relationships, those trusting relationships. I mean, if I think about kind of where we have had, so for us, the most difficult schools we've had in terms of buy in have been our secondaries and where we have had buy in, it's largely been down to kind of individual trusting relationships. So for example, one of the schools I've worked with for years, they kind of know me, I know them, I know how they work and also I kind of knew which members of staff to target and say, look, I think this is a really good idea. I think it would be great. And also, they're the members of staff who've been telling me about all the problems they've been having. And so I kind of think because of that that was kind of you know that got that buy in.
3

Lead
We've got some first year trainee Educational Psychologists and it's kind of to do with our relationship with *University Name* and supporting
4

you know the training scheme there for Educational Psychologists. And we're getting them to do a bit of research for us as well, but it's yeah, but it's kind of like finding those pockets of resource because … gathering that data, putting together a meaningful impact study takes time. It takes brain power, it takes knowledge of research, it takes knowledge of data crunching and data collection techniques and all of that stuff that really is probably postgraduate level or somewhere up there. It's not an easy thing to do, and when that is coupled with the fact that you have a day to day job that you've actually got to get on with? Finding the time to do all of that on top of the implementation and supporting and running the network meetings and all of this other stuff, it's really hard to do that bit as well.

Lead	All of our three day training is in person and it's all funded currently, all funded by the LA so.	9
Lead	First, primary and special all of those discussions are are going in one direction, but if you've got secondary school staff there, they need to have their own because they have to approach it differently.	10
Lead	You know, the secondary schools are harder to get on board.	10
Lead	I think the special schools in *LA Name* are a tight unit and the special school heads are a really tight unit. There's about, I think we've got about 25 special schools, we're a big county and they kind of all went, yeah, we're all gonna, kind of, buy into this together and this is what we're gonna do and I think that's why *LA Name* may have had such a big kind of uptake.	2
Lead	I'm working with two multi-academy trusts at the moment. One was sitting on the fence and the other was way further away, and I thought I'd got the one on the fence. But they've now they've both clubbed together now and they're saying categorically no it doesn't work.	7
Lead	I think, because there seems to be not a huge connection between schools and the local authority here. So the local authority are stating	8

Lead	… they want this to be their approach, but schools are saying well no thanks … Yeah, some schools are just saying no thank you. If schools are saying, look, we're not gonna we're not going to use this approach. We're not gonna engage with that, and yet they're the ones that are costing the local authority lots of money because they're the ones excluding. They're the ones sending children off, you know, to very expensive out of borough placements etcetera, because they're not putting the right support in place. You know that is a challenge in terms of, you know, where does the authority lie in terms of who can actually say to these schools, you know, well, this is the bottom line. You need to make some changes and we believe strongly within *LA Name* that this is an approach that we think will help you.	8
Tutor	If you've got [a] little village school that's trying to cover that [the training hours], or is trying to pay overtime, or is asking support staff or teachers to stay on for additional meetings, it's a really expensive program to run and that's before you've even paid for the trainer and the refresher trainer and covering those staff to do that. It's an expensive program, so many of our village schools don't do it because they can't afford it, which is such a shame.	9

MRT 2: Leads

The map shown in Figure 13, and the next three MRT maps, have outcomes which are related to implementation; all configurations within them come with the baseline that enrolment is a context (schools are already enrolled in the programme, meaning that there is at least one trained TT Tutor). This MRT involves configurations which relate to the actor component, Leads (with the relevant data extracts provided in Table 7). It shows that:

1. When schools have a trusting relationship (C) with the Lead (A) they communicate openly and honestly about their challenges (M) which makes supervision more effective (M) which means the principles and methods of the TT programme are used in practice (O).
2. When the Lead's (A) TT role is their sole occupation (C), they have greater time capacity (M) to support supervisory sessions (such as coaching, consultation, and other follow-up support; I) and network meetings (I). These intervention components are labelled 'I' on the map as this is how they were first added onto the map as part of their integration into

Figure 13

MRT Map 2: Leads
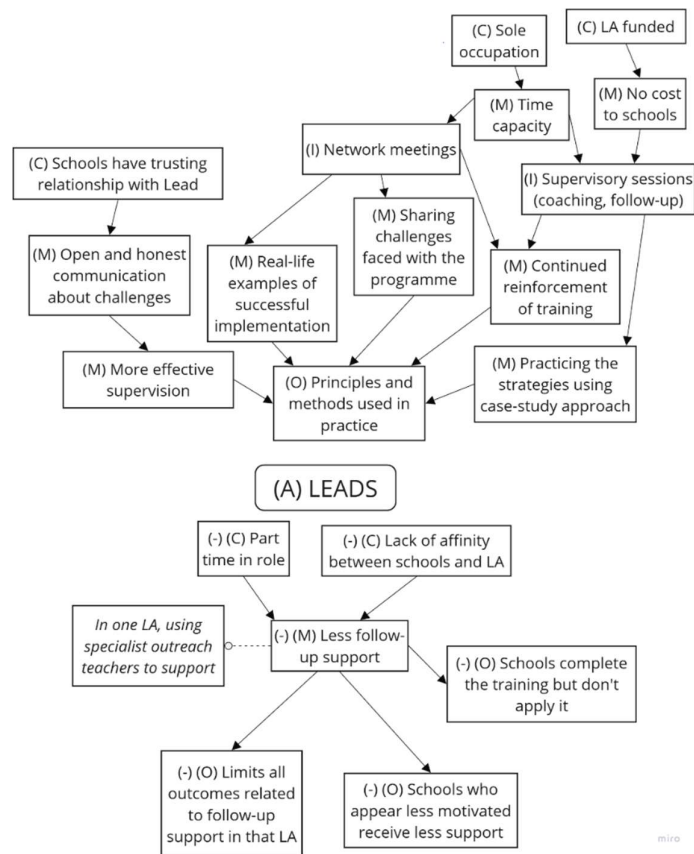
3. subsequent configurations (4 and 5). However, in this configuration (and in configuration 3) they also manifest as outcomes.

4. Leads (A) are LA funded (C), therefore there is no cost to schools (M) for the supervisory sessions (I). In some instances, Leads are not funded by an LA but rather another external agency; the point for this context is that Leads are not funded by schools.

5. Leads (A) facilitate network meetings (I) which support the programme's principles and methods to be used in practice (O) because real-life examples of successful implementation are shared (M), challenges with the programme are shared (M), and the training content is reinforced (M).

6. Leads (A) provide supervisory sessions (I) which enable the TT principles and methods to be used in practice (O) because they facilitate the continued reinforcement of the training (M) and enable practice using a case-study approach (M).

7. (-) When Leads are part-time in their role (C) and/or there is a lack of affinity between the LA and schools (C), less follow-up support is available (M), which limits all outcomes related to

follow-up support (O), means that schools complete the training but do not apply the programme to practice (O), and that schools who appear less motivated receive less support (O). To mitgate this negative mechanism, one LA uses specialist outreach teachers to increase capacity for providing follow-up support.

Of particular interest in this MRT, is the disparity between Leads who have TT as their sole occupation and those who are in the role on a part-time basis. As can be seen from the amount of quotes in Table 7 relating to this (marked [a]), it is a significant factor for Leads and greatly impacts their capacity to provide the support which appears to be crucial for successful implementation. The TT Lead role can include a wide range of responsibilities; enrolling schools in TT, data collection and research of the impact of TT in their LA (or organisation), delivering Tutor training, supervising Tutors in their implementation, supporting Practitioner training, developing the programme, hosting and coordinating network meetings, providing additional training modules, organising refresher training courses, etc. When a Lead is doing these things in a part-time capacity, the mandatory activities must be prioritised (delivering and coordinating training) which become less effective without the secondary actions. For instance, Leads who have a dual-role or are part-time have to coordinate schools' enrolment in the programme but have less capacity to collect, review, and disseminate data. Therefore, as was seen in MRT 1, schools are less likely to enrol without evidence of the impact of TT. In contrast, those who have capacity attribute the success of TT in their LA's schools to their ability to provide extensive consultative and supervisory services.

Table 7

Quotes Evidencing MRT 2: Leads

Participant Role	Quote	Configuration
Lead	I'm full time within this position, so I'm able to offer quite a lot of supervisory sessions with schools and some of those sessions are about kind of information sessions with whole school teams about the toolkit and things like that.[a]	2, 5
Lead	So I think that's where we maybe [being full time in the role], and *LA Name* as well particularly, may be at a point where those tools are being embedded quite well because we're able to kind of keep kind of drip feeding those things into schools after the initial training.[a]	2, 5

Lead	One of the other things that we've done is spent some time working on like going through the toolkit in more detail with some of our outreach teachers. So, for example, some of our outreach teachers from our special schools and some of our outreach teachers from our PRU [pupil referral unit] who have all done the training themselves, but when they are then going out and doing that more targeted work with schools, having had that additional training around the use of the toolkit and the implementation, that has been an effective way of helping bring about that change.	6
Lead	Whilst we do some individual supervision, we also deliver network meetings, which is once every month, we do it once every half term or something like that, where school Tutors can come along to those and one of the things that they've asked for is practical examples of how particular tools or particular approaches have been used. And so we have invited schools who have had success. Sometimes that's been schools from outside the borough, sometimes it's schools from inside the borough, who have given practical examples of what they have done, how they have used a particular tool or a particular methodology, and what impact and you know what, what challenges they faced with that.	4
Lead	It's the only thing I do when I have that luxury in the same way that *Participant* does in a way that most other Leads I don't think do have, do they? But it's all that I do. So yeah, all of that stuff around kind of follow ups and most of my job is following up with schools and planning visits and kind of meeting the headteacher and kind of, do you want me to come and coach the SENCO and look at the toolkit and how does that fit with what you're already using and all of that kind of stuff is mostly what I'm doing.[a]	2, 5
Lead	We had a network event in *Month* which had, you know, four or five schools talking about their journey and the things that they've done. I demonstrated bits from the toolkit and then when I followed up and asked what do you want to know more about? Schools are always like	4, 5

	this in every job I've done. When I've not been in a school myself, all people want to know is what are the other schools doing? So, the schools said to me they just want to know what the others are doing and what's working and what do people use. And then the second thing below that was to, yeah, look at the toolkit and practice it and look at some case study work as well.	
Lead	We don't have quite the same level of supervision, which is the bit that's missing. My role is only two days a week for therapeutic thinking, so I have a different role for the rest of the time. So that's clearly not enough to and deliver the training and support the support the schools.[a]	6
Lead	I can only support those who who are really, really keen to be supported because … I don't have capacity to to support the others.[a]	6
Lead	I think, because there's there seems to be not a huge connection between schools and the LA here … We've got about 60, nearly 70% of our schools are trained. But it doesn't mean they're applying it at all. So yeah, not at all applying it some of them. But yeah, some schools are just saying no thank you. And then there's no kind of follow up for that.	6
Lead	It's that drip feed and it's not just six hours worth of training, it's that constant revisiting of the principles of therapeutic thinking for it to be in the forefront of peoples' minds.	4, 5
Lead	All I've done is work with those who are engaged and up for it and want help and happy to have me in [because of limited capacity].[a]	6
Lead	[I] kind of give them whatever I can because at the moment my service to them is free and I have the time and space to do it.[a]	2, 3
Lead	It's about going back to that supervision, having somebody there to supervise those schools that that need for different things, you know some mainstream schools won't need to be able to physically guide	1, 5

	and escort children and some schools will need that, so it's having that person who's kind of in that supervisory role, I feel is really important and to kind of keep things moving forward.	
Lead	Those like working relationships, those trusting relationships … it's largely been down to kind of individual trusting relationships. So for example, one of the schools I've worked with for years, they kind of know me, I know them, I know how they work and also I kind of knew which members of staff to target and say, look, I think this is a really good idea, I think it would be great. And also, they're the members of staff who've been telling me about all the problems they've been having and so I kind of think because of that that was kind of you know that got that buy in … I think in terms of those trusting relationships … just really important factors if you really want to bring about long term change.	1
Lead	You have a day to day job that you've actually got to get on with finding the time to do all of that on top of the implementation and supporting and running the network meetings and all of this other stuff, it's really hard to do that bit as well.[a]	2, 6
Lead	Ofsted [the Office for Standards in Education, Children's Services and Skills] were really positive about is the way the direction of the school was going. So I think that it's partly around the relationships that I already had with that school.	1
Tutor	That was one of the things that really helped us when staff was struggling to understand the behaviour kind of behind it, we had *Name* actually came in and delivered attachment training to our school and we did some more around trauma and ACEs so staff could really understand, kind of, the theory underneath it and once they had that little bit more understanding, a lot of them did seem to take it on board much more.	1, 5

[a] Comments relating to capacity.

MRT 3: Tutors

Given that the main focus of this research is the Tutor training course, a large proportion of the findings relate to this. Configurations relating to the Tutor (A) stakeholder group are presented in this MRT (see map in Figure 14) unless they were more suited to be placed elsewhere (such as if the finding related to a specific programme aspect, aligning with MRT 8). The configurations are summarised below, with their associated quotes shown in Table 8:

1. When the Tutor (A) is already therapeutically inclined (which is more likely to be the case in a specialist setting; C), they are more likely to be inspired by the TT training (M) so the change process is accelerated (O).

2. Momentum is created (M) when the TT Tutor is already therapeutically inclined (more likely in a specialist setting; C), comes from a school with preceding trauma/attachment training (more likely in a specialist setting; C), or is a passionate leader (C), and this momentum accelerates the change process (O).

3. When the Tutor (A) holds a long-standing position in the school (C), the change process is accelerated (O) because they have a stronger relationship with colleagues (M) and therefore more agency for change and capacity for action (M).

4. When a school has multiple Tutors from middle management roles (C), the change process is accelerated (O) because there is agency for change and capacity for action (M).

5. Policy change (M) is facilitated when there are multiple Tutors in middle management roles (C), a headteacher is a Tutor (C), or a school governor is a Tutor (C), and this creates consistency in the implementation of TT (O), accelerates the change process (O), and supports the removal of behaviourist language from the school environment (O).

6. As the programme directors are open to feedback and change (C), new strategies are added to TT (M) which means Tutors receive easier and less time-consuming strategies (O).

7. (-) As there is a large amount of training content (C), changes can be unsustainable (O) because actions have to be prioritised based on a school's needs but those needs are not clearly established (M).

8. (-) The Tutor training programme has a large amount of content (C), is regularly changing/increasing (C), involves a lot of psychological theory (C), is 'onerous' (C), and has a 'chaotic structure' (C), which leaves a lack of time for planning an implementation strategy (M) and creates cognitive overload and feelings of overwhelm (M) which makes the changes unsustainable (O).

9. (-) Schools have to fund (M) the initial training course, refresher modules, and cover/overtime to facilitate this (C) which results in limited sustainability for the programme (O). In one LA, the whole programme is funded which alleviates this issue.

10. (-) The in-person training is high cost (C) and during COVID, online training was adopted (M) which is now the typical mode of delivery but is less effective (O).

11. (-) The training course strongly repudiates behaviourism (C) which limits the occurrence of dialogic learning (O) because opposing views are alienated from conversations (M).

12. (-) There is limited agency for change (M) when a teaching assistant is the only Tutor in a school (C) which limits all outcomes (O).

13. (-) When a headteacher is the only Tutor in a school (C), all outcomes are limited (O) because of their heavy workload and limited time for TT (M).

14. (-) When there is only one trained Tutor in a school (C), there is limited agency for change (M), the workload is heavy and there is limited time (M), which limits all outcomes of implementation (O).

The context represented in configuration four arose repeatedly throughout the four FGs and appears again in subsequent MRTs. This suggests that the quality, number, and role of Tutors is a significant factor in the overall implementation of TT. Also of importance is the mechanism within this configuration, agency for change and capacity for action, because this mechanism exists across multiple contexts and even becomes relevant as solutions to negative configurations. In other words, the findings suggest that barriers to the implementation of TT can be overcome when there is sufficient agency for change and capacity for action. This is also exemplified by configurations 12 and 13, as the mechanism for these negative configurations is *lack* of agency for change or *lack* of capacity. Configurations three and four both suggest contexts which facilitate this mechanism, and, as will be seen, other contexts are gleaned from subsequent MRTs, leading to this mechanism being one of the key components in the final RPT.

Throughout the PT refinement, conflicts were seen whereby the same components contributed to both positive and negative configurations. This is shown through configurations six and eight; the programme is consistently open to refinement and development which makes it responsive to feedback and therefore adaptive to suit the changing needs of schools, but also adds to Tutors' cognitive overload and sense of overwhelm. In social science, particularly when a realist approach is taken, these conflicts can be expected because it is human nature for different individuals to have unique experiences or even adverse perspectives of the same experience (Khan & Mohsin Reza, 2022). For this example, participants attribute their success (or lack of) in implementing TT to the regular updating of the programme content which provides little insight into the workings of the programme but suggests importance in recognising the limitations of generalisability from these findings.

Figure 14

MRT Map 3: Tutors

(C) Schools with preceding trauma/attachment training

(C) Tutor with long-standing position in school

(A) Headteacher as Tutor

(C) Directors open to feedback and change

More likely in specialist

(C) Passionate leadership

(M) Stronger relationships with colleagues

(C) Multiple Tutors from middle management roles

(A) Governor as Tutor

(M) New strategies added

Controversy in the data around the programme's ongoing development. (-) Increases difficulty in dissemination, makes refresher training necessary. (+) Responds to new evidence, knowledge, feedback, and societal needs.

(C) Tutor already therapeutically inclined

(M) Momentum

(M) Agency for change, capacity for action

(M) Policy change

(O) Behaviourist language removed from school environment

(O) Tutors receive easier/less time constraining strategies

(M) More likely to be inspired by the training

(O) Change process accelerated

(O) Consistency

(A) TUTORS

(-) (C) Large amount of psychological theory

(-) (C) Programme always increasing/changing

(-) (C) Only one Tutor trained in a school

(-) (C) 'Chaotic structure'

(-) (C) 'Onerous'

(-) (A) Teaching assistant as the only Tutor

(-) (A) Headteacher as the only Tutor

(-) (C) Large amount of training content

(-) (M) Lack of time for planning implementation strategy

(-) (M) Cognitive overload and feeling of overwhelm

(-) (M) Limited agency for change

(-) (M) Limited time, heavy workload

(-) (M) Needing to prioritise actions based on needs but those needs are not clearly established

(-) (C) High cost of in person training

(-) (C) Initial course, refreshers, overtime/cover

(-) (O) Changes unsustainable

(-) (O) Limits all outcomes

(-) (C) Training course strongly repudiates behaviourist philosophy

(-) (M) Online training adopted during COVID

(-) (M) Financial burden

In one LA, whole programme is funded

(-) (M) Opposing views alienated from conversations in training

(-) (O) Online training typical mode, but less effective

(-) (O) Limited sustainability

(-) (O) Dialogic learning limited

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Table 8

Quotes Evidencing MRT 3: Tutors

Participant Role	Quote	Configuration
Lead	I think schools, with the initial training, the initial three day training, some of the feedback we've had in *LA Name* is that sometimes schools feel a bit overwhelmed with just with the content. You know, there's so much there to take on board and actually having that time to go back, kind of, go through it to have a bit of an opportunity to speak to colleagues within their school setting and -exactly like what *Participant Name* was saying- thinking about what they're prioritising and then implementing those, you know, aspects, whether that's part of the toolkit, whether that's part of other, you know, cultural change or training or whatever it might be. That's quite [an] important factor when you're looking at those outcomes and actually whether you're getting sustainable change.	7, 8
Lead	That is a really important point which we're finding as well and it's, you know, those schools who are on board, you know, who are part of the way on that journey already, if that makes sense. You know, they are already probably quite therapeutic in their approach. They already have good practices, they are already supportive, they're the ones that see, you know, the best outcomes, the most success.	1, 2
Lead	We've got a a significant high number of schools that have Tutors, but that doesn't necessarily mean that the school are following the	12, 13, 14

Therapeutic Thinking approach and they have their certificate, and that seems to, you know, come on refreshers. I met with a headteacher most recently who came to one of my network meetings who suggested that Therapeutic Thinking doesn't work … When we sat and spoke, he was the only Tutor, which is great that the headteacher was a Tutor, but having a headteacher as the only Tutor? I think that that's the same as maybe having a headteacher who's not a Tutor. You kind of have to have people that can, you know, for me, the schools that may have just a TA [teaching assistant] as a Tutor can't necessarily make too much change, but also just having a headteacher as a Tutor means a headteacher is extremely busy and they've got nobody to delegate to.

Lead	So I think having people you know, middle management in schools works quite well.	4
Lead	I'm not sure that schools feel sometimes overwhelmed by the three days of training because there's so much in there, so much theory, so much content, and actually, in my opinion, you know, too little time to think about what you're gonna do with it in the three day training.	8
Lead	I think it's a bit chaotic as a whole. I think the three days is, it could be much better structured in, in my opinion, as a teacher.	8
Lead	There's a couple of schools who, it feels to me like they're really moving on with things, but I think they would be ready to move on with things anyway. Therapeutic Thinking is kind of helping them, but like	1, 2

Participant was saying, in one case it's not the head, it's a deputy who's an absolute force of nature who's driving it and she's, you know, so almost kind of like, whatever she was doing it would, it would work, and it would have impact because it's about her and the way her school works.

Lead	You need some people on board who are thinking about these kinds of things anyway. I suppose my experience so far is that Therapeutic Thinking is giving them maybe a bit of a framework to hang it on, but they're already looking at like what like the two ladies [participants] have said, mental health, EBSA, part-time, you know, school staff, absence, stress level - they're already thinking about this stuff. So, and they've already done … the other school I'm thinking of have already, you know, been a little way down the journey with it as well around trauma and attachment and EBSA. So Therapeutic Thinking has been part of that rather than it being the starting point. It's been a a guide, a framework to continue with what they were already thinking, so it hasn't necessarily changed the direction. It's just helped them stay in the direction, or maybe go a bit quicker.	1, 2, 4
Lead	You need to make sure, let's say you have, you assign at least two or three people within each school to do it. You assign X amount of time to those members of staff to deliver training.	4, 13, 14
Lead	I don't necessarily think that the headteacher or the, you know, executive headteacher has to be have been on the training, but I think they have to have the same vision of whoever those middle	4, 5, 12, 13, 14

	management are that are on training. And I don't think there's anything wrong with TAs and teachers being tutors. But there has to be a scope of people that can work together to implement the change within the school. There's no point in there just being a TA who gets no time or a headteacher that has no time, there has to be a multi, kind of, people approach to it.	
Lead	It is expensive for schools already. So that's one of the reasons why online happens and due to COVID, it's not really gone back, but it does need looking at, it does 100% need looking at.	9, 10
Lead	All of our three day training is in person and it's all funded currently, all funded by the local authority so.	9
Tutor	If your headteacher, or someone in [the] senior leadership team, is a Tutor it makes a much bigger difference with schools that I've worked with because obviously if they buy in and understand, they're the ones writing the policies.	5
Tutor	So I've actually split it, I've split it for five years and I actually split it without permission and then the *Therapeutic Thinking* Tutors [Leads] found out and then they kind of said ooh actually you're not supposed to do that. But then when I gave them all my points of why I felt it was better and why it worked, they've actually put on the form now that you can deliver it in six hours or deliver it in two-three hours.	6
Tutor	We found that consistency is the most powerful. It's got to be consistent for it to be productive and actually our headteacher two or	5

three years ago, she always sees my slides before I deliver them in school. And she actually added a slide which basically said it was a double decker bus and said this is our policy, this is what we're doing at this school, if you don't wanna be part of it, get off the bus. I didn't know that was in there and I delivered that to the whole staff room and that's how passionate she is and actually, two members of staff did leave quite shortly after that, and I would say that they weren't buying into it and they weren't. And it was to the detriment of the children because they weren't getting that consistent approach. And they didn't then feel safe and held.

Tutor	They really liked it, but they found the training very, very onerous. It was very, very long and … there's more and more being added to it and everything's very good, it's high quality, but it's very difficult now.	7, 8

Tutor	It's quite a few thousand to keep your staff up to date with *Therapeutic Thinking* annually. By the time I've got 3 trainers here, soon to be 4 because of my SEND need, they've got to have release – that's, you know, release alone would be, if they're teaching staff, is 1000, 250 a day for supply. But then I have 70 staff here that I have to train because I train my site manager, I train my office staff, I train everybody. That's 70 staff and in our other school we've got about 120 staff. So we've got 200 staff in our trust that we have to train annually.	9

Tutor	The predict and prevent is your one that actually they can action quicker. They can get in and do it, but also allows that thinking of, well, where are we seeing these raised anxieties that we need to be putting	6

things into place? So, and I remember when that was introduced

because that wasn't part of the original *Therapeutic Thinking* package

and it was almost like a light bulb moment of woohoo, something

that's a bit easier.

