Resilience: How far does the intervention 'Bounce Back' impact on children's resilience in an Upper KS2 setting?

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A Research & Development Project Submitted for the MSc in Learning & Teaching 2019

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Contents

Aims……p4

Introduction and Context of the Research Project……p5

a) The School Profile……p5
b) Relationships with Parents……p6
c) School Pedagogy……p6
d) School Understandings of Resilience……p6

Literature Review……p8

- The Importance of Promoting Resilience in Schools……p10
- Resilience, Mental Health and Wellbeing……p14
- Resilience Interventions……p19

Research Questions……p28

Research Design……p28

- The Bounce Back Intervention……p28
- Design of Study……p29
- Observations……p29
- Semi Structured Interviews……p31
- Anonymity……p32
- Informed Consent……p33
- Other Ethical Considerations……p34
- Limitations to the Project……p34

Findings and Discussion……p35

- Observation Findings……p35
- Pupils Perceptions Pre Intervention……p40
- Pupils Perceptions Post Intervention……p42
- Changes in School……p49

Conclusions……p52

Evaluation……p54

References……p57

Appendices……p60

- Appendix 1 – The Letter to the Headteacher……p60
- Appendix 2 – The Letter to the Parents……p62
- Appendix 3 – The Interview Schedule……p64
- Appendix 4- An Overview of the Bounce Back Programme……p65
- Appendix 5 – Examples of Children's Work from the Intervention……p66

Aims

This research project's main aim was to find out how far the intervention 'Bounce Back' impacted on developing children's resilience in an Upper Key Stage 2 setting. The Bounce Back programme is an intervention scheme from Australia, which attempts to develop children's resilience, particularly those who show a lack of it, by allowing them to gain a better understanding of the term and how to learn from their mistakes. It teaches many skills through many different activities that engage the children. Throughout this research, the school will be referred to as MMPS. The thesis is the second part of research about resilience within this setting. Last year, I conducted an investigation (Gibson, 2018) into how children in Year 5 perceived their resilience by gaining an understanding of how the children reacted to new challenges in school and how they self-analysed in relation to their own resilience in order to identify the main issues for future interventions. Using the findings from that research project, led to the second phase of the investigation of how well the Bounce Back intervention scheme can develop a child's resilience in Primary School.

This study seemed vital at MMPS, as we have witnessed for many years a recurring issue that our children do not show many signs of resilience. In my previous study, I argued that many of our parents seem to stifle their children's independence by allowing them to give up easily on activities, homework, clubs and work. Whilst last year I investigated the resilience within children of ages nine and ten to gain evidence that they declared low levels of resilience, my colleagues and I felt that this year an intervention was needed to see if we could try and improve these issues in school, without parental involvement, within Years 5 and 6.

I commented on the work of Newman (2002 p34) who quoted, *"Where social capital is high, the probability of children in even unfavourable environments developing resilient characteristics is significantly increased"* (Gibson 2018 p1). At MMPS, because of the

nature of our parents and the backgrounds they come from, one might assume that our children would be very resilient. Unfortunately, that has not been the case for us at all. In fact, it has been quite the opposite. Our children are given many life experiences outside of school but they show signs of being too frightened to fail at new challenges and lack resilience overall.

Introduction and Context of the Research Project

a. The School Profile

MMPS is set in in the west of England and is a one-form entry Primary School. There are currently 210 pupils on roll and 3.8% of those children are eligible for free school meals. The research was undertaken in the Year 5 and Year 6 classes. Each class has 30 pupils ranging in age from nine, to 11. A teaching assistant supports Year 5 and four of the children within the class are on the SEN register for academic needs. In the Year 6 class, three children have one-to-one supporting teaching assistants for learning and physical disabilities and a generic teaching assistant supports the class too.

In general, the children at MMPS are very well behaved with little disruption in class. The children come mostly from middle class backgrounds. Overall, the children are quite used to having things done for them and on many occasions, we have had to teach independence a lot more than other schools I have worked at. Our children, at all ages, respond well to praise and, overall, respect the adults around school. When there have been incidents, these have been dealt with quickly and have rarely occurred again due to the children being too frightened of being in trouble. As a school, we have also noticed that many of the families assume role of their elders, generation after generation, with little drive to leave the town MMPS is situated in. A large percentage of our parents attended the local comprehensive secondary school and did not go to university. Most of our children also go on to the local comprehensive and not many of them venture to the Grammar Schools available to them.

b. Relationships with Parents

As a school, MMPS claims to have a positive relationship with parents in terms of allowing them contact with the teachers before and after school as they wish. The majority of our parents will attempt to sort any issues they have with their children very quickly by mentioning it to the class teacher or Headteacher when they feel the need is there. That being said, they are, sometimes, very needy which reflects on the majority of our children who do not display very independent behaviour. On many occasions we have disciplined children according to our school behaviour policy and we have had multiple complaints from parents suggesting this was not fair. We also have witnessed many parents letting their children drop out of after school clubs very easily without encouraging them to keep going to them to see if they enjoy them more. As a school, we feel that the parents' attitudes have sometimes had a detrimental effect on allowing their children to grow and develop as resilient individuals. I do not feel that the majority of our parents are informed enough about the importance of resilience and, in particular, the need to help support the children when they are growing and developing into resilient learners.

c. School Pedagogy

MMPS tries to promote a hard working but enjoyable ethos and our Motto is TEAM MMPS, standing for: Try, Enjoy, Achieve and Move Forward. The TEAM moto is used in our lessons and it provides the basis of many of our English and Maths schemes. The children are aware of the meaning of TEAM MMPS and they are able to explain each stage very well. Our philosophy at MMPS is to provide our children with excellent opportunities to learn in different ways, through an engaging, broad and balanced Curriculum, which ensures they enjoy their learning through fun and purposeful activities. We promote an ethos of treating each other with kindness, dignity and respect.

d. School Understandings of Resilience

Over the years at MMPS, resilience has been a recurring problem. Although some attempts have been made to develop our children's resilience, we have not witnessed a significant difference across year groups. We have noticed that a large majority of our pupils are allowed to give up on things easily by their parents, which has a negative impact on their resilience. At MMPS, it is vital that we teach the children how to handle difficult situations to prepare them for the future. At MMPS, we felt that the Bounce Back programme would be a useful model to trial with our Upper KS2 children and, if effective, we could adapt it to use as a whole school intervention programme in the future.

Due to the concern at MMPS about the level of resilience our children appear to display, we have also implemented many other strategies to try to promote being resilient. As a school, we have introduced a resilience reward scheme, through which children are recognised on a display board and in the newsletter when they have shown resilient behaviour. We have had three assemblies to try to identify what a resilient person looks like and to address the idea that it is okay to make mistakes and learn from them. The Senior Management Team (SMT) organised an Aspirational Week whereby we had many professionals come into school and talk about their careers and how they achieved their goals in life, with a particular focus on setbacks they had faced along the way. We also planned a parent workshop on how to support children outside of school in relation to resilience, teaching them about not giving up and persevering with difficult situations. Finally, we have also invited the Mini Marines into school this year to work with ten children from each year group from EYFS to Year 6 with a focus on resilient behaviour. The Mini Marines programme is run by ex-marines who have been in combat. They use the techniques from when they were in the army to teach the children different skills. The Mini Marines work with children who face challenges in school or at home. They help children who show signs of negative behaviour, mental health issues and those who lack confidence or resilience. They implement teaching strategies that are a mix between practical sessions and classroom based activities. As a school, we also use the

Achievement for All programme, which targets children when they are struggling with any aspect of school life. The programme allows the parents to work with the teachers on a much closer basis to try to tackle the problems the children are facing by using small, manageable targets. Finally, Thrive has been introduced over the last couple of years at MMPS. The SENCo and some members of staff have been trained in this programme, which helps children to cope with different emotions and develop skills to manage their feelings and behaviours. Children who struggle in social situations may work with the SENCo by using the Thrive approach to try to develop their coping strategies in certain areas and one of those strands has a focus on resilience.

We have also worked in collaboration with the governing body to present my findings of this project and the other methods we have tried to promote this academic year too. All of this is important to keep in mind when looking at the results of this research study because, although the Bounce Back scheme for intervention is the main focus here, the children have also had a lot of support in relation to developing their resilience from many other aspects of the curriculum too.

Literature Review

Whilst previously researching resilience for my Part 2 project, I tried to compile a definition of the term 'resilience'. After reading many theories of it, I began to realise that there was not one definitive understanding of 'resilience' but rather a collection of ideas that usually related to some sort of adversity. I felt that this explanation in particular, taken from Glover (2009 p.5), gave a precise clarification of what resilience means,

"resilience is understood internationally as having the capacity to resist or 'bounce back' following adversity and is generally considered to be made up of individual, family and community factors."

She also relates her work to Newman (2004) who argues the significance of resilience is in not only keeping the child safe in adverse situations, but also allowing the child to grow and develop despite these circumstances– this is important to note when teaching a

resilience based intervention in a Primary School. Newman (2004) has also outlined factors, which relate to resilience:

- Vulnerability: someone who is more liable to be exposed to a certain risk.
- Protective factors: the conditions that effect a threat.
- Resilience: being able to adapt to adverse situations.
- Risk: the possibility of something that may or may not affect an individual.

Newman's (2004) suggestions relate to Masten et al (1990), who have also identified three kinds of resilience among different children. They claim these are (Taken from Resilience in Children and Young People 2007):

"Children who do not succumb to adversities, despite their high-risk status, for example babies of low birth-weight; children who develop coping strategies in situations of chronic stress, for example the children of drug-using or alcoholic parents; and children who have suffered extreme trauma, for example through disasters, sudden loss of a close relative, or abuse, and who have recovered and prospered."

Resilient children, consequently, must be those who repel adversity, succeed to cope with the unknown and are able to recover effectively from suffering (Newman, 2004). At MMPS, we have children who have been through a lot in their lives: however, in terms of resilience, they do not seem to show any signs of being better or worse when coping with adverse situations. I feel that resilience is a very individual phenomenon that is specific to each individual and whilst sometimes, a child having a tough upbringing can make them more resilient. I also feel that a child who has not suffered any adversity can lack resilience.

There are also many other factors that theorists argue have an impact of children's resilience. Daniel and Wassell (2002) split resilience into intrinsic and extrinsic factors. The intrinsic factors are very important and are essential for resilience. They include a secure base, a sense of self-efficacy and self-esteem. Whereas the extrinsic factors are access to support outside of the family home and at least one trustworthy, secure attachment relationship.

After reading various resilience definitions, I have concluded that resilience must be something that can be improved and developed in individuals. I feel that resilient behaviour is shown when someone is faced with a very difficult situation and instead of running away, they try to fight it with all their might. When I personally think of some of the children I have taught in the past and consider those who I felt to be very 'resilient', they were the ones who would never give up when faced with difficult tasks. They would get frustrated, annoyed and angered, however; they would never give up. I think the very definition of resilience is giving something your all no matter what life experiences you have had in the past or what backgrounds you come from, you keep going without giving up. Indeed, one might be more resilient than another if they have had more practise at overcoming barriers in their lives but it all comes down to bouncing back from adverse circumstances.

After considering the many definitions of resilience, to support my reading I have used the following questions:

- How can schools promote resilience?
- How is resilience related to mental health and wellbeing?
- What research already exists in relation to resilience based interventions?

