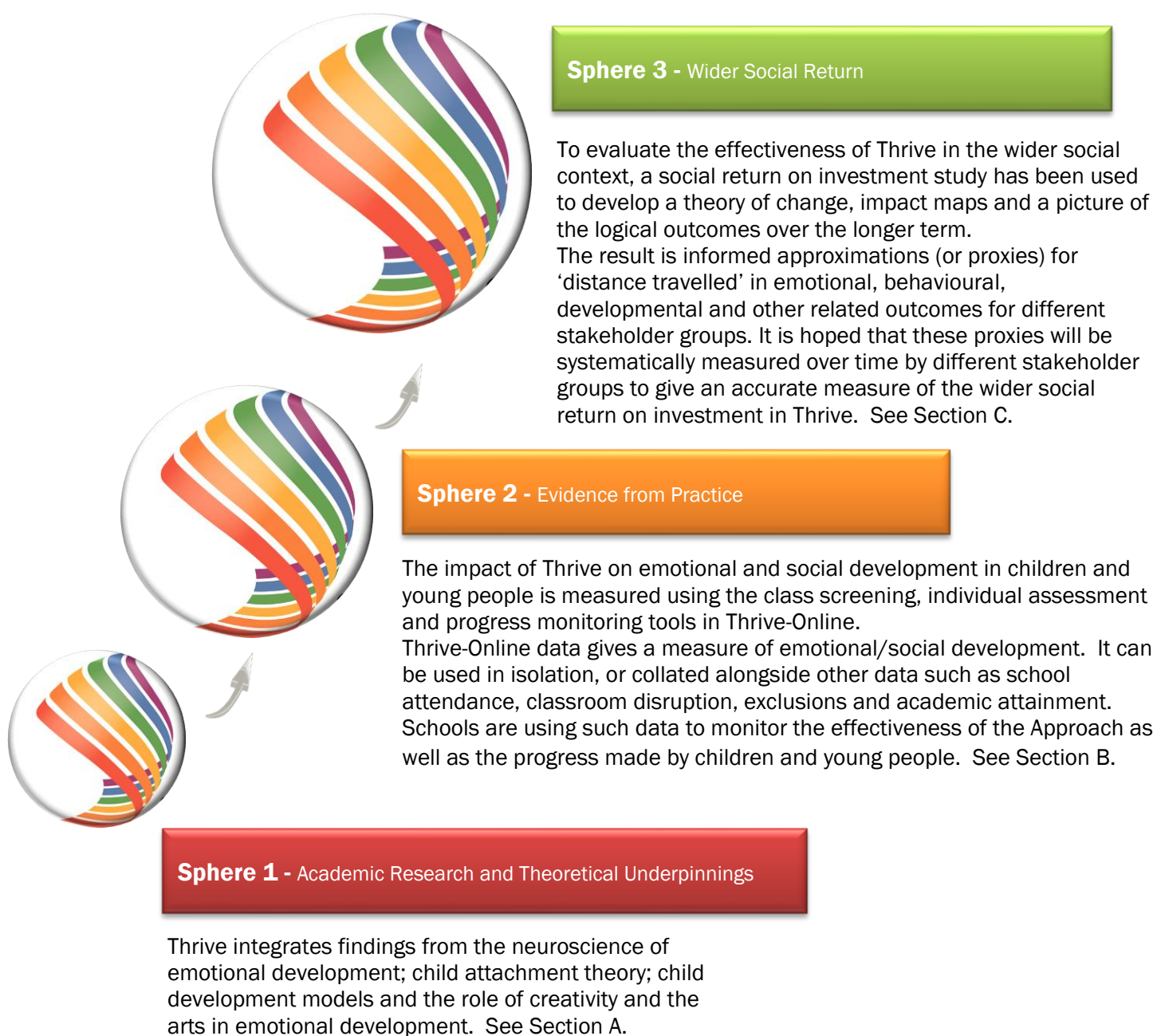


The Thrive Approach Research and Evidence Base

Date/Version: Nov 2014

Introduction: The four originators of Thrive came together in 1994. They were concerned about the growing number of children being excluded from school at an earlier and earlier age and the disruption this brought to their learning. The founders drew on their collective academic and practical experience in social work, family therapy, counselling, psychotherapy, teaching, education advisory and inspection work to create an integrative approach to emotional and social development that would support children and young people to engage or re-engage with learning.

Since then, Thrive has proved to be highly successful and demand has extended beyond the education sector. The Approach continues to be developed and evolved in response to further research, the growing empirical evidence base and individual feedback from adults, children and families adopting the tools and techniques it offers. The research and evidence base of Thrive is summarised in 3 spheres:



Academic research and theoretical underpinnings of the Thrive integrative approach to emotional and social development in children and young people

The academic research and theoretical underpinnings of the Thrive integrative approach to emotional and social development in children and young people are summarised in four tables.