Tutor	They've just done another update and it's even bigger, it's like something like 270 slides now.	6, 8
Tutor	I went on the training Umm and I came out really inspired by the training, partly because it's the way that we work now.	1
Tutor	It was on that brilliant slide … where you had behaviourism at one end and you had the word … therapeutic approach … And it had four points along the continuum and under behaviour it had the word sadistic. On the very end of the behaviour side of that continuum, it was really interesting because *Director* explained that the only word she could find that fit the behaviourist ideology in its extreme was that. … And it's not that long ago that that wording got changed because it was too confrontational.	11
Tutor	I think it would make for far better training to have that whole spectrum of views.	11
Tutor	Like how much time you [other participant] feel it has taken to embed. Something when you've got two, you know, strong people that have been trained and are trying to develop this and I'm thinking, oh my God, I'm, like, thinking I'm one person and you know who, who does	14

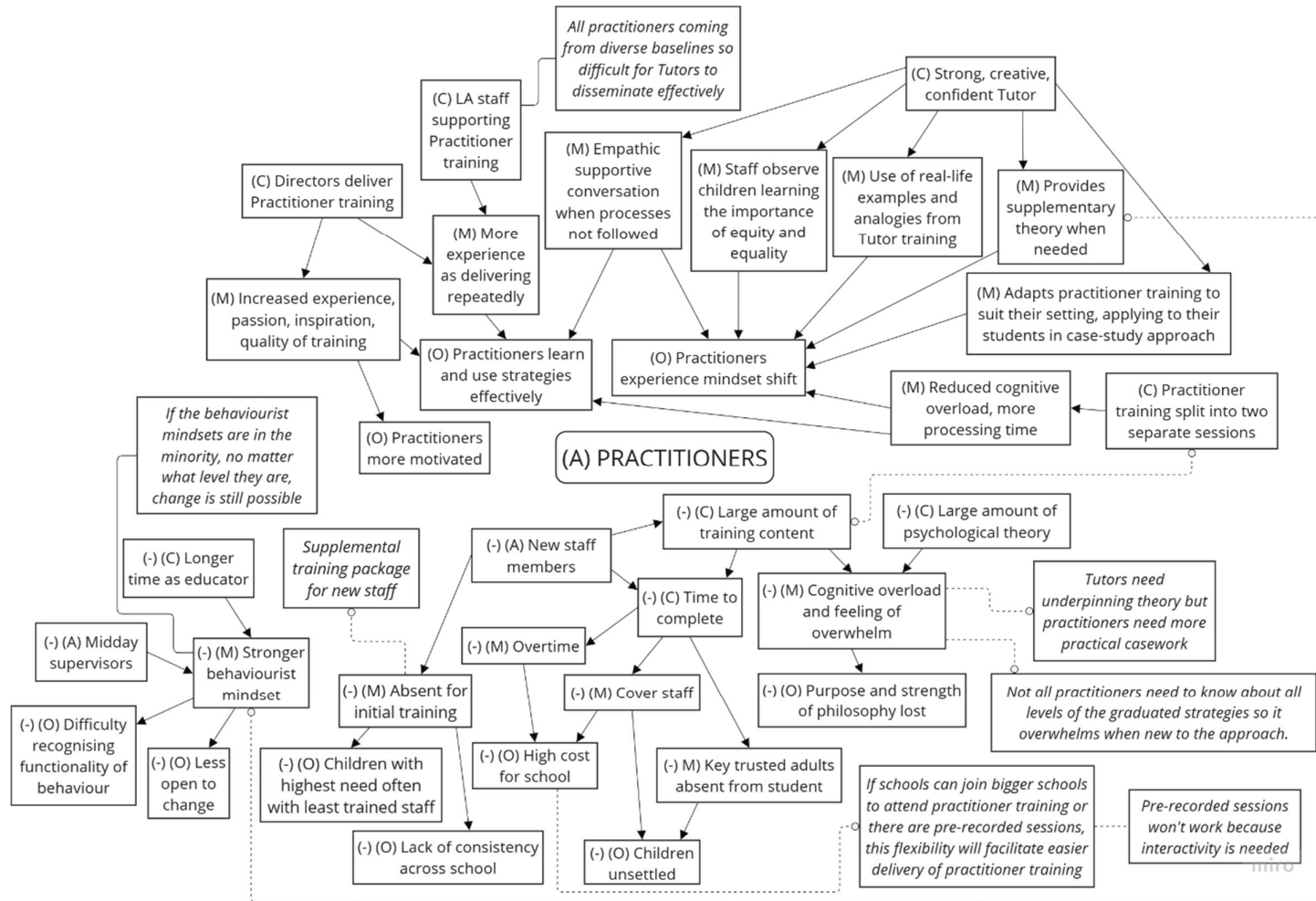|		
	think that way, and the majority of the school do but I think it's that, I don't know, it kind of frightens me in a way.	
Tutor	Where we've then lost out is at no point did the heads do this training because it's too onerous, it's three days.	8
Tutor	[I've created change] by virtue of the longevity in school. And you know, just this still person in the fluctuation of people, you know, you you just end up having a bit of influence in the decision making that goes on or the policy defining that goes on.	3
Tutor	The cost is huge and ongoing.	9
Practitioner	I mean, for us, I feel we're quite fortunate in the sense of, you know, I think when people come to our school [as a specialist school], they realise, obviously not the Therapeutic Thinking as such, but they have to come with a certain mindset of the type of children they will be working with at our school. They do need that nurture a lot and so on. So, mindset wise, we're quite yeah, fortunate that staff come, I think, already with a bit of a mindset of I will have to support children with this, but it's just because of the type of setting we are.	1, 2

MRT 4: Practitioners

Shown in Figure 15 is the map for MRT 4, Practitioners, which is closely linked with the Tutors map as it is only through the Tutor which the Practitioner accesses the programme. As such, the contexts often relate to qualities of Tutors, with the outcomes relating to Practitioners. The configurations can be summarised as follows (see Table 9 for relevant quotes):

1. When the programme directors deliver Practitioner training (C), Practitioners are more motivated (O) because they have more experience and passion than in-school Tutors, are more inspiring in their delivery, and provide a higher quality of training (M).

2. If LA staff or directors support the Practitioner training (C) then Practitioners learn and use the strategies effectively (O) because the trainers have more experience in delivering the content (M).

3. When the Tutor is strong, creative, and confident (C), they are able to provide empathic, supportive conversations when TT processes are not followed (M) which means that Practitioners learn and use the strategies effectively (O).

4. When the Tutor is strong, creative, and confident (C), Practitioners experience a mindset shift towards being more therapeutically minded (O) because the Tutor:

    a. provides empathic support when the principles are not followed (M),

    b. uses real-life examples and analogies from the Tutor training course (M),

    c. provides supplementory theory when it is needed (M),

    d. adapts the Practitioner training to suit their setting, including applying the programme to their students in a case-study approach (M),

    e. teaches children the principles of TT (such as equity and equality), which Practitioners observe (M).

5. Practitioners' cognitive overload is reduced and processing time increased (M) when the Practitioner training is split into two separate sessions (C), which supports Practitioners' to experience a mindset shift (O) and to learn and use the strategies effectively (O).

6. (-) The Practitioner training holds a large amount of content (C), including a large amount of psychological theory (C), which creates cognitive overload and a feeling of overwhelm (M) and so the purpose and strength of the philosophy can be lost (O).

7. (-) Because there is a large amount of training content (C), the Practitioner training takes a long time to complete (C) which requires key trusted adults to be absent from students (M) and cover staff being employed (M) leading to students being unsettled (O).

8. (-) The programme comes at a high financial cost to schools (O) because of the time it takes to complete (C) requiring payment for cover staff (M) and/or overtime (M).

9. (-) New staff members (A) are absent from the initial Practitioner training (M) which creates a lack of consistency across the school (O) and means that students with the highest levels of need are supported by the least trained staff (because new staff are often brought in to support students with highest need; O).

10. (-) Staff who have spent a longer period of time as educators (C) and often, midday supervisors (A), tend to have a stronger behaviourist mindset (M) which means they are less open to change (O) and can find it difficult to recognise the functionality of behaviour (O).

Figure 15

MRT Map 4: Practitioners

All practitioners coming from diverse baselines so difficult for Tutors to disseminate effectively

(C) LA staff supporting Practitioner training

(C) Strong, creative, confident Tutor

(C) Directors deliver Practitioner training

(M) Empathic supportive conversation when processes not followed

(M) Staff observe children learning the importance of equity and equality

(M) Use of real-life examples and analogies from Tutor training

(M) Provides supplementary theory when needed

(M) More experience as delivering repeatedly

(M) Increased experience, passion, inspiration, quality of training

(M) Adapts practitioner training to suit their setting, applying to their students in case-study approach

(O) Practitioners learn and use strategies effectively

(O) Practitioners experience mindset shift

(M) Reduced cognitive overload, more processing time

(C) Practitioner training split into two separate sessions

(O) Practitioners more motivated

(A) PRACTITIONERS

If the behaviourist mindsets are in the minority, no matter what level they are, change is still possible

(-) (C) Large amount of training content

(-) (C) Large amount of psychological theory

(-) (C) Longer time as educator

Supplemental training package for new staff

(-) (A) New staff members

(-) (C) Time to complete

(-) (M) Cognitive overload and feeling of overwhelm

Tutors need underpinning theory but practitioners need more practical casework

(-) (A) Midday supervisors

(-) (M) Stronger behaviourist mindset

(-) (M) Overtime

(-) (O) Difficulty recognising functionality of behaviour

(-) (O) Less open to change

(-) (M) Absent for initial training

(-) (M) Cover staff

(-) (O) Purpose and strength of philosophy lost

Not all practitioners need to know about all levels of the graduated strategies so it overwhelms when new to the approach.

(-) (O) Children with highest need often with least trained staff

(-) (O) High cost for school

(-) M) Key trusted adults absent from student

If schools can join bigger schools to attend practitioner training or there are pre-recorded sessions, this flexibility will facilitate easier delivery of practitioner training

Pre-recorded sessions won't work because interactivity is needed

(-) (O) Lack of consistency across school

(-) (O) Children unsettled

Linked to configuration two on the map is a researcher note 'All practitioners coming from diverse baselines so difficult for Tutors to disseminate effectively'. This refers to the fact that Tutors have the responsibility of disseminating the TT training to Practitioners in their school. Naturally, there is a large disparity amongst Practitioners in terms of their baseline knowledge and background experience; one Practitioner training group could include staff from senior leadership, teaching staff, administrators, and maintenance staff. Tutors often have limited previous experience of adult teaching so when this is accompanied by the need to adapt the training to suit different baseline levels, it can be a difficult task. Therefore, this issue can be alleviated when LA staff are able to support Practitioner training.

Similarly, the difficulty can be absolved by having a strong, confident, and creative Tutor (configurations three and four); a person with the willingness and ability to adapt the Practitioner course to suit the needs of their setting. In particular, when Tutors shared their examples of how they have modified the Practitioner training in their settings (such as by inviting Practitioners to consider a student in their class; using a case-study approach), other participants spoke of their intent to mimic this approach in the hopes it would support their colleagues to apply theory to practice. In particular, it was found that the problem of behaviourist mindsets (configuration 10) could be solved if the Tutor had these qualities of leadership and was therefore able to provide supplementary theory input to Practitioners who were more resistant to a mindset shift. This is indicated in Figure 15 by the dotted line between configurations four and 10, and evidenced by the following quote:

> "That was one of the things that really helped us when staff was struggling to understand the behaviour kind of behind it, we had *Name* actually came in and delivered attachment training to our school and we did some more around trauma and ACEs so staff could really understand, kind of, the theory underneath it and once they had that little bit more understanding, a lot of them did seem to take it on board much more."

Two researcher comments are displayed on the map associated with the mechanism of Practitioners' cognitive overload and feeling of overwhelm (configuration six). The Practitioner training involves the content of all strategies across the TT programme. However, not all Practitioners require the knowledge and skills of all levels of the graduated strategies. For instance, staff who work in catering or building maintenance do not need to know about the in-depth provision plans for students with the highest levels of SEMH need. Additionally, the underpinning theory which Tutors require for their role of leading TT in their setting, is different to the amount of theory required by Practitioners. Therefore, a degree of cognitive overload is being caused unnecessarily and the findings suggest that these amendments to the programme could result in significant improvements to Practitioner experience.

In relation to configuration eight, the outcome of high cost for schools, a participant proposed a solution of Practitioner training being amalgamated across multiple schools or there being pre-recorded training videos.

"We need that flexibility within the program where perhaps their [smaller schools'] staff could join bigger schools to do it or that they are able to break down or attend, you know, sessions or whether there's pre-recorded sessions that people can watch in their own time or whatever."

However, another participant highlighted that the need for interactivity in the sessions meant that video training would be unsuitable.

"You need the interactive element of it so people can ask questions and you can give analogies, do you know what I mean? Or you can relate it to children that you've got in school at the moment that they're aware of."

As these options for training have not yet been trialled, the findings are presented as hypothetical propositions for solutions to the problem of time- and cost-consuming Practitioner training. It is possible that there are other reasons, such as difficulty coordinating multiple schools' schedules, why these ideas would not be feasible.

There were multiple conversations across Tutor and Practitioner FGs which involved the challenge of training new staff who have joined the school after the six hour Practitioner training (configuration 9). A supplemental training package was proposed to resolve the issue of training Practitioners as new staff arriving after the initial Practitioner training is completed (configuration nine). Again, this remains hypothetical as it has not been actioned and could be found to be impractical for other reasons. One comment is not represented in the map but is important to be raised in the context of this MRT:

"Anyone that joined us in September, they've all had some sort of Therapeutic Thinking training, but it's the time … it filters into them anyways … because it's such of the ethos and with everything we do, it does drip feed through."

This notion of the absence of the six-hour Practitioner training being negligible when the TT ethos is already embedded in the school culture was widely supported by other participants. Therefore, it is viable to suggest that configuration nine is not applicable to contexts where a therapeutic culture (MRT 7) is already in place.

Another researcher comment is shown on the map related to the behaviourist mindset mechanism of configuration 10. This key finding is that if behaviourist mindsets are in the minority across the Practitioner group then, no matter their strength, overall ethos change is still possible. Many findings across the MRTs relate to this notion of behaviourism and the goal of TT as shifting mindsets from behaviourist to therapeutic. Therefore, this and other concepts are explored in more detail in the discussion section of this chapter (although it is noted here for comprehensive reporting purposes).

Table 9

Quotes Evidencing MRT 4: Practitioners

Participant Role	Quote	Configuration
Tutor	In the primary school I was in, very often it was support staff who had been there a very long time, found change difficult, found it difficult to adopt new approaches, and like *Participant* says, they were the ones that were hardest to turn.	10
Tutor	They [midday supervisors] don't see beyond why a child is is being dysregulated and they just think that they're making that choice to do it so they don't even want to buy into, even when you have those conversations, they don't really want to buy into it.	10
Tutor	I think I agree that it is support staff, but it really does depend on the person and the people at whatever level and, kind of, thinking about do they have a therapeutic approach or can we shift that or not. It's that flexible thinking versus fixed mindset I think. So, that was my experience anyway.	10
Tutor	You almost need another, sort of, short package if you've got a new member of staff that isn't Therapeutic Thinking trained, that you can package. There's another small thing that you can deliver to them as a new person because it's, sort of, got deeper and deeper and some of the newer training is missing some of the basics.	9
Tutor	So if you give them just the new training, they're missing the basics from the beginning, and if you give them just the beginning, they	6, 9

	haven't got the depth of the of the training at the end. If you gave them it all, you'd be there for a week. So you know it's very, very difficult. So I think making the training in smaller packages and maybe less onerous to deliver with all of the – you apply for permission, you have to… all of that … is more of a barrier to it happening.	
Tutor	By the time you get to deliver the part on how to use the tools at the end of your six hours they're knackered because you've gone so quickly through the training in the morning, their brains are frazzled because you've thrown so much information at them and then you whizz through the tools in half an hour because they want out the door at 4 o'clock. So they kind of it, I feel like it's losing its purpose and its strength because we're trying to pack so much in.	6
Tutor	So I've actually split it. … I do it in two separate days and I generally have a break in days. So I do all the theoretical, like, stuff that underpins it on the first day … and then we do all the tools on the second and I feel like that works much better.	4, 5
Tutor	They've just done another update and it's even bigger, it's like something like 270 slides now and it was just cause I've just seen the most up to date one and it was just like aaah! So we've done exactly that, we've done all the theory last week and then in a couple of weeks' time we're delivering the tools, but we're actually trying to bespoke it even a bit more and actually think about a couple of children, particularly that are causing difficulty at the moment.	4, 5
Tutor	If you've got a case that you can take through the training, it makes it so much more understandable.	4
Tutor	Yeah, it was heavy going, delivering that six hours and you know all the theory. *Director* and *Director* are brilliant how they deliver it and can't compete with them at all on how to deliver it.	1, 6
Tutor	I kind of just changed it up and I think that they felt changing it up was better in terms of thinking about a couple of children in their school and actually, let's do it together, let's do, you know, the therapeutic plan together, the anxiety mapping together. Think of the children in	4, 6, 7

	groups – and that's what it seems not to lend itself to. There isn't time to do that, but I think that that's what they got a lot out of doing. Those predict and prevent plans and thinking of a child and doing it for a child in their in their class. So that would be a good way to go, but I know that [they need] all that theory underpins it, but it just seems a lot to get in [in] that six hours really.	
Tutor	I think that the way I found to avoid staff being quiet or putting up barriers to it was to actually look at the neuroscience. So, we look at videos of Romanian babies' brains and things like that. And we, you know, we look at a lot of theory to understand attachments and understand how these children put up walls not to keep you out but to see who cares enough to break them down. And then we look at reflection and we get staff members to think about their own attachments, their own lived experiences, and how that might influence how they then work as practitioners with children. And then we go on to the *Therapeutic Thinking* stuff, because I think it's, I agree with everybody, it is packed in. I think … you need the reflection time in between the sessions sometimes to actually then go and observe and watch people that are applying that in practice to be able to, sort of, really see it being used. And we use a lot of … Peter Kay clips, I use a lot of Supernanny clips, I use lots of different clips to illustrate so it takes it away from our school.	4
Tutor	One of the things that's come back … is how unmanageable the program is in terms of training requirements … most of the schools here have got TA's that work as one-to-ones. We're up to about 35% SEND my school, all of my teaching assistant hours go on SEND children – not on teaching assistants in the classroom. And to release my staff for a whole day to be able to attend, sort of, *Therapeutic Thinking* training or even half a day when the children are on site is completely unmanageable for me. I can't cover it. I trigger so many children by taking away their key adult. It would be just unmanageable for everybody else, so we've split it into twilights that we then pay support staff overtime hours to attend because that's the only way we can do it.	7, 8, 9

Tutor	It's quite a few thousand to keep your staff up to date with *Therapeutic Thinking* annually. By the time I've got 3 trainers here, soon to be 4 because of my SEND need, they've got to have release – that's, you know, release alone would be, if they're teaching staff, is 1000, 250 a day for supply. But then I have 70 staff here that I have to train because I train my site manager, I train my office staff, I train everybody. That's 70 staff and in our other school we've got about 120 staff. So we've got 200 staff in our trust that we have to train annually.	8
Tutor	It's more when people don't follow those processes where they haven't built that relationship, where they're not speaking to children in the way that you would want and how quickly those situations escalate and go wrong that you almost can then bring it back and go – Do we now see why we do this, this and this? And I think sometimes some people need that experience. … where it doesn't work before they'll buy into why we do what we do and and how we do it, if that makes sense?	3
Tutor	It was difficult to get people on board, particularly I'd say, sort of, midday supervisors who I think our children generally have the least amount of time and respect for.	10
Tutor	We're all human, we all have human emotions. When we get heightened, this is what happens to us as people, let alone our little people.	3
Tutor	It can feel really overwhelming for staff who are early on in their *Therapeutic Thinking* journey.	6, 9
Tutor	I think what I've found with our staff that are harder to reach is getting them involved. When you have those conversations with the children … when you have a child that is behaving in a certain way in the class that, you know, they do their best but they're at their wits end and they're starting to struggle with that equity and equality. Having that conversation with the children, but with the staff present who you know are rumbling with those things as well, because when the children start to share their understanding of an explanation, it means	3, 4

	the staff haven't got an excuse, if you like. You know, they sit there hearing 30 children go 'Ohh yeah, actually we can see that, we can see that!' It then takes away their argument against it, if you like.	
Tutor	I felt the training gave loads of examples to show, which I found really useful, to show when people were being therapeutically lazy … That's what I found really useful, the fact that they always gave examples. So, when I was in the training, I just was writing everything down. So, if somebody does ask me, you know, but we've always done it this way or this or that doesn't work, then, well, I can go to my notes and go 'blah', you know?	3, 4
Tutor	There will be people who will never do it but will nod during Inset because you know what? That just wasn't their experience in their life. That isn't the stuff that they've come with. We might be laying on a series of values and beliefs that they don't agree with at all. They're not ever going to agree with because the ones that they've got are so deeply tied into their visceral experience of their lives that we can't ask for them to now meet the expectation to professionally adapt their brains to this new ideology that's coming in.	3, 10
Tutor	We got resistance from staff because the therapeutic process wasn't, it was being seen as you're being favouritist to some children because they get to do some extra things and so we were explaining that actually, you know, that cake so-and-so's just baked is the first time in their life they've baked or had that experience of doing something positive with somebody else and seeing the outcome and having that whole experience.	3, 4
Tutor	That only separation [into groups for Practitioner training] idea at the time we thought was for the MSA [Midday Supervisor Assistant] group because I did want to really link that into the hundreds of issues that lunchtime staff experience. You know, they have the most highly pressurised period of the day with the most issues with the least trained group of staff, and we wanted to address that somehow by giving them time and space to really play with it and enjoy it and get	4, 10

	up and do lots of moving around and have a laugh and just have that kind of really lovely approach.	
Tutor	Very likely they are the staff who come in after we did the big six-hour training because the great difficulty of *Therapeutic Thinking* is what do you do when you've done your six hours, you can't roll your six hours out every year, but you're gonna get new staff in from contexts that haven't had the six hours. So hey, guess what? They're not certified, so if they are not certified then when you come to do your refresher as a Tutor and you deliver the refresher and get your forms that go back to *Director* here and the crew who handle all paperwork, they're going to say, hang on, that individual didn't do the six hours, so they're not certified. So, this percentage of your staff is not *Therapeutic Thinking* trained. Well, we do not have the capacity to resolve that sticky issue, we cannot go back and deliver six hours to them, they will be part of all the deliveries from this point forwards – if they're not certified, they're not certified.	9
Practitioner	What we struggle with is keeping actually up that training. We've had new people starting like November-ish time and they're not trained yet.	9
Practitioner	I've been very fortunate that we've had the like the Tutors from county come in, have a look at our plans and so on and give us feedback. Like I said, in the past couple years we've been very fortunate they've even come on site, and you know, delivered training and so on because my current headteacher wants it to be implemented correctly and so on.	2
Practitioner	But yeah, I think when you're talking about it and you're saying 'ohh well, we're just gonna, you know, do this' then people are a bit questioning it but then also it's sometimes for me personally like I forget some new stuff.	6
Practitioner	I think then people can't kind of picture it in, I mean, in motion, can't … picture, well how are we gonna make this work? But then, once you, like I said, once you break it down, cause one of the times last time we did, we actually spent quite a lot of time on documents and so on and	4, 5, 6

saying right and then we kind of got everyone in their class we was like let's stop, let's look at this bit and so on.

Practitioner — Although I do think something which is easier to administer. I mean, obviously when you're having to train people up it's six hours and if you've got people like we've actually, we were meant to train people last week and the week before and because of staff illness and then we had Ofsted, it didn't happen and so, but it was quite a like massive thing to try and get people released from the school day. — 7

Practitioner — We had about 16/17 members of staff that needed training and so we split it and we were getting cover and stuff. But it's trying to find six hours to do it in, even if you break it down into sets of three hours, it's a lot to kind of do and a lot to get going and finding time when you've got only got five Inset days across a year and when you think about it actually and the way that they're organised, it's very hard to then get that training done. I mean, we've got staff who have been here since September and we weren't gonna be able to train until January and they're still not trained because of what's happened in the school in the last two weeks. — 7

Practitioner — We've currently got a child in year three who is a looked after child … and has an educational health care plan and he has shown some very dangerous behaviours at times to staff, to himself, to children and the number, the approach that we're taking with him and the alternative provision that is put in place for him to manage that, through … Therapeutic Thinking, does have the impact it, it's not, it's not all gonna suddenly stop, but the incidences aren't as many as they were, and he does respond. We know you ride the wave with him and in the height moment of it, we know that you don't talk to him, you know, and you come down the other side. But again, it's the staff, like we've got certain staff who will know that but unfortunately his class teacher isn't quite on board with that moment. It's a new class teacher, and so we see, we know things aren't being addressed as the way that we know the plan is in place. — 9

|		
Practitioner	And I think that's quite difficult when you've got staff where you've got a plan, the plan is quite clear, and then the staff don't stick to the plan. Then there's a problem and you're like, right, well, if you don't stick to the plan that's in place because of X, Y & Z and then you come to me with a problem. I'm like, well, of course there's a problem because you haven't followed the plan.	3

MRT 5: Parents

This smaller map (see Figure 16) shows some key findings around parent involvement in the programme. There was not as much data available for this MRT as others, because TT does not explicitly involve parents. However, it was still considered an important aspect to include in the findings as some schools did provide parent workshops as part of their TT approach. Furthermore, the TT approach is a holistic one and parental involvement is a well-established important aspect of successful educational environments (Schmid & Garrels, 2021). It was therefore natural that participants provided this data and appropriate for the findings to be reported here:

1. Parents often have a behaviourist mindset and therefore request punishment (C) but can come to recognise and appreciate the benefits of the approach (O) if they:
    a. are given physical analogies (such as in the swimming analogy quoted in the table below; M),
    b. fulfill a support role in a school (M),
    c. observe conversations Practitioners have with children about equity and equality (M).
2. When schools deliver parent workshops (C), parents receive appropriate strategies (M) and underpinning theory (M) which results in an increase in their confidence with supporting behaviour at home (O) and in their wellbeing (O), as well as providing a therapeutic community for children across their different environments (O).
3. (-) When students experience racism or bullying (C) parents want justice, in the behaviourist sense (i.e., punishment; M) and schools find it difficult to justify the 'consequence without punishment' approach (O). However, some schools have scripts about using educational consequence to ensure the behaviour does not recur, and providing examples of recurrence when punishment is used (such as the revolving door of criminal justice).

Figure 16

MRT Map 5: Parents
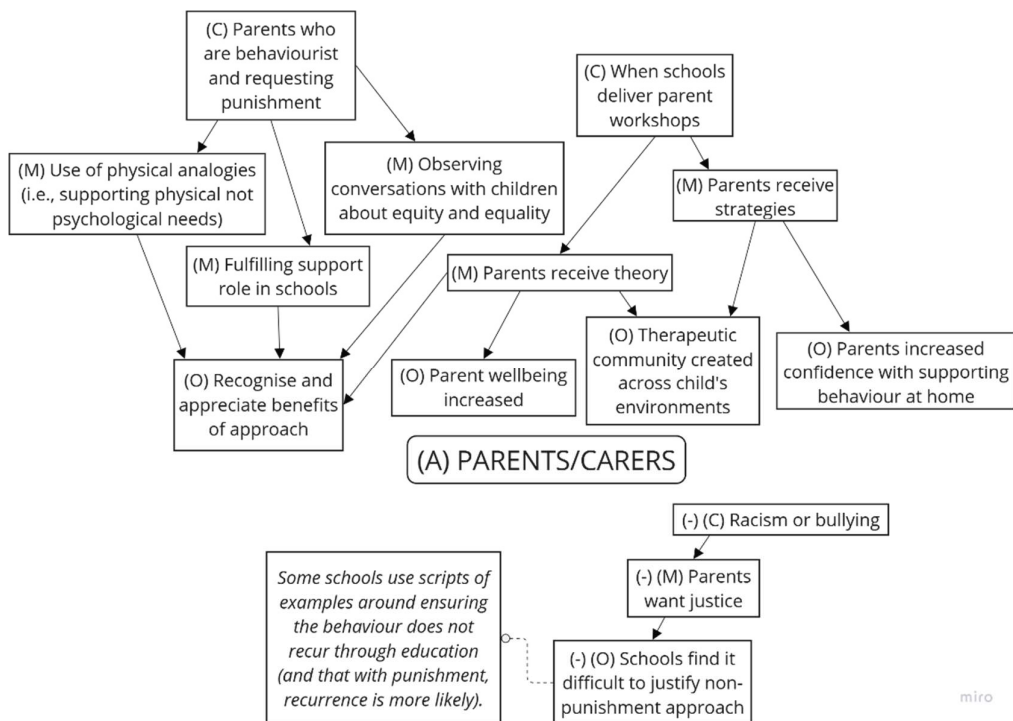
The configurations in this MRT can be understood easily, especially when interpreted in conjunction with the evidencial quotes (shown in Table 10). The main finding of this MRT is that those schools who have created an offer for parents, based on TT, have found it to be successful for parents' confidence and for children's development. Therefore, participants suggested that the TT company could integrate some parental involvement into the programme. Also of note is the researcher comment attached to configuration three which can be clearly explained by the quote below.