<u>The Importance of Promoting Resilience in Schools</u>

As a teacher, I feel that building a strong emotional connection with your class and promoting a healthy risk-taking environment is important when trying to develop a child's resilience. From my own experience, I feel that children develop coping skills within the classroom when there are good relationships between the pupils and the teaching staff. I believe that children who feel comfortable within the classroom environment are the ones who feel empowered and attempt to work through difficult situations especially when the teachers model that it is okay to take risks, make mistakes and learn from things that do not go to plan. This statement is based on professional

judgement and can be linked to my personal definition of resilience. In my work as a teacher for the past seven years, I have watched children who avoid risks adopt the attitude that they are not good enough to attempt new challenges which is why school plays a vital part in promoting a resilient persona.

Previous research, such as that of Rutter (2007), has questioned how schools can provide the opportunities to be resilient and overcome adverse situations in their lives. Schools may be the ideal setting to allow the children to practise overcoming obstacles in a safe environment over their schooling experience. Glover (2009 p7) has suggested that promoting resilience in the school environment must include the following elements:

- *"creation and maintenance of home-school links for at-risk children and their families, which can promote parental confidence and engagement*
- *positive school experiences: academic, sporting or friendship-related*
- *good and mutually trusting relationships with teachers*
- *the development of skills, opportunities for independence and mastery of tasks*
- *structured routines, and a perception by the child that praise and sanctions are being administered fairly*
- *provision of breakfast and after-school clubs."*

MMPS adopts these strategies naturally on a day-to-day basis: however, many of our children still appear to show low levels of resilience - particularly in Upper KS2. I aimed to investigate the reasons for this.

Public Health England (2014) also addressed how important the role of the school is when playing a part in raising awareness of resilience in young people. It points out that (p16):

"…the 2013 report from the Chief Medical Officer called for action to build emotional resilience in children."

At MMPS, we aim to provide support for all children's individual needs: however, on many occasions, what we have implemented in school has not been carried on at home. It could be argued that whilst schools are an important part when improving a child's resilience, it is not the only institution that needs to implement interventions. Many of our parents,

with children who display low levels of resilience, can relay the correct proceedings and say the right things whilst in school to practitioners: however, in reality they do not put into practise the systems we have tried to input. An example of this is the Achievement for All programme we run at MMPS – many children are on the AFA programme to help with their organisational skills or even to try to become more resilient. The AFA programme offers six weekly meetings between the teacher and parent to set manageable targets for the child to achieve in the following six weeks. Over the past year, I have given three children on the AFA programme targets in relation to developing their resilience but have not seen a great improvement. I found that the parents were very keen in the meetings and knew what they needed to do to help their child but when it came to putting these strategies into practise, they were not so proactive. I feel that when the children are allowed to give up on things or witness their parents not trying hard, it does not improve their resilience – it in fact has a detrimental impact. This is why I feel that the school is very important but cannot be the only institution to have an effect on a child's resilience – we need to work collaboratively. It could be argued that the parents do not have the skills to be able to teach resilience themselves and therefore school is the place in which both the parents and children have to learn how to cope in adverse situations.

In support of this, an article by Hurley (2018) how important teaching a child how to be resilient is and how parental engagement is a very strong aspect of this. She argues:

"Parents can help kids build resilience and confront uncertainty by teaching them to solve problems independently. While the gut reaction of the parent might be to jump in and help so that the child avoids dealing with discomfort, this actually weakens resilience. Kids need to experience discomfort so that they can learn to work through it and develop their own problem-solving skills. Without this skill-set in place, kids will experience anxiety and shut down in the face of adversity."

As discussed, some parents at MMPS let their children give up on things very easily. We have a very high percentage of children who join after school clubs or start to play a musical instrument but when they experience boredom or difficulty, they are allowed to

give up the instrument or stop attending the after school club. As Hurley (2018) claims, most of the children who are not allowed to give up easily by their parents actually demonstrate resilient behaviour. It is interesting to note here how again school and parental involvement, when working on resilience in children, are very much interlinked.

The nature vs nurture debate can be linked to the evidence above in relation to parental engagement and a multi-disciplinary approach as some researchers have suggested resilience can be related to genetic factors yet others feel it is a social construct. Dray et el. (2015) state that factors:

"alter, in a positive direction, the manner in which a person responds to disadvantage or adversity, and are often perceived to incorporate both internal factors that reside within the individual (such as self-efficacy, coping skills, and effective problem solving) and external factors that include characteristics of the wider social environment (such as family and peer relationships, and support and meaningful participation within home, school, or community environments)."

Pluess & Belsky (2009) have argued that genetic factors play a critical part in moulding children's responses to environmental stress, and to positive environmental features too. This resonates with one particular child in my class whose parents suffer from anxiety and nerve problems. Whilst teaching his sister in the previous year, I noticed that the parent's issues were evident in the children's behaviours also – even asking to go to the toilet became a problem for the two siblings, as they were so anxious to ask the question. On the other hand, Rutter (2012) has argued that resilience is influenced by external social supports and can be grown and developed within the family environment and different social processes in one's life. This is why parental involvement is so important with supporting the processes in school. I am collaborating with the Assistant Headteacher, as part of this research, who is putting in place systems to support the parents of children who lack resilience by implementing parent workshops and family event days in school. We are also inputting a resilience award scheme to promote the significance of resilience in the development of the child – this is being completed in a

three-way relationship style structure between school staff, parents and the children. We hope that by trying these techniques we will be showing the parents how important it is to support their child's resilience development.

Ager (2013 p492) has suggested key areas for the school to improve a child's resilience and has argued schools need to support by:

- *"Strengthening family dynamics, such as parent skills training;*
- *Increasing the capacity of counselling and mental health services, such as providing counselling in schools;*
- *Encouraging supportive school environments, such as creating peer and adult role model and mentorship programmes,*
- *Developing community programmes, such as recreational and after-school activities*
- *Promoting socioeconomic improvement, such as efforts to decrease poverty; and*
- *Adopting a more comprehensive conception of resilience, shifting from crisis intervention to primary prevention"*

In many ways, some of these could provide an explanation as to why many children at MMPS show low resilience. We are aiming to improve the parenting skills by providing training but this has not yet happened in relation to resilience. As a school, we have found that not many parents are willing to participate in voluntary workshops provided by the school. In fact, last year we conducted a KS1 Phonics evening to teach the parents the importance of phonics and only two parents attended the event. We have found this to be the case during many parent workshops over the years at MMPS. MMPS does not provide counselling sessions in school either but rather reach out to outside agencies under emergency circumstances. We also do not have a comprehensive conception of resilience across the school as many members of the team are adequately trained to fully understand the true meaning of what it is to promote resilience and develop it within our children. Hopefully, once the new intervention programme, parent workshops and staff training has occurred by the end of this year, MMPS should begin to see an improvement in our children's resilience. Ager's (2013) theory has been helpful when planning how to move forward as a school and to identify the gaps we have.

Resilience, Mental Health and Wellbeing

Schools can have a large role in developing the resilience within children and, Pettoello-Mantovani et al. (2014) have discussed the importance of this in relation to their health and wellbeing. They state that when children are resilient, they are confident, interested in learning and able to accept and deal with new challenges. They are also more likely to extend their resilience and coping strategies into the real world (outside of school). Pettoello-Mantovani et al. (2014) claim that professionals in healthcare and other experts in children's health should encourage the collaboration between school and families which, they believe, should improve one's mental health and wellbeing.

The charitable organisation, Mind, have identified the link between mental health and resilience. On their website, they state,

"There may be times or situations in our lives that are more difficult than others. The capacity to stay mentally well during those times is what we call 'resilience'. Resilience is not simply a person's ability to 'bounce back', but their capacity to adapt in the face of challenging circumstances, whilst maintaining a stable mental wellbeing. We believe resilience is something that can change over time and that we, as individuals, have the power to change it. We believe that resilience can be taught, and learned and that the elements that build resilience can be introduced into everyday life."

Not only has this given an insight into the importance of coping with adverse situations whilst upholding positive mental health but it also gives a positive prediction into the fact that resilience can be worked on and changed. Mind offer a breakdown of resilience, suggesting that the link between mental health and resilient behaviour can be split into three sections: wellbeing, social connections and having ways to cope with difficult events. They explain the following concepts on their website:

"Mental wellbeing describes our mental state – how we are feeling and how well we can cope with day-to-day life. Our emotional wellbeing can change, from day to day, month to month or year to year. Connecting with other people isn't always easy and many of us can sometimes feel isolated or struggle with relationships... There is growing evidence that psychological treatments, including cognitive behavioral therapy (CBT), can play a key role in preventing, as well as treating, mental health problems."

None of the members of staff at MMPS are trained to deliver CBT so, from the findings of this research project, it may be something we need to investigate if it is necessary in the future.

Public Health England (2014) state, *"There is also good evidence that sound mental health and emotional wellbeing can lead to better academic attainment, leading to multiple positive outcomes for schools."* Dray et al (2015 p2) have quoted, *"Previous research provides support for the premise that resilience may be protective against the development of mental health problems."* They argue (p2), after studying previous research, that *"'resilience' is a collection of protective factors (resources and assets) that when strengthened and employed by an individual during times of disadvantage or adversity promote desirable outcomes such as the maintenance of or return to positive mental health or the prevention of negative mental health outcomes. Studies have found high levels of protective factors, such as personal and social competence, perceived level of family cohesion, and social resources, to be associated with positive mental health outcomes such as reduced symptoms or levels of depression, anxiety, stress, and obsessive compulsive disorder in adolescents."* Again, this links to how important a multi-agency approach is when implementing schemes in schools. I need to find out how true this statement is in relation to MMPS as I feel the majority of our children are not lacking in many of these areas but still demonstrate a low level of resilience.

Young Minds UK have used the work of Hart et al. (2007) to put together a framework of resilient behaviour in relation to mental health and wellbeing.



As a school, we have used this table in many staff meetings when looking at what culture we should be adopting in school when trying to promote resilience within children. The table has provided an overview of the different approaches that can be used to nurture a child's resilience. This table has provided staff at MMPS with resolutions for when they have needed them to support specific children and offers interactive links when accessed online.

A study by Banerjee et al. (2016) discusses how resilience has been a popular concept across schools with a particular focus on its relation to mental health in children. They state that *in "the school context, it is a key focus in terms of both academic functioning (e.g. coping with failure on a challenging task) and emotional health and well-being (e.g. finding a way through adversity)."* They also relate this idea to the work of Rutter (1990, p. 181) who has defined resilience as the *"positive pole of the ubiquitous phenomenon of individual*

difference in people's response to stress and adversity." Another definition that refers specifically to children is that by Linquanti (1992, p. 2), who describes:

"… that quality in children who, though exposed to significant stress and adversity in their lives, do not succumb to the school failure, substance abuse, mental health, and juvenile delinquency problems they are at greater risk of experiencing."

At MMPS we do not have any juvenile delinquent issues: however, we do, as stated before, have a lack of resilience declared by many of our children. Over the past couple of years, we have also seen an increase in some children suffering from anxiety too, which, in my experiences, can have a huge impact on their resilient behaviour. Two years ago, I taught a girl who was very intellectual however; suddenly began to suffer from severe anxiety and stress. She began to not want to come into school and would only arrive if her Mum bought her into the classroom – this was very different to how she acted in previous years. As a school, we never truly understood the reasons behind this behaviour but after a lot of coaching about positive mental health, she started to improve and become her old self again. The interesting aspect to address here is how her anxiety impacted her resilience. When once she was a confident individual who would attempt any new task or activity, she began to give up very easily and not try new challenges. I think mental health and confidence has a big impact on a child's resilience as Banerjee et al. (2016) suggest.