- A. The neuroscience of emotional development
- B. Attachment Theory
- C. The importance of Arts and Creativity in emotional development
- D. Child Development models

A The Neuroscience of emotional development	References
<p>There is a significant body of research available which evidences how, from the third trimester of pregnancy and through the first three years of life, our emotional landscape is being laid down and structured neurologically.</p>	<p>Sunderland M 2006, Cozolino L 2006, Hughes D A, Baylin J 2012.</p>
<p>We know that 90%of the growth of the baby's brain happens in the first 5 years of life and that this growth is fundamentally dependent upon the experiences and relationships the baby has with its primary attachment figures.</p>	<p>Gerhardt S 2004, Stern D 1987, Sunderland M 2006</p>
<p>If all is going well in the baby's life then by three years old, we would expect to see a child who is able to build trusting relationships with others, feels safe in their identity and in their world, is interested and motivated to explore, feels secure that they are loved and lovable, can express views and has begun to manage the stresses they encounter in their daily lives without always needing adult help.</p> <p>The baby's brain is, by this stage, well on the way to developing a healthy stress regulation system</p>	<p>Cozolino L 2006, Schore A N 1994, Sunderland M 2006</p>
<p>If the baby's experiences have not been as positive, for whatever reason; maybe by regularly being exposed to high levels of anxiety/abuse/neglect, then their brain structure and stress regulation system will be wired accordingly for threat, and their emotional landscape will reflect this. These are the children who find relationships extremely difficult to make and maintain. They may appear to be "trigger happy" in their responses to perceived threat, e.g move instantly to rage, fear or extreme anxiety. They do not feel loved or lovable, find exploration too frightening or have no ability to assess danger to themselves. They may be emotionally closed down and withdrawn from the world and these difficulties and emotional states can become entrenched and, unchallenged, embedded as behavioural traits.</p>	<p>Bowlby J 1988, Field T 1994 Sunderland M 2006</p>
<p>In terms of the neurochemistry, the fight for dominance will always be won by those chemicals which are triggered strongest and longest. If cortisol has been constantly triggered by stress, then it will dominate and neuronal pathways wired for stress will be in control. If opioids and oxytocin have been consistently triggered through loving and reliable relationships with key carers, then the pathways will have been established to respond to stress and quickly return to emotional equilibrium.</p>	<p>Panksepp J 1998, Butovskaya et al 2005 Sunderland M 2006, Cozolino L 2006</p>

B Attachment and Key Relationships	References
<p>It has been known for many decades now just how important attachment is for the building of a healthy stress regulation system.</p>	<p>Bowlby J 1988 Stern D 1987, Stern D 1990 Sunderland M 2006</p>

Children who have secure attachments will be more emotionally resilient, be more able to make positive relationships, more able to develop empathy and more able to recover from life's challenges and difficulties.	Sunderland M 2006 Cozolino L 2006 Hughes D A and Baylin J 2012
Positive attachments are inextricably linked to healthy brain development. It is through the repeated experiences of a baby's stress being calmed by a loving, consistent and reliable adult that ensures the development of strong neuronal pathways from the limbic system up into the frontal lobes thus creating good fronto-limbic functioning. This leads to children who can experience a strong feeling, manage it and return to emotional equilibrium quickly.	Gerhardt S 2004 Sunderland M 2006 Fernyhough C 2008
Research has shown that children who experience regular empathic listening from their parents are better able to learn, to use life well, to concentrate, to enjoy relationships and to be kind to others.	Gottman J M et al 1996
Thrive draws on the neuroscience research, attachment and its child development model to train workers to understand children's emotional needs through observation of their behaviour. The online tool then supports them in drawing up an individual or group plan that will help meet these needs. At all points in the approach, workers are supported to make conscious use of their relationship with children to attune to them, validate their affect state, provide emotional containment and regulate their stress levels. By repeating this experience for the young people in their care, workers will be ensuring that healthy stress regulation pathways are being built in children's brains. This, in turn will result in children learning how to self regulate.	Cozolino, L 2006 Hughes, D.A. 2004 Gerhardt S 2004 Szalavitz M, Perry B 2010

C The Importance of Play and Creativity in Emotional Development	References
In the first two years of life, children are predominantly functioning from the right hemisphere of their neo-cortex and the limbic system. The right hemisphere is the non-verbal part of the brain where emotional atmospheres can be picked up through registering how our bodies are responding to an emotional event. It is stronger than the left hemisphere in taking in the overview or whole picture.	Stern D 1987; Sunderland M 2006
It is well researched that play and creativity are vital for healthy emotional development in children. It is through safe, sensory exploration that they develop their seeking systems, the building blocks for motivation, curiosity and the ability to follow tasks through to completion later on in life.	Sunderland M 2006, Siegal D J and Payne Bryson T 2011 Hughes D A 1998 Oaklander V 1988
The corpus collosum acts as the bridge between the left and right hemispheres of the frontal cortex. If we are to enable children to have good right/ left brain functioning, then the support we give them to link up creativity, play and cognitive thought, language and problem solving is crucial.	Sunderland 2006, Cozolino L 2006
By drawing on Dan Hughes's model of PLACE and Kohut's work on self psychology, the Thrive approach places play and relationship at the heart of how to support the development of children's emotional resilience.	Hughes D A 1998 Kohut H 1978