> "We talk about changing children's thinking, we can't change the past. What we have to do is change the child's thinking to make sure they don't do it again or your child is not a victim of that in the future by that individual. And … in order to do that, we have to change the thinking, not punish."

This comment followed the previous speaker discussing how racist incidents are more difficult to manage with parents, and that they themselves (as a Practitioner) find the non-punishment approach difficult to justify. However, after the above explanation was given, the former participant wrote this down word-for-word and was grateful for the new strategy. In this way, the solution to the negative configuration in some ways negates the initial issue. It also supports that if the TT

programme attended to parental involvement, this solution could be shared more widely and the difficulty could be eradicated entirely.

Table 10

Quotes Evidencing MRT 5: Parents

Participant Role	Quote	Configuration
Tutor	We ran a parent workshop actually based on *Therapeutic Thinking* and delivered that to them. And we had, it was well attended, especially by parents who had SEN children [children with special educational needs] themselves and were really struggling with their behaviours at home. And if I'd stayed there, yeah, I would have carried that on, but yeah, very supportive from certain parents who were struggling with their parenting basically. So I think, you know, that's an area that could be really encouraged by … Therapeutic Thinking.	2
Tutor	We've had parents in for evenings and things like showing them roots and fruits, as was, and things like that. And the idea behind that has been really positive.	2
Tutor	We're still fighting against the idea some of our parents still want to see children hung, drawn and quartered when something goes wrong and that's sort of the problem. We have parents coming in, kicking the door down that the child hasn't been stood facing the wall for three weeks after they've done something to their child and things like that.	1, 3
Tutor	Where we've seen a real improvement is parents who have fulfilled roles in our school as support staff and some of them were parents who maybe were sceptical about [TT] at first with their ideas and concepts. But when they're brought into the everyday and seeing what we're doing, they start to have that realization, that conversation of 'now I understand why you've been talking about this for so long, now I understand why you do it this way'. So yeah, I think with parents, like anything, it's just reiterating the message – and getting them in, if you can.	1

Tutor	I think the equality and equity thing, so when we show new, like, in-term admission parents around and they see children in small gardens, and children doing stuff that might be a little bit out of the norm and we, kind of, say we need to basically give children what they need here to thrive, I think that's a really powerful message for children, for parents, because it's not a one size fits all approach and they seem to, I think parents get that.	1
Tutor	When we're doing like tours, so I've got one tonight again at quarter-to-four and we use the analogy of the swimming pool, and we say that some of our children are really confident to get straight in the water and start swimming or paddle, some might need to use [a] float. … others of our children, the swimming pool is just so daunting we just need to bring them down to a really small, tiny pool, teach the skills, sometimes we have to get in the water with them and help them. Other times, we, sort of, take them out, but what we can't do if they're struggling in a big pool is keep drying them off and throwing them back straight in the pool again, because they'll never learn. So that's the analogy we use, and I still use if I'm doing parent tours.	1
Tutor	We do that right from the outset, so that parents know a bit like *Name* said about, kind of, this is the way we're doing it, either you want your child to come to a school that works in this way, or you don't. You want to work in a setting like this, or you don't, but we set it right from the very start, and when we do things like welcome meetings and transition meetings at the end of the school year, beginning of a new one, again, we re-go over that as part of our therapeutic way of working. So parents are really clear about, you know, consequences.	1, 2
Tutor	I think it gets a bit blurrier when the incident might be one of racism or bullying, where parents want to see punishment. They don't want to see consequence, they want to see punishment because they don't always feel as if, for them, it's enough.	3
Tutor	With the parent workshop we endeavoured to explain the thinking that we were using as a school and actually parents, some, mainly were	1

really on board and some parents felt that we just missed the point and we just needed to bang our fists until, you know, because that's society. And so it wasn't about changing them at all, it was just saying, OK, you know, I get your point of view, actually that's what's out there. This is very different and I appreciate it can be perceived as, you know, woolly and fuzzy and not driving outcome or change when actually all the research shows that actually this, this [is the] methodology that drives change.

Tutor

Whether we like it or not, in the context that I work in, we've got the community around school very much [we] still work in a world where [when] something happens, punishment is needed. Yes, you can educate parents, get them on board. But you'll never get everyone on board. … There is a very much a blame culture in our world and I think … the people that get on board with it and work with the school to address behaviours they see and the reasons why … it works really well and it's really positive. I think that where we really struggle to see it working is with some of the lower level stuff, our parents, the parents of children who generally don't do things that are picked up on, then feel that punishment is needed, and then for the other end of the spectrum where you've got children who are repeatedly struggling and there's obviously other needs that are in place and therefore you've got your risk reduction plans and all of those sorts of things and your alternative approach to doing things they don't fit into the kind of central way that you organise and address behaviour that for us create, they think that they're getting rewarded or they think they're getting away with it.

1, 3

Tutor

I did a massive parent workshop, I say I did a massive one, I put on three different workshops and I probably had about 20 parents that came from across the whole school and then we hit COVID we we've been saying actually we need to do another one. It's working out how to do it in a way that means you don't just end up sitting there with loads of people firing stuff like at you going 'but what about this, and what about that? And what happens if this happens?' … I find it quite easy to talk about and straightforward on a one-to-one basis, but in a group

1

Tutor	setting with parents I find it can be quite challenging with the cohort of parents that we have currently. I think some form of parent something where where those key bits are picked out of what to communicate for us, even if it's just a guide cause so much is working out. What is the exact information you do need to tell parents and what does that look like?	1
Tutor	We got a really good response from it [parent workshops] and yeah, so all those little things, you know the scripts and so on, again that was shared with the parents. So we're not saying this is well, it was more, this is what we use. You know, you're using it at home and so on. So that went really well with our parents and I think we will be doing that more often now.	1

MRT 6: Secondary Schools

Unfortunately, there were no participants from this context, but Leads and other participants with LA roles were able to share their perspectives on why the programme is more difficult to implement in secondary settings than primaries. Findings from this MRT (see Figure 17 for configuration map) provide insight into a wider issue of the education system which is explored in more detail later in this chapter. The data extracts for the following configurations can be seen in Table 11:

1. A single case example (C) showed that it is possible for the TT ethos to develop successfully in a secondary school (O) when there is capacity for action (M) by having multiple Tutors in middle leadership (C) and agency for change (M) by the headteacher (or someone in the trust/a governor) being committed to the philosophy (C).
2. (-) There are systemic differences between secondary and primary schools (C) which mean that the time shared between teachers and students is limited (M) therefore some of the practical tools in TT are not applicable (O) and there is a difficulty in strengthening staff-student relationships (O).
3. (-) Culture change takes longer in a secondary setting (O) because they are systemically different to a primary (C) in that the population is generally larger (M), there are more subcultures (M), and more people with conflicting perspectives (M).
4. (-) It is difficult to build a therapeutic community (O) with the systemic differences in secondary settings (C) because the type of community (the baseline for change) is different

to primary (M), staff spend less time with each other (M), there are more conflicting perspectives (M), and the school-student-home relationship is very different (M).

5. (-) Secondary and primary Tutors attend the same TT training course (C) which creates a disconnect in the dialogic learning (O) because TT involves attention to relationships and there are systemic differences between relationships in each setting (M).

6. (-) The Tutor training hosts primary and secondary colleagues (C) but secondary Tutors are often 'lost' (O) because examples and analogies in the course are often primary-centred (M) and the theories used are not always applicable to secondary settings (O) because adolescent and child development are inherently different (M).

Figure 17

MRT Map 6: Secondary Schools
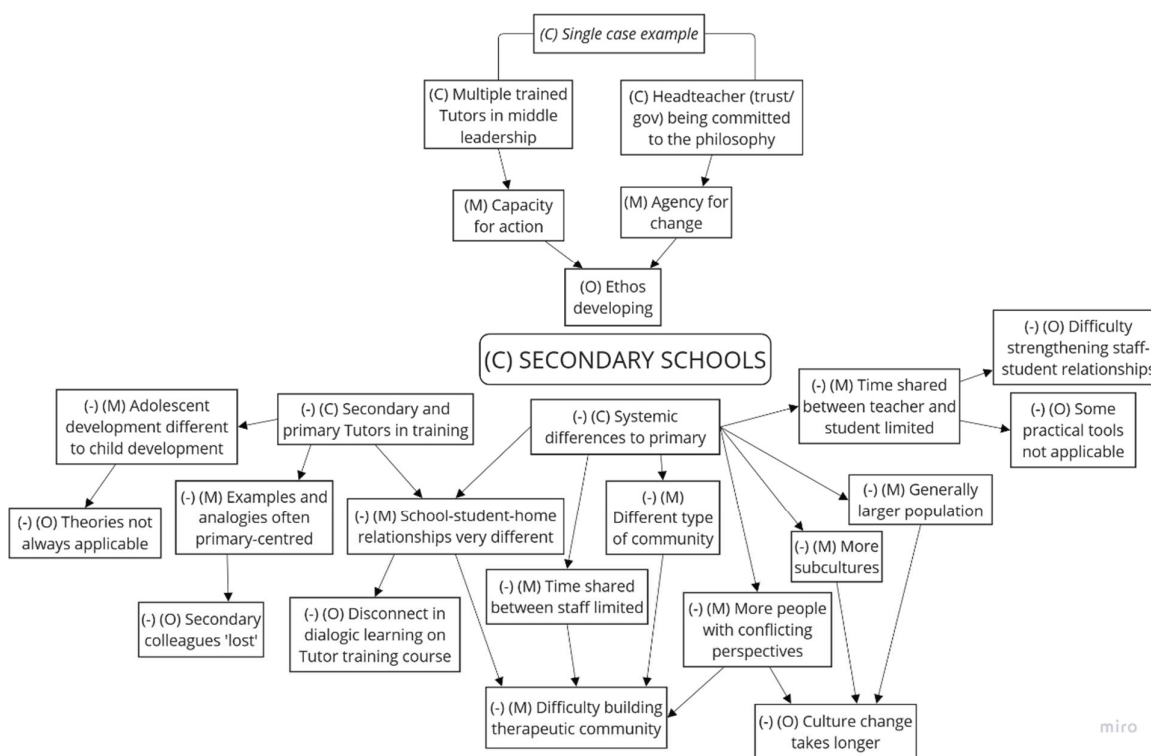
It appeared to be a well-known fact across TT stakeholders that the programme was not established in secondary settings in the same way as others. The lack of participants from this context is hypothesised to be directly linked to the findings; TT is rarely successful in secondary settings, therefore the potential for recruitment was limited. The reasons for unsuccessful implementation are explored in this MRT, however, more wider societal explanations may be able to offer greater insight. In particular, the presence of behaviourist attitudes and unhelpful narratives when it comes

adolescence. As noted previously, the phenomenon of behaviourism and its importance for the findings of this research will be discussed in more depth later in this chapter, and the specific relevance to secondary settings will be included there. However, a key comment is presented here which links this MRT to MRT 1, suggesting that the enrolment of secondary schools into TT is limited by the lack of successful examples.

> "Just thinking about our secondary settings, cause it's a [an] area of support that I'm really interested in. So, in our area, we've got six mainstream secondary settings, only one of which is a Therapeutic Thinking school and that is probably our most challenging community, school community. So, when you look at looking for, for example, if we looked for a really good role model school that other schools could go and look at and say that's brilliant, that's really working … Let's translate that into our school, well, I can't really find one of those schools secondary-wise, because it's our schools that are facing really significant challenge that are forced to be creative and think about doing something different … So they aren't necessarily your schools that your successful schools who aren't using Therapeutic Thinking would look at and think, yeah, let's do it like that."

As is shown in configuration 1 in this MRT, there are some circumstances where secondary schools are successful in their implementation of TT. This quote suggests that this success is created by contexts where there is significant difficulty (as mentioned in MRT 1) and therefore the evidence provided by them is perceived invalid (and MRT 1 showed that evidence is necessary for enrolment). This then creates an overwhelming barrier for TT in secondary schools, where it is possible that making changes to the programme for it to be more suited to secondary settings may still be met by resistance due to the lack of evidence of success.

Table 11

Quotes Evidencing MRT 6: Secondary Schools

Participant Role	Quote	Configuration
Lead	So for us, the most difficult schools we've had in terms of buy in have been our secondaries.	2
Lead	When I'm delivering and there are first schools and secondary schools, it's that connection that I probably find more difficult to connect because they really do seem to have very different needs and very	2, 5

different approaches [are] needed to support the schools, so yeah. And the nature of the relationship between the teacher and the pupil and the family is really, really different actually, isn't it?

Lead   First, primary and special all of those discussions are are going in one direction, but if you've got secondary school staff there, they need to have their own because they have to approach it differently.   2

Lead   When I've been supporting training, Therapeutic Thinking three-day training and refreshers, having secondary colleagues in the same room as primary mainstream colleagues is quite difficult because the, like you [participant] said, the examples that you give. And then is that why we're losing our secondary colleagues, because we're giving more primary examples? I don't know. And can they see how it adapts to secondary? How can you really create a great anxiety analysis on a child that you see for 45 minutes a week, and how does that, you know, how do you move around, and what does that look like if the child's having six different teachers every day? I think that needs to be looked at in more detail.   2, 4, 5, 6

Lead   Ofsted were really positive about the way the direction of the school was going. … The head is really on board, he's not done the training and they, you know, different members of staff came on the training, but he's very much on board and he's come to some of the workshops that I've delivered within that setting. He's been there, which I think for a secondary school head's pretty impressive, really… the head was on board, but it was then backed up by the deputy head and the pastoral lead. All three of them came on the three-day training so, but basically in terms of who picked it up and ran with it within the school setting, and who delivered the training and who implemented or made the changes to the policy and did the staff training and spoke to parents and so on – that was the deputy head and the pastoral lead, but with the OK and the full backing of the head.   1

Practitioner   I can understand why it's more easily translatable in a mainstream primary setting than it is a secondary school. I think what we really need to invest in order to make this work as an ethos is time in our   2, 3, 4

young people. So whenever there is a challenge or a difficulty or a young person distressed, it requires staff to have capacity for time, because it's not just about caring enough, is it? It's about actually having the time to sit down, reflect, think, work things through. And I think the pace of life in our mainstream schools, primary and secondary, sometimes makes that really difficult for our colleagues with the best of intentions. It makes that really difficult for colleagues to do.

Practitioner	I think secondary education is a competitive market, isn't it? So if you are a big, successful secondary school, why would you change that?	2
Practitioner	The culture of primary and secondary is different just by the nature of the setting and the size of a building and so it is difficult to translate that.	3, 4
Practitioner	When you read behaviour policies of secondary schools, it's just about conformity, you know. It's no, there's no nothing about mental health or wellbeing or understanding behaviour. It is just 'you will abide by the rules and if you don't you will incur all these sanctions and we don't really care why'.	2, 3, 4
Practitioner	Yeah, that is it [the number of behaviourist mindsets]. Because we have weeded out staff that haven't been that way and they've gone their separate ways after our head basically said anyone not on board the bus get off … if the whole thing is about mindset change then it almost stands to reason that the more people whose mindsets you're trying to change, the more difficult it's going to be.	3, 4
Practitioner	I think it's really interesting as well, in our secondary schools the young people that most need a therapeutic approach fall into one of two categories and once you're on that path, you're either looked after by the pastoral team or you're looked after by the SENCO. And I think once you're on one of those two paths, your experience of school is really different … So if you're on that pastoral route, you will be seeing your head of year, you'll be having consequences, you're on the detention list all the time, all those sorts of things are happening. And	4

> then if you're on the SENCO's radar you might be accessing other
>
> support. But really, those teams quite often don't know each other.
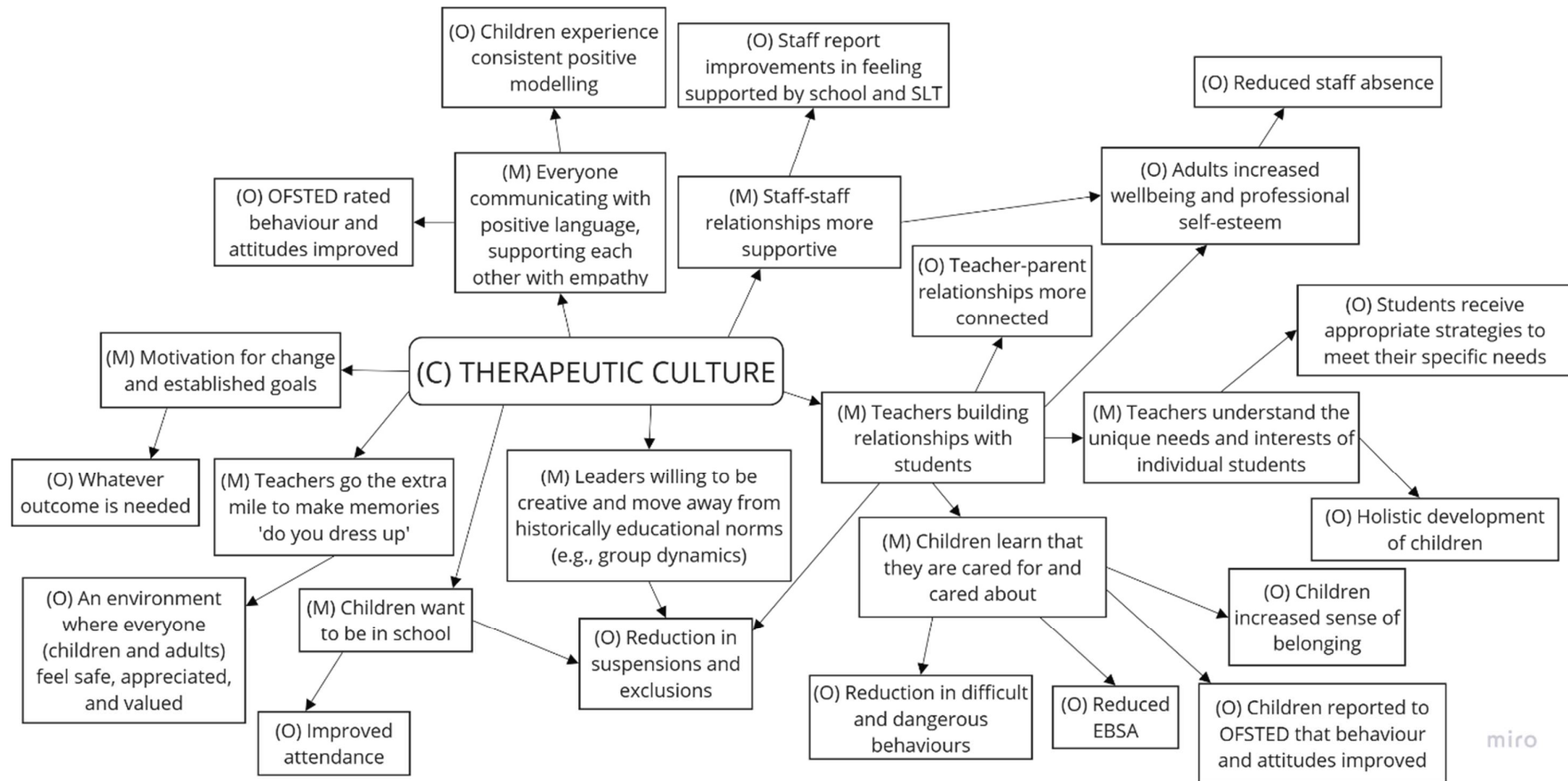
MRT 7: Therapeutic Culture

Above all other components, the data showed that the most crucial aspect of the programme is the development of a therapeutic culture. It could be concluded that the essence of TT is to transform educational environments from their adoption of behaviourist culture, to therapeutic. Therefore configurations in this MRT (map provided in Figure 18 and supported by evidence in Table 12) all stem from the same context; when the TT programme is used to create a therapeutic culture (C):

1. Whatever outcome is needed can be achieved (O) with motivation for change and established goals (M).
2. Everyone communicates with positive language and supports each other with empathy (M) so children experience consistent, positive modelling (O) and Ofsted rates behaviour and attitudes as improved (O).
3. Relationships between staff are more supportive (M) so staff report improvements in feeling supported by the school and senior leadership (O) and their wellbeing and professional self-esteem increases (O) which means staff absence is reduced (O).
4. Teachers build relationships with their students (M) which means:
    a. teachers are more connected with parents as well (O).
    b. they understand the unique needs and interests of different students (M) so students receive appropriate strategies to meet their individual needs (O) and are supported in their holistic development (O).
    c. children learn that they are cared for and cared about (M) which reduces difficult and dangerous behaviours (O), reduces emotionally based school avoidance (O), increases children's sense of belonging (O), and can result in children reporting to Ofsted that behaviour and attitudes are improved (O).
    d. there is a reduction in suspensions and exclusions (O).
5. School leaders are willing to be creative and move away from historic educational norms (for example with the use of the group dynamics approach; M) which reduces suspensions and exclusions.
6. Children want to be in school (M) which reduces suspensions and exclusions (O) and improves attendance (O).

    Teachers provide memorable experiences (learning and otherwise) for their students (M) which creates an environment where everyone (children and adults) feel safe, appreciated, and valued (O).

Figure 18

MRT Map 7: Therapeutic Culture

This MRT exists in the cross over between implementation and impact. That is, if implementation is successful then the impact is the production of a therapeutic culture, and the impact of a therapeutic culture is as this MRT suggests. For this reason, it made sense to organise the map in this way, whereby the therapeutic culture is the context from which the other elements stem. However, in configuration one, it could be interpreted as the therapeutic culture being the mechanism by which any outcome required is achieved, if the context of motivation and established goals is in place. This broad and perhaps lucrative idea that TT can provide schools with any change when there is motivation and the goals are established, is not unfounded. Although boundaries do exist in that the outcomes must be related to school behaviour (or SEMH needs); TT is unlikely to be the foundation for a solution to issues of organising the academic curriculum in a school (whilst a domino effect of increased staff wellbeing may occur). As will be understood further in the RPT, this idea that when there is motivation for change and clear goals are established, then by means of creating a therapeutic culture, TT can provide a route to achieving those goals. There are concrete examples of this throughout the research, spanning change at the LA level, within MATs, individual schools, year groups, classes, all the way to individual students (which can be seen across the tables of quotes). One participant calls TT "a bit of a chameleon", which is a term carried through to the RPT to illustrate this point that TT can be adapted to suit any circumstance and to achieve any goal.

Table 12

Quotes Evidencing MRT 7: Therapeutic Culture

Participant Role	Quote	Configuration
Lead	I'm really, really encouraging the schools to find their own way of defining success. It's like is it, is it attendance, is it the EBSA, is it the suspensions, is it your isolation and what is it that you're that you're working on, that you care about, that you need to change because your school isn't as good as you want it to be? What is it that you need? And then Therapeutic Thinking can give you that because it is a bit of a chameleon, isn't it?	1, 4, 5, 6
Lead	Schools making clear to me and to themselves and to each other … Why are they bothering? Why are they even bothering to think about doing something differently using Therapeutic Thinking? Because if they're not clear about that, then we're not going to be clear about	1

what success is gonna look like, are we? Because it's not the same in every school, you can't just say 'behaviour', you know, it might be suspensions, in one school it might be EBSA, in another school it might be, you know, and that's fine because I think Therapeutic Thinking can do all of that and more but I think it very much depends on what the school want to get from it.

Lead	[The essential thing is] having clarity about what it is they want to change and what they want to have an impact on.	1
Lead	We did that [had a specific aim of reduction in restraint and achieved it] dramatically. Yeah, at this, this just huge unbelievable change. Even though with the product we were using before, we always referred to the fact that restraint was the last resort. It clearly wasn't. I mean, people believed it was, but they didn't have the the tools, expertise, whatever. Whereas yeah, now I mean it's, yeah, it's phenomenal and it's maintained our reduction of restraint [for 10+ years].	1
Tutor	There are so many examples you give. I mean we, you know, from children that have gone from us, we followed all the steps we've supported them to go to *Participant's* setting. *Participant* and her amazing team there have done an incredible job therapeutically. We've welcomed that child back and they're back in full time education.	4
Tutor	There's one of my older pickles who came from a nearby school, wasn't coping … So he was already, you know, year six child, kind of, on the back foot when he arrived, really struggled to settle and make relationships. And one day I heard him humming a song and asked him if he liked music. He, you know, took the time to chat with him, he loves music. As you can see I've got piano in the back of my room and every day he comes in and he plays me a song at lunchtime and to get to know that child, work therapeutically, really put the time into building those relationships. What has happened now is he has got cudos amongst the year six team mainly because he can play a lot of very cool tunes, self-taught, and he is building relationships cause those children will stop by now and he is now bringing a friend with	4, 7

	him to play the piano at lunchtime, that friend varies so ... now he's had about five or six different children, and this is a child that really struggled with relationships.	
Tutor	What underpins it for me is it's about giving time to establish positive relationships with parents, with children, amongst the staff team, you know, all of those things feed into really what we do day in and day out and that's what I think *Participant* was saying about it has to be a culture. It has to be something that's, you know, drip fed, whichever way you want to look at it. It has to be something that everybody is committed to. You know, we have a question on our interview ... do you dress up? Which sounds really wrong, but what we're saying there is, do you go the extra mile? Do you put the time into making things memorable for the children? Building relationships, you know, creating a culture and an environment where children feel safe, appreciated and valued. And that to me is what *Therapeutic Thinking* is about, it's about working therapeutically and ... nobody's left behind. Everybody's felt valued within our organization and we can see that impact through children that would have been otherwise permanently excluded, who have remained in mainstream. But we can also just see it because it's children that come to school, with a smile on their face every day and want to be here.	3, 4, 6, 7
Tutor	*Therapeutic Thinking* is sort of your way of life. It's how everybody should be behaving, should be working with children etcetera, etcetera.	2, 4, 7
Tutor	He [child] now knows that he doesn't lump ten bells of something out of somebody first thing, because he knows somebody's gonna listen, and they want to find out what's wrong, and they're gonna empathise first, and it's that empathising first. It's the deescalation, and I think people thought well if you deescalate them they're not going to get their 'punishment', which is not the word we want to be using anywhere, or there's no consequence for their action. But I think having, people have seen it through enough now to see the deescalation is separate from the consequence – the consequence can	2, 4, 5

still happen later, but the deescalation comes first, and if it takes an iPad to deescalate, if it takes a piano, if it takes a something else or playing a game with a tire outside, that's absolutely fine. The consequence can still happen, there can still be something that happens. They still do need to tidy up that stuff they threw or fix that thing for that person that they broke. That can still happen at a later date and I think now people have seen it all the way through, they get it.