Leith (2010) has discussed how important physical exercise is for mental health. Leith (2010) states that positive physical health can have an effect on resilience in a constructive way. He suggests that resilience demonstrated in physical activity originates from the degree of effort required in each session, and the obligation to an exercise programme over a sustained period. He argues that there should be signs of effort made in physical sessions with a minimum of 20 to 30 minutes per session three times a week. At MMPS, we taught a Mini Marines programme in Upper KS2 to help with children who demonstrated low resilience. The Mini Marines work on many physical and mental aspects to try to build confidence and resilience. Whilst the children have demonstrated a

boost in confidence, they have not really displayed any improved resilience within the classroom. In terms of Leith's theory, it could be argued that resilience comes down to the individual child and in some respects, physical exercise may help some children but may not have an effect on others.

Resilience Interventions

Rutter (1993) has discussed the idea that whilst there is a lot of evidence relating to resilience factors, there is little evidence on how we can improve and influence resilience. Later research has attempted to develop the knowledge of how resilience can be improve in children; however, when researching, I have not been able to find one perfect intervention to fit all children's needs in relation to developing a child's resilience. In fact, I have been unable to source any other intervention programme, other than Bounce Back, that specifically targets the development of resilience in children or was suitable enough to use at MMPS. Resilience development falls under many headings in other strategies used in schools, for example, the SEAL programme introduced to schools in 2005, but it is not the main area for development. Considering resilience is a focus for Ofsted recently, one might assume there would be more programmes available to teachers however; I have not been successful in finding one. I feel that there is a need to trial interventions within schools to monitor the impact they have and to see if that can be transferred to help the development of resilience in children across year groups, ages and environments.

In terms of the very little research that already exists around resilience interventions so far, Public Health England have analysed a few programmes that have been introduced across the world. Public Health England (2014) comment on the work of the Seattle Social Development Project which was a longitudinal study started in 1981. The study (p19) *"assigned those in the first year of school into intervention and control groups, and implemented a range of policies for the intervention group including actively engaging children in learning, strengthening bonding to family and school, and encouraging positive*

behaviours." It claimed to have positive effects in terms of academic achievement however; I did not feel the intervention would have been suitable for my research and therefore could not replicate this for my Part 3 project.

The next programme that Public Health England (2014) analysed was the SEAL strategy which is (p20) *"a comprehensive, whole school approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and wellbeing of all who learn and work in schools".* MMPS used the SEAL programme but it is not just a development for resilience, it focuses on many areas of social and emotional development and therefore cannot be used as an intervention for my Part 3 project. The evidence of the SEAL programme, outlined by Public Health England (2014) states that *"Results were mixed: from the start of the programme to the evaluation, there were significant reductions in pupils' "trust and respect for teachers, liking for school, and feelings of supportiveness". However, there were also significant increases in "pupils' feelings of autonomy and influence"."*

There was also the Intervention called Building Emotional Resilience in Schools in Denny, Scotland that Public Health England (2014) described. The intervention programme (p 21) *"ran from 2007–08, with the aim of developing an integrated, holistic approach to building emotional resilience and wellbeing. The programme had a specific focus on supporting the transition from primary to secondary schools, including through training teachers and working with parents."* The intervention programme did actually have positive outcomes according to the results and apparently improved pupil's self-esteem and resilient attitudes were improved. They also claimed that parents were more comfortable when supporting their children. Staff and the school in general made resilience a priority and everyone was more confident when discussing resilience and mental health with the children. The results of this study were very similar to the ones I was hoping to achieve by introducing an intervention scheme at MMPS to develop

resilience, however; it was not transferable to Years 5 and 6 nor was it flexible to adapt to KS2 in the future. This was mainly because it had a focus on transition to secondary school and that was not the main concern to benefit all of the pupils at MMPS.

Finally, the intervention programme I felt had the most potential to use at MMPS, other than Bounce Back, was the Place2Be intervention. The reasons why I chose not to use this as my intervention was because of the monetary cost and the fact I wanted to implement the scheme myself rather than buy into an outside agency. Place2Be is a counselling service offered to primary and secondary school children and says it builds children's resilience through talking, creative work and play. They currently work with over 75,000 children, helping them to cope with many, and often complex, social issues. Public Health England (2014) have stated that the intervention programme has had many positive effects on the children and parents they have worked with and claim (p 27) *"Over four years of analysis, 130 consistent improvements in wellbeing have been reported by teachers, parents and children, the majority of whom (60-70% in 2011-12) reported lessened difficulties following the programme."*' Nevertheless, it still did not seem the correct intervention programme to trial at MMPS.

Hart et al (2015) discussed many resilience-based interventions that are under development now in the education systems across the world. When reading their research into the different schemes offered to schools, I did not feel that any of them were suitable to introduce at MMPS. They do actually analyse the Bounce Back programme and this was the only programme that seemed appropriate whereby they claim that, although normally only available in Australia, it had positive effects. Hart el al. (2015) state that the Bounce Back intervention was very user friendly and inclusive of all pupil's needs. They also suggest that the programme is very flexible and does not have to be followed rigidly. This was very important to me when selecting the correct scheme to introduce at MMPS

because much of the literature has suggested a flexible approach when developing resilience in children.

That being said, Newman (2004) has looked at resilience research and developed the following list of approaches that can be related to children from a very young age all the way to early adulthood. It is interesting to focus on the list of characteristics Newman (2004) has outlined for middle childhood when reviewing the importance and effectiveness of resilience based interventions. During middle childhood, Newman (2004) has stated that these strategies are the best for developing resilience in children between the ages of five and 13, many of which can be linked to Glover's (2009) work:

- *"Reception classes that are sufficiently flexible to accommodate a range of cultural and community-specific behaviours.*
- *Creation and maintenance of home–school links for at-risk children and their families, which can promote parental confidence and engagement.*
- *Positive school experiences: academic, sporting or friendship-related.*
- *Good and mutually trusting relationships with teachers.*
- *The development of skills, opportunities for independence and mastery of tasks.*
- *Structured routines, and a perception by the child that praise and sanctions are being administered fairly.*
- *In abusive settings, the opportunity to maintain or develop attachments to the non-abusive parent, other family member or, otherwise, a reliable unrelated adult; maintenance of family routines and rituals.*
- *Manageable contributions to the household that promote competencies, self-esteem and problem-solving coping*
- *In situations of marital discord, attachment to one parent, moderation of parental disharmony and opportunities to play a positive role in the family.*
- *Help with resolving minor but chronic stresses as well as acute adversities.*
- *Provision of breakfast and after-school clubs."*

MMPS do adopt the majority of these approaches yet our children still lack resilience. School have tried many different tactics to improve the children's resilience but aspects are yet to improve which I believe is due to issues at home that cannot be specifically identified in this study. These issues are holding the children back in some way.

Johnson (2008, p. 395) has reported that resilience-promoting teachers do the following:

- *"They make themselves available and accessible to students;*
- *They engage students by actively listening to their concerns and worries;*

• They take responsibility for actively teaching their students the basic reading, writing and numeracy skills needed for independent learning, even if their students have struggled in the past to master these skills;

• They have empathy with, and understanding of, their students' "tough" circumstances yet provide them with positive strategies to deal with adversity;

• They advocate for their students by mobilising existing support provisions that are available for "at risk" students'

• They actively use their power as adults and professionals to identify and oppose bullying and harassment at school; and finally,

• They remember the 'human touches' that promote pro-social bonding between teachers and students."

I used these points as a professional framework to guide my everyday practise and in particular to use alongside the Bounce Back Intervention. During a staff meeting about resilience at MMPS, I also shared this with the staff to ensure they were informed on how teachers can promote resilient behaviour.

In relation to the children themselves as resilient individuals, Fenick et al. (2018 p2) have stated,

"*By providing children with skills with which to cope with negative life stressors through the promotion of resilience and protective factors, children can thrive despite obstacles*."

They continue:

"The approach of boosting resilience can enhance children's abilities to self-protect, as well as being an effective counter to offset the effects of maltreatment and potential traumatic life events. As such, universal application of programs to enhance resilience stands as not only useful for those recognized as being at risk and who require additional mental health support currently, but also as a protective shield for all children moving through life."

This argument highlights the importance of building a child's resilience from a young age so they are taught coping strategies for adverse situations as they grow up. As Bounce Back (2006) suggests children should be taught these techniques before reaching adolescence. By choosing the children at MMPS who show lack of resilience to input a

resilience intervention, I am targeting the children who need the most help in this area. Finick et al. (2018 p2) also note the importance of this,

"The positive outcomes and possibilities associated with strengthening children's resilience universally applied can act as a mitigating approach, allowing for early support and strengthening of mental health, rather than requiring interventions for acute situations in the future."

Offering a reason as to why it is so important to use interventions at an early age to support resilience and mental health in the future. There has been some research into resilience-based interventions, as already discussed, but not much conducted in the Primary School sector. It is important to note that some theorists believe there is not one perfect intervention that will solve all problems. Werner (2013, p. 99) states that:

"Because the pathways that lead to positive adaptation despite childhood adversities are influenced by context, it is not likely we will discover a 'magic bullet', a model intervention program that will succeed every time with every youngster who grows up under adverse circumstances."

Linking to this, research by Vazsonyi, Belliston, & Flannery (2004) has suggested that sometimes intervention programmes are only effective on children who have severe needs for resilient development. They argue that the children who are exposed to many difficult situations in their lives are much likely to exceed and make progress during school intervention programmes. This could be as reason as to why our attempts at MMPS to improve resilience so far have not had the desired effect we were hoping to achieve. This is due to the fact the majority of our children do not have to face adverse situations very regularly in their everyday lives.

In fact, it could be argued that resilience based interventions need to be very specific to the individual child and their needs. At MMPS, when we implemented the Mini Marines programme for Upper KS2 pupils we found that for some children, particularly the more sporty boys, it offered them coping strategies to deal with stressful situations and in turn

we saw an improvement to their resilience in the classroom. However, for the more shy children, their resilience did not improve as they did not enjoy the sessions due to them being too nervous of the marines in charge, which, in turn, had a detrimental effect. Resilience interventions therefore need to be personalised and targeted to the individual. Bounce Back Appears to offer such an individual approach and perhaps the Mini Marines intervention was not the most appropriate for developing resilience but rather other factors instead.

Glover (2009), as stated above, has put together a list of ways schools can promote resilience. She has also stated the importance of working as a multi-agency system and quotes (p13),

"Incorporating some flexibility into the intervention enables the practitioner to work in a way that they, the parent and the child are comfortable with.' Also, *'Joined-up working with other professionals including psychologists increases the chances that any skills learned by a child are not only applicable to the isolated setting of the project, but can be practised, internalised and extrapolated to situations in the outside world."*

I aimed to bear in mind the importance of sharing my findings with other practitioners and, where necessary, contact other professionals who may be able to help the less resilient children From experiences, particularly interventions to help support the development of Maths or English in my class, there have been times where the Intervention Manager has suggested a suitable intervention to support a specific child. The Intervention Manager at MMPS has the role of planning, implementing and monitoring appropriate interventions across the school for the children who need them. The Intervention Manager attends Pupil Progress meetings to gain the best understanding of the data for each year group as the year progresses. In addition, she works very closely with the SEND children enabling her to fully interpret the children's individual needs. Alongside the Intervention Manager, the teachers and teaching assistants also implement interventions. If the interventions are not working for the child or there has not been

much improvement in the area they are working on, it has been very important to be flexible in these circumstances to ensure the intervention is having the greatest impact on the child's learning. MMPS have declared the ability to be able to change interventions rapidly to suit the children's needs and to target their learning as best as possible.