D Child Development Models	References
<p>Thrive uses a developmental framework to clarify the connections between emotional and social development, behaviour and learning (In this model, child development can be depicted as six building blocks or strands of experience, each with accompanying tasks and opportunities. These translate into six fundamental aspects of learning for emotional and social development.</p>	<p>Illsley Clarke, J. and Dawson, C. 1989</p> <p>Fronting the Challenge Projects Ltd 2011</p>
<p>The stages cover emotional and social development from birth to age 18.</p> <ul style="list-style-type: none"> • Being (0-6 months) • Doing (6-18 months) • Thinking (18 months-3 years) • Power and Identity (3 years – 6 years) • Skills and Structure (7years -12 years) • Separation and Sexuality (13 years – 18 years) 	<p>illsley Clarke, J. and Dawson, C. 1989</p> <p>Fronting the Challenge Projects Ltd 2011</p>
<p>As the child grows the developmental strands come 'on-line' sequentially - however, once they are in place, they remain available and open to growth throughout life. This means that our developmental tasks can be addressed at any point in our lives; we are truly life-long learners when it comes to brain and emotional and social development.</p>	<p>Cozolino, L 2006</p> <p>illsley Clarke, J. and Dawson, C. 1989</p> <p>Sunderland M 2006</p>
<p>Practitioners have the greatest opportunity to ensure that the key needs/experiences that are required to ensure good emotional development are embedded in our practice with children. Where a child may have missed out on these experiences at a very early stage we are still able to revisit and address these due to the plasticity of the brain and the ability to grow new neuronal pathways.</p>	<p>Sunderland M 2006</p> <p>Hughes, D.A. 1997</p>
<p>When this approach is implemented alongside Thrive Online, the assessment and action planning tool, we can ensure as best as possible, that children develop secure stress management systems and improve the foundations for emotional resilience.</p>	<p>Sunderland M 2005</p> <p>Schore A.N 1994</p>

Section B

Evidence from Practice

A sample of the evidence provided by participating schools

The data sheets in this document provide a summary of the information kindly provided by schools. The anonymised information is presented in good faith to help others evaluate the impact of Thrive for themselves. Please note that Thrive did not create the information presented in these data sheets and cannot accept responsibility for accuracy.

These data sheets and the information in them should not be copied without written permission.

Title	To explore the impact of Thrive by looking at two schools: one that has adopted the Thrive Approach and one that has not yet done so.																																																																																																																																		
Location	NE of England																																																																																																																																		
Setting	Two Primary Schools. School A after implementing the Thrive Approach and School B before implementing the Thrive Approach																																																																																																																																		
Dates	Test period: February 2014 to June 2014																																																																																																																																		
Method	Whole Class Screening using Thrive-Online and semi-structured interviews with staff in both schools in February 2014 and again in June 2014. In addition, School A with Thrive established, had an additional Thrive-Online screening result for Nov 13.																																																																																																																																		
Intervention Provided	School A: Whole Class activities: use of Thrive teaching strategies and curriculum activities between Thrive-Online screenings. School B: Use of existing emotional support initiatives and behaviour policies, but without Thrive class strategies and activities.																																																																																																																																		
Results	<table border="1"> <thead> <tr> <th>Thrive Screening Results</th> <th colspan="3">School A With Thrive Established</th> <th colspan="3">School B Without Thrive Input</th> </tr> <tr> <th></th> <th>Screening 1 – Nov 13</th> <th>Screening 2 – Feb 14</th> <th>Screening 3 – June 14</th> <th>Change from Feb 14 to Jun 14</th> <th>Screening 1 – Feb 14</th> <th>Screening 2 – June 14</th> <th>Change from Feb 14 to Jun 14</th> </tr> </thead> <tbody> <tr> <td>In Urgent Need</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>Reduced by 1</td> </tr> <tr> <td>Attention Needed</td> <td>9</td> <td>3</td> <td>0</td> <td>Reduced by 3</td> <td>9</td> <td>8</td> <td>Reduced by 1</td> </tr> <tr> <td>Some Help Needed</td> <td>17</td> <td>15</td> <td>7</td> <td>Reduced by 6</td> <td>5</td> <td>6</td> <td>Increased by 1</td> </tr> <tr> <td>Working Appropriately</td> <td>1</td> <td>11</td> <td>20</td> <td>+9</td> <td>8</td> <td>9</td> <td>+1</td> </tr> <tr> <td>Class Average Score</td> <td>52%</td> <td>67%</td> <td>81%</td> <td>+14%</td> <td>59%</td> <td>63%</td> <td>+4%</td> </tr> <tr> <td>Developing an Identity</td> <td>52%</td> <td>76%</td> <td>90%</td> <td>+14%</td> <td>56%</td> <td>63%</td> <td>+7%</td> </tr> <tr> <td>Learning the difference between fantasy and reality</td> <td>50%</td> <td>57%</td> <td>73%</td> <td>+16%</td> <td>64%</td> <td>67%</td> <td>+3%</td> </tr> <tr> <td>Responsibility for own behaviour</td> <td>55%</td> <td>68%</td> <td>79%</td> <td>+11%</td> <td>61%</td> <td>58%</td> <td>-3%</td> </tr> </tbody> </table>				Thrive Screening Results	School A With Thrive Established			School B Without Thrive Input				Screening 1 – Nov 13	Screening 2 – Feb 14	Screening 3 – June 14	Change from Feb 14 to Jun 14	Screening 1 – Feb 14	Screening 2 – June 14	Change from Feb 14 to Jun 14	In Urgent Need	2	0	0	0	1	0	Reduced by 1	Attention Needed	9	3	0	Reduced by 3	9	8	Reduced by 1	Some Help Needed	17	15	7	Reduced by 6	5	6	Increased by 1	Working Appropriately	1	11	20	+9	8	9	+1	Class Average Score	52%	67%	81%	+14%	59%	63%	+4%	Developing an Identity	52%	76%	90%	+14%	56%	63%	+7%	Learning the difference between fantasy and reality	50%	57%	73%	+16%	64%	67%	+3%	Responsibility for own behaviour	55%	68%	79%	+11%	61%	58%	-3%																																																
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Title	Measuring Attainment and Progress of Thrive Pupils in Years 3, 4, 5 and 6
Location	Devon
Setting	Primary School
Dates	2013
Method	Progress and attainment of all pupils in years 3, 4, 5 and 6 compared with Progress and attainment of Thrive pupils
Intervention Provided	
Results	Results for children in years 3, 4, 5 and 6 <ul style="list-style-type: none"> • Children working with Thrive Practitioners achieved an average of 1.5 progress points • The cohort overall achieved an average of 1.1 progress points (range 0.5 to 2.1)
Source	School staff
Notes	
Ref	DS7