Tutor	Staff anxiety and staff difficulties around that [around behaviour incidents], and sort of, trying to help them to regulate and co-regulate and think about, you know, who in your school, you know, really does explode when something happens versus who's a really calming influence. And so it's, kind of, really looking at all of the dynamics around that child and sometimes that gets lost when they just see the behaviour or they've just obviously hit someone or done whatever they've done. So it's, kind of, it brings it back in a really clear visual for staff and it's a really good if you want to do one child and really look. Everybody, from the site staff to everybody, kind of feeds into that thinking. It's been quite a key… it's quite powerful, yeah.	3, 5
Tutor	You eventually see, you do see changes over time. And if you look back on, so we use CPOMS [Child Protection Online Management System; software for logging incidents], and if you look back on CPOMS for that child from a year ago, you see that actually there is huge progress, but you don't necessarily feel that day to day.	4
Tutor	That's something that we're trying to work on at the moment in terms of that sense of self-worth for our staff in terms of what they're bringing to the table.	3
Tutor	I took over as head last September, so did a big relaunch of this is what my beliefs are, this is how my school runs, this is how we deal with children. … We're getting to a point where, like I said, we can look back on CPOMS and go 'we're not having those incidents, we're not having that issue', you know?	4

Tutor	We recently had Ofsted as well. On the feedback from staff was the behaviour and attitudes was improved, the response from children was that behavior and attitudes were improved and you know, it was that sort of that triangulation, if you like. And yeah, we still have those rough days, but we have less of them, which is nice.	2, 4
Tutor	It's been massive for the children and, like you say, *Participant*, we gauge children's voice and they see the differences that it makes. They understand the equality and equity – they get that better than some parents. So yeah, it's been really positive.	2, 4, 6, 7
Tutor	Not just the children, but it's the way that the staff speak as well and how they look out for each other. It's about well-being in general as well. Just before I came on here, one of the staff members came down and said 'ohh, one of the teachers has just had a really tricky day today. I just need to let you know, mainly because of the drumming [an activity in the school that day], it's setting off a couple of our children' and they, kind of, said 'I just wanted to flag it to you, what should I do to support?' So we had a conversation about how we might support that member of staff and that to me is about working therapeutically.	2, 3
Tutor	It's about working with the children. It's understanding that we all have, as *Participant* said, those days where it doesn't matter how therapeutically you're working, you know, you can't control the outside area. You can't control that child's, you know, behaviour. You're just supporting them, to give them the tools to manage their own behaviour better and it's, sort of, understanding all of that.	2, 4
Tutor	When it hits the spot, it's not just when the children say. It is when the staff surveys, and you walk into the staff room and somebody's baked biscuits the night before because they thought it would make everybody feel happy. Or you come in to work and you find little cards or, you know, things, or the other day one of the children put that [a gift] on my desk, you know, because it was the start of the new year and they decided to tell me I was the best headteacher ever.	3, 4, 6, 7

Tutor	You know you've got it right when you see all those little therapeutic things going on amongst your staff and your children.	2, 3, 4, 7
Tutor	It's beguilingly huge. You don't realise how huge it is, and it's only over time I look back I can see it. And it's not to put you [participant] off it, because it is an absolutely stellar endeavour. It really will hold and take care of and, like it sounds like you've already got it, but you'll be grafting for this point. You know, because things keep shifting and changing where your children, you're creating an environment a peaceful, positive, happy environment.	7
Tutor	It houses inclusion and equity like no other thing I've come across because it is, in one move it is, you know, when it says you're warehousing children, you're growing the whole child to have to be internally predicated towards prosocial behaviour and how you support someone arriving there because they're not quite there and there's a real fallout from that. That's immediately therapeutic. It's about the whole child, it's about their feelings. It's really a very beautiful thing.	4
Practitioner	It's, obviously, it's the ethos that, kind of, we give children what they need to thrive.	4
Practitioner	A child that we have at our school, lots of those, literally what you just described [behaviour incidents] that was him. But that was more him last year, so not this academic year, the year before. You know, he actually was, there was so much dangerous and difficult behaviour that he was removed from the classroom so had a one-to-one. We do not have the facilities for this, but we had to put [it] in for his safety, staff safety and other children's safety and he's now in the class with eight other children. So we have put him into a smaller class, with a higher staff ratio, but actually him just having that day in day out like the Therapeutic Thinking, and like I said, in our school, it's our ethos, it's everything we kind of do, he now is, you know, he did a pupil voice this week saying we use fobs around the school, so he wants a fob, he wants to teach people. So as well, it's just them knowing those	4, 5

	therapeutic, kind of, approaches of – we are going to be here for you, you know? And … we'll still be here for you the next day, the next day, and the next day. He still has his moments … but actually we're not seeing the level of where he was at last academic year. And I think it is just because he came to us that year, he came to us, and we did see a lot of those dangerous behaviours .... Over time, using the therapeutic approaches it has now, we're not seeing it as much as what was being displayed last year.	
Practitioner	So yeah, so we definitely have success stories here, massively. But when it's part of our ethos, when it's part of everything we do every single day, I think it, yeah, it definitely has worked for many of our pupils.	4

MRT 8: Programme Aspects

Configurations emerged about different aspects of the programme (practical tools, theories of child development, policy change, group dynamics, cascade model, physical intervention training) which did not map onto other MRTs. These are collected here (see Figure 19 and associated data extracts in Table 13) and summarised as follows:

1. The group dynamics approach (I) involves grouping compliant learners and trauma-experienced learners (those requiring less and more support with their behaviour, respectively; M) which enables the creation of accessible environments to meet SEMH needs (M) and means that specialist resource bases (SRBs) are underpinned by theory (M), resulting in the diverse needs of all students being met (O) and improved mental health outcomes for students (O).

2. The physical intervention training (I) provides staff with the tools and knowledge to support students who have high needs (M) and with the confidence to support students (M), which makes staff more comfortable moving away from behaviourist educational norms (O), reduces suspensions and exclusions (O), and reduces the use of restraint (O) which therefore reduces injuries to staff and students (O).

3. The programme involves teaching about theories of child development (I) which increases staff knowledge (M) leading to an improved understanding of child behaviour (O) and making staff more comfortable transitioning out of behaviourist norms (O).

4. The TT programme is adaptable to all settings and for varying levels of need (O) because it is based on theories of child development (I) which are relevant for all children (M) and uses a range of practical tools (I) which are organised at graduated levels of provision (M).

5. When there is time capacity and schools are support to use them effectively (C), the practical tools within the programme (I):

   a. support collaboration between staff (M) which enables understanding of child behaviour (O),

   b. are visual and logical (M) which facilitates conversations, knowledge sharing, and collaboration in meetings (O),

   c. provide a record of student progress (M) which increases adults' wellbeing and professional self-esteem (O) and is useful for statutory procedures, Ofsted, and communication with external colleagues (O).

6. (-) The practical tools (I) can result in ineffective resourcing with staff using multiple different approaches (O) because schools already have other tools embedded (C) and some are more aligned with national processes (M).

7. (-) The practical tools within the programme (I) are not always embedded in school systems (O) because schools already have other tools embedded (C) and they choose to prioritise the ease of stasis over the effort of change (M), or because the school is part of a MAT (A) which means they have less agency for change (M).

8. The programme being organised via a cascade model (I) means that there is consistency of strategies across different services (M) so school workloads are reduced because their approach (and associated paperwork) already aligns with the LA and other services (O).

9. The cascade model (I) means that schools are upskilled (M) which decreases EHCNA requests in the LA (O) and increases the LA's capacity (O).

10. By using policy change as part of the programme (I), there is consistent implementation (O) because strong leaders come together to write policies and hold staff accountable (M) and there is culture change (O) because systemic facilitation of punishment is removed (M).

The researcher comment linking configurations five and six was driven by participants' suggestions that making the practical tools centralised through the LA could eliminate the issues (configuration six) and enhance the benefits (configuration five). Additionally, if schools knew that the LA's paperwork and procedures were aligned with TT, this could increase enrolment (MRT 1). Although many LAs have trained their employees to be TT Tutors and actively encourage the TT approach across their services, currently this strategy of creating a platform for the physical documents to be shared has not been attempted. Therefore, as mentioned in MRT 4, this idea is only hypothetical at this point and this solution may not be feasible for other reasons. One Lead stated that their intentions for the upcoming academic year is to adopt this approach, so in the near future there may be an answer to this question.

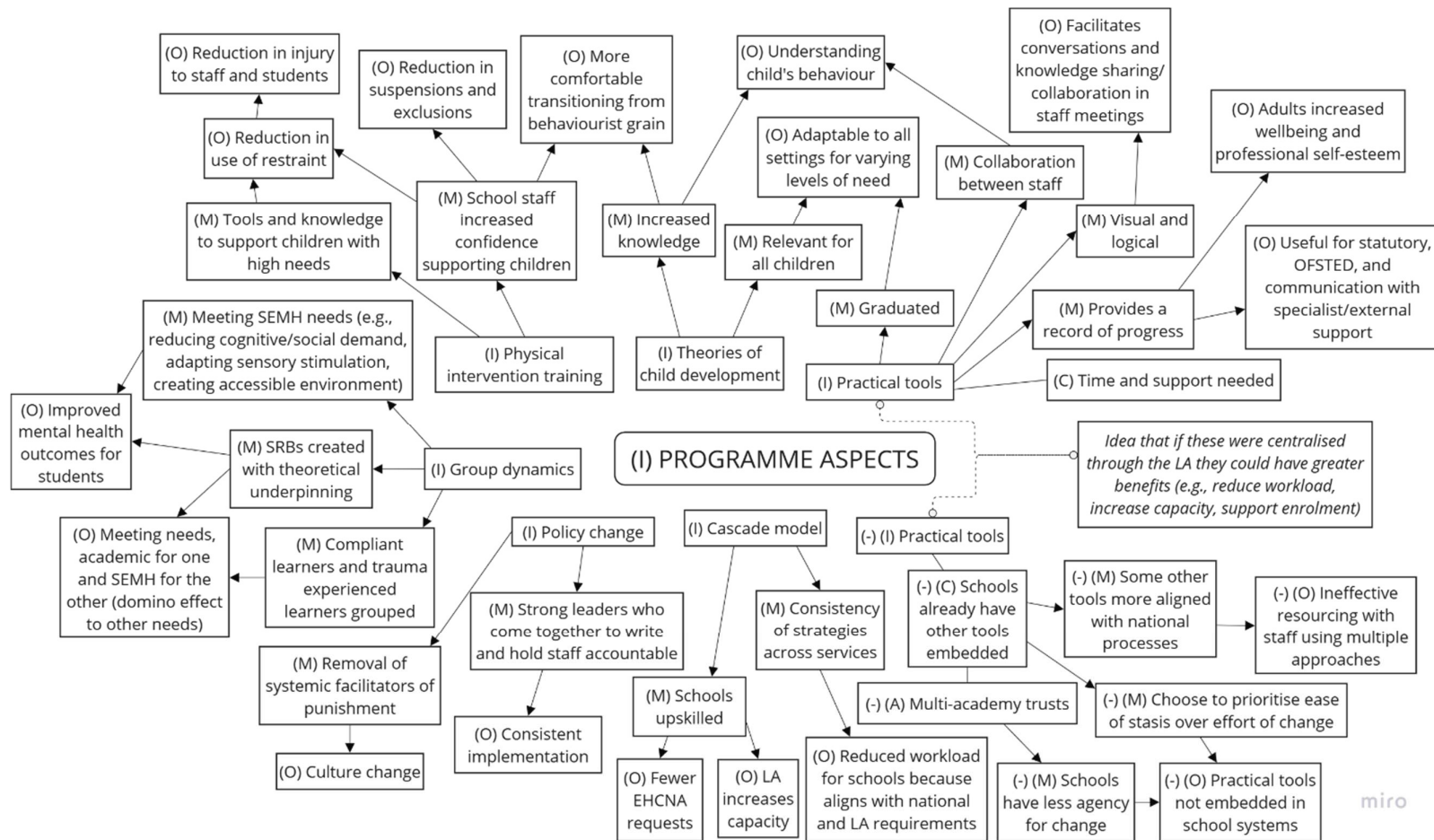**Figure 19**

MRT Map 8: Programme Aspects

Table 13

Quotes Evidencing MRT 8: Programme Aspects

Participant Role	Quote	Configuration
Lead	I think schools quite like the idea of the toolkit, but they already have, every school already has something which is doing what the toolkit is doing. And arguably, if you use the toolkit well, it does it better than most schools do it most of the time. But the difficulty then becomes about, well, is this something that we want to prioritise? Do we want to prioritise changing our individual planning document, whatever you want to call it in a school, IEP [individual education plan] or whatever, do we want to prioritise changing that to Therapeutic Thinking? Or do we want to prioritise giving time to making a change, using some of the things from the toolkit, or whatever it might be? So I think schools, my experience, which is limited so far, has been they like it and they like the idea of it. But there's a challenge in actually bringing it on using it.	6, 7
Lead	Particularly where there are multi-academy trusts involved where they're being dictated to, pretty much, as to what their paperwork looks like.	7
Lead	I was just gonna agree with what you were both saying in the fact that, in terms of the tools to analyze behavior, I think there's some fantastic tools there.	5
Lead	The early prognosis [one of the practical tools] for us in *LA Name* has been something that schools have really bought into and … using those early discussion points [as] to why a child might be behaving and, kind of, getting everybody around the table and not working so much in isolation.	5
Lead	It's almost not worth doing it because they [schools] think, oh well, we've already got approaches that work for us, although their exclusion data may not agree with that.	7

Lead	You've got staff in *LA Name* with some highly challenging situations that they in mainstream schools would have never have dealt with before, they're holding on to children currently that should be in, you know, severe learning difficulty placements and they're expected to have them still within their class of 30 children and mainstream schools haven't seen that that kind of complexity for a really long time.	2, 9
Lead	So obviously *Therapeutic Thinking* was brought into *LA Name* to reduce restraint in our special schools, and that was our main focus was reducing restraint and that was phenomenal.	2
Lead	The success that I've had is that those mainstream schools asking for restraint, I've been able to go in and successfully deliver some physical intervention techniques without the need for restraint with their really high level children, which has meant that they have more confidence and those children are then staying within school and not being, you know, excluded, even if they have to use, you know, an open mitten guide that means they're not being excluded.	2
Lead	Yeah, now I mean it's, yeah, it's phenomenal and it's maintained our reduction of restraint [for 10+ years]. … It's if staff can feel confident and assertive.	2
Lead	We're gonna do something different because nobody likes to restrain children, prone or supine on the ground, you know, and that was what was happening in our special schools in *LA Name*, the rates of restraint and injury to staff and child through through restraint was so high.	2
Lead	I'm also kind of really gonna be really focused on trying to do some sort of rollout across the local authority so that we've got some consistency and some alignment between different teams in the local authority who are all working for and with very similar groups of children and families, often the same children and families. And if not, people with similar needs and stuff, right? So I'm thinking about, you know, we have an attendance team, we have an exclusions team, we have a behavior team … So, you know, do we want them all to just be using the Therapeutic Thinking assessment tools?	8

Lead	Where it's been the most successful, in that particular setting, is when they have basically used the group dynamics approach to regroup some of their most, the children who display the most difficult and dangerous behaviours. So the children who are at risk of exclusion and grouping them and teaching them in a very different way to how the rest of the cohort was taught. So for example, I know one of the things that had particular success was they had this group of key stage four boys, so Year 10, Year 11. They were all boys who were being very disruptive around the school and all of them on, kind of, on the verge of exclusion. They all had EHCPs, [the] local authority [was] looking for other placements, but of course there's no other placements available, so they completely changed their timetable. They were taught as a group only by senior leaders, but only kind of like four different, they'd only see four different members of staff. They got the families on board as well, they put together really quite a personalised curriculum for them based on what their interests are and what they want to do when they left. They had some, you know, alternative provision, you know, one day a week or whatever it was, and actually what it meant was that those kids were able to stay in school, get an education, but they were taught in a very different way. And of course, there was funding that came with that as well, but it was very much the kind of the small garden approach from Therapeutic Thinking that, kind of, made them do that. Now, in terms of the rest of the school, they have also seen a significant reduction in suspensions, in particular, that's been a big impact. But what I will also say is Therapeutic Thinking was part of a bigger drive towards improving mental health outcomes for their children and their pupils.	1, 3, 4, 9
Lead	Some kids just, you know, can't cope with the the big craziness of a big, busy mainstream secondary school, or whatever it might be. So what you do is you take them out of that big environment and you put them into a small, small, small environment like a small garden. And so, you know, you would set aside space for them, you set aside resources for them, where essentially you just reduce the, kind of, the stimulation, you reduce the number of people, you reduce the cognitive demand,	1

	the social demand – all of those things, and make it much more accessible for them.	
Lead	Schools have to be brave and they have to be willing to be able to think outside the box to be able to do the kind of things you've just said, *Participant*, in terms of going completely against the grain of what a typical mainstream model would look like and, you know, in an ideal world we would be allowed to do that with [the] DfE, you know, and everything would be changed. But that's not gonna happen anytime soon. But schools that are doing those sort of things are really, really brave and it has to take someone in leadership to be able to say 'yes, that's OK', otherwise, middle leaders and teachers aren't going to say 'it's OK that we have this child, A, B and C, from across this big form group to now go and work on their own in that room with that one TA and be taught by a TA as well as a teacher'. … So it's, you know, the logistics of it are quite difficult and that takes time. And and I just think some schools don't have the time to be able to put in for that, kind of, you know, short term change for long term gain. It's it's about finding the time.	1, 3, 4, 5
Lead	I also find that behaviour policy, so, you know, those strong passionate leaders that have sat together and had a look at their policy, they're taking on Therapeutic Thinking but involving their staff within their policy. So I know schools that have had a whole Inset day where the whole staff team have looked at how they want to move forward together and then that's been written into their behavior policy. And so I think policy is really important to kind of strive forward. But it's not just about policy, it's about who's actually holding people accountable if they're not then following policy.	10
Tutor	If your headteacher or someone in [the] senior leadership team is a Tutor, it makes a much bigger difference with schools that I've worked with because obviously if they buy in and understand – they're the ones writing the policies.	10

Tutor	We [LA staff], kind of, delivered to schools, delivered to schools. Obviously the journey [the LA] has been on is amazing, and now that schools are being their own Tutors [it's easier], which is great.	9
Tutor	It enables the staff that are working with that child to really reflect on that child's lived experiences and it's only when like … we show, you know, if a child's moving home, or they've got a parent that's a revolving door parent, or they've got a new sibling coming and then they've got the new start to the year, a new teacher, new staff members, a new dinner menu. You know, whatever that might be, and we just, we use the roots and fruits [one of the practical tools] to show all those experiences. And I think it's often at that point, you know, a lot of our children that are displaying these sort of, you know, antisocial behaviours come from backgrounds of, not just trauma but repeated trauma and domestic violence and, you know, unmet SEND, unmet needs within the home environment, and, you know, it enables us to really reflect on what protective factors we can put into place. So the roots and fruits have been really great for us.	3, 4, 5
Tutor	I think we're just really conscious that, for teachers workload it's an awful lot, but because very often we have a member of senior staff or pastoral or the behaviour team that support with those documents, again, you know, we're often managing and reviewing maybe 15 to 20 of those every two weeks. So it's quite a big workload.	6
Tutor	I think I've used the, again, the roots and fruits in different ways. As well as, I suppose, as in my current role I've kind of used that with [staff] in staff meetings.	5
Tutor	If you've got a school that's really struggling with a couple of children and they don't really know where to go, roots and fruits is always the starting point … because it's so visual, again just, you know, that's what we do, that's our bread and butter. But actually it's such a good visual to kind of take them back to and remind them of what they've experienced. The lived experience, what they've experienced and, kind	3, 4, 5

	of, that shift and, kind of, bringing them back to the prosocial and how we want to get those feelings back.	
Tutor	About dynamics, we were really struggling, like you said, *Participant*, with a particular cohort where there was a lot of high need. There was a lot of children that were affected by trauma. … They were year six cohort by that time and we actually … we put all the high needs children in one class with additional staff and then we had 35 children in the other two classes, but like our 'compliant' learners. And honestly, it made so much difference to all the children because the children who wanted to learn and get on, could. The children who were struggling and knew they were upsetting their peers were all together and they formed a really tight knit like, communitive [communal] class. And since we've done that, we basically mix our year groups every year now and it's made such a massive difference.	1
Tutor	When we go in and give advice, some of my actions on my advice will be to complete your predict and prevent [one of the practical tools] or to complete an anxiety map [one of the practical tools]. So … I will go in and they'll say 'oh, can you help?' and I'll say 'right, come on then, show me your paperwork.'	8
Tutor	We use the readiness for reintegration tool for SEMH children, so we use that, we're using that more.	6, 7
Tutor	We found that the readiness for reintegration tool, for us, enables us to score and set targets that link social scores, readiness to learn, independent learning habits. That fits better, and then we, kind of, you know, we'll still use that as part of an assess do plan review cycle.	6, 7
Tutor	We tend to use our ISP's, as we call them – the individual support plans, to link more with cognition and learning, or to take things straight off EHCPs and then monitor and track that.	6
Tutor	We have to have these tools to be able to show those small steps of progress, particularly when we're applying things like EHCPs, but also the dreaded O word [Ofsted]. You know, we have to show that we're not off-rolling these children, that we have clear targets, that we have	5

	this support in place for them, that their needs are recognised. And the problem is, in *LA Name*, I mean, some of my children have been waiting for specialist teachers since, well, well over a year. So we have to show that we've put this support in place and something like showing what a mini plan [one of the practical tools] … looked like a year ago to what it looks like now, is a good way for us to show the progress that that child's made.	
Tutor	It allows us to measure those small steps of progress for SEMH children, which I think is really hard because they don't just go 'ooh and everything's all right now', they do that [indicates wavey upwards trajectory with hand]. So, we have to show that … it's not as clear as you know, you give them a gel [pen] or you give them a different colour pen and then wow, it's like a light bulb, epiphany, there's gonna be good days, there's gonna be days that are more challenging.	3, 4, 5
Tutor	The staff that were resistant, I found in the end it was about an unbelievably nuanced work of remaining alongside that member of staff and staying in those conversations over time and supporting their thinking to be different, highlighting, you know. I'll be just picking up saying, you know, 'I really enjoyed the way you did that, "Jenny", that really supported that child to', you know? 'We can see that the approach that was used has led to this outcome and I know it's been a lot of work for you and I'm so grateful that you have that approach.'	10
Tutor	We're constantly falling foul of, you know, the head not having done the training and, you know, it'll be me and SENCO and whilst, you know, that's really useful and the support for me and the SENCO to work together like that and do the work, it's not coming from the total top. So you'll find that there might be a bunch of ideas in the behaviour policy that have got nothing to do with, it doesn't fit or sit alongside the policy you're actually trying to create. Or there's a way of being with children and you look at the head and you think 'well that is not what we do here, how did we miss that?' And that's because they're not the recipient [of the TT training], they're not holding it in the same way we're holding it.	10

Practitioner	At the minute, it's just going through refining our behaviour curriculum, so even that has now changed the words to 'therapeutic approach to behaviour' so, our behaviour policy, that is the new name for it.	10
Practitioner	If someone from a similar setting to what I was at [asked me whether they should do TT], I would say well yes, because you need to be, you know, analysing the behaviours – what are they meaning and so on and breaking it down.	3, 4, 5
Practitioner	I think unless you get buy in from your SLT [senior leadership team], it doesn't matter what training you provide or how staff care about these young people in their setting, unless that is the ethos and the tone set by your behaviour policy, your headteacher, your senior leaders, it is not sustainable as an ethos.	10
Practitioner	*Researcher*: So, with obviously being a specialist setting, does everyone have a plan [one of the practical tools]? *Participant*: No. *Researcher*: So still you've got the, kind of, that targeted population? Participant: Yes, yes, yes. So, the ones that do have the difficult and dangerous, there's some children that don't so they wouldn't [have a plan].	4
Practitioner	We use it for evidence. So, we do have some children that we say we're not, even with it being a specialist school, we're not the right setting, so we kind of use that [the practical tools] as evidence to kind of say 'this is everything we've put in place and we're still seeing this and that.' … We know we're doing everything we possibly can and we put that as the evidence and we send it to local authority.	5, 8
Practitioner	Yeah, I think we found the paperwork, we don't end up filling [it] in. … [Other] things will go into like the assess plan do review or the kind of, early support plans and … all of those sorts of things for what might be supporting them to be able to cope with things. And so those sorts of tools [the TT tools] aren't used.	6

|	The risk reduction plans [one of the practical tools], or whatever it's	
Practitioner	now called, like, that sort of tool is used a lot, and we find really, like	5
	really valuable.	

Refined Programme Theory

There are two components to the RPT, facilitators of TT and barriers to TT (shown in Figure 20). Essentially, the RPT brings together the most prominent elements from across all MRTs. Therefore, only some quotes are presented here to illustrate key points as most of the data evidencing the RPT has been provided already. Additionally, at this stage of reporting the findings, there are only a few novel concepts. Throughout the MRT reporting, it was mentioned that some components would be carried through to the RPT. For instance, the mechanisms of agency for change and capacity for action first arose in MRT 3 and are now seen in the RPT. Similarly, in MRT 7, the importance of being motivated for change and having clear established goals, and the notion of TT as a 'chameleon' of school behaviour were raised, which are also revisited in the RPT. These are only some of the factors which were discussed in the narrative reporting of the MRTs, but all elements contributing to the RPTs were drawn from the MRTs. However, some of the elements in the MRTs are not included in the final RPT if they were not considered essential parts of the PT. That is, for example, if they were contexts perceived as beneficial, but not essential, to the execution of the programme, or if the data evidencing them were not substantial.

As alluded to earlier in the presentation of findings, the tertiary structure to the PT is re-established in the RPT. The central line of each figure depicts enrolment facilitating implementation, which creates impact. In RE, this could form the configuration: When schools (A) enrol (C), they experience an impact (O) because of the implementation (M) of TT (I). This research shows that the interplay between these constructs is far more complex; there are configurations within and between each aspect of this three-tiered core. The findings related to enrolment are that:

1. When an LA is connected (schools have positive relationships with the LA), groupthink occurs (schools make a socially constructed decision) which facilitates enrolment. Conversely, when an LA is disconnected (schools have a negative relationship with the LA), groupthink occurs which becomes a barrier to enrolment.
2. When a school experiences difficulty, they are motivated for change and attracted by the novelty of TT, so they enrol in the programme.