Dray et al (2015) have discussed the idea that resilience focussed interventions can reinforce and improve protective factors which can develop coping strategies and lead to positive mental health. Dray et al (2015 p 4) explore the idea that schools provide an opportune setting to implement interventions to develop children's resilience at an important time in a child's development. They argue that although some schools have been attempting to develop resilience through interventions,

"existing systematic reviews of resilience focussed interventions in children and adolescents are limited and have not synthesised the body of evidence regarding the impact of universal school-based resilience focussed interventions on mental health outcomes."

There is a lack of evidence in past research to suggest that resilience interventions work at all, in fact in some cases it could be argued that schools are using the 'resilient buzz word' because of Ofsted including it in their latest reports. It is important that practitioners within schools have a true understanding of the term to be able to help and support their children in the best possible way.

After receiving training on resilience from an outside agency at MMPS, it seemed that many members of staff still did not fully understand what was meant by the term 'resilience'. As Glover (2009) argues, interventions must be flexible and the reason for this is so that each child works to their potential and gains what is beneficial to them. As the literature shows, there are many factors to a child's life that may impact their resilience and no two children have the same experiences in life. It is important to note here that a lack of evidence, as Dray is suggesting, may be due to the fact there is not one universal method to develop resilience and its impact on mental health, because every child is different.

Dray et al (2015 p5) have also suggested:

"Resilience-focussed interventions take many forms and therefore may vary by mode of delivery (e.g. school staff, research staff, external providers, or student facilitators), range in activity type (e.g. classroom-based exercises to build protective factors, presentations, special assemblies), or format of intervention (e.g. face-to-face curriculum based or internet-based)."

The Bounce Back programme incorporates many of these factors in terms of having a range of activities; however, the outcomes may vary according to the different understandings and approaches of members of staff working with it.

I discussed the idea of protective factors in my Part 2 project and how they can impact resilience. I noted that (Gibson 2018 p8),

"Assis, et al. (2006) state that there are three kinds of protection factors: individual factors, relating to the ability to solve problems in an autonomous manner in accordance with one's individual resources; family factors, encompassing the support of people in whose help one can trust at times of adversity; and social environment factors, which reinforce the feeling of security and stability in relation to friends, teachers or other significant people (Pasqualotto et al. 2015)."

However, Ungar (2004) has stated that culture may be a vital factor when improving a child's resilience. Ungar (2004) argues that protective factors need to be considered when assessing a resilience based intervention as these are very important in the development of resilient characteristics.

After reading the literature around these topics and analysing what has already been tried and tested in relation to resilience interventions, it allowed me to generate what I wanted to ascertain from my research. Once I had chosen Bounce Back as the intervention scheme to introduce to Years 5 and 6, I worked with the Year 6 teacher to figure out what exactly we wanted to discover from the research and what questions we needed answers to. I put together the following research questions.

Research Questions

1. How did the intervention affect the children's perceptions of themselves in relation to their resilience?
2. What were the main lessons the children learnt from the intervention?
3. How did the intervention affect their resilience within school?

Research Design

The Bounce Back Intervention

The Bounce Back scheme written by Dr Helen McGrath and Dr Toni Noble (2006) offers a classroom resiliency programme that is very practical and teacher-friendly. The programme was designed to develop resilience of upper primary pupils and McGrath and Noble (2006) stress the importance of introducing ideas about resilience before children reach adolescence. The Bounce Back programme claims to use a method of teaching children how to cope with personal issues by encouraging optimism, using humour and teaching children how to accept issues. The main messages taught in Bounce Back are highlighted in their acronym of a name.

(Taken from the Bounce Back website) "*The Bounce Back Acronym:*

B*ad times do not last. Things always get better.*

O*ther people can help if you talk to them. Get a reality check.*

U*nhelpful thinking makes you more upset.*

N*obody is perfect - not you and not others.*

C*oncentrate on the positives (no matter how small) and use laughter.*

E*verybody experiences sadness, hurt, failure, rejection and setbacks sometimes, not just you. They are a normal part of life. Try not to personalise them.*

B*lame fairly. How much of what happened was due to you, to others and to bad luck or circumstances?*

A*ccept what can't be changed (but try to change what you can first).*

C*atastrophizing exaggerates your worries. Don't believe the worse possible picture.*

***K**eep things in perspective. It's only part of your life."*

For my six-week intervention programme, I followed a mixture of the Year 5 and Year 6 lessons outlined in the Bounce Back curriculum. The children learnt about resilience through a variety of methods – posters, reading books and researching Paralympian's were a few activities. See appendix 5 for examples of work produced in these intervention sessions.

Design of the study

Elliot (1991 p82) suggests that triangulation is the best way to ensure you get the best data set and suggest that this means, "*collecting observations... from a variety of angles or perspectives, and then comparing and contrasting them*." This is why I chose to use a variety of methods when collecting my data. I chose to begin with observations of the children, which enabled me to select ten pupils who showed signs of lacking resilience. Once the ten children had been selected, I used semi-structured interviews in groups to ask them about how they viewed their own resilience. After this, I conducted a six-week intervention programme and then interviewed the children again, using the same approach as before, to see if my interventions had made a difference. See Appendix 3 for interview schedule.

Observations

Given that the intervention was only going to involve ten children, the selection of participants was very important. Since "*the teacher is the human instrument of gathering data and sifting through it to determine what ought to be done*", (Aubusson et al., 2009) I collaborated with the Year 6 Class Teacher to help select these ten children through observations. The ten children were chosen from Year 5 (which I observed alone) and Year 6 (which myself and the Year 6 teacher observed together) – five children from each of these year groups. These children were selected because we felt that they would benefit from an intervention based on resilience development. The participants were

selected through observing them demonstrate how resilient they could be (by playing a difficult game on the laptops that got progressively more difficult as each level passed) as I felt this would be a good way to compare and contrast their actions with their answers in their interviews – as Elliot (1991) suggests. Observations were the best research method, I felt, for my project. DeWalt and DeWalt (2002 p. 92) believe that "*the goal for design of research using participant observation as a method is to develop a holistic understanding of the phenomena under study that is as objective and accurate as possible*". I aimed to be as objective as possible when conducting my research. DeMunck and Sobo (1998) also state many reasons as to why observations offer many advantages over other methods of collecting data. They state (p 43) that they give access to "*backstage culture*" which allows for richly detailed description and say that they offer "*behaviors, intentions, situations, and events as understood by one's informants*". DeWalt and DeWalt (2002 p54) offer these suggestions in which I used to guide my observational practice:

- *"Actively observe, attending to details one wants to record later.*
- *Look at the interactions occurring in the setting, including who talks to whom, whose opinions are respected, how decisions are made. Also observe where participants stand or sit, particularly those with power versus those with less power or men versus women.*
- *Counting persons or incidents of observed activity is useful in helping one recollect the situation, especially when viewing complex events or events in which there are many participants.*
- *Listen carefully to conversations, trying to remember as many verbatim conversations, nonverbal expressions, and gestures as possible. To assist in seeing events with "new eyes," turn detailed jottings into extensive field notes, including spatial maps and interaction maps. Look carefully to seek out new insights.*
- *Keep a running observation record."*

Patton (2015) proposes that observations produce reliable results and discusses the fact that observations minimalize researcher objectivity as they reduce bias. I feel this is an important point to make as when I was observing the children I saw many unexpected events (which I had not predicted) and because I had witnessed them first hand it

changed my perceptions of the pupils. Patton (2015) also recommends that observations provide a correspondence between the findings to reality. I felt that using observations with children in particular was the best research method to help me select the children who needed support the most. The observations were conducted in the Year 5 classroom and the Year 6 classroom so that the children were in their own environments to ensure they felt as relaxed as possible. I gave the children a laptop each with a game on it that got progressively harder as each level passed. The children were told that they must play the game in silence for the first 15 minutes and then were allowed to talk to a partner for a further 15 minutes. This enabled me to observe their individual behaviours and body language and then their interaction with their peers. In relation to resilience factors, for my Part 2 project, I followed a very similar system to that which I used in my earlier study (Gibson, 2018) and used the advice of Alvord, Gurwitch, Martin, and Palomares (2003) to guide resilient indicators to ensure the children I chose for interview displayed high or low levels of resilience according to what I witnessed (Gibson 2018). This worked well in my part 2 project and so I followed these guidelines again to select pupils for interview and intervention. When observing the children, this was the criteria I used to guide my observations in relation to resilience as suggested by Alvord, Gurwitch, Martin, and Palomares (2003):

- *"demonstrates a genuine interest in school*
- *solves problems effectively*
- *assertive and capable of showing initiative*
- *empathetic toward others*
- *responsible and trustworthy*
- *sets and attains realistic goals*
- *maintains a sense of purpose and a positive outlook on life*
- *can act independently (autonomous)*
- *asks for support when needed"*

I used these indicators to guide my time interval observations.

Semi Structured Interviews

Once the ten children had been selected, I used two rounds of group semi structured interviews to gain an understanding into how resilient the children felt they were. The first interviews were conducted before the intervention and the second, after. Punch (2009) states that interviews are a very effective way of accessing peoples' perceptions and constructions of reality, as they provide much more depth and can explore complex beliefs more deeply than a questionnaire (Lodico et al., 2010). Also, Lewis (1992) quotes,

"Group interviews have several advantages over individual interviews. In particular they help to reveal consensus views, may generate richer responses by allowing participants to challenge one another's views, may be used to verify research ideas or data gained through other methods and may enhance the reliability of children's responses."

This was very important to the research project as Lewis (1992) made it particularly known that group interviews were a good method to use with children. Both of the interviews were carried out in the school library – I chose this space as it was somewhere the children felt comfortable and were familiar with. I felt that using a space the children were familiar with allowed for a reduction in power relationships because the children could feel more relaxed. In addition, the library has lots of bean bags and cushions, we all sat in a circle on these which I felt was important in comparison to sitting at desks in a classroom. I ensured that I was sat at the same level as the children too in an attempt to reduce power relationships.

Anonymity:

All participants in the study were told they would remain anonymous in any written documentation; this included the Headteacher, collaborating staff, parents and children. The audio recordings of any children were stored carefully in a locked cupboard within the school's office. Pseudonyms have also been used in this written report.

Informed consent:

When undertaking research, it is extremely important to ensure the participants are fully informed with what they are being involved in. Lewis (2002) produced a checklist for ensuring children are able to give educated consent. She suggests that children:

- "*Have information about the chance to participate.*
- *Know about their right to withdraw from the activity.*
- *Know what the participant's role will be.*
- *Know what the intended outcomes are."*

Following Lewis' advice, I ensured that these steps were followed when gaining informed consent from the school, parents and children. Before collecting any data, I had to gain consent from three places: the school, the parents and the children themselves. Firstly, I obtained permission from the Headteacher for my research to take place. Due to the main participants being children, the second stage was to obtain consent from their parents. Cohen et al. (2011 p79) state, "*first, researchers consult and seek permission from those adults responsible for the prospective subjects and second, they approach the young people themselves*". I wrote a letter to the parents to gain permission for their children to take part in the research study (see appendix 2). The letter explained the research project and its purpose, the requirement for me to use audio recording equipment, for their child to undertake an intervention if selected and that my findings would be submitted to fulfil the requirements of my Master's degree from Oxford University. Parents were given the option to allow their child to take part, refuse or request more information. Once the permission was gained from parents, I asked the children on a less formal basis for their consent. I did this by explaining my research project verbally to them and asking them if they wanted to participate in the study. I ensured, following Lewis' (2002) guidance, that the children were clearly informed on what they were participating in and also told them that they had the opportunity to withdraw from the study at any time – the children were

reminded of this every session that linked to my research project. Children were only included in the project once parental permission was obtained.