Measuring Age Related Expectations			
Title	Measuring Age Related Expectations		
Location	Yorkshire		
Setting	Primary School		
Dates	Sep 2012 to Mar 2013		
Method	All 266 pupils at a school in Yorkshire were screened using Thrive-Online against age related expectations (ARE) for emotional and social skills. Age related expectations for Y5 pupils in Maths, Reading and Writing were also recorded.		
Intervention Provided	Thrive class teaching strategies and curriculum activities plus one to one working with Licensed Practitioner for those children needing individual action plans.		
		2012 % reaching ARE	2013 % reaching ARE
Results	Emotional & Social Skills (All pupils)	30.8% @ Sep 12 56.7% @ Dec 12	70.5% @ Mar 2013
	Maths (Y5 pupils)	41%	70%
	Reading (Y5 pupils)	56%	56%
	Writing (Y5 pupils)	38%	56%
Source	Head Teacher		
Notes			
Ref	DS6		
			Change
			+39.7%
			+29%
			0%
			+18%

Title	Measuring Impact of Thrive One-to-One Provision						
Location	Worcestershire						
Setting	Primary School						
Dates	Sep 2012 to Jul 2013						
Method	Individual assessment using Thrive-Online assessment tool.						
Intervention Provided	One to one provision implementing Thrive action plans.						
Results							
	Ref	Yr	Dec 12 Thrive-Online Interruption & % Score	Jul 13 Thrive-Online Interruption & % Score	Change in Thrive % Score	National Curriculum Ave Point Score Progress (Sep 12 to Jul 13)	Impact
	A	6	Being 28%	Being 74%	+46%	Expected-3 4.4	More considerate of others and far more trusting and open with adults. Safe and secure after significant change and trauma. Less anxiety in learning - outstanding progress.
	B	5	Being 28%	Being 43%	+15%	3.7	At risk of permanent exclusion, but has been able to manage his own stress better. Seeks help from adults and makes appropriate choices.
	C	3	Being 19%	Being 55%	+36%	5.3	More vocal and takes part in group activities more willingly. Is able to express emotions more openly rather than shutting down. Rapid learning progress as a result of being to handle challenges more effectively.
	D	3	Being 26%	Being 52% now Doing	+26%	4.3	Moved from being to doing. Is now far more trusting with adults and others. Can share and work more effectively with peers. Gives eye contact and expresses own emotions more willingly.
	E	3	Being 47%	Being 53%	+6%	3.3	A significantly hard to reach child because of trauma. Showing more emotion and being more open to positive relationships. Academic progress is good considering level of interruption. More thoughtful of others.
Source	Head Teacher						
Notes							
Ref	DS5						