Figure 20

Refined Programme Theory Map

A

B
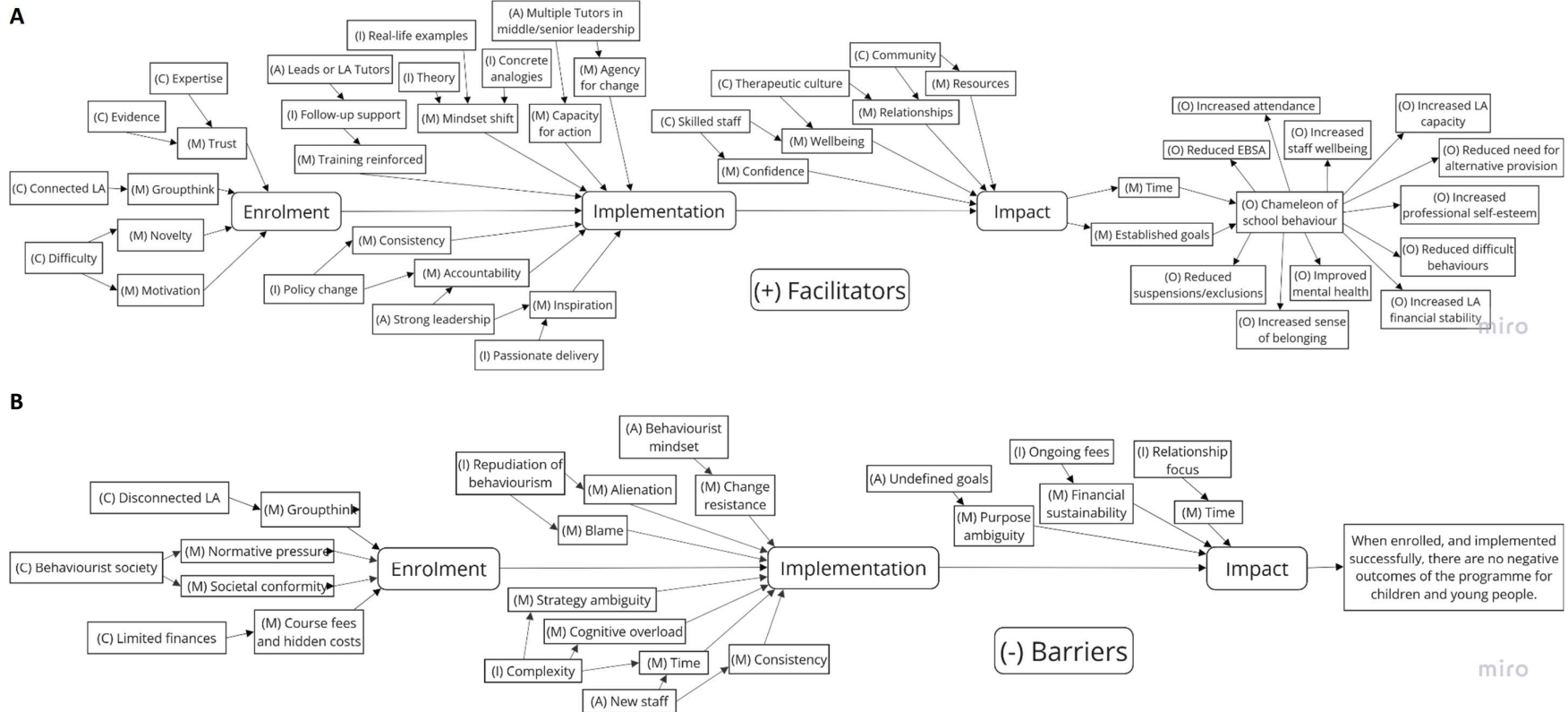
Note. Panel A: Facilitators of Therapeutic Thinking. Panel B: Barriers to Therapeutic Thinking

3. When schools are presented with evidence for TT and perceive expertise in the person presenting them with it, they are inclined to trust the programme and the person, therefore they enrol.

4. Barriers to enrolment also originate from the lingering behaviourism in society, organically produced from this being the leading philosophy about childhood and adolescence from the previous century. The normative pressure and social conformity produced by this behaviourist society makes schools less likely to enrol.

5. The TT programme involves course fees and other hidden costs (such as cover staff or overtime pay), which makes it financially inviable for some schools and so they do not enrol.

With enrolment as a context, meaning that at least one Tutor in a school has completed the initial TT training course, the facilitators and barriers to implementation of the programme are as follows:

1. The follow-up support provided by TT Leads and LA-based Tutors is essential for successful implementation because it reinforces the training (the theories and strategies of the programme) over time.

2. The TT programme uses real-life examples, concrete analogies, and provides a basis of theoretical knowledge. This means that Tutors and Practitioners experience a mindset shift towards being more therapeutically inclined; understanding the reasons for CYP behaviours and supporting them in ways that are evidenced to create long-term change. However, a barrier to this mindset shift, and therefore to implementation, is the presence of behaviourist perspectives as they are evidentially more resistant to change (but are those most in need of change for applying the TT approach). Although the reason for this barrier may be related to the repudiation of behaviourist attitudes within the programme as it creates a sense of blame for the issue of school behaviour and alienates those who have internalised behaviourist perspectives.

3. Implementation is more likely to be successful when schools have multiple trained Tutors based in middle or senior leadership positions, there is agency for change (e.g., through policy change) and capacity for action (distribution of workload, additional modelling exposure). As part of this, policy change is needed in order to create consistency across the school, and strong leaders (benevolent, assertive) are needed to hold people accountable to policy. The strength of leadership (i.e., being creative and innovative, having the courage to defy educational norms) is also important for the successful implementation of TT because people need to be inspired by passionate delivery of, and advocacy for, the approach.

4. As the programme is so complex (contains multiple different components, strategies, theories), the training is time-consuming, and individuals can sometimes experience cognitive overload. This also means that strategies for implementation can be ambiguous because there are so many aspects and the prioritisation of them is unclear.

5. There is currently no accommodation for when new staff are employed at a school which creates inconsistency (and consistency is one of the key facilitators for programme success); the TT training takes a lot of time and new staff often arrive after training has taken place.

Once enrolment and implementation have taken place (that is, the approach is embedded within a school), the facilitators and barriers to impact are that:

1. Staff are more skilled, so they have more confidence and higher wellbeing, which increases the impact of TT.

2. A therapeutic culture is created across the school which improves everyone's wellbeing (CYP and adults) and improves relationships.

3. Schools become part of the TT community where they can build relationships with other schools and share resources (e.g., at network meetings).

4. When schools' goals for the implementation of TT are not clearly defined, the purpose of the implementation is ambiguous which limits the impact of the programme.

5. Relationships between individuals within a school are central to the success of the programme, but they take a long time to develop which can be a barrier to impact.

6. There are ongoing fees once the programme has been implemented (refresher courses and providing cover staff or paying overtime) which limits sustainability and therefore decreases impact.

With enrolment, and successful implementation, after time and with established goals, the impact of TT is wide-reaching. It can be whatever the determined goals are, within the bounds of school behaviour. Therefore, TT can be seen as the 'chameleon of school behaviour', with evidence that it can:

1. Reduce EBSA

2. Increase attendance (of both staff and CYP)

3. Increase staff wellbeing

4. Increase LA capacity

5. Improve mental health (of both staff and CYP)

6. Increase professional self-esteem

7. Reduce difficult (and dangerous) behaviours

8. Reduce the need for alternative provision

9. Increase an LA's financial stability

10. Increase sense of belonging

11. Reduce suspensions and exclusions

Summary of Findings

To consolidate the results of this research, the evaluation questions are revisited:

1. What are the changes caused by TT, and how?

2. In what circumstances does TT create change, and why?

3. What are the barriers and facilitators of the programme in creating change, and for whom?

The response to the first question is represented by the outcomes of the impact element in the RPT. The primary change caused by TT is a reduction in difficult and dangerous behaviours (what some term 'challenging behaviour') in schools. This has a secondary effect on things like suspensions and exclusions, attendance, and staff wellbeing, and latently improves wider systemic functioning like the financial standing of LAs. In response to how these changes are caused, the key factor is through the development of a therapeutic culture in schools. The culture change is orchestrated by shifting peoples' mindsets (typically from behaviourist to therapeutic) with the use of psychoeducation surrounding theories of child development. In particular, the success of this psychoeducation is driven by the use of concrete analogy and real-life examples. Behaviour, and associated SEMH needs, are often illusive concepts compared to other aspects of education. By providing less abstract parallels and evidence from lived experiences, individuals are more able to conceptualise the necessity for a therapeutic approach.

In relation to the second question, the circumstances which facilitate these changes are captured in the contexts identified in the findings. As has been shown through the MRTs, the causation process from contexts for enrolment, to contexts for implementation, to contexts for impact, is complex. However, the data does provide insight into what they key requirements are for TT to create a therapeutic culture. The PT's most crucial aspects were those which were discussed either more frequently or in more depth throughout the FGs. Key contextual factors were the involvement of policy change in the schools' approach, having a clear implementation plan with established goals for the impact of the programme (which consists of both a 'big launch' and 'drip-feed' approach of dissemination), and utilising the follow-up support available from Leads and LA-based Tutors. The mechanisms identified in this research provide insight into the second part of evaluation question

two, why does TT create change in these circumstances. Policy change is important because it creates consistency of approach across a school. A clear implementation plan is necessary because it provides structure and prioritisation for the multi-faceted programme. The use of follow-up support means that the TT principles and strategies are reinforced over time, so that they are embedded rather than abating as new approaches often do in educational environments.

The third question corresponds directly to the presented RPT, demonstrating the complete array of barriers and facilitators to TT's impact. Of particular importance are the characteristics of the LA, the qualities of leadership (particularly in Tutors), time, financial cost, and the behaviourist ideology. Notably, these are facilitators and barriers rather than determinators of the impact of TT, meaning that TT can still be successful despite their presence (or lack of). When schools within an LA are connected to one another, they are more likely to be subject to groupthink; they may make decisions based on social conformity rather than evaluating logically. The outcome of groupthink can be one of two, depending on the majority's regard for the LA in general. If schools mostly have trust in the LA and perceive the LA positively, they will be more inclined to enrol in TT and commit to the approach on a long-term basis. However, if schools generally have little respect for the LA, then the same level of respect will apply to TT. Furthermore, when schools have a mutual affinity, TT builds on the sense of community across an LA.

The data strongly suggested that the success of TT is facilitated by the quality of leadership. This relates to both the overall leadership of the school (whether or not they are trained TT Tutors) and, more poignantly, the TT Tutors. The findings showed that the success of TT is enhanced by the Tutor having agency for change and capacity for action. This is achieved by there being more than one Tutor in a school, by these Tutors being members of middle leadership, and by them (and the TT approach) being supported by senior leadership (such as headteachers or governors). Moreover, when the Tutor is characteristically confident, passionate, creative, and innovative, they are able to disseminate TT more effectively. In addition, when these leadership qualities are present in the Tutor, some of the barriers to TT can be subjugated. For example, if Practitioners are struggling to apply the TT principles in their practice, a strong Tutor can provide support which empathises with the difficulty of mindset change, and applies adult pedagogical strategies (e.g., using a case-study approach).

Time was found to have different implications in different areas of TT. Firstly, in its requirement for the development of relationships (a key component of a therapeutic culture), for use of the programme's practical tools, and for completion of training. Although, this is likely to be the case for any school intervention given that time is well-established as the most valuable commodity in the

education sector. Of more significance in the findings is that TT needs to be implemented consistently over a long period of time before substantial impact is recognised. This can be expected considering that mindset shift and culture change are key components of TT. Furthermore, it is another barrier which can be reduced by the leadership of a high-quality Tutor. For instance, with confidence and passion a Tutor can persist despite adversity, and a creative and innovative Tutor can acknowledge and emphasise the less obvious progress which occurs throughout this implementation period (such as by supporting Practitioners to reflect on the subtle changes in CYP's behaviour). This same approach could be taken with the financial barriers to TT; a strong Tutor can recognise the returns on investment into the programme and persist in the knowledge that this will improve over time. Crucially, the findings showed that the cost of TT goes beyond the surface level of high course fees and that stakeholders' difficulties came more so from funding hidden aspects (e.g., cover staff). Unlike many other barriers, no solutions were identified for the issue of financial sustainability with TT.

Behaviourism arose as a key aspect at multiple different points throughout the research. It was the leading philosophy of the 19th century and much of its ideologies are lingering in this century, despite greater understanding of the complexity of the human psyche. This research suggests that those who subscribe (whether intentionally or through societal conditioning) to the behaviourist perspective tend to be less open-minded to new ideas. However, the reasons for this remain unclear and the literature is yet to provide further insight. It could be that individuals with behaviourist attitudes are more resistant to the mindset change intended by TT because their beliefs generate reinforcement; when punishment or reward alter CYP's behaviour (e.g., because of extrinsic motivation, fear, or conformity), an illusion is generated that behaviourism is accurate and helpful. Overall, the results of this RE in relation to behaviourism were that the higher proportion of behaviourist mindsets in a staff body, the more difficult it is (or more time is required) to implement TT. Regardless of the presence of behaviourist attitudes in a school, the TT philosophy can be embedded with the mediators as outlined above (such as high-quality Tutors) and with sufficient time and consistency required for the greater shift in these individuals' mindsets.

Another key finding of this research relates to the approach taken toward the behaviourist perspective within the TT training. One of the analogies used within the programme, and echoed by multiple participants throughout the FGs, is the notion that if school staff do not follow the therapeutic approach to education (as instructed by new school policies) then they are invited to 'get off the bus'. In essence, this suggests that if a member of staff is struggling to adapt to the new ways of working, perhaps because they have been conditioned over a long period of time to subscribe to behaviourist ideologies, then they should exit their role in the school. It is suspected that this

strategy aims to provide consistency and adherence to policy, but in fact, findings here suggest that it alienates individuals, and means that those finding it difficult to internalise the TT philosophy resort to hiding their misalignment. It is therefore proposed that, as is the method taken by some schools according to participants of the current research, the therapeutic approach used to support CYP in TT should also be taken to support staff with behaviourist inclinations.

Where this notion is of most relevance is in relation to secondary settings, as briefly indicated in MRT five. In response to the latter part of evaluation question three, *whom* do the barriers and facilitators of TT affect, the findings of this study show that the barriers are most prominent in secondary schools. This is to the extent that there were no participants recruited from secondaries, for the hypothesised reason that there are so few instances of TT's success in this context that the participant population was unattainable. Therefore, the data surrounding secondary settings has been drawn from Leads and LA-based Tutors, who have experience of attempting to support implementation in these schools. Initially, it was thought that these difficulties were related to the difference in size of primary versus secondary schools; for the academic year 2023-24, the average number of students in UK primary and secondary schools was 275 and 1063, respectively (DfE, 2024b). Considering that culture change is the main avenue for TT's impact, logic implies that the larger the culture, the greater difficulty in change. However, given that large primary schools were provided as examples of success by participants (larger than the average secondary school), it can be concluded that this is not the mechanism by which the barriers to TT are more relevant in secondaries.

The findings suggest that these difficulties can, in fact, be attributed to three interrelated components. First, the behaviourist perspectives in secondary settings appear to be more common, leading to a majority staff mindset. It may be that this is linked to the societal narrative around adolescent behaviour, particularly that adolescents are in their nature 'challenging' or 'difficult' (Qu, 2023). Secondly, some of the key practical tools within the TT programme are more aligned with the structure of primary settings. For example, one tool involves analysing a CYP's emotional/behavioural responses throughout the school day, across multiple days. This is a considerably more difficult task when (at the extreme end) some secondary school staff are only with a CYP for less than an hour per fortnight, compared to primary teachers spending most of each day with the same students. Thirdly, although the theoretical underpinnings of the TT programme are important for understanding adolescent development as well as that of younger children, there are key differences which require further understanding. For instance, the neuroplasticity of the brain is in its second-most active life phase during adolescence, and pubertal maturation has a range of developmental implications beyond the physical characteristics (Bonnie & Backes, 2019). There was, however, one case

presented of TT's success in a secondary setting, attributed to the strength of leadership and the commitment of leadership to the TT philosophy. It remains that significant development to the TT programme is required for it to be as successful in secondary education as it is in primary and specialist settings.

The findings of this research align with the conclusions from the systematic review presented in Chapter One. This synthesis of existing literature suggested that four key components of a successful programme for supporting school behaviour were: being underpinned by psychological theory, being multi-tiered, using explicit student teaching, and attending to the culture of the school environment. The current research goes beyond whether or not TT is effective (i.e., whether it 'works' and is successful), and establishes the mechanisms and contexts which create success. While the mechanisms and contexts were not an explicit focus within the systematic literature review presented in Chapter 1, there are consistencies between the findings from the realist evaluation of TT and the understandings gleaned from original synthesis of the existing literature. For instance, in the context of culture development, this research found policy change to be a crucial aspect of facilitating a culture shift. Cooper and Whitebread (2007) and Binnie and Allen (2008) both evaluated a Nurture Group initiative. However, the initiative in Cooper and Whitebread's study included policy refinement and through comparing the discussion of the two reports, it is clear that this additional feature had a positive impact on the overall results of the Nurture Group approach. The current research also found policy development to be a key mechanism by which culture change occurs in schools. Similar parallels can be seen between TT and the multi-tiered approach of the leading model in the US (PBIS; Barrett et al., 2008; Bradshaw et al., 2009; Luiselli et al., 2005), as well as between TT and the theoretical underpinnings shared across many of the studies reviewed in Chapter 1 (e.g., Underwood et al., 2023). Likewise, the explicit teaching involved in TT (such as the equity-equality teaching discussed by participants) can be likened to the explicit teaching in other successful interventions (e.g. Trip et al., 2015). Without question, TT represents all four of the established components and therefore is in support of earlier findings.

Limitations

A key criticism of the design of this research is that, whilst justified in this research context because a breadth and depth of knowledge was elicited which adequately fulfilled the evaluation questions (the ends justified the means), FGs are not typically recommended for use on their own – substantiating findings with other methods of data analysis is recommended (e.g., questionnaires, interviews, document inspection, observations; Breen, 2006). In addition, RAMESES guidance states that where possible, multiple methods should be used in RE to facilitate data triangulation (Wong et

al., 2016). Fortunately, triangulation did occur across some findings when they were provided by different stakeholders across FGs, and therefore these were highlighted as 'key findings' of the research. The use of FGs also enabled all key stakeholder perspectives to be gathered, although future research may benefit from seeking the CYP view directly as this was beyond the scope of the current study. In addition, this initial research into TT can be viewed as exploratory with it being the first of its kind. To further validate the conclusions of this research, future studies could use quantitative methods based on the configurations established here, for instance structural equation modelling may be useful to refine and add statistical value to the MRTs or RPT maps presented (Kline, 2016). Also recommended for REs is returning to the participant population after data analysis for feedback on the final PT. In the current research, this was not possible due to time constraints and participant availability therefore is also suggested for future study. It must also be noted that some participants were likely to be invested in presenting the programme positively (e.g., Leads, as their employment can be solely based on the existence of TT). However, if this bias was unethically present in the research, then findings which do provide a negative outlook would not have been discovered (i.e., the barriers and negative configurations). Therefore, although this characteristic of participants must be acknowledged and respected within the conclusions of the research, it does not inhibit the validity of the findings.

Conclusion

Therapeutic Thinking can provide a solution to the problem of school behaviour, but with further development to alleviate the barriers and enhance the facilitators (particularly for secondary settings), it could be even more successful in doing this. In particular, TT stakeholders are invited to consider the characteristics of Tutors (specifically their agency for change and capacity for action), the financial sustainability of the programme and whether LA funding can support this (in the interests of return on investment), and the allocation of time in TT training for planning an implementation strategy (and for this to include both 'big launch' and 'drip feed' elements). Additionally, reflecting on the provision of therapeutic support for school staff, especially those with behaviourist backgrounds, could improve the overall success of the programme.

Beyond these recommendations for development, it is essential to highlight that this research suggests that TT provides an overwhelmingly positive outlook as an intervention for school behaviour. The metaphorical finding of this research that TT is a chameleon of school behaviour is not merely an anecdote. If a clear goal (such as reducing exclusions or improving staff wellbeing) is established, and sufficient time is given for implementation, then TT can be used to achieve that goal. Moreover, there is the promising notion that the outcomes currently experienced by LAs,

schools, their staff, and CYP could be even greater if the results of this research are integrated into practice. If TT can continue to expand its reach, perhaps by considering integration into initial teacher training curriculums, the programme could be instrumental in a national reform of the UK's approach to school behaviour. This suggestion expands beyond TT; school interventions more widely can take from this research that the characteristics of school leaders, the theoretical underpinnings of programmes, the use of follow-up support and a cascade model of training, are essential considerations to make. Furthermore, this research provides insight into the use of RE in the education sector for its ability to elicit a breadth and depth of new knowledge and unpick the complex interplay of ICAMO components. Prior literature has identified, as shown by the preceding systematic review, the key components of a successful intervention for school behaviour (theoretical underpinnings, multi-tiered strategies, school culture, and explicit curriculum). This research extends previous understanding by providing insight into when these constructs are beneficial, under what circumstances, and for whom.

Chapter Three: Reflective Commentary

Epistemological and Ontological Position

At the outset of my research, I approached the phenomenon of school behaviour from a social constructivist perspective. I explored the developments of the issue over time, and how it was influenced by leading philosophical standpoints in society and the changing legislative context. Furthermore, throughout my academic career I have consistently acknowledged the interpretivist paradigm associated with constructivism and placed myself and my experiences within my research and conclusions. However, as my engagement with the literature increased, a transition towards critical realism presented itself. I came to understand the value and recognise the logic in the distinction between the real, the actual, and the empirical. It made sense to me that reality exists independently of human knowledge, but that our access to this reality is mediated by our social and cognitive processes (Bhaskar, 1978). Therefore, I adopted realist evaluation to uncover the underlying mechanisms and contexts of the real world, exploring the outcomes of the actual, by analysing stakeholders' experiences (the empirical).

Although my perspective shifted towards critical realism, I continued to value the insights provided by social constructivism. This dual underpinning allowed me to approach the research with a balanced view, acknowledging the importance of context and subjective experience while also striving to identify and explain the real mechanisms at work. Navigating between these perspectives presented challenges, particularly when interpreting data that could be understood in multiple ways. However, this tension ultimately enriched my analysis; it pushed me to consider the socially constructed meanings participants attached to their experiences, the underlying factors that shaped these meanings, and remain vigilant in how my own experiences could be biasing the research. This approach allowed me to draw conclusions that were not only contextually rich but also grounded in an understanding of the deeper structures influencing school behaviour. By integrating both constructivist and realist perspectives, my research contributes to the broader discourse on how educational phenomena can be understood both as socially constructed and as influenced by enduring, objective mechanisms (Danermark et al., 2019).

As I reflect on the philosophical journey that shaped this research, it is clear that my transition from social constructivism to critical realism has not only influenced the methodological and analytical choices in this thesis but also transformed my understanding of what it means to be a researcher. Initially, I viewed my role as one of exploring socially constructed meanings within a specific context, focusing on how these meanings were shaped by historical and societal influences. This perspective placed me squarely within the interpretivist paradigm, where the researcher's role is to understand

and interpret the world through the eyes of participants. Interpretivism emphasises understanding human experience from the participant's perspective, recognising the influence of the researcher in shaping interpretations (Schwandt, 1994). The adoption of critical realism allowed me to recognise that my role as a researcher extends beyond interpretation; it involves a commitment to uncovering and explaining the real, often hidden, mechanisms that underlie social phenomena. This shift has profoundly influenced my identity as a researcher, as I now see my work as contributing to a deeper, more layered understanding of reality.

Furthermore, this philosophical evolution has implications for how I view the broader research community. It highlights the importance of dialogue and integration across different paradigms. Rather than seeing constructivism and critical realism as opposing forces, I now understand them as complementary approaches that, when combined, can provide a richer, more comprehensive understanding of complex social issues. This integrative perspective encourages a more collaborative and interdisciplinary approach to research, where the strengths of different paradigms are harnessed to address the multifaceted challenges faced by social science. I conclude that the pursuit of knowledge is not a linear path but a complex, evolving process that requires openness, reflexivity, and a willingness to engage with multiple perspectives. This lesson is one that I will carry with me, not only as I finalise this project, but as I embark on future research endeavours, always striving to deepen my understanding and contribute meaningfully to the field.

Systematic Reviewer Journey

Initially, I intended to conduct a semi-systematic review, but this approach evolved as I realised my natural preference for structured processes and as I explored the available guidance, such as PICO and PRISMA (Nishikawa-Pacher, 2022; Page et al., 2021). Given my background as a mathematics teacher, with a strong orientation towards statistical analyses and quantitative research, this shift was not surprising. Although I considered the challenge of undertaking a meta-analysis, I ultimately decided against it due to the extensive attention required for the second chapter of this thesis, thereby limiting the scope of the review. Furthermore, a meta-analysis would have restricted the inclusion of qualitative data in the review, which is a critical component in the social sciences (Patton, 2015). The research question for this review – *What are the key characteristics of a successful intervention for school behaviour?* – was chosen to address a significant gap in the literature. School behaviour is a complex and multifaceted issue, and while various interventions have been implemented, the specific characteristics that contribute to their success have only been previously reviewed in relation to a subgroup population or outcome (e.g., the impact on criminal behaviour; McGuire et al., 2021). By focusing on this question, the review aimed to identify and

synthesise the most effective elements of behavioural interventions, providing valuable insights for educators, policymakers, and researchers. This question not only aligns with my research interests but also meets the practical need for evidence-based strategies that can be applied in diverse educational settings.

Navigating Conflicts

As I prepared to conduct the systematic literature review, I encountered a significant internal conflict while defining the meaning of "behaviour" for the purposes of this thesis. Personally, I hold a defensive stance toward the common practice of labelling children and young people (CYP) as 'difficult' or 'challenging' due to non-compliance (Hallworth, 2022). From my perspective, such behaviour is often a result of unrealistic expectations placed on students, stress and pressures placed on school staff creating limited capacity for empathic approaches, and a lack of understanding of the attribution of behaviours to developmental needs and emotional struggles of CYP.

The literature often perpetuates a narrative that frames school behaviour in a way that I find problematic. Despite the growing awareness of the functions and complexities of behaviour, many studies continue to describe non-compliant CYP with terms like 'difficult' or 'challenging' (McNeely et al., 2009). This perspective overlooks the broader context, such as the developmental stage of the CYP, potential underlying needs, or other external factors impacting their life. As I worked to define "behaviour" for the systematic review, I was particularly concerned about the risk of reinforcing this harmful narrative. I was reluctant to contribute to a discourse that might perpetuate the shaming of CYP for behaviours that often reflect developmental challenges. However, I also recognised the importance of remaining consistent with the existing research base to ensure clarity and coherence for my reader. This created a tension between my personal values and the academic responsibility to align with established terminology and concepts in the field.

To resolve this conflict, I sought to balance critical engagement with the literature while offering a more nuanced interpretation that aligned with my views. Although I adhered to the prevalent terminology in the research for consistency, I made a deliberate effort to contextualise these terms within the broader understanding of child development and emotional well-being. By doing so, I aimed to challenge the simplistic labelling of non-compliance as inherently 'difficult' or 'challenging', instead encouraging a more empathetic and informed perspective. This experience, though challenging, was invaluable in refining my approach. It underscored the importance of critically examining the language and concepts I use as a researcher, especially when defining key terms that shape the direction of my research. Moving forward, this process has heightened my awareness of

the ethical implications of research definitions and their impact on the populations studied, reinforcing my commitment to both intellectual rigour and ethical responsibility.