Other Ethical Considerations

This project has followed the ethical guidelines laid out in BERA (2011) - Educational Research. As well as this, ethical approval was obtained from the University of Oxford's Central Research and Ethics Committee (CUREC).

Limitations of the project:

A number of limitations were identified:

- The intervention ran for a six-week term but this was not long enough to benefit all pupils.
- As I had a student teacher during Spring Term, I was being asked to cover a lot of classes. This made it quite difficult to find a regular time for the intervention to take place and therefore some weeks I had to fit two sessions in one.
- Finding space and time to complete the specific intervention proved problematic especially in the run-up to the SATs.
- Some parents of the children I originally wanted to work with did not wish for their child to be a part of the study.
- Some of the laptops did not work properly so not all of the 60 children had a chance of playing the game during the observation stage.
- The interventions were supposed to take place on a Monday during assembly time however; on many occasions assembly was cancelled which then had a detrimental effect on my intervention being completed.

Findings and Discussion

Observation Findings

During the observation process, in order for me to select the ten children I felt needed the most support in resilience, I depict a number of characteristics when watching the children play the block game on the laptops. The more resilient children did not give up and continued to have a go at the next level repeatedly until they were successful. The divide between children's characteristics was evident when observing them play the game over the time I had given them. Many children showed signs of frustration. There appeared to be lots of heads in hands and grunts when they were unable to pass the next level. That being said, although these were the signs being displayed by the majority of the 60 children I observed across Year 5 and Year 6, it was how they used these frustrations to either continue playing or giving up that I was interested in. The ten children that I chose, myself and the Year 6 teacher felt, would benefit from the Bounce Back intervention scheme the most. The following information details the ten children who worked on the intervention with me over the six-week period, what they showed during the observation stage as to why they were chosen and how they act in everyday lessons at MMPS.

Child A: During the observation process, Child A (a Year 6 pupil) gave up on trying at all. He showed high levels of frustration and even looked like he was going to cry at one point during the first ten minutes. The Year 6 teacher and I thought he would benefit from a resilience-based intervention as recently his parents had divorced and it had a large impact on his confidence in school. Child A chose not to participate in the Year 5 or the Year 6 residential because he did not want to leave his mother.

Child B: A Year 6 boy who moved here from South Africa three years ago. He has struggled with the gap in his education due to the different education systems however; has focused more on making friends and being popular in class than his academic study.

During the block game, he was laughing and trying to mess around during the activity. In fact, he was trying to distract some of his peers rather than really trying to succeed during the task set to him.

Child C: During the observation process, Child C showed signs of being very angry. There were lots of motions of hitting the table and pushing the laptop away and getting very cross at the screen. In lessons, Child C (a Year 5 pupil) attempts new challenges with optimism however; when they find it is too difficult they tend to give up very easily rather than using different approaches and methods to continue to success.

Child D: A Year 5 pupil, who is highly intelligent. Child D's father died when he was very young from drug abuse. When observing this child play the block game on the laptops, he was very interested in where he was in relation to the rest of his peers. He demonstrated many signs of frustration and looked very upset when he could not pass onto the next level. At one point, he was pulling at his own hair to try to focus himself.

Child E: A Year 5 girl who has had a very difficult year. Her father has been diagnosed with PSD and is only allowed supervised visitation with her after he was abusive to her mother over the summer of 2018. Child E has dealt with the many social workers who have been to see her this year but never talks to anyone about her issues at home. During the block game, she did not look like she was willing to try to pass the next level however; neither did she show signs of frustration or anger. Child E just sat there patiently until the time was up on the activity.

Child F: In many respects in lessons, Child F (a Year 5 pupil) can show signs of giving up easily. Child F has many learning difficulties and is on the SEN register. Her mother also has additional learning needs and went to a special school herself. During the observations, Child F gave up completely after the first 2 minutes of trying the activity. When she was allowed to discuss her work with a partner, she asked them to try to

complete the level for her. In lessons, she does not like it when she finds things hard and quite often tries to get other children to complete her work for her.

Child G: Child G is a Year 5 boy whose Mother comes from Russia. His mother has stated on many occasions that a woman's role is to do everything for the males in the household, which has made Child G very lazy in class. Child G expects his mother and sister to do everything for him and therefore lacks resilience in school activities because he is not very independent. This attitude was witnessed through observation too as he sat back during the independent time looking around at what others were doing however; when he was allowed to discuss with a partner he quoted 'I don't really care about this game'.

Child H: Child H is very immature for his age. He is a Year 6 pupil but finds many social situations tricky to read and therefore struggles to make friends due to his immature attitude to life. During the game, he showed many signs of frustration and in fact began to cry when he found it too difficult. Child H displayed a sense of panic when he could not pass on to the next level during the block game.

Child I: A Year 6 pupil who struggles considerably with anxiety. She has had many 1:1 interventions over the past couple of years to try to encourage her to be more confident and believe in herself a little more. Child I gives up on activities very easily, particularly when she finds Maths tricky. Child I did not even attempt the block game on the laptops and even began smiling and looking around the room out of embarrassment.

Child J: Child C struggles with confidence issues and has portrayed over the past couple of years an attitude that shows she does not like trying new challenges. Child J gives up very easily in lessons no matter what the activity is. During the observations, she tried the levels but as soon as she could ask for help, she wanted another pupil in Year 6 to help her complete the next level. A few years ago, Child J's mother attempted to take her own life.

I used the work of Alvord, Gurwitch, Martin, and Palomares (2003) to create a table to clearly see the children in relation to resilient characteristics, to provide a clear

understanding of what was witnessed during the observation stage of the project. I also discussed each heading with the Year 6 teacher and we worked collaboratively to decide which child showed which characteristics. This was a very important meeting, based on professional judgements, because not all characteristics written in the table were apparent during the observation stage. We decided on writing yes or no under each label for each child based on discussions of everyday behaviours in the classroom and around the school. We used the observation date to help support these judgements using what I witnessed during the observation stage. I felt that this was very important because of the need for the children to benefit from the intervention scheme and not only basing our findings on one observation. What I found interesting about the results shown in the table below, was the fact that all of the children lacked signs of showing initiative or setting themselves goals. I also noticed that nine out of the ten children did not seem to declare a positive outlook on life.

A Table to Show the Children's Behaviours When Observing Them Based on the Work of Alvord, Gurwitch, Martin, and Palomares (2003

Child	Demonstrates a genuine interest in school	Solves problems effectively	Assertive and capable of showing initiative	Empathetic toward others	Responsible and trustworthy	Sets and attains realistic goals	Maintains a sense of purpose and a positive outlook on life	Can act independently (autonomous)	Asks for support when needed
A	No	No	No	Yes	Yes	No	No	Yes	No
B	No	No	No	No	Yes	No	No	No	No
C	Yes	No	No	Yes	Yes	No	No	No	Yes
D	No	No	No	Yes	Yes	No	No	No	Yes
E	Yes	No	No	Yes	Yes	No	No	Yes	No
F	Yes	No	No	No	No	No	No	No	No
G	No	No	No	No	No	No	No	No	Yes
H	Yes	No	No	Yes	No	No	Yes	No	Yes
I	No	No	No	Yes	Yes	No	No	No	Yes
J	No	No	No	No	No	No	No	Yes	No

Pupil Perceptions Pre Intervention

The children were chosen for intervention from the observations made of them playing the block game on the laptops, as stated above. I wanted to gain an understanding of how the children perceived themselves in terms of resilience before they undertook the intervention. Nine of the children who were chosen lack confidence in and outside of class and it was very interesting having a group discussion with the children to see how they viewed themselves in school. The tenth child is an able child who sometimes is over confident; however, when he gets things wrong he does not cope well.

Child J: *I don't really know as I've never thought about it before. I suppose I give up easily on things because I don't want to embarrass myself in front of everyone. One time in Year One I put my hand up and got the answer wrong and everyone laughed at me.*

Child I: *Yeah I find it embarrassing too. Like, if I was to get something wrong and am in Year 6 I would be so worried about what people would say behind my back like 'did you hear what Child I said today' and laugh. It just puts me off.*

Child A: *I think that if I don't have a go it doesn't really matter because someone else will do it for me or will answer the question.*

Much of the literature states that resilience is the ability to bounce back from an adverse situation. Child J: however, has personally identified, without even realising, that the main source of her non-resilient behaviour has stemmed from one life event that affected her confidence and willingness to have a go. One small incident that happened many years ago had a detrimental effect on the rest of her school life and her ability to participate in class or attempt new challenges. Purely because Child J does not want to feel the same way she did in Year One, she just gives up on many situations. This can be related to the literature in terms of Daniel and Wassell (2002), who states that resilient behaviour stems from the extrinsic factor of a positive school experience. As shown, Child J has been effected by a negative event in school that has had a long-term impact on her resilience. Rutter (2007) discussed the idea that schools offer a place to practice resilience while providing a place where children feel comfortable to take risks and try new challenges. From Child J's, I's and A's responses here, perhaps schools can sometimes be the reason

for a lack of resilience, particularly if the children's experiences are not always positives ones. In response to Rutter (2007) I feel, whilst schools can provide a place to practise resilience, sometimes, like any extrinsic factors, the environment may have a negative impact on a child's resilience.

Additionally, it was interesting to note that not many of the children had been faced with adverse situations in their lives outside of school. In fact, 70% of the children found it difficult to pin point a time in their lives that had made them feel stressed. I feel that perhaps this is why MMPS is seeing that our children do not display resilient behaviours because the majority of children have not been faced with many difficult situations in their lives, through which, argues Newman (2002 p34) the probability of children in even unfavourable environments developing resilient characteristics is significantly increased', even where social capital is low. This, however, is not demonstrated at MMPS – in fact, it has been quite the opposite. There are three children in the group who had either suffered the loss of a parent or had to deal with parents having mental health issues but they did not open up about these during the first interview. The two children who were able to identify a difficult time in their life related this to their parents going through divorce.

Child A: *I think the toughest time in my life so far has to be my mum and dad getting a divorce. I thought everything was going to end, I have not been as sad as that before in my whole life… I was told that the decision wasn't anything I had done but that didn't make me feel any better.*

Child I: *Yeah I was really sad when my Mum and Dad broke up too, mainly because I didn't know what was going to happen or where I was going to live. It's okay now though and it doesn't even bother me, I really don't mind.*

For Child A, he was still very much affected by the decision his parents had made to divorce – this could be because it was quite recent. Whereas for Child I, it was something, she had demonstrated resilient behaviour by. Child I was openly suggesting that she had overcome this sad time in her life and whilst once it was a difficult situation for her, she no longer minded and had bounced back from these troubles. This made me realise that perhaps Child I was more resilient than I had observed during the block game. In addition,

it raised the concern, as the literature suggests, that there is a difference between resilience in different areas of life. Perhaps Child I does not display academic resilience in school, but does in other areas of everyday happenings. This, of course, being a speculation from knowing the child for a number of years and was not based on any data.

Before the intervention began and during the pre-intervention interview, it was clear that for some children they were unaware of what the term resilience meant.

Child F: *Isn't it when you don't ever get things wrong? Or like, when you want to do well in life?*

Child J: *No, it is not getting things right all the time, I think that the point isn't it? I kind of know what it means but I wouldn't know how to say it out loud if you get me?*

When I asked them what a resilient person 'looked like' their responses were:

Child G: *Probably someone who works really hard and is rich.*

Child B: *No you don't have to be rich to be resilient because I remember seeing that athlete in assembly who was really poor but he kept trying even though he was always breaking his legs and arms or something like that.*

Child E: *Yeah he kept like breaking his bones but was still amazing at his sport - basically a dare devil I think.*

From these responses, the first area that needed addressing was getting the children to understand the definition of resilience. The Bounce Back intervention programme explains resilience in a child friendly manner: however, from last year's findings, it was evident that some children could explain what resilience meant and how to be resilient, but when they came to put it into practise, were not very resilient at all. It will be interesting to see whether having a proper intervention scheme effects this.