Title	Measuring the Impact of Thrive after 12 months
Location	East Sussex
Setting	Primary School
Dates	Jan 12 to Dec 12
Method	As above
Intervention Provided	
Results	<ul style="list-style-type: none"> • 83% of the children have fewer logged behaviour incidents (6 pupils) • 83% of the children have fewer agencies Involved (6 pupils) • Academic progress: <ul style="list-style-type: none"> o 50% of the children made expected progress over the year of input o 33% made better than expected progress over the year o 17% made less than expected progress
Source	Head Teacher
Notes	
Ref	DS3

Wider Social Return using a Social Return on Investment Model (SROI)

Executive summary

Authors of the full Report
P Courtney BSc PhD FRGS FRSPH
Professor of Social Economy
Countryside and Community Research Institute
N Courtney MAAT

March 2013

1. Introduction

This study was commissioned to assess the value of Thrive. It employs a Social Return on Investment (SROI) framework using a Theory of Change method to explore and measure the potential value of Thrive at different levels including nurseries, schools, local authorities, society and the state.

The SROI model seeks to capture the broader concept of value; valuing not only those changes which are more difficult to measure, but also those which are less conventional and are often left out of cost-benefit analyses. These changes include improvements in the emotional health and well-being of both children and their families and the increased self-awareness of teachers and other professionals who practice Thrive.

The study comprised three distinct phases

- development of a Theory of Change (ToC)
- assembly of an empirical impact maps
- calculation of SROI ratio with confidence ranges

The outcome of this research is

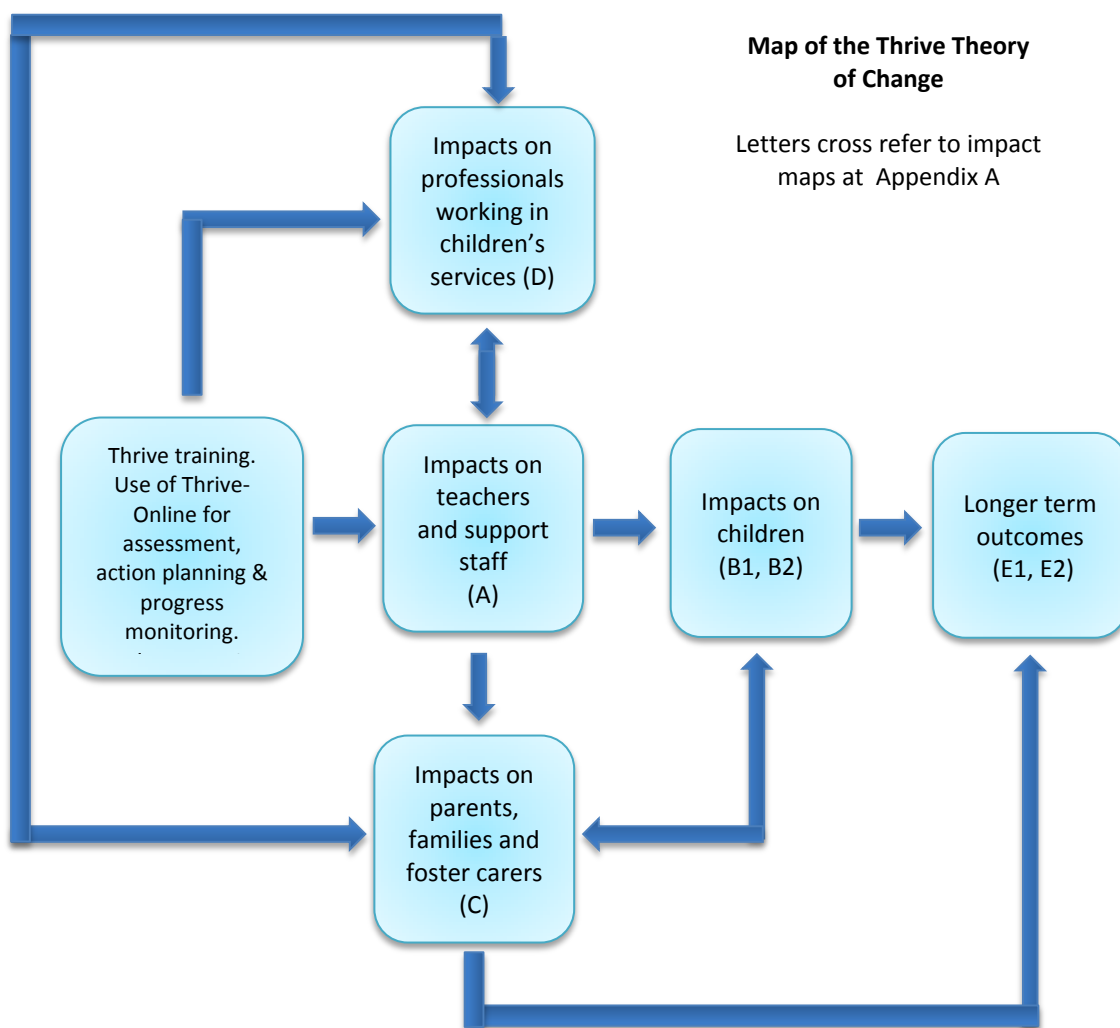
- A theory of the change brought about by the Thrive Approach
- A series of maps to show the impact of Thrive on different stakeholders
- A forecast Social Return on Investment in Thrive
- A framework for further evaluative research.