Upholding Standards

Initially, I felt reassured by the structured, almost recipe-like processes available for conducting a systematic literature review. These guidelines appeared to offer clear steps to follow, which was comforting given my inexperience in this area. However, as I delved deeper into the available guidelines, I quickly realised that there were too many 'recipes' to choose from, each with its own nuances and recommendations. This abundance of guidance left me feeling uncertain about which approach would be the most appropriate for my research. Fortunately, the expertise of my research supervisor played a crucial role in navigating this complexity. I also reviewed similar research to observe what the majority of published articles included, which further informed my decisions.

The contrasting guidance I encountered is not to critique the systematic reviewing process, these are expected occurrences given the landscape of scientific research. For instance, I encountered significant differences between the PRISMA (Page et al., 2021) guidelines and the Cochrane Handbook for Systematic Reviews of Interventions (Higgins et al., 2019). PRISMA emphasises transparency in reporting and provides a structured checklist for ensuring completeness in systematic reviews. However, Cochrane reviewing is more prescriptive in its methodology, often requiring stricter adherence to specific procedures, particularly in the selection and appraisal of studies. These differences posed a challenge: PRISMA offered flexibility that was appealing, especially given the varied nature of the studies I was reviewing, but Cochrane's rigour seemed better suited for ensuring the highest standard of evidence synthesis. Balancing these conflicting approaches required careful consideration, and ultimately, I selected the PRISMA guidance based on the accessibility of its supplementary materials.

In addition to these conflicts, I spent an extensive amount of time exploring various critical appraisal tools and the literature discussing their effectiveness. Many of these tools, such as the Critical Appraisal Toolkit, are designed to help researchers evaluate the quality of studies in a systematic way (Moralejo et al., 2017). However, I soon encountered a significant issue; much of the surrounding research highlights the unreliability of these tools and emphasises the necessity for researcher judgment as a priority (Crowe & Sheppard, 2011; Maeda et al., 2023). Given this insight, I concluded that an overreliance on appraisal tools would be nonsensical. Instead, I prioritised a more nuanced approach that combined what I had learned from reading about critical appraisal with my own informed judgment, ensuring a more reliable and contextually appropriate evaluation of the studies.

This experience, while initially overwhelming, ultimately reinforced my commitment to upholding the standards of my systematic review. Once a selection had been made, I was meticulous in ensuring the rigour and replicability of my review. My in-depth exploration of other authors' perspectives and the justification behind different systematic review guidelines led to my absolute determination to uphold the standard of my research. I recognised that maintaining this standard required not only adherence to established guidelines but also the critical application of my own judgment to navigate the complexities and conflicts inherent in the process.

Realist Evaluator Journey

I was initially drawn to realist evaluation due to its heuristic approach and the fact that it had been widely used to evaluate interventions (albeit mostly in health and social care as opposed to education). This methodology offered a structured yet flexible framework that aligned well with my research goals, particularly in understanding the contexts and mechanisms by which Therapeutic Thinking (TT) was (or was not) effective. When I began my research, my knowledge of realist evaluation was extremely limited. However, over time, my understanding of the methodology dramatically evolved. I found the analogies presented by various authors, such as Lawson's (1997) raven analogy of retroduction and Pawson and Tilley's (1997) gunpowder analogy, particularly helpful in breaking down complex concepts. These analogies not only enhanced my comprehension but also enabled me to explain these ideas to family members who had never encountered them before, which was a testament to my growing confidence in the methodology. Despite this credence in my understanding of the overall methodology, I faced self-doubt regarding my application when it came to analysing the data. This doubt was exacerbated by the academic context of my research, where I lacked the immediate feedback and collaboration that a professional setting might have provided. In a professional context, I could have teamed up with colleagues to discuss and refine our interpretations. Fortunately, the guidance of my research supervisor was invaluable in this process. Additionally, engaging in conversations with a PhD student who was also applying realist evaluation helped me rationalise my conclusions and gain confidence in my interpretations. Through this journey, I have grown significantly as a realist evaluator. The challenges I faced and the strategies I employed to overcome them have deepened my understanding of the methodology and enhanced my confidence in applying it. This experience has not only enriched my current research but has also equipped me with the skills and insights that will undoubtedly inform my future work.

Instrumental Decisions

At one point, I considered using thematic analysis for my research. However, I felt that it would not provide the depth of knowledge I sought to elicit from my study. Realist evaluation, with its focus on

uncovering the underlying contexts and mechanisms, offered a more suitable approach for achieving the in-depth insights I was aiming for. In addition to this, a number of other critical decisions were made which shaped the direction of the research. These instrumental decisions—moving away from my initial coding framework, removing a quantitative layer of research, and proposing theories during focus groups (FGs) —each played a pivotal role in refining my approach and ensuring the research remained aligned with the core principles of realist evaluation.

Initially, I developed a coding framework to systematically analyse the data. However, as I progressed, I recognised that this framework was somewhat limiting. While the coding framework was intended to help categorise data, it inadvertently constrained the nuances and configurations that realist evaluation seeks to uncover. By focusing on assigning data to pre-defined codes, I found that the depth and richness of the data were sometimes lost, and important nuances were not fully captured. Realising this limitation, I decided to shift my approach. Instead of strictly adhering to the coding framework, I allowed the data to guide the analysis more organically. When the codes were applicable, I used them, but I also allowed myself to move beyond these codes to write out configurations in full sentences where necessary. This more inductive approach enabled me to capture the breadth and wealth of the data more accurately, and to highlight new, exciting findings that the initial coding framework might have overlooked. This decision aligns with the flexible nature of realist evaluation, which encourages researchers to remain open to emerging patterns and explanations rather than being confined by a rigid framework. For example, there were instances where the data did not fit neatly into the existing codes. In these cases, I questioned why this was so and explored what was new and exciting about the findings. This flexibility allowed me to uncover more nuanced insights into the contexts and mechanisms at play, which are central to realist evaluation.

Another significant decision was the removal of a quantitative layer that I had initially planned to include after conducting FGs. The original plan was to supplement the qualitative findings with a quantitative phase to provide a more comprehensive analysis. However, as the research progressed, it became clear that the time and resources available were insufficient to do justice to all phases of the study. In order to maintain the high standards expected of doctoral research and to ensure that my work made a substantial contribution to the evidence base, I decided to focus solely on the qualitative analysis. This decision was not taken lightly, but it was necessary to produce a thesis that was both rigorous and meaningful. The constraints of the educational psychology doctorate program often limit the time and resources available for research, and I realised that attempting to include both a large qualitative analysis and a quantitative phase would dilute the quality of the work.

Research is important, and the quality of it is paramount; thus, I chose to refine the scope of my thesis to ensure that it met the high standards required.

During the FGs, I often found myself proposing theories for the participants to either refute or support. Initially, I questioned whether this approach might introduce researcher bias. However, upon reflection, I realised that this practice is well-aligned with the principles of realist evaluation. In realist evaluation, the process of theory refinement involves testing and retesting theories through the data, and engaging participants in this process is a valid and valuable approach (Pawson & Tilley, 1997). By proposing theories during the FGs, I was able to actively engage participants in the evaluation process, encouraging them to critically assess and refine the proposed explanations. This approach not only enhanced the rigour of the evaluation but also ensured that the findings were grounded in the real-world experiences of those directly involved in the intervention. Rather than introducing bias, this method allowed for a more dynamic and interactive process of theory development, where participants' insights were integral to shaping the final conclusions. This journey as a realist evaluator has deepened my understanding of the methodology and has reinforced the importance of flexibility, reflexivity, and critical engagement in the research process.

Researcher-Practitioner Considerations

Throughout my journey as a researcher-practitioner, I encountered several unique considerations that stemmed from my dual role. As a trainee educational psychologist, I was often in professional settings where TT was actively implemented. This status as both a researcher and a practitioner provided distinct advantages, but it also required careful navigation of ethical boundaries and professional responsibilities. One notable benefit of my dual role was within participant recruitment. Colleagues with whom I had established professional relationships were more likely to offer their involvement freely, seeing the research as both credible and relevant. This facilitated the recruitment process and allowed me to gather a diverse range of perspectives on TT. Fortunately, despite my professional connections, there was no bias in the sample, as the majority of participants were unknown to me in a professional context. This diversity helped ensure that the findings were robust and not unduly influenced by prior relationships.

The most significant challenge I faced in this dual role was the need to uphold strict ethical research boundaries while being mindful of the potential impact that controversial findings could have on my professional relationships. As someone embedded in the educational psychology community, I was acutely aware that negative or critical findings about TT could influence how I was perceived by colleagues who were advocates of the programme (or vice versa). This awareness required me to carefully balance my commitment to ethical research with the need to maintain professional

integrity and relationships. To navigate this challenge, I ensured that all participants were fully informed about the research objectives and potential outcomes, including the possibility of critical findings. I made it clear that the research was conducted independently of my professional affiliations and that the findings would be reported honestly, regardless of the implications. This transparency was crucial in maintaining trust and upholding the ethical standards of the research.

Being a researcher also had a significant impact on my professional work as a trainee educational psychologist. I was frequently in settings where TT was in action, yet my role in these settings was not to evaluate or attend to the programme's implementation. It was essential that I remained focussed on my assigned tasks and resisted any urge to intervene or share insights prematurely. This required a high level of self-discipline and an ability to compartmentalise my research from my professional duties. One of the key reflections from this experience was the importance of maintaining clear boundaries between my research and professional practice. Even though I was constantly exposed to TT in my work environment, I had to ensure that insights gained from these settings were not used in my research. I was not collecting data in these contexts, and without consent, any information gathered in these professional settings could not ethically be included in my analysis. This clear demarcation was crucial for maintaining the integrity of my research. Because of these strict boundaries, I took extra care to ensure that my presentation of findings was grounded entirely in the data collected during the FGs. This diligence was necessary not only to uphold ethical standards but also to provide assurance to participants and the broader academic community that my findings were based solely on the data obtained through consented research activities. As such, the extensive inclusion of direct quotes and thorough documentation of the analysis process in my thesis serves to demonstrate how the results were derived directly from the focus group data, without any influence from my professional experiences.

In addition, I was required to contain myself within strict ethical boundaries as I had trained as a TT Tutor prior to the initiation of my research. I needed to be unbiased in my research and therefore when I signed up to the TT Tutor course, I made it absolutely clear to those delivering the course, and to my employer, that I would be training in the interests of increasing understanding for my potential research and that I would not be acting or working as a Tutor in any capacity until my research was completed.

Ethical Responsibilities

Conducting a realist evaluation of the TT programme involved navigating a complex array of ethical considerations, given that the research was carried out under the auspices of an external organisation (TT Ltd. [TTL]) and involved primary data collection from human participants. With the

potential impact of the findings on TTL, I was aware that the research might not always yield positive feedback. However, the programme owners were committed to continuous improvement and welcomed critical insights. Therefore, they were understanding and supportive when I assured them that my research integrity would take priority and provided confirmation of this in writing. Ethical research practices were maintained throughout, regardless of the nature of the findings, to ensure that the research contributed constructively to the ongoing development of the TT programme. Given the nature of the research and the potential for participants to share sensitive or negative feedback about the TT programme, I was mindful of the possibility of causing psychological distress during the FGs. To address this, I closely monitored participants throughout the discussions, ready to intervene if signs of distress emerged. Additionally, participants were verbally debriefed at the end of each session and given the opportunity to ask questions or express concerns. For those who might have experienced negative emotions related to the research findings, I was prepared to provide information on available support resources (in the end, this was not required).

The recruitment process for the study relied on purposive sampling, with each stakeholder level acting as a gatekeeper, responsible for forwarding recruitment information to the subsequent group. While this approach was effective in ensuring that all relevant stakeholder perspectives were included, it also raised concerns about participants feeling obliged to participate due to their professional capacity as TT stakeholders. To mitigate this, I made it explicit in the Participant Information Form that participation was entirely voluntary. The form included a dedicated section emphasising that participants' decisions to participate, or not, would have no impact on their personal or professional relationships within the TT community. This was a crucial step to ensure that participants did not feel coerced or judged based on their involvement in the study.

Adhering to GDPR requirements was a fundamental aspect of the research, particularly regarding the storage and handling of personal data. Data was securely stored, and all audio recordings were deleted after transcription. Transcriptions were anonymised, with any identifiable or sensitive information removed to maintain participant confidentiality. Given that FGs were conducted via Microsoft Teams, additional considerations were necessary to protect the privacy of participants during these sessions. The Participant Information Form included a statement instructing participants to ensure they were in a confidential space where they could not be seen or overheard by others in their environment. At the beginning of each focus group, participants were reminded of their responsibility to maintain the confidentiality of what was discussed, reinforcing the ethical standard that nothing shared within the group should be disclosed to others.

Developing Researcher Journey

Overall, this journey has not only strengthened my methodological skills but has also profoundly influenced my identity as a researcher. Exploring my ontological and epistemological perspectives throughout the process has enabled me to gain deeper insight into my view of the world. It has also informed how I would like to proceed as a researcher in the future; welcoming new philosophical underpinnings with reflexive intent rather than shying away from them for fear of incorrectness (an experience I had beginning this endeavour). The completion of a systematic literature review enhanced my understanding of the complexities of research and honed my ability to critically engage with a vast body of literature. Furthermore, it taught me the importance of flexibility and adaptability in the face of overwhelming, conflictual information. The learning I gained from the process of realist evaluation was without parallel. I found a great sense of achievement in obtaining a deep understanding of complex methodological concepts and learned to navigate the ethical challenges associated. This evolution of my identity as a researcher has been unexpected and the activity of reflecting on it has reignited my passion for research itself.

Hindsight

The benefit of hindsight presents a dual nature; while it allows for reflection on past decisions and the opportunity to learn for the future, it also brings an awareness of actions taken without full consideration, which can evoke feelings of regret. This is intrinsic to the concept of hindsight—it is inherently challenging to foresee what was previously unknown. Therefore, I extend to myself a degree of compassionate understanding, recognising that I am now critically reflecting on these aspects of the research process. In retrospect, I recognise the value that could have been gained from conducting two series of FGs with the same participants. During the data analysis phase, numerous follow-up questions emerged that I wished I had the opportunity to ask. Had this not been my first experience with conducting a realist evaluation, it is possible that these questions might have surfaced during the initial discussions, or I might have focused more on exploring the underlying mechanisms of 'how' and 'why,' rather than merely requesting examples. Analysing a first series of data might have allowed for a subsequent return to the same participants to address unresolved points. Alternatively, a pilot study might have served this purpose. However, the limited pool of available participants rendered this option unfeasible. Given the already insufficient number of participants relative to the initial research proposal, conducting a pilot study would have further reduced the available sample size.

I spent considerable time grappling with the extent of inference in my analysis, frequently questioning whether I was overextending the inferences I was drawing. Despite my understanding of

the methodology and the recognition that a retroductive approach necessitates a certain degree of inference, I often found myself doubting rather than trusting this process. The iterative nature of my writing reflected this uncertainty, as findings were revised multiple times before I ultimately reverted to my initial interpretations of the data. This pattern is one I have encountered throughout my academic journey. As I move forward, I hope to draw on these reflections and experiences to enhance my professional wellbeing as an academic. This thesis has undoubtedly been the most challenging endeavour I have undertaken, a particularly poignant notion given the various other challenges I have faced in my life. Nevertheless, I am deeply grateful for the opportunity to contribute to the research field and for the personal and professional growth I have experienced through this process.

Future Research

Recommendations for future research have been integrated into the preceding two chapters in connection with their respective findings. However, during the course of this thesis, additional ideas have emerged that are less directly tied to the current research. These ideas are presented as the following questions:

- Why are 'fad' or 'novel' interventions appealing in the education sector? Are some strategies merely rebranded versions of existing knowledge and skills? If so, how can we ensure genuine progression?

- What constitutes the evolution of a culture, and how can community psychology contribute to this understanding?

- Why do midday supervisors receive less training, despite facing the challenge of supporting students during one of the most pressured times of the school day? What would be the impact of providing midday supervisors with training in psychological support, both for the supervisors themselves and for the students?

- What are the benefits, if any, of a behaviourist approach to education in the current social climate? Do these benefits outweigh the negative consequences of punitive methods? Are certain strategies, such as the use of isolation booths, potentially infringing upon human rights? Are there circumstances in which punishment is both necessary and appropriate for CYP, in the interest of their holistic development?

- Is there an alternative approach to professional doctorates that could enhance the quality of research produced while also improving the wellbeing of professional trainees during their course?

Proposed Dissemination

My dissemination plan includes delivering a presentation to various stakeholders, colleagues, and most importantly, participants. Through this presentation, I hope that TTL will welcome consultation on the development of their programme, informed by the findings of this research. Following this initial presentation, I hope to have the opportunity to present more widely across conferences within the psychological and educational community. Additionally, I intend to publish my research, if possible, within the next academic year. However, I believe the most significant impact this research can have lies in advocating for schools to transcend the realm of conventional expectations.

Throughout the development of this thesis, I found myself reflecting on both my academic context and personal life. On days when my wellbeing was challenged, I questioned why I felt constrained by arbitrary expectations to live or work in a particular way. For instance, if I preferred to write my thesis from my sofa instead of at a desk, why should I not do so? Overcoming such unfounded expectations allowed me to focus on the more essential aspects of my wellbeing, ultimately enabling me to complete my thesis successfully. There are clear parallels between this personal realisation and the current education system, as revealed by this research. When schools are led by courageous, forward-thinking, and open-minded individuals, the CYP in their care benefit significantly. There are no regulations mandating that students must always sit at desks in classrooms, or that they must write in black pen—except in mathematics lessons, where pencil is required. These are norms established in past decades that have become so engrained in our education system that their arbitrary nature often goes unquestioned. If allowing a student to sit under a desk or in the corner of a room is beneficial, why not permit it? If writing with a gold pen makes a student more inclined to engage in writing, why should this be discouraged? Educators must begin to ask these questions, and if the only justification for current practices is, 'it's just how we've always done it,' then it is time to consider better alternatives.

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List of Appendices

Appendix A

Excluded Studies

Author (Year), Country	Title	Reason for Exclusion	Exclusion Label
Allen et al. (2022), UK	Teachers' views on the acceptability and implementation of the Incredible Years Teacher Classroom Management programme in English (UK) primary schools from the STARS trial	Measures acceptability and feasibility of intervention rather than effectiveness.	Outcomes
Alaimo et al. (2015), USA	Project FIT: A School, Community and Social Marketing Intervention Improves Healthy Eating Among Low-Income Elementary School Children	Focuses on nutrition outcomes and physical activity rather than school behaviour or social/emotional development	Outcomes
Almog-Bareket (2012), Israel	Visionary leadership in business schools: An institutional framework	Conducted in business schools, which are higher education institutions and outside the scope of primary, middle, or secondary school settings	Participant population
Anderson & Jané-Llopis (2011), UK	Mental health and global well-being	Discusses mental health in a global context, not specific to school behaviour or social/emotional development in educational settings	Intervention
Anderson et al. (2005), UK	The impact of a school-based nutrition education intervention on dietary intake and cognitive and attitudinal variables relating to fruits and vegetables	Primary focus on dietary intake rather than school behaviour or social/emotional development	Outcomes
Auld et al. (1998), USA	Outcomes from a School-based Nutrition Education Program Using Resource Teachers and Cross-disciplinary Models	Primary focus on dietary intake and nutrition education rather than school behaviour or social/emotional development	Outcomes
Baker et al. (2015), USA	Cultural Change in a Medical School: A Data-Driven Management of Entropy	Conducted in a medical school, which is a higher education setting and outside the scope of primary, middle, or secondary school settings	Participant population

Author (Year), Country	Title	Reason for Exclusion	Exclusion Label
Baker-Henningham et al. (2009), Jamaica	A pilot study of the Incredible Years Teacher Training programme and a curriculum unit on social and emotional skills in community pre-schools in Jamaica	Conducted in preschool settings rather than primary, middle, or secondary school settings	Participant population
Beeres et al. (2022), Sweden	Evaluation of the Swedish school-based program "tobacco-free DUO" in a cluster randomized controlled trial (TOPAS study). Results at 2-year follow-up	Primary focus on tobacco use prevention rather than school behaviour or social/emotional development	Outcomes
Blackwood & Farrow (2023), UK	'He knows he is safe; you are the safety net'. Key adult intervention with children with attachment difficulties: the TAs perspective	Conducted in a special school setting rather than a mainstream school setting	Participant population
Bloch et al. (2014), Denmark	Revitalizing the setting approach – supersettings for sustainable impact in community health promotion	Focus on community health promotion across multiple settings rather than in the education sector	Intervention
Bragg et al., (2020), UK	Enacting whole-school relationships and sexuality education in England: Context matters	Measures acceptability and feasibility of intervention rather than effectiveness.	Outcomes
Bradshaw et al., (2008), USA	The Impact of School-Wide Positive Behavioral Interventions and Supports (PBIS) on the Organizational Health of Elementary Schools	Evaluates the impact on organisational health.	Outcomes
Bryant et al. (2023), UK	Understanding school food systems to support the development and implementation of food-based policies and interventions	Primary focus on school food systems and healthy eating promotion rather than school behaviour or social/emotional development	Outcomes
Butorac & Rogar (2002), Croatia	Informal and formal social control in the domain of the Centre for Drug Abuse Prevention	Focus on drug abuse prevention within a prevention center, not within school settings	Participant population
Byers et al. (2021), USA	Clinical Practice with Children and Adolescents Involved in Bullying and Cyberbullying: Gleaning Guidelines from the Literature	Literature review, not an empirical study evaluating a specific intervention within schools	Study design
Bywater et al. (2011)	The incredible years therapeutic dinosaur programme to build social and emotional competence in Welsh primary schools: study protocol for a randomised controlled trial	Outlines the plan for the study without reporting the results.	Study design

Author (Year), Country	Title	Reason for Exclusion	Exclusion Label
Carney et al. (2019), USA	Students' Perceptions of School Connectedness and Being Part of a Team: A Brief Report Evaluating Project TEAM™	No measure related to behaviour.	Outcomes
Chapman et al. (2009), USA	Does Success in the Reading Recovery Program Depend on Developing Proficiency in Phonological-Processing Skills? A Longitudinal Study in a Whole Language Instructional Context	Focuses on phonological-processing skills and reading self-concept, not on school behaviour or social/emotional development	Outcomes
Common et al. (2020), USA	Teacher-Delivered Strategies to Increase Students' Opportunities to Respond: A Systematic Methodological Review	Systematic review, not an empirical research article evaluating a specific intervention within schools	Study design
Conte et al. (2023), Italy/Portugal	Supporting Preschoolers' Mental Health and Academic Learning through the PROMEHS Program: A Training Study	Conducted in preschool/nursery settings rather than primary, middle, or secondary school settings	Participant population
Dailey et al. (2015), USA	Relational Aggression in School Settings: Definition, Development, Strategies, and Implications	Primarily defines and discusses relational aggression, does not present original empirical research	Study design
Demanet & Van Houtte (2012), Belgium	The Impact of Bullying and Victimization on Students' Relationships	Focuses on the impact of bullying and victimization on relationships, not on evaluating an intervention	Study design
Desbiens & Gagné (2007), Canada	Profiles in the Development of Behaviour Disorders among Youths with Family Maltreatment Histories	Focuses on understanding behaviour disorders development, not on evaluating a specific intervention	Study design
Dudley et al. (2015), Australia	Teaching Approaches and Strategies that Promote Healthy Eating in Primary School Children: A Systematic Review and Meta-Analysis	Systematic review and meta-analysis, not an empirical research study	Study design
Fealy & Story (2006), Australia	The Mental Health Risk Assessment and Management Process (RAMP) for Schools: I. The Model	Describes a model and its implementation, not an empirical evaluation of an intervention	Study design
Flay & Collins (2005), USA	Historical Review of School-Based Randomized Trials for Evaluating Problem Behaviour Prevention Programs	Historical review, not an empirical research study	Study design

Author (Year), Country	Title	Reason for Exclusion	Exclusion Label
Fletcher et al. (2014), UK	Involving young people in changing their school environment to make it safer: Findings from a process evaluation in English secondary schools	No measure of student behaviour impact	Outcomes
Frydenburg et al. (2004), Australia	Prevention is better than cure: coping skills training for adolescents at school	Measures categories of coping style rather than behaviour or emotional development	Outcomes
Gildersleeves (2006), UK	Evaluating evaluation: Introducing a research project on the impact of Improve Your Library: A Self-Evaluation Process for School Libraries	Describes a self-evaluation process for school libraries, not an empirical intervention evaluation	Study design
Greene et al. (2013), USA	Examining Youth and Program Predictors of Engagement in Out-of-School Time Programs	Study is not based in a school setting	Intervention
Griffin et al. (2007), USA	A Randomized Violence Prevention Trial with Comparison: Responses by Gender	Does not provide results for the whole participant sample, only by gender	Study design
Hankonen et al., (2020), UK	Changing activity behaviours in vocational school students: the stepwise development and optimised content of the 'let's move it' intervention	Measures sedentary behaviour rather than behaviour as defined in this review	Outcomes
Haworth Press (2003), USA	Review of Stress Management for Adolescents: A Cognitive Behavioural Program	Review article, not an empirical research study	Study design
Hayden & Pike (2006), UK	Including positive handling strategies within training in behaviour management: The Team-Teach approach	Measures staff responses to intervention rather than student	Outcomes
Hetzroni (2003), Israel	A Positive Behaviour Support: A Preliminary Evaluation of a School-Wide Plan for Implementing AAC in a School for Students with Intellectual Disabilities	Conducted in a school for students with intellectual disabilities, not a mainstream school setting	Participant population
Hoelscher et al. (2016), USA	Evaluation of a Student Participatory, Low-Intensity Program to Improve School Wellness Environment and Students' Eating and Activity Behaviours	Focuses on dietary and physical activity behaviours rather than school behaviour or social/emotional development	Outcomes
Holliday et al. (2016), UK	Identifying Well-Connected Opinion Leaders for Informal Health Promotion: The Example of the ASSIST Smoking Prevention Program	Focuses on informal health promotion and smoking prevention, not on school behaviour or social/emotional development	Outcomes