Pupil Perceptions Post Intervention

Overall, the Bounce Back intervention seemed to have a positive effect on most of the children in the group. During the second group interview, eight of the children agreed that it had positively affected their perceptions of their own resilience. This next section will

break down the impact, in the children's eyes, the intervention has had on their resilience in relation to school tasks and if it has had an effect on situations outside of school too.

The children appeared to enjoy the intervention overall. I asked them what they liked about it and what they would improve. Their responses showed that for the majority of the children, the intervention had a positive impact on their lives.

Child A: *I really liked the variety of activities. I enjoyed making posters about Paralympian's and also relating resilience to books.*
Child I: *Yeah me too. I really liked linking resilience to that book by Dr Seuss.*
Child J: *I loved relating resilience to books too.*

It could be argued that the children were, as a majority, telling me what I wanted to hear however; I did genuinely feel as though they had legitimately enjoyed the intervention. I also got the impression that the children had learnt from the activities undertaken during the intervention too as they went on to suggest they had seen improvements in their own resilience development. I felt that the first session of the intervention addressing resilience through the Dr Seuss book 'Oh! The Places You'll Go' allowed the children to gain a better understanding of the term itself without being told or having to look up the definition in a dictionary. From the findings of the pre intervention interview, it was apparent that the children needed more support on defining resilience and being able to self-reflect with a more knowledgeable view. I particularly felt that in some cases, the children were quite nervous during the first session and this allowed them to pinpoint characteristics of resilience and identify the difficulties in life the character had to face during the story. It was important to identify these issues in relation to a character in a book, so that the children did not feel like that had to talk about themselves in the first lesson – this put them at ease. I knew that the children were more at ease because towards the end of the session, they were much more conversational and offered many more suggestions than at the beginning. In addition, at the end of the very first session one child stated:

I really liked that lesson, I am going to try to think that it is okay not always to be happy in all sections of life. It is obvious if you think about it that sometimes things are okay and sometimes things go wrong but you should always try and pull through and get past the hard times.

It could be argued that this was a pivotal moment for this child whereby they became more self aware of their understanding of difficult situations. As Banjeree et al. (2016) suggest, children should be able to cope with failure of challenging tasks. This child in particular had discovered in the first session of the interview, that sometimes times are hard and aspects of life are difficult but it is important to 'pull through'. In addition, linking to the work of Daniel and Wassell (2002), the child here, is demonstrating a sense of self-worth and competence. Whether they put into practise, what they have learnt in this first stage of the intervention is something that will be discussed in the latter part of this section.

When the children were asked what they would improve about the intervention, their responses were interesting.

Child B: *I would like to watch a movie about resilience. Like, showing someone who had been resilient in their life.*

Child I: *I think it would be good to have some more activities linked to ICT and the laptops. We used the iPads to research Paralympian's but I would like to do more stuff like that.*

In relation to the pre-existing literature, Dray et al (2015) noted how resilience based interventions differ in delivery and should be taught through a range of activities. From the responses of the children and by delivering the intervention myself, I do feel the Bounce Back scheme uses a variety of activities, including ICT, as Dray et al (2015) suggest the children had also enjoyed the variety of activities and had suggested using more ICT based lessons to research and improve their resilience. The intervention only being undertaken over a six-week period, however, did limit the opportunities for a diverse set of activities due to time constrictions.

I wanted to gain a better understanding of how the Bounce Back intervention had helped the children both in school and outside of school so I have split the next two sections into experiences they have faced over the last couple of weeks in school and at home.

In School:

The child who always displays a very low resilience in school was suggesting that the intervention had helped her greatly. This specific child suffers with anxiety and really struggles with getting things wrong in her work. She said that the lesson we completed about optimism and pessimism had helped her in terms of analysing situations differently.

Child I: *In English, we were doing Newspaper reports and I was so confused. I used to panic in these situations but I stopped panicking about it because I thought about the intervention and it helped me continue. To be honest, really the posters that we made helped me to think I shouldn't be pessimistic but should start to look and think 'yes I can do this, stop panicking'.*

Also, Child A had suggested the intervention had supported him through some Maths he had found difficult too:

I was really, really stuck on this fraction problem in class but I felt more determined to complete it on my own because I kind of now get that it is okay to not be right the first time. I mean, it took me a while to figure it out but after lots of tries and failed attempts, I got there in the end.

Child F: *I found that in school I wanted to help others more. Like, when I was actually good at Maths I thought I should support my friends too, not just let them be stuck.*

It seemed that the Intervention helped during PE sessions too as Child A stated:

You know I am not really very good at hockey yeah? Well normally, I wouldn't try at all and just give up because I know that I'm rubbish… Last week I actually really tried and even though I still wasn't very good, I kept giving it my all because practise makes perfect.

Child B agreed with this:

Yeah me too! I actually tried to run the daily mile. I didn't succeed the first time but I am going to keep taking little steps so by the end of the year I will be able to run the whole ten minutes.

Not only did this statement suggest that the Bounce Back intervention shifted attitudes within physical activity, as Leith (2010) states is really important for positive mental health, it also links to the child beginning to set themselves targets. One of the issues I witnessed when filling out the table informed by Alvord, Gurwitch, Martin, and Palomares (2003) was that the children selected for the intervention group lacked the ability to set small targets. The statement from Child B suggests that the Bounce Back intervention had helped to improve this as they have independently set themselves mini goals to be able to try and research an end result.

One of the main points that I feel has changed the way some of the children in the intervention group feel, was the fact that they began to realise they needed to work hard to achieve their goals in life. After researching the Paralympian's some of the children began to realise that failing is fine as long as you get back up and continue your journey. Child C stated:

I am going to work really hard now because of this intervention. I had never really thought about it before but it really is what I do now will impact on me and where I get to in life. I want to be a Marine Biologist, which means I have to work really hard in school – especially in Science. I am not going to give up now.

As Rutter (2012) suggested, resilience is something that can be nurtured and I feel, in these terms, the children have stated that by completing the Bounce Back intervention it has made them feel more confident when dealing with difficult situations.

One boy from the Year 5 class: however, did not feel that the intervention had helped him in any way. He stated:

Child G: *Not really because when I was faced with a difficult situation in class, I didn't really stop and think about the intervention and what it had taught me. I just thought 'oh well this is hard I'm going to ask for help'.*

Although the child did not see that the resilience intervention had helped him directly relating this response to the checklist of resilient factors noted by Alvord, Gurwitch,

Martin, and Palomares (2003). Shows that this child was in fact, being resilient in class by asking for help in lessons. It is not clear: however, if the child has just matured and realised asking for help is okay or whether it has come from the child gaining a better understanding of how to be resilient from the intervention.

In Everyday Life:

When discussing how the intervention had been successful with the children, it came to my attention that many of the participants were linking resilience to friendship issues and gaming. Three children discussed how the intervention had helped them overcome levels in games on their Xbox – this could be because of me analysing their resilience levels through them playing a game that got progressively harder during the observation stage or merely because gaming is a very important part of the children's lives.

Child A: *When I was on my Xbox I failed and it didn't work. Since the intervention I have learnt to carry on and try a different method and if that does not work then to try another one. It is okay to fail as long as you keep trying.*

Child B: *Yeah same. Actually, it helped when we were on the headsets together so we could guide each other and help each other through to the next level. Before this Bounce Back thing we would have just stopped playing or got really mad at the controller. I think that the lessons have definitely made us feel better about playing on the Xbox.*

Similarly, the children also related dealing with difficult situations and overcoming them by thinking about friendship issues. 40% of the children involved in the Bounce Back scheme, discussed the ideas of how they used what they had learnt in our sessions to overcome times when they had fallen out with their friends.

Child H: *Yes! Every time my friends were upset I tried to be optimistic and get them to see the bright side and that not everything is sad.*

Child I: *It helped me a lot because I wanted to say to my friends that it will be okay in the end. Before I would have just worried about the small things.*

Child F: *I could not really use any of the things I learnt in the intervention with my friends, as they are just too difficult to cheer up.*

Anxiety is something that two of the children in the intervention group admitted to suffering from. Both of these pupils related how the intervention had helped them when they were going through a period of anxiety. In relation to the literature, the charity Mind, outlines the importance of resilience being something that can be taught. I feel that in fact these three statements claim that the Bounce Back intervention has aided these two children in particular and changed their way of thinking about difficult situations

Child I: *I usually worry if my friends don't text me back straight away. I will always start to panic and think I have done something wrong if they take a while to reply to me – especially if I see that they have been active on Whatsapp. I don't really worry about that anymore as I have thought to myself that if I had done something wrong, I'm sure they would tell me about it. I have started thinking that they are probably just busy and will get back to me when they can.*

Child H: *I always begin to panic when I think I might be late for school. I try to hurry my Mum up but she just keeps on tidying or messing around. Now I tell myself that I am being silly and shouldn't worry about the small things like Child I said.*

Also, one pupil wanted to involve their parents in the intervention scheme. This is very interesting because of how many issues at MMPS we have with parents allowing their children to give up on things easily. Also, to restate the importance of developing a resilient child by working with the child, school and parents being the best strategy according to Hurley (2018).

Child H: *I would like to work with my parents more on the activities and take them home. My Mum would like to work with me and I think this would help it stick in my head more especially when I find things hard at home. I could just be like 'hey Mum don't be sad, or down, be optimistic' and then give her the poster that I made about optimism or say to her that life is a rollercoaster you just got to ride it.*

This statement also links to the advice that Glover (2009) recommended for parents to be engaged in developing their child's resilience. It is interesting to note that the child themselves has identified the importance of parental involvement and how having his Mum help him with his resilience related homework would benefit both of them.

Changes in School

Whilst the intervention was taking place over the six-week period, I asked the Year 6 teacher to monitor the resilience of the children in the group in lessons. We used professional judgement and the Alvord, Gurwitch, Martin, and Palomares (2003) checklist to see whether we had seen any improvements during the period. We did not feel it was long enough for the children to demonstrate a large impact so did not complete the table again to compare results. We saw small changes in attitudes. We had many informal discussions throughout the period about whether we felt the intervention was having an impact or not and then I interviewed him at the end of the intervention process to gather his thoughts. Teacher A and I felt that we had seen some changes in the children's attitudes over the six-week period: however, it was not really long enough to gain a true picture of how well the intervention worked. In comparison to what some of the children had said post intervention, Teacher A actually agreed with Child I who stated the intervention had made her stop worrying about the small things and be more optimistic, as stated above this pupil is usually very nervous and gives up easily in tough situations.

Teacher A: *I have definitely seen a difference in Child I's attitude to giving new tasks a go. I was really worried about her taking her SATs but she really did pull through and was actually trying to support her friends who were nervous. She seems to have grown up a lot this term.*

Whilst this is good feedback in relation to the intervention, I am unsure as to whether the Bounce Back Intervention was the main reason for her showing more resilient behaviours, or the fact that she has almost finished Primary School and grown up a little. She states, above, that the intervention was the cause of her having a more optimistic attitude but she also has worked with her classroom TA to talk through problems she may have faced and keeps a 'worry book'. I feel that her improvement could be a mixture of all the support she has received rather than the six-week intervention being solely responsible for this positive change.

He also referred to seeing an improvement in Child J's attitude to learning too.