2. Theory of Change

The Theory of Change provides a framework for evaluating the effectiveness of Thrive through systematic and rigorous research.

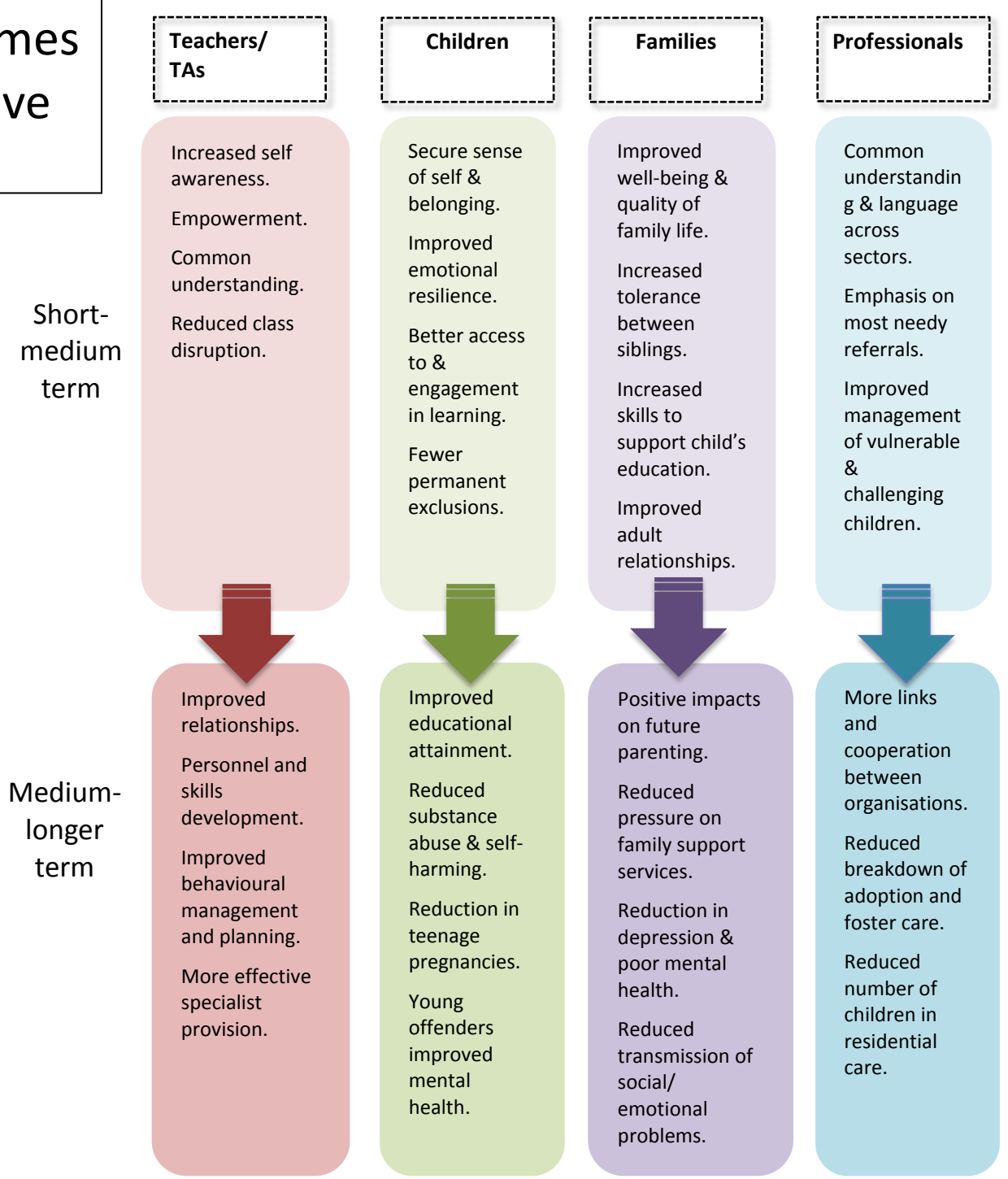
To develop the Theory of Change (ToC), stakeholders were asked to reflect on their experiences and knowledge of Thrive and its implementation. They describe and quantify the outcomes they have seen and they comment on the logical outcomes over longer time frames. The result is informed approximations (or proxies) for 'distance travelled' in emotional, behavioural, developmental and other related outcomes:

- children;
- parents, families and foster carers
- professionals working in children's services.



The principle outcomes for these four groups revealed through exploratory work are summarized below. Follow on research will develop and implement appropriate methods to systematically capture distance travelled as it occurs.