Author (Year), Country	Title	Reason for Exclusion	Exclusion Label
Hosokawa et al. (2023), Japan	Evaluating the effectiveness of a social and emotional learning program among preschool children in Japan: an experimental cohort study	Conducted in preschool settings, which are not part of the inclusion criteria	Participant population
Jeffrey & Troman (2012), UK	The Performative Institutional Embrace	Investigates performativity and institutional effects, not an empirical evaluation of an intervention	Study design
Jones et al. (2014), USA	The FIT Game: Preliminary Evaluation of a Gamification Approach to Increasing Fruit and Vegetable Consumption in School	Focuses on dietary behaviours rather than school behaviour or social/emotional development	Outcomes
Kankam & Boateng (2017), Ghana	Addressing the Problem of Speech Anxiety among Students	Focuses on factors contributing to speech anxiety, not on evaluating a specific intervention	Study design
Kielty et al. (2017), USA	Whole-School Approaches to Incorporating Mindfulness-Based Interventions: Supporting the Capacity for Optimal Functioning in School Settings	Measures not consistent with outcomes of behaviour	Outcomes
Kostamo et al. (2019), Finland	Using the Critical Incident Technique for Qualitative Process Evaluation of Interventions: The Example of the "Let's Move It" Trial	Focuses on process evaluation methodology, not empirical results of intervention impact	Study design
Lee et al. (2014), South Korea	Reliability and Validity of a Scale for Health-Promoting Schools	Focuses on scale development and validation, not on evaluating a specific intervention	Study design
Letendre et al. (2016), USA	Teacher and Staff Voices: Implementation of a Positive Behavior Bullying Prevention Program in an Urban School	Focussed on students' responses to bullying.	Outcomes
Leung et al. (2018), Hong Kong	Pilot evaluation of the Whole Inclusive School Empowerment (WISE) project in kindergartens in Hong Kong: A mixed method approach	Conducted in preschool settings, which are not part of the inclusion criteria	Participant population
Lin et al. (2018), China	Multiple Levels of Family Factors and Oppositional Defiant Disorder Symptoms Among Chinese Children	Focuses on family factors and ODD symptoms, not on evaluating a specific intervention	Study design

Author (Year), Country	Title	Reason for Exclusion	Exclusion Label
Liquori et al. (1998), USA	The Cookshop Program: Outcome Evaluation of a Nutrition Education Program Linking Lunchroom Food Experiences with Classroom Cooking Experiences	Focuses on dietary behaviours rather than school behaviour or social/emotional development	Outcomes
Lloyd et al. (2011), UK	Evidence, Theory and Context—Using Intervention Mapping to Develop a School-Based Intervention to Prevent Obesity in Children	Focuses on dietary and physical activity behaviours rather than school behaviour or social/emotional development	Outcomes
Lohmiller et al. (2022)	The S.I.T.E. Framework: A Novel Approach for Sustainably Integrating Trauma-Informed Approaches in Schools	Describes an intervention framework without evaluating its impact	Study design
Long et al. (2019), USA	Classroom Management for Ethnic–Racial Minority Students: A Meta-Analysis of Single-Case Design Studies	Meta-analysis, not an empirical research study	Study design
Luht et al. (2019), Estonia	Efficacy of Intervention at Traffic Schools Reducing Impulsive Action, and Association with Candidate Gene Variants	Focuses on traffic schools, not on primary, middle, or secondary school settings	Intervention
Luiselli (2002), USA	Focus, Scope, and Practice of Behavioural Consultation to Public Schools	Discusses behavioural consultation practices, not an empirical evaluation of a specific intervention	Study design
Luiselli et al. (2001), USA	Improving Discipline Practices in Public Schools: Description of a Whole-School and District-Wide Model of Behaviour Analysis Consultation	Describes a model for behaviour analysis consultation, not an empirical evaluation	Study design
Margutti (2010), Italy	On Designedly Incomplete Utterances: What Counts as Learning for Teachers and Students in Primary Classroom Interaction	Investigates interactional practices, not an empirical evaluation of a specific intervention	Study design
Marin et al. (2016), UK	Reconciling ambiguity with interaction: implementing formal knowledge strategies in a knowledge-intensive organization	Focuses on business school setting rather than primary, middle, or secondary school	Participant population
McIntosh et al. (2014), USA	Variables Associated With Enhanced Sustainability of School-Wide Positive Behavioural Interventions and Supports	Does not have outcomes related to school behaviour or social/emotional development	Outcomes
McIntosh et al. (2021), USA	Equity-focused PBIS approach reduces racial inequities in school discipline: A randomized controlled trial.	Reports racial disparities without results for the whole population.	Study design

Author (Year), Country	Title	Reason for Exclusion	Exclusion Label
Medforth et al. (2015), UK	Monkey's Health Service: An Evaluation of the Implementation of Resources Designed to Support the Learning of Primary School-Aged Children in England About Healthy Lifestyles and NHS Services	Focuses on health education rather than school behaviour or social/emotional development	Outcomes
Mertens et al. (2018), Netherlands	The effectiveness of Rock and Water in improving students' socio-emotional adjustment and social safety: study protocol for a randomized controlled trial	Outline of study protocol without results.	Study design
Mitchem & Young (2001), USA	Adapting Self-Management Programs for Classwide Use: Acceptability, Feasibility, and Effectiveness	Review rather than empirical study.	Study design
Mozaffarian et al. (2010), USA	Impact of an organizational intervention designed to improve snack and beverage quality in YMCA after-school programs	Focuses on dietary behaviours and nutrition rather than school behaviour or social/emotional development	Outcomes
Müller et al. (2019), Denmark	VIA Family—a Family-Based Early Intervention versus Treatment as Usual for Familial High-Risk Children: A Study Protocol for a Randomized Clinical Trial	Study protocol, not presenting empirical research findings	Study design
Murphy et al. (2017), Ireland	A Whole Class Teaching Approach to Improve the Vocabulary Skills of Adolescents Attending Mainstream Secondary School, in Areas of Socioeconomic Disadvantage	Focuses on vocabulary skills rather than school behaviour or social/emotional development	Outcomes
Notara & Sakellari (2013), Greece	Health Promotion and School Health: The Health Visiting Role in Greece	Discusses health promotion roles, not an empirical evaluation of a specific intervention	Study design
Ortega & Lera (2000), Spain	The Seville Anti-Bullying in School Project	Describes an anti-bullying project, not an empirical evaluation of its impact	Study design
Prior et al. (2011), USA	Relationships between language impairment, temperament, behavioural adjustment and maternal factors in a community sample of preschool children	Conducted in preschool settings, not primary, middle, or secondary school settings	Participant population
Rawatlal & Petersen (2012), South Africa	Factors Impeding School Connectedness: A Case Study	Does not evaluate an intervention	Study design

Author (Year), Country	Title	Reason for Exclusion	Exclusion Label
Reichardt (2016), UK	Exploring school experiences of young people who have self-harmed: How can schools help?	Does not evaluate an intervention	Study design
Reitman et al. (2004), USA	Evaluating the Effectiveness of a Token Economy in a Head Start Classroom	Conducted in preschool settings, which are not part of the inclusion criteria	Participant population
Salmivalli et al. (2005), Finland	Anti-bullying intervention: Implementation and outcome	Does not measure a construct of school behaviour other than bullying	Outcomes
Saltzman (2016), USA	The FOCUS Family Resilience Program: An Innovative Family Intervention for Trauma and Loss	Focuses on a family intervention outside the education sector	Intervention
Sanjeevi et al. (2020), USA	Stronger State School Nutrition Laws Are Associated With Healthier Eating Behaviours and Optimal Weight Status in US Adolescents	Focuses on dietary outcomes and weight status rather than school behaviour or social/emotional development	Outcomes
Sarkova et al. (2014), Slovakia	Adolescents' psychological well-being and self-esteem in the context of relationships at school	Does not evaluate an intervention	Study design
Singer & Kegler (2004), USA	Assessing Interorganizational Networks as a Dimension of Community Capacity: Illustrations From a Community Intervention to Prevent Lead Poisoning	Focuses on a community intervention outside the education sector	Intervention
Smith et al. (2003), Canada	Interventions to reduce school bullying	Review article rather than a primary study	Study design
Smith et al. (2007), UK	Use of the Support Group Method to Tackle Bullying, and Evaluation From Schools and Local Authorities in England	Focuses on bullying rather than broader school behaviour constructs	Outcomes
Starling et al. (2012), Australia	Training Secondary School Teachers in Instructional Language Modification Techniques to Support Adolescents With Language Impairment: A Randomized Controlled Trial	Focuses on language abilities rather than school behaviour or social/emotional development	Outcomes
Sugai & Horner (2009), USA	Responsiveness-to-Intervention and School-Wide Positive Behaviour Supports: Integration of Multi-Tiered System Approaches	Describes rather than evaluates the intervention	Study design
Tarnoff et al. (2021), USA	Assessment resistance: Using Kubler-Ross to understand and respond	Focuses on higher education and faculty resistance	Intervention

Author (Year), Country	Title	Reason for Exclusion	Exclusion Label
Tian et al. (2017), South Africa	The effects of an enhanced quality Physical Education programme on the physical activity levels of Grade 7 learners in Potchefstroom, South Africa	Focuses on physical activity and fitness rather than school behaviour or social/emotional development	Outcomes
Treneman-Evans et al. (2022), UK	The Rapid Adaptation and Optimisation of a Digital Behaviour-Change Intervention to Reduce the Spread of COVID-19 in Schools	Focuses on infection control behaviours rather than school behaviour or social/emotional development	Outcomes
Uys et al. (2016), South Africa	Impact of a South African School-based Intervention, HealthKick, on Fitness Correlates	Focuses on physical activity and dietary behaviours rather than school behaviour or social/emotional development	Outcomes
van Beurden et al. (2003), Australia	Can we skill and activate children through primary school physical education lessons? "Move it Groove it"—a collaborative health promotion intervention	Focuses on physical health outcomes rather than school behaviour or social/emotional development	Outcomes
Van Dooren et al. (2002), Belgium	The Impact of Preservice Teachers' Content Knowledge on Their Evaluation of Students' Strategies for Solving Arithmetic and Algebra Word Problems	Focuses on preservice teachers' content knowledge and evaluation methods, not on evaluating a specific intervention	Study design
Vanwesenbeeck et al. (2016), Multiple Countries	Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: The World Starts With Me	Focuses on sexuality education rather than broader school behaviour or social/emotional development	Outcomes
Walker et al. (2018), USA	Function-Based Intervention in Inclusive School Settings: A Meta-Analysis	Meta-analysis rather than primary research	Study design
Walsh et al. (2019), Australia	Paternal self-efficacy for promoting children's obesity protective diets and associations with children's dietary intakes	Focuses on dietary outcomes rather than school behaviour or social/emotional development	Outcomes
Wang & Qiu (2022), China	Domain analytic paradigm: A quarter century exploration of fundamental ideas in information science	Focuses on information science rather than education sector	Intervention
Warren et al. (2003), UK	Evaluation of a pilot school programme aimed at the prevention of obesity in children	Focuses on dietary behaviours and physical activity rather than school behaviour or social/emotional development	Outcomes

Author (Year), Country	Title	Reason for Exclusion	Exclusion Label
Warren et al. (2006), USA	School-wide Positive Behaviour Support: Addressing Behaviour Problems that Impede Student Learning	Describes rather than evaluates the intervention	Study design
Watson et al. (2021), UK	Distinguishing factors that influence attendance and behaviour change in family-based treatment of childhood obesity: A qualitative study	Focuses on dietary and physical activity behaviours rather than school behaviour or social/emotional development	Outcomes
Williams et al. (2015), USA	Evaluating the Impact of Six Supplemental Nutrition Assistance Program Education Interventions on Children's At-Home Diets	Focuses on dietary behaviours rather than school behaviour or social/emotional development	Outcomes
Woolfe & Stockley (2005), UK	Nutrition Health Promotion in Schools in the UK: Learning from Food Standards Agency Funded Schools Research	Focuses on dietary behaviours and nutrition education rather than school behaviour or social/emotional development	Outcomes
Yaruss et al. (2012), USA	Stuttering in School-Age Children: A Comprehensive Approach to Treatment	Does not evaluate an intervention	Study design
Zakowski et al. (2004), USA	Written Emotional Disclosure Buffers the Effects of Social Constraints on Distress Among Cancer Patients	Focuses on emotional disclosure in cancer patients, not related to school behaviour or social/emotional development in an educational setting	Intervention
Zoromski et al. (2021), USA	Middle School Teachers' Perceptions and Use of Classroom Management Strategies and Associations With Student Behaviour	Does not evaluate an intervention	Study design

Appendix B

Participant Recruitment Emails

Figure B1

Leads Recruitment Email

Eloise Crooks (EDU - Postgraduate Researcher)

From:	Eloise Crooks (EDU - Postgraduate Researcher)
Sent:	24 November 2023 12:09
To:	▮
Subject:	Request for Consent from Therapeutic Thinking Leaders

Dear Leaders,

Thank you to those of you who have already expressed interest in taking part to support this research.

Please note that participating in the focus group does not commit you to forwarding an email like this to Therapeutic Thinking tutors. If you do not or cannot participate in the focus group but still wish to share the participation opportunity with tutors, please email me to confirm this.

If you do wish to participate in the focus group for Leaders, please read the information and register your consent via this link: https://forms.office.com/r/pwMHgSSWJq

With gratitude,

Ellie Crooks

Therapeutic Thinking Tutor
Trainee Educational Psychologist
Doctoral Student at the University of East Anglia

Figure B2

Tutors Recruitment Email

Eloise Crooks (EDU - Postgraduate Researcher)

From:	Eloise Crooks (EDU - Postgraduate Researcher)
Sent:	05 December 2023 19:16
To:	▮
Subject:	Recruitment Email for Therapeutic Thinking Tutors
Attachments:	Note to Line Managers.pdf

Dear TT Leads,

Thank you again to those of you who have consented to participation in the Leads Focus Group.

Please would you be so kind as to forward the below (with attachment) to any tutors to offer them the opportunity to participate in my research.

Thank you,
Ellie

Dear Tutors,

I am conducting research to understand what works in Therapeutic Thinking (or what you may know as Steps), when it works, and for whom.

To do this, I need participants who are willing to discuss their experiences in an online focus group. This is expected to take between 60 and 90 minutes of your valuable time, but nothing other than that – no preparation, no follow-up, and all efforts will be made to ensure the discussion is at a time appropriate for you. If this time happens to be within your otherwise committed hours, or you have any other concerns about permission from your own employment body, please feel free to show the information (attached) to your line manager.

Please find all the information you need to register your consent in this link: https://forms.office.com/r/mKMvWNxTgF

With gratitude,
Ellie Crooks
Therapeutic Thinking Tutor
Trainee Educational Psychologist
Doctoral Student at the University of East Anglia

Figure B3

Practitioners Recruitment Email

Eloise Crooks (EDU - Postgraduate Researcher)

From:	Eloise Crooks (EDU - Postgraduate Researcher)
Sent:	15 December 2023 12:59
Subject:	Therapeutic Thinking Practitioners: Research Recruitment
Attachments:	Note to Line Managers - Practitioner.pdf

Thank you so much for responding to the live schedule planner and offering your participation. I will be in touch soon with the finalised timings for the Tutors' group.

Please could you forward this email to your Therapeutic Thinking Practitioners (people you have disseminated the training too, e.g., school staff) to extend the opportunity for them to participate in a focus group with other Practitioners.

Please note that this focus group is separate to the one you have applied for and offers January dates.

Many thanks,
Ellie

Dear Practitioners,

You are receiving this email because you have received training from a Therapeutic Thinking Tutor. You may or may not know that this makes you a 'Therapeutic Thinking Practitioner' and it also makes your help invaluable to me!

I am conducting research to understand what works in Therapeutic Thinking (or what you may know as Steps), when it works, and for whom. In other words, the mechanisms behind how it works – why does it in some contexts or with some students and not with others?

To do this, I need participants who are willing to discuss their experiences in an online focus group. This is expected to take between 60 and 90 minutes of your valuable time, but nothing other than that – no preparation, no follow-up, and all efforts will be made to ensure the discussion is at a time appropriate for you. If this time happens to be within your otherwise committed hours, or you have any other concerns about permission from your own employment body, please feel free to show the information (attached) to your line manager.

Please find all the information you need to register your consent in this link: https://forms.office.com/r/GAtHJcywqR

With gratitude,
Ellie Crooks
Therapeutic Thinking Tutor
Trainee Educational Psychologist
Doctoral Student at the University of East Anglia

Appendix C

Participant Information and Consent Forms

Figure C1

Leads Information and Consent Form

Evaluating Therapeutic Thinking: A research study that needs you!

Consent and Registration Form - Leaders

* Required

Participant Information

This page tells you about the research study. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

This information was last updated on 24th November 2023. If there are changes to the information provided, you will be notified by email.

1. **What is this study about?**
   You are invited to take part in a research study about the Therapeutic Thinking training programme because you are in an active role as a Therapeutic Thinking leader. Your perspective is highly valuable to inform this evaluation of the programme.

   Who is running the study?
   The study is being carried out by me, Eloise Crooks (Ellie) a third year trainee Educational Psychologist working out of the University of East Anglia (e.crooks@uea.ac.uk). It will take place under the supervision of ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ at the University's School of Education and Lifelong Learning▮▮▮▮▮▮▮▮▮▮▮▮▮▮
   Please note that Therapeutic Thinking Ltd. are not commissioning this project in any way; their only involvement is in supporting recruitment by sending initial recruitment emails. The research is being carried out independently of the company, under the oversight of the University of East Anglia.

   What will the study involve for me?
   Your participation will involve attending an online focus group (on Microsoft Teams) with between 2 and 5 other Therapeutic Thinking leaders. The date and time for this will be established after participants have registered for the research.
   The focus group will involve discussing your views of how Therapeutic Thinking works, under what circumstances it works, and who it works for. Anything discussed in the focus group is confidential and must not be shared with anyone outside of the group. You are also responsible for ensuring that you are in a confidential space for the group; where your screen cannot be seen and audio cannot be heard by non-participants. An audio recording will be taken which will be deleted once transcribed; all data in the transcription will be anonymised.

How much of my time will the study take?
The focus group will last for 60-90 minutes. You will also be asked to forward a recruitment email for the next phase of the study to Therapeutic Thinking Tutors within your channel - from this point there will be no responsibility for you.
You will also be invited to join a follow-up focus group (optional) which will last between 30 and 60 minutes and will take place in the spring or summer term 2024. This is an opportunity for leaders and tutors to hear a short presentation about the results of the research (a theory of how and why Therapeutic Thinking works) and to give feedback on the theory before it is finalised. *

◯ Tick here to show you have read this.

2. **Do I have to be in the study?**
Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of East Anglia (or Therapeutic Thinking Ltd.) now or in the future.

Can I withdraw from the study once I have registered?
If you decide to take part in the study, you can withdraw your consent up to the point that your data is fully anonymised (when the audio recording is transcribed). You can do this by contacting me via email, as above, with the subject heading 'Participant Withdrawal', stating in the body of the email 'I would like to withdraw my consent to participate in your research.' and your withdrawal will be granted. You do not need to provide any reason for this.
If you take part in a focus group, you are free to stop participating at any stage or to refuse to answer any of the questions. If you wish to withdraw any individual comments from the data you will need to discuss this directly with me via email, as above.

Are there any risks or costs associated with being in the study?
Aside from giving up your valuable time, I do not expect that there will be any risks or costs associated with taking part in this study.

Are there any benefits associated with being in the study?
Your participation in this research means that your unique insight into how Therapeutic Thinking works best can feed back into your daily practice. For instance, if you share that the training is most effective when completed in groups of no more than 10, and the following research supports this, then you could be the reason future training is delivered in groups of no more than 10.
This research cannot be successful without your support, and with your support it could transform Therapeutic Thinking to ensure the best possible service is being provided which will in turn impact the best possible outcomes for the children and young people we support.
*

◯ Tick here to show you have read this.

Ethical Necessities

This page details the information required to be given to you for ethical reasons.

3. **What will happen to information provided by me and data collected during the study?**
The audio of your contribution in the focus group will be recorded and transcribed for analysis only (the audio will not be shared beyond this). Quotes may be used in the write up of the research, however everything will be anonymised at the point of transcription. Only my supervisor, ▮▮▮▮▮▮▮▮▮▮▮▮▮ and myself, Ellie Crooks, will have access to the data. Your personal data and information will only be used as outlined in this Participant Information Sheet, unless you consent otherwise. Data management will follow the Data Protection Act 2018 (DPA 2018) and UK General Data Protection Regulation (UK GDPR), and the University of East Anglia's Research Data Management Policy.
The information you provide will be stored securely and your identity will be kept strictly confidential, except as required by law. Study findings may be published, but you will not be identified if you decide to participate in this study.

What if I would like further information about the study?

When you have read this information, I will be available to discuss it with you further and answer any questions you may have via email (e.crooks@uea.ac.uk). You will also have the opportunity to clarify anything at the beginning of the focus group.

Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. The research will be written up in my doctoral thesis which will be available, when completed and marked, via the University of East Anglia or by emailing me. You can also receive feedback if you opt in to the follow-up focus group as part of your registration. You will also receive a one-page summary via email when the research is completed.

What if I have a complaint or any concerns about the study?

If there is a problem please let me know. You can contact me via the University of East Anglia at the following address:

Eloise Crooks
School of Education and Lifelong Learning
Norwich NR4 7TJ
e.crooks@uea.ac.uk
or my supervisor at:

███████████████████

School of Education and Lifelong Learning
Norwich NR4 7TJ
███████████████████

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the Head of School of Education and Lifelong Learning: ██

How do I know that this study has been approved to take place?

To protect your safety, rights, wellbeing, and dignity, all research in the University of East Anglia is reviewed by a Research Ethics Body. This research was approved by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee). *

◯ Tick here to show you have read this.

4. **What is the general data protection information I need to be informed about?**

According to data protection legislation, we are required to inform you that the legal basis for processing your data as listed in Article 6(1) of the UK GDPR is because this allows us to process personal data when it is necessary to perform our public tasks as a University.
In addition to the specific information provided above about why your personal data is required and how it will be used, there is also some general information which needs to be provided for you:
- The data controller is the University of East Anglia.
- For further information, you can contact the University's Data Protection Officer at dataprotection@uea.ac.uk
- You can also find out more about your data protection rights at the Information Commissioner's Office (ICO).
- If you are unhappy with how your personal data has been used, please contact the University's Data Protection Officer at dataprotection@uea.ac.uk in the first instance. *

◯ Tick here to show you have read this.

Consent

If you wish to support this research with your participation, please fill out the electronic signature below. When you fill out your details, you will be emailed a copy of the participant information and this consent form for your records.

5. I am willing to participate in this research study. In giving my consent I state that:
   - I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
   - I have read the Participant Information, which I may keep, for my records, and have been given the opportunity to discuss my involvement in the study with the researcher if I wished to do so.
   - The researcher has answered any questions that I had about the study and I am happy with the answers.
   - I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia (or Therapeutic Thinking Ltd.) now or in the future.
   - I understand that I may leave the focus group at any time if I do not wish to continue. I also understand that it may not be possible to withdraw my comments once the group has started, as it is a group discussion.
   - I understand that the results of this study will be used in the way described in the information sheet.
   - I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
   - I understand that my voice will be audio-recorded as part of the focus group.
   (Please enter your full name below - First and Last name - as means of electronic signature.)

   [   ]

6. Would you like to receive details about the follow-up focus group where you will have the opportunity to receive a summary of the research and provide feedback on the researcher's theory of how Therapeutic Thinking works?

   ○ Yes please.

   ○ No thank you.

7. Email *(please check your junk mailbox if you have not received a copy of this form within 5 working days)*

   [   ]

8. Job title

   [   ]

9. Location *(local authority name, multi-academy trust name, other organisation name)* *

   [   ]

10. When did you first become a Therapeutic Thinking Leader? *(Month, Year)* *

11. When did your organisation first engage with Therapeutic Thinking? *(Month, Year)* *

12. Do you consent for the data on your Local Context Slides to be used anonymously as part of this research? *

○ Yes

○ No

Figure C2

Tutors Information and Consent Form

Evaluating Therapeutic Thinking: A research study that needs you!

Consent and Registration Form - Tutors

* Required

Participant Information

This page tells you about the research study. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

This information was last updated on 5th December 2023. If there are changes to the information provided, you will be notified by email.

1. **What is this study about?**
   You are invited to take part in a research study about the Therapeutic Thinking programme because you are in an active role as a Therapeutic Thinking tutor. Your perspective is highly valuable to inform this evaluation of the programme.

Who is running the study?
The study is being carried out by me, Eloise Crooks (Ellie) a third year trainee Educational Psychologist working out of the University of East Anglia (e.crooks@uea.ac.uk). It will take place under the supervision of ███████████████████████████████ at the University's School of Education and Lifelong Learning ███████████████████.
Please note that Therapeutic Thinking Ltd. are not commissioning this project in any way; their only involvement is in supporting recruitment by sending initial recruitment emails. The research is being carried out independently of the company, under the oversight of the University of East Anglia.

What will the study involve for me?
Your participation will involve attending an online focus group (on Microsoft Teams) with between 3 and 7 other Therapeutic Thinking tutors. The date and time for this will be established after participants have registered for the research.
The focus group will involve discussing your views of how Therapeutic Thinking works, under what circumstances it works, and who it works for. Anything discussed in the focus group is confidential and must not be shared with anyone outside of the group. You are also responsible for ensuring that you are in a confidential space for the group; where your screen cannot be seen and audio cannot be heard by non-participants. An audio recording will be taken which will be deleted once transcribed; all data in the transcription will be anonymised.

How much of my time will the study take?
The focus group will last for 60-90 minutes. You will also be asked to forward a recruitment email for the next phase of the study to all staff in your school - from this point there will be no responsibility for you.
You will also be invited to join a follow-up focus group (optional) which will last between 30 and 60 minutes and will take place in the spring or summer term 2024. This is an opportunity for leaders and tutors to hear a short presentation about the results of the research (a theory of how and why Therapeutic Thinking works) and to give feedback on the theory before it is finalised. *

◯   Tick here to show you have read this.

2. **Do I have to be in the study?**
Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of East Anglia (or Therapeutic Thinking Ltd.) now or in the future.

Can I withdraw from the study once I have registered?
If you decide to take part in the study, you can withdraw your consent up to the point that your data is fully anonymised (when the audio recording is transcribed). You can do this by contacting me via email, as above, with the subject heading 'Participant Withdrawal', stating in the body of the email 'I would like to withdraw my consent to participate in your research.' and your withdrawal will be granted. You do not need to provide any reason for this.
If you take part in a focus group, you are free to stop participating at any stage or to refuse to answer any of the questions. If you wish to withdraw any individual comments from the data you will need to discuss this directly with me via email, as above.

Are there any risks or costs associated with being in the study?
Aside from giving up your valuable time, I do not expect that there will be any risks or costs associated with taking part in this study.

Are there any benefits associated with being in the study?
Your participation in this research means that your unique insight into how Therapeutic Thinking works best can feed back into your daily practice. For instance, if you share that there is a need for clearer information about what constitutes difficult or dangerous behaviour, and the following research supports this, then you could be the reason this becomes available.
This research cannot be successful without your support, and with your support it could transform Therapeutic Thinking to ensure the best possible service is being provided which will in turn impact the best possible outcomes for the children and young people we support.
*

◯ Tick here to show you have read this.

Ethical Necessities

This page details the information required to be given to you for ethical reasons.

3. **What will happen to information provided by me and data collected during the study?**
   The audio of your contribution in the focus group will be recorded and transcribed for analysis only (the audio will not be shared beyond this). Quotes may be used in the write up of the research, however everything will be anonymised at the point of transcription. Only my supervisor, ████████████████ and myself, Ellie Crooks, will have access to the data. Your personal data and information will only be used as outlined in this Participant Information Sheet, unless you consent otherwise. Data management will follow the Data Protection Act 2018 (DPA 2018) and UK General Data Protection Regulation (UK GDPR), and the University of East Anglia's Research Data Management Policy.
   The information you provide will be stored securely and your identity will be kept strictly confidential, except as required by law. Study findings may be published, but you will not be identified if you decide to participate in this study.