To be honest, usually Child J literally never tries anything new and if she has to, she will moan or cry until somebody gives her attention. I noticed last week that she was much more confident when tackling a rather tricky Maths problem. I don't know whether it was because she just got it or whether she had a more positive mind-set that it is okay to fail. It is something we will have to continue to monitor as the year goes on really.

Child A did not attend the Year 6 residential because he was too nervous to leave his Mum for a week. He changed his mind after the Bounce Back Intervention period had ended. Teacher A commented on this:

In terms of Child A, I have not really seen much of a difference if I'm honest. I feel that maybe he has said the right things in the intervention and produced some good work during the tasks set but in reality hasn't put that into practise. It was such a shame that he changed his mind about coming on the residential before it was too late as I know he would have loved it once he got there.

Child J during some of the tasks on the residential was amazing. Interestingly, some of the other children in the intervention group were encouraging each other to overcome some of the really tricky activities like abseiling. I heard a lot of 'you can do it, don't worry if you don't complete it but just have a go'. Child J was particularly scared of some of the activities but she had a go to her best ability. I believe the Bounce Back definitely has changed her mind set as normally she is so stubborn.

It was interesting when interviewing the Year 6 class teacher and discussing the changes he had witnessed in the children too. It was also positive to see that the Bounce Back intervention was having an impact on the children in Year 6, not only in an academic sense but also in a personal sense too.

As the Year 5 class teacher, I had noticed some changes in the five children who I had selected from my class to undertake the intervention. The child who stated that the intervention had not helped him at all began to ask for help more – this is discussed above in relation to Alvord, Gurwitch, Martin, and Palomares (2003). I also heard lots of encouragement about work in my classroom from the children who would normally be the ones receiving advice from others. I particularly noticed this from Child F. Child F is a child who struggles in all aspects of the curriculum and is on the SEN register. When I first began to teach her at the start of the year, she gave up very easily on tasks she found

difficult. During the intervention, I noticed a difference in her attitude in class. She was willing to try new things given to her with much more confidence and seemed to adopt a more positive attitude in lessons. I even heard her on many occasions supporting her friends and giving them advice, particularly when they were stuck or down – she appeared to want to help them and make them be more optimistic.

Similarly, Child G was working to his best ability too. During Maths and English interventions that take place in assembly times, he used to be the first to try and make me forget about them. Since the Bounce Back intervention, he has approached me multiple times to remind me that he would like extra support in Maths or English and reminded me of the interventions he was part of. During lessons, he seemed to be more focused too and I gained a sense that something had made him realise that it was the effort that he put into his work that would help him in the future.

Child D, who usually does not try very hard in writing, began to use the resources around him to help further develop his work. It was interesting to witness him beginning to help other children around him and offer support. One lesson I heard him say to one of his peers:

Don't just give up now, you can use a dictionary or thesaurus to make it better. Remember to use these 'help yourself to write mats' on the tables too for extra vocabulary. You need to work hard yourself before you show the teacher otherwise you will just have to do more responding to marking later on.

This statement made me realise that he had taken an optimistic attitude learnt from the Bounce Back intervention to try to encourage his peers not to give up or do the bare minimum in lessons – an attitude that he very much used to declare.

Teacher A and I both agreed that the intervention was not really long enough to have a large impact on the children's resilience.

Teacher A: *It was a bit of a shame that on many occasions the intervention couldn't be carried out because of assembly being cancelled or me stealing my Year 6s for SATs*

interventions. I think next year we will have to make sure it is more consistent and start it in September rather than in the Spring Term so that all the children involved can have a good run of input.

We both, however, have seen some positive outcomes as discussed above. Moving forward from this, it has been decided by us and the Headteacher that next academic year, the Bounce Back intervention is a system we will carry out as part of the whole of KS2. Some classes may choose to use the intervention scheme as a whole class approach but others may choose to target specific children who need additional support. I feel that if the intervention is continued across a whole year, it will have a very positive effect on many of the children who struggle with being resilient.

Conclusions

In conclusion, there has been much evidence to suggest that the Bounce Back Intervention can be effective when developing a child's resilience. The intervention scheme captured the ten children's interests as it used many different methods to allow the children to view resilient behaviour from many aspects. As stated by Hart et al (2015), the programme was very teacher friendly and easily adaptable for the children's needs. I found the intervention very simple to follow and deliver in a way that was suitable for the ten selected children. The children involved in the intervention learnt a lot about themselves and how they view the world during the six week sessions, particularly how to be optimistic and train the brain to think more positively about tasks.

Also stated above, the Bounce Back Intervention was only a six-week programme, which did not really give us long enough to get a true picture of how the children's resilience had developed. I feel a much longer study is needed to gain a better understanding of how successful the intervention was on developing a child's resilience. However, even though the Bounce Back intervention was not conducted over a long period of time, myself and my colleague did feel that it made many positive changes that were apparent in most of the children involved. It has been discussed between me, my collaborating partner, the

Head teacher and the Senior Leadership Team, that the impact of the short project showed enough signs of improvement in relation to the children's resilience, that we will be continuing it next year across the whole of KS2.

In relation to my original research questions:

How did the intervention affect the children's perceptions of themselves in relation to their resilience?

Overall, I feel the children learnt a lot about themselves as resilient learners and the intervention made them think about certain situations differently. Most of the children found it difficult to even understand what resilience meant at the beginning of the intervention and when they gained a better understanding of this, they were able to self-reflect on their own behaviours. It was interesting to see how the children perceived themselves before the intervention in comparison to after and the different areas in life they related their changes to. That being said, the majority of the children involved perceived themselves as being more resilient at the end of the six-week intervention than at the beginning. Particularly when the children were able to discuss ways in which the intervention programme at helped them overcome adverse situations in their lives whether that be during school or home life.

What were the main lessons the children learnt from the intervention?

The main lesson that the children learnt during the intervention was what resilience means and what a resilient person looks like. Pre intervention, many of the children did not even know what the term meant. Once the children gained a better understanding of resilience, they were able to learn more lessons about how to be resilient and where they needed to improve themselves as learners. Many of the children spoke about how they learnt the terms 'optimism' and 'pessimism' and as teachers, we heard them using this language in normal lessons too. The Bounce Back intervention also allowed the children to research famous people who had been resilient in their lives, for example

Paralympian's, which gave them an insight into having to work hard to get to where they want to be when they are older. The children claimed to change the way they viewed certain situations and acted upon different circumstances in a more rational fashion. During the interview stage, the majority of the children suggested that they had a much better understanding of what resilience was and how they could improve their own rational thinking.

How did the intervention affect their resilience within school?

Overall, the children were able to put some of the skills they learnt during the Bounce Back Intervention into practise in lessons. Many of the children were able to demonstrate times in lessons that they tried to be more resilient. The children themselves claimed to be trying harder even when things got tough and the collaborating Year 6 teacher and I witnessed changes in many of the pupils too. We saw the children becoming more independent and actually attempting new challenges rather than giving up very easily like they used to. We also noticed that the children involved in the intervention were being very encouraging to children around them and reminding them not to give up in certain situations. The children were claiming that the Bounce Back intervention had helped them academically and physically in terms of linking their improved resilience to academic lessons and PE sessions. The children also said that they felt their resilience had improved outside of the school setting too and many of them related it to friendship issues they may have been going through at the time. The evidence to support this was their comments during the conversational interview.

Overall, the evidence shows that Bounce Back is an effective strategy for improving children's resilience in a school setting.

Evaluation

The research project was conducted on a small scale so had its restrictions. There are a number of aspects I would change about this study if I were to complete it again. During

the observation stage, I chose to only allocate a short amount of time to observe the children, which provided only a small insight in the children's resilience in Upper KS2. I do not believe that the time I allocated to the game during my observation process was long enough, nor do I feel it allowed the children to display resilience in more than one area. If I were to select these pupils again, I would have informed the Year 6 teacher about what I was looking for in much more detail and allow him and myself to observe the children in lessons across a term. In relation to the interview process, I do actually feel this produced results that were valuable. I would consider individual interviews if I had more time as some of the children were quite quiet when being asked to share their thoughts and feelings with a group. When speaking to my collaborating partner, I feel that if I were to do this again I would organise weekly progress meetings or investigate video recording lessons for the use of analysis.

I do not feel that the research results can be generalised to the whole school because the intervention only targeted a small sample of ten children. Neither can it be generalised to other school settings. Qualitative research provides reliability and deeper understanding which was important when analysing resilience in our children at MMPS and in this respect, I do feel it was the correct approach. The impact of Bounce Back could be successful at MMPS but maybe not another school. Schools vary a lot and what works for one may not work for another. The results of this study provided analysis of the intervention scheme Bounce Back to some extent at our setting. The observation process allowed me to witness the different reactions to a complex game and the semi structure interviews enabled the chance to ask the children questions about how they viewed resilience within themselves, how they felt during the playing of the laptop game, how they benefitted from the intervention and provided the opportunity to me, as the researcher, to ask any further questions. It would be interesting for further research, to investigate a larger sample size, which we plan to trial next year when we introduce Bounce Back to more children across KS2. Moving forward, it is going to be vital to engage

parents further in the process and to show them how important developing a child's resilience at a young age really is.

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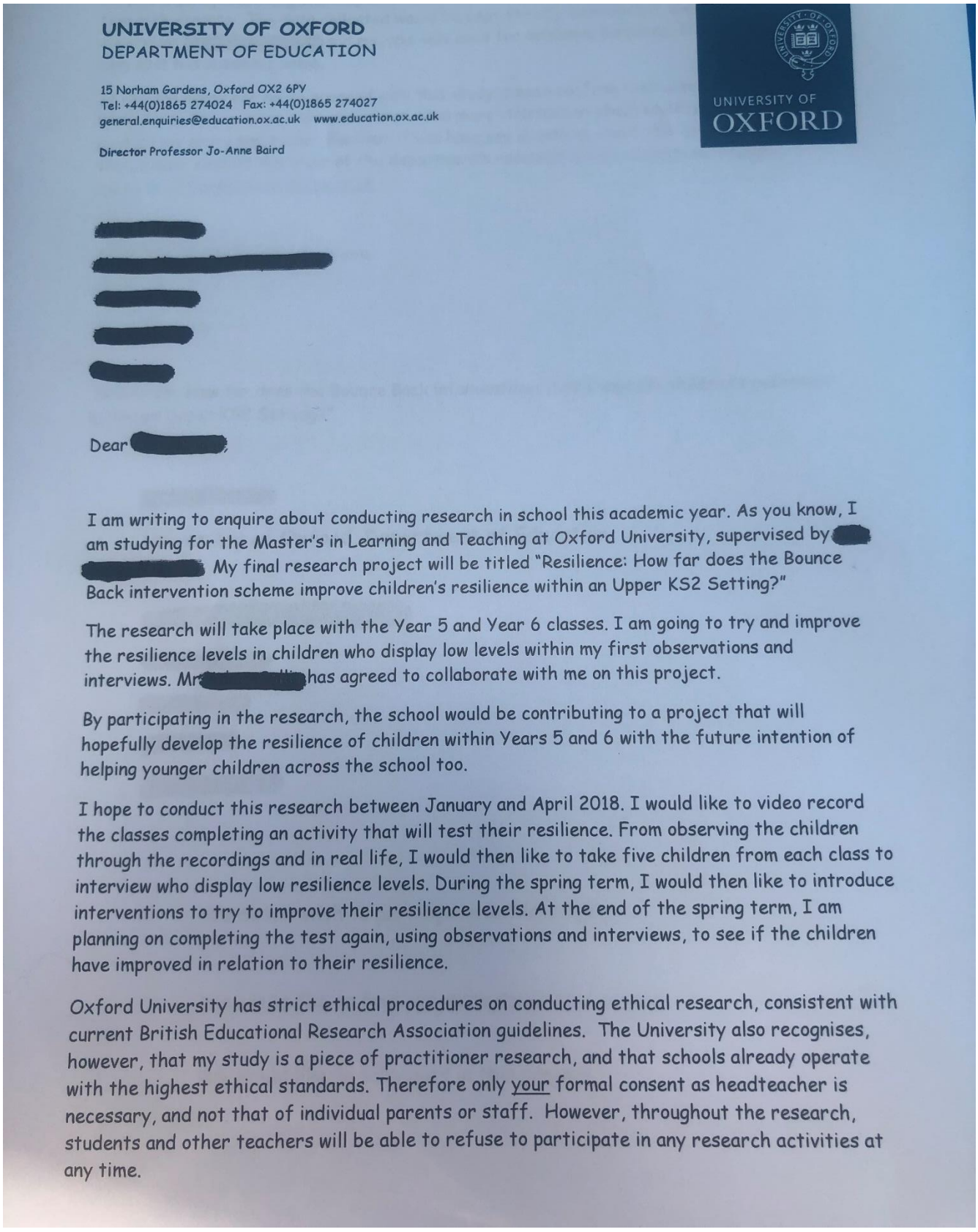
Appendices