Outcomes of Thrive



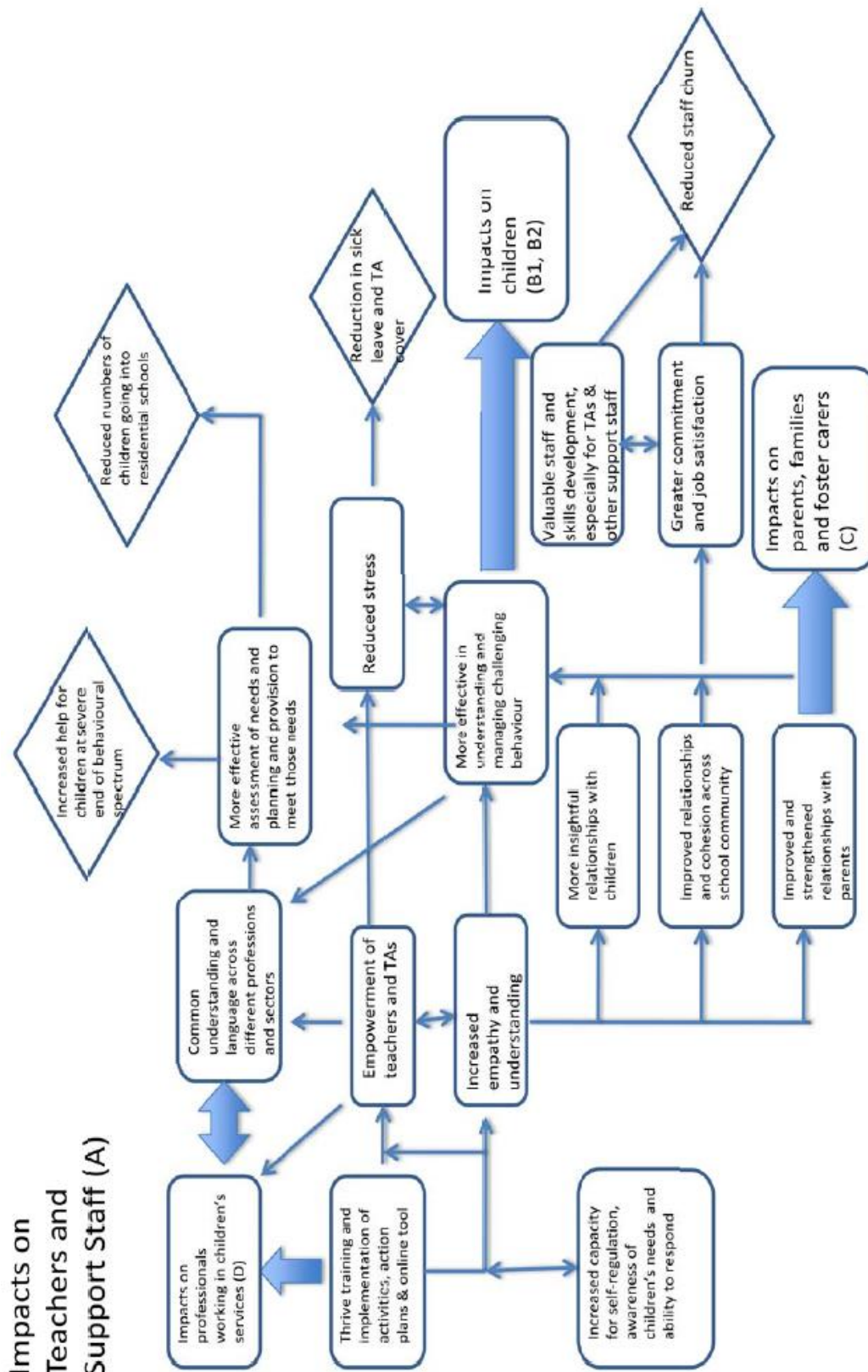
Long term benefits 'Breaking the cycle':

- Increased insight and emotional resilience of parents and families
- Increase in skills and confidence to support education
- Positive impacts on siblings and future parenting
- Reduced degree of intergenerational transmission of social and emotional problems
- Reduced breakdown of adoption and foster care
- Improved emotional resilience and feelings of hope, capability and confidence