   What if I would like further information about the study?
   When you have read this information, I will be available to discuss it with you further and answer any questions you may have via email (e.crooks@uea.ac.uk). You will also have the opportunity to clarify anything at the beginning of the focus group.

   Will I be told the results of the study?
   You have a right to receive feedback about the overall results of this study. The research will be written up in my doctoral thesis which will be available, when completed and marked, via the University of East Anglia or by emailing me. You can also receive feedback if you opt in to the follow-up focus group as part of your registration. You will also receive a one-page summary via email when the research is completed.

What if I have a complaint or any concerns about the study?
If there is a problem please let me know. You can contact me via the University of East Anglia at the following address:
Eloise Crooks
School of Education and Lifelong Learning
Norwich NR4 7TJ
e.crooks@uea.ac.uk
or my supervisor at:

███████████████████

School of Education and Lifelong Learning
Norwich NR4 7TJ

███████████████████

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the Head of School of Education and Lifelong Learning: ██).

How do I know that this study has been approved to take place?
To protect your safety, rights, wellbeing, and dignity, all research in the University of East Anglia is reviewed by a Research Ethics Body. This research was approved by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee). *

◯ Tick here to show you have read this.

4. **What is the general data protection information I need to be informed about?**
   According to data protection legislation, we are required to inform you that the legal basis for processing your data as listed in Article 6(1) of the UK GDPR is because this allows us to process personal data when it is necessary to perform our public tasks as a University.
   In addition to the specific information provided above about why your personal data is required and how it will be used, there is also some general information which needs to be provided for you:
   - The data controller is the University of East Anglia.
   - For further information, you can contact the University's Data Protection Officer at dataprotection@uea.ac.uk
   - You can also find out more about your data protection rights at the Information Commissioner's Office (ICO).
   - If you are unhappy with how your personal data has been used, please contact the University's Data Protection Officer at dataprotection@uea.ac.uk in the first instance. *

   ◯ Tick here to show you have read this.

Consent

If you wish to support this research with your participation, please fill out the electronic signature below. When you fill out your details, you will be emailed a copy of the participant information and this consent form for your records.

5. I am willing to participate in this research study. In giving my consent I state that:
   - I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.

- I have read the Participant Information, which I may keep, for my records, and have been given the opportunity to discuss my involvement in the study with the researcher if I wished to do so.
- The researcher has answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia (or Therapeutic Thinking Ltd.) now or in the future.
- I understand that I may leave the focus group at any time if I do not wish to continue. I also understand that it may not be possible to withdraw my comments once the group has started, as it is a group discussion.
- I understand that the results of this study will be used in the way described in the information sheet.
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that my voice will be audio-recorded as part of the focus group.
(Please enter your full name below - First and Last name - as means of electronic signature.)

[   ]

6. Would you like to receive details about the follow-up focus group where you will have the opportunity to receive a summary of the research and provide feedback on the researcher's theory of how Therapeutic Thinking works?

○ Yes please.

○ No thank you.

7. Email *(please check your junk mailbox if you have not received a copy of this form within 5 working days)*

[   ]

8. Job title

[   ]

9. Location *(school/setting name or local authority)* *

[   ]

10. When did you first become a Therapeutic Thinking Tutor? *(Month, Year)* *

Figure C3

Practitioners Information and Consent Form

Evaluating Therapeutic Thinking: A research study that needs you!

Consent and Registration Form - Practitioners

* Required

Participant Information

This page tells you about the research study. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

This information was last updated on 14th December 2023. If there are changes to the information provided, you will be notified by email.

1. **What is this study about?**
   You are invited to take part in a research study about the Therapeutic Thinking programme because you work in a school which has or is trying to embed the Therapeutic Thinking programme. Your perspective is highly valuable to inform this evaluation of the programme.

   Who is running the study?
   The study is being carried out by me, Eloise Crooks (Ellie) a third year trainee Educational Psychologist working out of the University of East Anglia (e.crooks@uea.ac.uk). It will take place under the supervision of ████████████████████████████ at the University's School of Education and Lifelong Learning ████████████
   Please note that Therapeutic Thinking Ltd. are not commissioning this project in any way; their only involvement is in supporting recruitment by sending initial recruitment emails. The research is being carried out independently of the company, under the oversight of the University of East Anglia.

What will the study involve for me?

Your participation will involve attending an online focus group (on Microsoft Teams) with between 4 and 9 other staff members from schools which engage in Therapeutic Thinking. The date and time for this will be established after participants have registered for the research.

The focus group will involve discussing your views of how Therapeutic Thinking has worked in your school (or not), the parts which you have found helpful (or not), and the impact you feel it has had in general. Anything discussed in the focus group is confidential and must not be shared with anyone outside of the group. You are also responsible for ensuring that you are in a confidential space for the group; where your screen cannot be seen and audio cannot be heard by non-participants. An audio recording will be taken which will be deleted once transcribed; all data in the transcription will be anonymised.

How much of my time will the study take?

The focus group will last for 60-90 minutes. It is also hoped that one school will be generous enough to forward consent emails to parents of students who you believe are able to participate in the research - the details of this will be discussed at the end of the focus group, but supporting this part of the project is optional. *

◯ Tick here to show you have read this.

2. **Do I have to be in the study?**

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of East Anglia (or Therapeutic Thinking Ltd.) now or in the future.

Can I withdraw from the study once I have registered?

If you decide to take part in the study, you can withdraw your consent up to the point that your data is fully anonymised (when the audio recording is transcribed). You can do this by contacting me via email, as above, with the subject heading 'Participant Withdrawal', stating in the body of the email 'I would like to withdraw my consent to participate in your research.' and your withdrawal will be granted. You do not need to provide any reason for this.

If you take part in a focus group, you are free to stop participating at any stage or to refuse to answer any of the questions. If you wish to withdraw any individual comments from the data you will need to discuss this directly with me via email, as above.

Are there any risks or costs associated with being in the study?

Aside from giving up your valuable time, I do not expect that there will be any risks or costs associated with taking part in this study.

Are there any benefits associated with being in the study?

Your participation in this research means that your unique insight into how Therapeutic Thinking works best can feed back into your daily practice. For instance, if you share that the programme tools are not adaptable for students with SEND, and the following research supports this, then you could be the reason the tools are refined to be more suitable.

This research cannot be successful without your support, and with your support it could transform Therapeutic Thinking to ensure the best possible service is being provided which will in turn impact the best possible outcomes for the children and young people we support. *

◯ Tick here to show you have read this.

Ethical Necessities

This page details the information required to be given to you for ethical reasons.

3. **What will happen to information provided by me and data collected during the study?**
The audio of your contribution in the focus group will be recorded and transcribed for analysis only (the audio will not be shared beyond this). Quotes may be used in the write up of the research, however everything will be anonymised at the point of transcription. Only my supervisor, ██████████████████ and myself will have access to the data.
Your personal data and information will only be used as outlined in this Participant Information Sheet, unless you consent otherwise. Data management will follow the Data Protection Act 2018 (DPA 2018) and UK General Data Protection Regulation (UK GDPR), and the University of East Anglia's Research Data Management Policy.
The information you provide will be stored securely and your identity will be kept strictly confidential, except as required by law. Study findings may be published, but you will not be identified if you decide to participate in this study.

What if I would like further information about the study?
When you have read this information, I will be available to discuss it with you further and answer any questions you may have via email (e.crooks@uea.ac.uk). You will also have the opportunity to clarify anything at the beginning of the focus group. You will also receive a one-page summary via email when the research is completed.

Will I be told the results of the study?
You have a right to receive feedback about the overall results of this study. The research will be written up in my doctoral thesis which will be available, when completed and marked, via the University of East Anglia or by emailing me. You can also receive feedback if you opt in to the follow-up focus group as part of your registration.

What if I have a complaint or any concerns about the study?
If there is a problem please let me know. You can contact me via the University of East Anglia at the following address:
Eloise Crooks
School of Education and Lifelong Learning
Norwich NR4 7TJ
e.crooks@uea.ac.uk
or my supervisor at:
██████████████████

School of Education and Lifelong Learning
Norwich NR4 7TJ

██████████████████

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the Head of School of Education and Lifelong Learning: ████████████████████████████████████).

How do I know that this study has been approved to take place?
To protect your safety, rights, wellbeing, and dignity, all research in the University of East Anglia is reviewed by a Research Ethics Body. This research was approved by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee). *

○ Tick here to show you have read this.

4. **What is the general data protection information I need to be informed about?**
According to data protection legislation, we are required to inform you that the legal basis for processing your data as listed in Article 6(1) of the UK GDPR is because this allows us to process personal data when it is necessary to perform our public tasks as a University.
In addition to the specific information provided above about why your personal data is required and how it will be used, there is also some general information which needs to be provided for you:
- The data controller is the University of East Anglia.
- For further information, you can contact the University's Data Protection Officer at dataprotection@uea.ac.uk
- You can also find out more about your data protection rights at the Information Commissioner's Office (ICO).
- If you are unhappy with how your personal data has been used, please contact the University's Data Protection Officer at dataprotection@uea.ac.uk in the first instance. *

◯ Tick here to show you have read this.

Consent

If you wish to support this research with your participation, please fill out the electronic signature below. When you fill out your details, you will be emailed a copy of the participant information and this consent form for your records.

5. I am willing to participate in this research study. In giving my consent I state that:
- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information, which I may keep, for my records, and have been given the opportunity to discuss my involvement in the study with the researcher if I wished to do so.
- The researcher has answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia (or Therapeutic Thinking Ltd.) now or in the future.
- I understand that I may leave the focus group at any time if I do not wish to continue. I also understand that it may not be possible to withdraw my comments once the group has started, as it is a group discussion.
- I understand that the results of this study will be used in the way described in the information sheet.
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that my voice will be audio-recorded as part of the focus group.
(Please enter your full name below - First and Last name - as means of electronic signature.)

6. Email *(please check your junk mailbox if you have not received a copy of this form within 5 working days)*

7. Job title

8. Location *(school/setting name)* *

9. When did you first receive some training about Therapeutic Thinking? *(Month, Year)* *


Appendix D

Conduct Information Sheet

<u>**Therapeutic Thinking Thesis Focus Groups – Housekeeping and Ethical Responsibilities**</u>

Thank you (again!) for offering your perspective on the Therapeutic Thinking programme to support this research – I am so very grateful.

Please adhere to the following guidelines as part of your participation:

- Audio from the focus group will be recorded. Please ensure that only your voice is transmitted through your microphone, as much as possible.
- Ensure your speakers are private; other participants must not be heard by others in your environment.
- Please keep your camera on and unmute yourself throughout. (Unless we have barking dogs or you need to take a phone call, or any other joys of virtual working!) The discussion will be free speaking (i.e., no hands up or messaging in the chat) with the researcher acting as only a facilitator of the conversation.
- Please jump in and ask about others' perspectives or raise whatever you feel is important at any time. Every question or comment is helpful.
- If you are arriving late to the group, you will miss the opportunity to ask any questions at the beginning of the group about the process. Please feel free to email the researcher (e.crooks@uea.ac.uk) at any time.
- If you are leaving the group early, you will miss the debrief at the end of the group. You will receive an email to cover anything necessary, please feel free to ask any questions via response to this email.
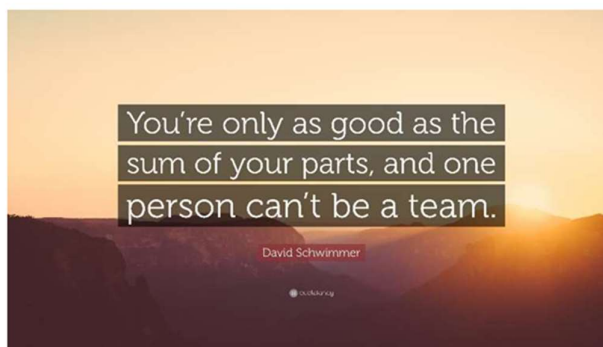
With our collective agreement to maintain participant confidentiality we are free to speak openly and share our perspectives honestly. The focus group is a safe space, and each participant has a duty to maintain anonymity of other participants. Please do not feel pressured to speak in one direction or another. This research is only as good and as accurate as the voices which contribute towards it. To evaluate the programme effectively, we must provide a responsible account.

Finally, the aim of the focus group is not to reach a consensus, but rather to find differences and discuss your unique perspective. So, if you can, please share examples both aligned with and contradictory to the ideas shared by the researcher and other participants.

Appendix E

Anonymised Consent Records

Figure E1

Leads Consent Records

ID	Start time	Completion time	When did you first become a Therapeutic Thinking Leader? (Month, Year)	When did your organisation first engage with Therapeutic Thinking? (Month, Year)
1	11/24/23 14:48:15	11/24/23 14:53:30	▮▮	▮▮
2	11/27/23 8:56:34	11/27/23 9:03:26	▮	▮
3	11/28/23 8:59:12	11/28/23 9:03:22	▮	▮
4	11/28/23 12:32:27	11/28/23 12:35:09	▮	▮
6	11/29/23 20:28:25	11/29/23 20:32:41	▮	▮
7	12/4/23 13:47:04	12/4/23 13:49:18	▮	▮

Figure E2

Tutors Consent Records

ID	Start time	Completion time	When did you first become a Therapeutic Thinking Tutor? (Month, Year)
1	12/6/23 9:27:27	12/6/23 9:30:13	▮
2	12/6/23 9:34:07	12/6/23 9:38:38	▮
3	12/6/23 9:59:11	12/6/23 10:00:56	▮▮
4	12/6/23 15:06:30	12/6/23 15:07:42	▮
5	12/6/23 15:11:58	12/6/23 15:13:38	▮
6	12/6/23 15:14:50	12/6/23 15:19:05	▮
7	12/6/23 15:21:53	12/6/23 15:26:00	▮
8	12/6/23 15:24:12	12/6/23 15:26:44	▮
9	12/6/23 15:33:52	12/6/23 15:35:47	▮
10	12/6/23 15:30:47	12/6/23 15:37:29	▮
11	12/6/23 15:55:22	12/6/23 15:58:12	▮
12	12/6/23 16:05:56	12/6/23 16:07:35	▮
13	12/6/23 18:29:32	12/6/23 18:31:51	▮
14	12/7/23 7:57:53	12/7/23 8:02:39	▮
15	12/7/23 8:49:54	12/7/23 9:00:30	▮
16	12/7/23 9:26:17	12/7/23 9:28:23	▮
17	12/7/23 13:44:31	12/7/23 13:47:12	▮
18	12/7/23 16:29:53	12/7/23 16:31:47	▮
19	12/10/23 16:13:45	12/10/23 16:16:07	▮
20	12/11/23 12:07:35	12/11/23 12:11:09	▮

Figure E3

Practitioners Consent Records

ID	Start time	Completion time	When did you first receive some training about Therapeutic Thinking? (Month, Year)
2	12/19/23 8:15:17	12/19/23 8:58:09	▮
3	1/12/24 9:07:18	1/12/24 9:08:23	▮▮▮
4	1/22/24 13:52:50	1/22/24 13:56:01	▮▮▮
5	1/23/24 11:16:52	1/23/24 11:18:13	▮▮
6	2/2/24 15:09:47	2/2/24 15:10:45	▮▮
7	2/4/24 21:28:52	2/4/24 21:30:56	▮▮
8	2/5/24 13:21:09	2/5/24 13:24:41	▮
9	2/7/24 15:53:35	2/7/24 15:55:03	▮▮

Appendix F

Focus Group Guide

Focus Group Structure

Introduction:

1. Welcome
   Introduce yourself
   Transcription and recording
   Review the following:
   • Who I am and what I'm trying to do
   • What will be done with this information
   • Why I asked you to participate

2. Explanation of the process
   Ask the group if anyone has participated in a focus group before.

   About focus groups
   • I learn from you (positive and negative)
   • Not trying to achieve consensus, gathering information
   • Challenge me and my hypotheses, challenge each other
   • Give examples if possible
   • Relaxed, jump in and ask questions to others or raise whatever at any time
   • Every question or comment is helpful
   • Everyone should participate
   • This research is only as good as the sum of its parts!

3. Ground Rules
   •
   • Focus group will last about one hour
   • Feel free to move around
   • Everyone should participate
   • Please keep your camera on and mic unmuted throughout (unless..)
   • It will be free speaking, no hands up or messaging in the chat, just speak as you wish – I hope to act only as a facilitator, providing prompts so we're aiming to just keep it flowing
   • Information provided in the focus group must be kept confidential – audio will be recorded, please ensure only your voice is transmitted through your microphone, as much as possible.
   • Please also ensure that your speakers are private, other participants should not be heard by other people in your environment.

4. With our collective agreement to maintain participant confidentiality we are free to speak openly and share our perspectives honestly. The focus group is a safe space, and each participant has a duty to maintain anonymity of other participants. Please do not feel pressured to speak in one direction or another. This research is only as good and as accurate as the voices which contribute towards it. To evaluate the programme effectively, we must provide a responsible account. Finally, disagreement does not equal dislike, if we do come across differences let's aim for professional, constructive conversations over conflict.

5. Ask the group if there are any questions before we get started and address those questions.

6. Turn on recording and transcription

7. Introductions

- Establish if anyone knows anyone already, if not brief introduction of who/where/when
- What does your programme structure look like, for example with ELSA there's a peer supervision process led by an EP as implementation follow-up, in some LAs all service providers are trained as Tutors and Therapeutic Thinking is presented as the general approach of the LA.

Discussion begins, make sure to give people time to think before answering the questions and don't move too quickly. Use the probes to make sure that all issues are addressed, but move on when you feel you are starting to hear repetitive information.

Questions:

1. Let's start the discussion by talking about what makes Therapeutic Thinking a good programme in education. What are some of the positive aspects of Therapeutic Thinking?

2. What are some things that aren't so good about Therapeutic Thinking?

3. Have you considered detaching from Therapeutic Thinking? If so, why? What factors contributed to your decision to want to change your approach and to your decision to keep it?

4. What do you believe constitutes successful implementation of Therapeutic Thinking?

5. What do you believe limits the success of Therapeutic Thinking?

6. It appears that headteachers as Tutors leads to Therapeutic Thinking having the most impact. Do you agree? Why do you think that is? Are there any times you've seen this not being the case?

7. It appears that secondary schools are successful when coming from a trust level Tutor, do you have any experience of this? Why do you think that is? Are there any times you've seen this not being true?

8. A cultural change across the whole organisation seems to be very important. How have you experienced cultural change within your organisation? Language?

9. Do you believe Therapeutic Thinking creates an increase in academic attainment?

10. Do you have any particular success stories you would like to share?

11. Do you have any particular challenge stories you would like to share?

12.

That concludes our focus group. Thank you so much for coming and sharing your thoughts and opinions. You will receive a quick debriefing email and then details in the Spring/Summer term regarding the follow-up group if that was something you opted in to on your consent form.

If you have additional information that you did not get to say in the focus group, please feel free to write it in an email to me.

Appendix G

Coding Framework Iterations

Figure G1

Initial Coding Framework

	I	C	A	O
a	Multi-tiered	Primary school	Leads	Therapeutic approach
b	Underpinning theory	Secondary school	Tutors	Reduction in exclusions
c	Explicit curriculum	Specialist setting	Practitioners	Accessible environments
d	Culture and ethos	MAT	Programme directors	Cost-effectiveness
e	Cascade model	LA	School (or setting) staff	Improved capacity
f	Trauma-informed	Maintained school (or setting)	CYP	Active participation in learning
g	Partnership across agencies	Academy school (or setting)	Parents	Improved staff-student relationships
h	Consistency across settings	Accountability	LA	Inclusive education

Figure G2

Coding Framework During Analysis

+	I	C	A	M	O
a	Multi-tiered, holistic	Primary school	Leads	Theory into practice	Therapeutic approach
b	Underpinning theory	Secondary school	Tutors	Facilitates discussion between all involved	Reduction in exclusions/suspensions
c	Explicit curriculum	Specialist setting	Practitioners	Supervisory or follow-up sessions	Accessible environments
d	Culture and ethos	MAT	Programme directors	Real-life examples from successful implementation	Cost-effectiveness
e	Cascade model	LA	School staff	Outreach from settings where the programme is already embedded	Improved capacity
f	Trauma-informed	Maintained school	CYP	Committed to the philosophy	Active participation in learning
g	Partnership across agencies	Academy school	Parents	Time capacity and agency for change	Improved staff-student relationships
h	Consistency across settings	Accountability	LA	Offering free advisory services	Inclusive education
i	Practical resources	School within a multi-academy trust	Outreach specialist teachers	Clear and established goals/success criteria	Better staff understanding of student behaviour

	I	C	A	M	O
i	Practical resources	School within a multi-academy trust	Outreach specialist teachers	Clear and established goals/success criteria	Better staff understanding of student behaviour
j	Early prognosis tool	'Bought into'	Independent agency	Higher staff confidence in supporting students with high levels of need	Analysing functions of behaviour
k	Supervisory or follow-up sessions (e.g. Network meetings)	Time capacity	Mainstream schools	Assessing the need of each individual setting and providing bespoke support accordingly	Programme is embedded
l	Physical intervention techniques module	Pre-existing therapeutic approach	Schools	Parents/carers recognising student need being met	Theory into practice
m	Group dynamics	Middle management	Headteachers	Passion, inspiration, novelty of approach	Lead provides more follow-up support
n		Programme embedded		Groupthink	'Buy in'

	I	C	A	M	O
o		High-quality leadership		Long-standing trusted relationships	Reduction in use of restraint
p				Consistency across teams/agencies	Attracts students to enrol
q				Flexibility of the programme to be used in a variety of ways	Long term sustained change
r					OFSTED recognised positive impact
					Improved student mental health (reduction in EBSA)

-	I	C	A	M	O
a	Practical resources	Pre-existing systems in place	MAT	Lack of motivation for change	TT not embedded
b	Three-day course	Limited time	Tutors	Cognitive overload from too much content	Schools not committed
c	Supervision or follow-up	LA	Lead	Lack of time for Lead to provide follow-up or supervisory support	High exclusion rates
d	High investment	High exclusion rates	Schools	Limited connection between the LA/Lead and schools	Costing the LA money
e	Whole school ethos	One tutor trained	Mainstream school	Limited time capacity or agency within the school	No change in behaviour or outcomes for students
f	High content and theory in little time	Training not disseminated across school in a timely manner	Secondary schools	Revisiting the principles constantly to be at the forefront of peoples minds	
g	Real-life examples	Children in need of specialist placements		Groupthink	
h		Belief the programme doesn't work		No time for planning the process for embedding and defining own success	
i		Diverse settings (specialist/primary/secondary)		Need to be individualised / bespoke	

Figure G3

Final Coding Framework

+	I	C	A	M	O
a	Multi-tiered, holistic	Primary school	Leads	Theory into practice	Therapeutic approach
b	Underpinning theory	Secondary school	Tutors	Facilitates discussion between all involved	Reduction in exclusions/suspensions
c	Explicit curriculum	Specialist setting	Practitioners	Supervisory or follow-up sessions	Accessible environments
d	Culture and ethos	MAT	Programme directors	Real-life examples from successful implementation	Cost-effectiveness
e	Cascade model	LA	School (or setting) staff	Outreach from settings where the programme is already embedded	Improved capacity
f	Trauma-informed	Maintained school (or setting)	CYP	Committed to the philosophy	Active participation in learning

g	Partnership across agencies	Academy school (or setting)	Parents/carers	Time capacity and agency for change	Improved staff-student relationships
h	Consistency across settings	Accountability	LA	Offering free advisory services	Inclusive education
i	Practical resources	School within a multi-academy trust	Outreach specialist teachers	Clear and established goals/success criteria	Better staff understanding of student behaviour
j	Early prognosis tool	'Bought into'	Independent agency	Higher staff confidence in supporting students with high levels of need	Analysing functions of behaviour
k	Supervisory or follow-up sessions (e.g. Network meetings)	Time capacity	Mainstream schools	Assessing the need of each individual setting and providing bespoke support accordingly	Programme is embedded
l	Physical intervention techniques module	Pre-existing therapeutic approach	Schools	Parents/carers recognising student need being met	Theory into practice
m	Group dynamics	Middle management	Headteachers/SLT	Passion, inspiration, novelty of approach	Lead provides more follow-up support

n	Policy development	Programme embedded		Groupthink	'Buy in'
o	Unique language/terminology	High-quality leadership		Long-standing trusted relationships	Reduction in use of restraint
p				Consistency across teams/agencies	Attracts students to enrol
q				Flexibility of the programme to be used in a variety of ways	Long term sustained change
r					OFSTED recognised positive impact
s					Improved student mental health (reduction in EBSA)
					More successful at reintegrating students to mainstream after AP.

-	I	C	A	M	O
a	Practical resources	Pre-existing systems in place	MAT	Lack of motivation for change	TT not embedded
b	Three-day course	Limited time	Tutors	Cognitive overload from too much content	Schools not committed
c	Supervision or follow-up	LA	Lead	Lack of time for Lead to provide follow-up or supervisory support	High exclusion rates
d	High investment	High exclusion rates	Schools	Limited connection between the LA/Lead and schools	Costing the LA money
e	Whole school ethos	One tutor trained	Mainstream school	Limited time capacity or agency within the school	No change in behaviour or outcomes for students
f	High content and theory in little time	Training not disseminated across school in a timely manner	Secondary schools	Revisiting the principles constantly to be at the forefront of people's minds	No mindset shift in staff
g	Real-life examples	Children in need of specialist placements	Support staff	Groupthink	
h		Belief the programme doesn't work		No time for planning the process for embedding and defining own success	
i		Diverse settings (specialist/primary/secondary)		Need to be individualised / bespoke	
j		Primary school			

Appendix H

Record of Ethical Approval

Eloise Crooks (EDU - Postgraduate Researcher)

From:	Ethics Monitor <no-reply@ethicsreview.uea.ac.uk>
Sent:	23 October 2023 17:52
To:	Eloise Facer (EDU - Postgraduate Researcher)
Subject:	Decision - Ethics ETH2223-1499 : Miss Eloise Facer

University of East Anglia

Study title: Understanding the Use of Therapeutic Thinking to Support Behaviour in Schools: A Realist Evaluation

Application ID: ETH2223-1499

Dear Eloise,

Your application was considered on 23rd October 2023 by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee).

Thank you for diligently attending to the comments of the EDU S-REC.

The decision is: **approved.**

You are therefore able to start your project subject to any other necessary approvals being given.

This approval will expire on **31st August 2024**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could

potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer (dataprotection@uea.ac.uk).

I would like to wish you every success with your project.

On behalf of the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee)

Yours sincerely,

Ethics ETH2223-1499 : Miss Eloise Facer

Appendix I

Extended Configuration Map

Note. The text in this figure is not designed to be legible, it is shown only to demonstrate the complexity of the analysis process.