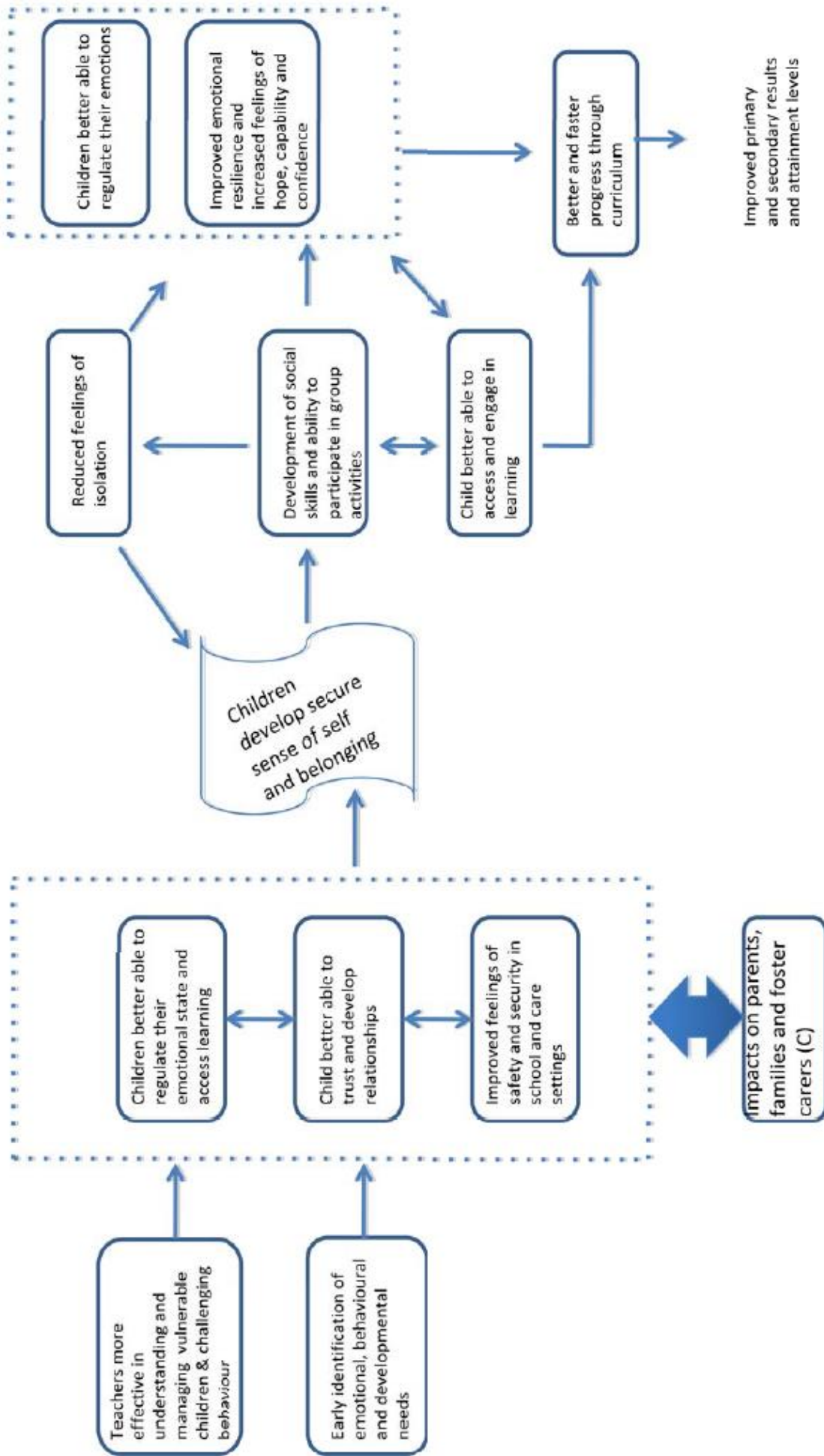
3. Impact Maps

The change identified for each stakeholder group was measured, valued and recorded on impact maps, taking into account the degree to which change can be attributed to Thrive over and above other programmes or activities.

Impact maps and an extract from the full report showing financial proxies: source and rationale for selection is show below.



Impacts on Children (B1)



4. SROI Ratios and Confidence Ranges

Outcome values and proxies were assembled in a discounted cost-benefit analysis to calculate the present value of benefits taking into account the future value of money. The discounted value of benefits was then divided by the total investment to give a ratio indicating the financial return to society for every pound invested in Thrive. Duration (the number of years that an outcome could be expected to endure following implementation of Thrive), Drop-off (the amount or significance of an outcome is likely to reduce over time) and Discount Rate (the yearly discount rate used by HM Treasury) were also applied.

$$\begin{array}{ccc}
 \text{Thrive SROI ratio} & & \text{Present value of benefits} \\
 \text{(Short-medium term)} & = & \text{£24.55m} \\
 9.06: 1 & & \hline
 & & \text{Present value of investment} \\
 & & \text{£2.71m}
 \end{array}$$

All impacts	Time period	SROI ratio - range
Short-medium term	Years 1-5	7.70 – 9.06
Med-longer term	Years 6-10	8.54 – 12.94
Combined	Years 1-10	16.50 – 22.00

The study estimates that approximately £9 of value for society is generated for every £1 invested in the implementation of the Thrive Approach.

When longer-term outcomes are taken into account, including potential reductions in social and emotional problems later in life as a result of exposure to the Thrive Approach in childhood, the potential return rises to between £16 and £22.

This forecast is consistent with the gravity of potential outcomes revealed through the Theory of Change.

Subsequent evaluative studies are needed to confirm the accuracy of these forecasts.