Letter to Head Teacher (Appendix 1)



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Director Professor Jo-Anne Baird

UNIVERSITY OF OXFORD

[redacted]

Dear [redacted],

I am writing to enquire about conducting research in school this academic year. As you know, I am studying for the Master's in Learning and Teaching at Oxford University, supervised by [redacted]. My final research project will be titled "Resilience: How far does the Bounce Back intervention scheme improve children's resilience within an Upper KS2 Setting?"

The research will take place with the Year 5 and Year 6 classes. I am going to try and improve the resilience levels in children who display low levels within my first observations and interviews. Mr [redacted] has agreed to collaborate with me on this project.

By participating in the research, the school would be contributing to a project that will hopefully develop the resilience of children within Years 5 and 6 with the future intention of helping younger children across the school too.

I hope to conduct this research between January and April 2018. I would like to video record the classes completing an activity that will test their resilience. From observing the children through the recordings and in real life, I would then like to take five children from each class to interview who display low resilience levels. During the spring term, I would then like to introduce interventions to try to improve their resilience levels. At the end of the spring term, I am planning on completing the test again, using observations and interviews, to see if the children have improved in relation to their resilience.

Oxford University has strict ethical procedures on conducting ethical research, consistent with current British Educational Research Association guidelines. The University also recognises, however, that my study is a piece of practitioner research, and that schools already operate with the highest ethical standards. Therefore only your formal consent as headteacher is necessary, and not that of individual parents or staff. However, throughout the research, students and other teachers will be able to refuse to participate in any research activities at any time.

All participants, including students, teacher and the school, would be made anonymous in all research reports. The data collected would be kept strictly confidential, available only to my supervisor [redacted] and me, and only used for academic purposes. It will be kept for as long as it has academic value.

If you are happy for me to proceed with this study, please confirm that using the attached reply form. If you have any concerns or need more information about what is involved, please contact me or my supervisor. Further, if you have any questions about this ethics process at any time, please contact the chair of the department's research ethics committee, though: research.office@education.ox.ac.uk

I look forward to hearing from you.

Yours sincerely,

"Resilience: How far does the Bounce Back intervention scheme improve children's resilience within an Upper KS2 Setting?"

[redacted]

University of Oxford, Department of Education

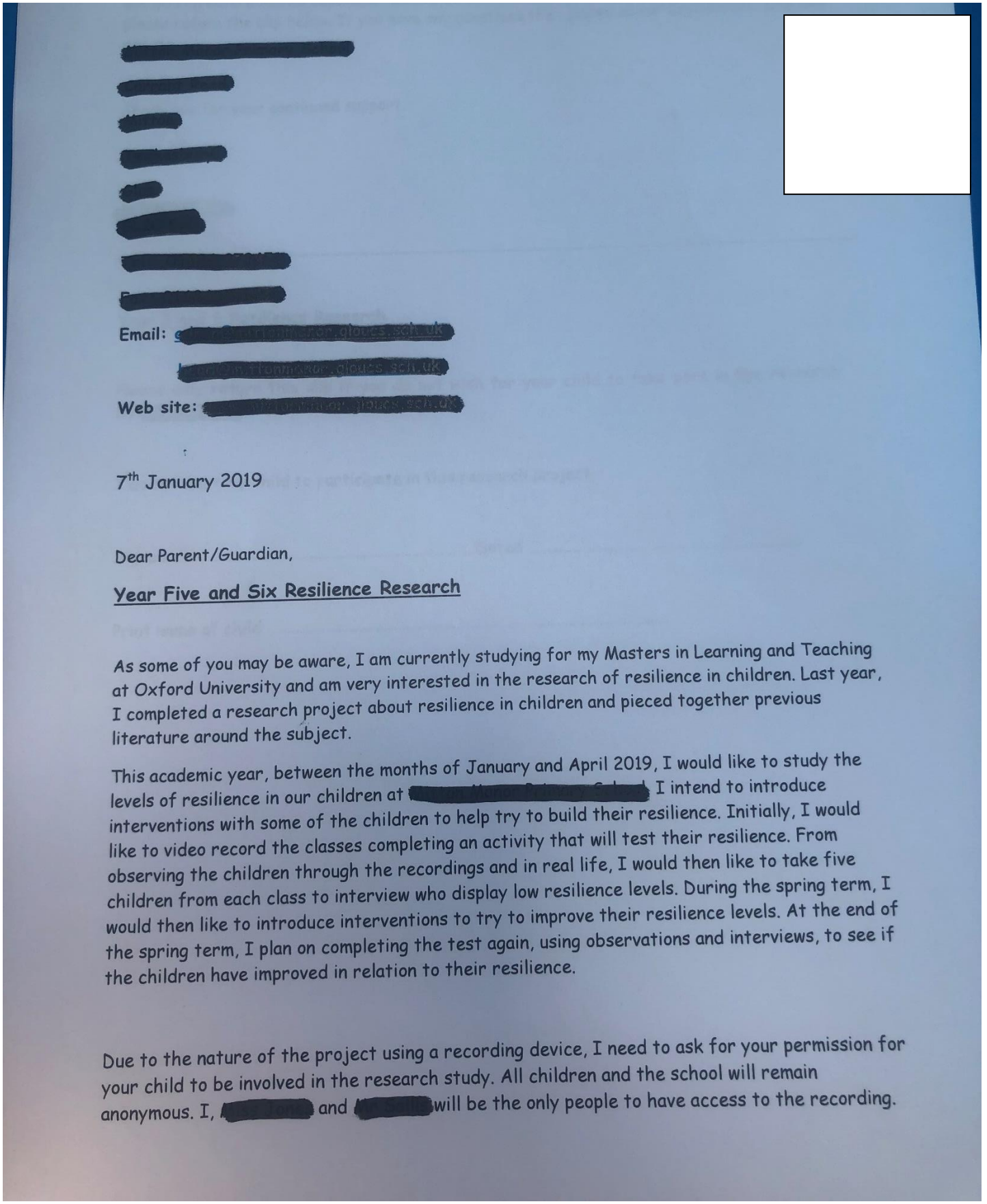
[redacted]

☐ We do not wish to participate in this project.

☐ We would like to find out more about this project.

☐ We would like to take part in this project

Letter to Parents and Children (Appendix 2)



[redacted]

Email: [redacted]

Web site: [redacted]

7th January 2019

Dear Parent/Guardian,

Year Five and Six Resilience Research

As some of you may be aware, I am currently studying for my Masters in Learning and Teaching at Oxford University and am very interested in the research of resilience in children. Last year, I completed a research project about resilience in children and pieced together previous literature around the subject.

This academic year, between the months of January and April 2019, I would like to study the levels of resilience in our children at [redacted] I intend to introduce interventions with some of the children to help try to build their resilience. Initially, I would like to video record the classes completing an activity that will test their resilience. From observing the children through the recordings and in real life, I would then like to take five children from each class to interview who display low resilience levels. During the spring term, I would then like to introduce interventions to try to improve their resilience levels. At the end of the spring term, I plan on completing the test again, using observations and interviews, to see if the children have improved in relation to their resilience.

Due to the nature of the project using a recording device, I need to ask for your permission for your child to be involved in the research study. All children and the school will remain anonymous. I, [redacted] and [redacted] will be the only people to have access to the recording.

Once the data has been analysed, the recording will be permanently deleted and whilst in school will be stored in a locked cupboard. If you **do not** wish for your child to take part in this then please return the slip below. If you have any questions then please do not hesitate to come and see me.

Thank you for your continued support,

[redacted]

Year 5 and 6 Resilience Research

Please only return this slip if you do not wish for your child to take part in the research by [redacted]

I do **not** want my child to participate in this research project.

Signed .....Dated .....

Print name of child .....

Interview Schedule Pre Intervention (Appendix 3)

Interview Schedule Pre Intervention (Appendix 3)

The Computer Game Task	What did you think of the task? How did you feel when you were first faced with the task? How did you tackle the task? In bite sizes? Play around? Systematically? How do you feel you did during the task? Did you find it easier when you could talk to a partner? If you could change the task, what would you change? What would you do next time differently?
Self-Perceptions	How do you view yourself in school? Do you tackle new challenges confidently or do you give up easily?
Resilience	What do you think resilience means? Can you tell me what a 'resilient' person looks like?

Interview Schedule Post Intervention

Intervention	What did you enjoy about the intervention? What would you change about the intervention? What have you learnt from the intervention? How do you think the intervention programme has helped you, if at all? Do you think the intervention has helped you be more resilient?
In School Changes	What changes do you think you have made in school in relation to resilience, if any? Can you explain any examples of when you think you have been more resilient?
Out of School Changes	What changes do you think you have made out of school in relation to resilience, if any? Can you explain any examples of when you think you have been more resilient?

Example of Bounce Back Intervention Programme (Appendix 4)

Bounce Back Intervention Overview (Appendix 4)

Lesson 1

Read **'Oh, the places you will go'** Use the inside outside circle (the class forms two large concentric circles. The students in the inner circle share their idea. The students in the outer circle share their idea. The inner circle then rotates clockwise and the process is repeated until everyone has shared) to discuss the following questions:

1. What is Dr Seuss' message about life?
2. What is a strength you have?
3. What is one way you 'unslump' yourself when you're in a slump?
4. Why is it important to know your strengths?
5. What are some of the great places you might choose to go?
6. What does Dr Seuss mean when he says: You can steer yourself any direction you choose; When things strat to happen, don't worry. Don't stew. Just go right along. You'll start happening too; You'll play lonely games too. Games you can't win 'cause you'll play against you?
7. What are some of the obstacles that the character in the book faces?
8. What does resilience mean?

Pupils create some art work linked to 'Life has it's ups and downs' or You're off to great places, today is your day.

Lesson 2

Display the BOUNCEBACK acronym. Refer to Bad times don't last...

Circle time the following questions:

- What is optimism?
- What is pessimism?
- How would optimism help you to bounceback from a difficult situation?
- How would pessimism make things worse?
- Can you change the way you think to become more optimistic?
- Have you ever been in a situation you don't like and though it would never improve but it did?
- Why don't bad times last?
- When might it be hard to be optimistic?
- Can you be too optimistic? (blind faith)
- What do you think 'Confidence is optimism in action' mean?

Lesson 3

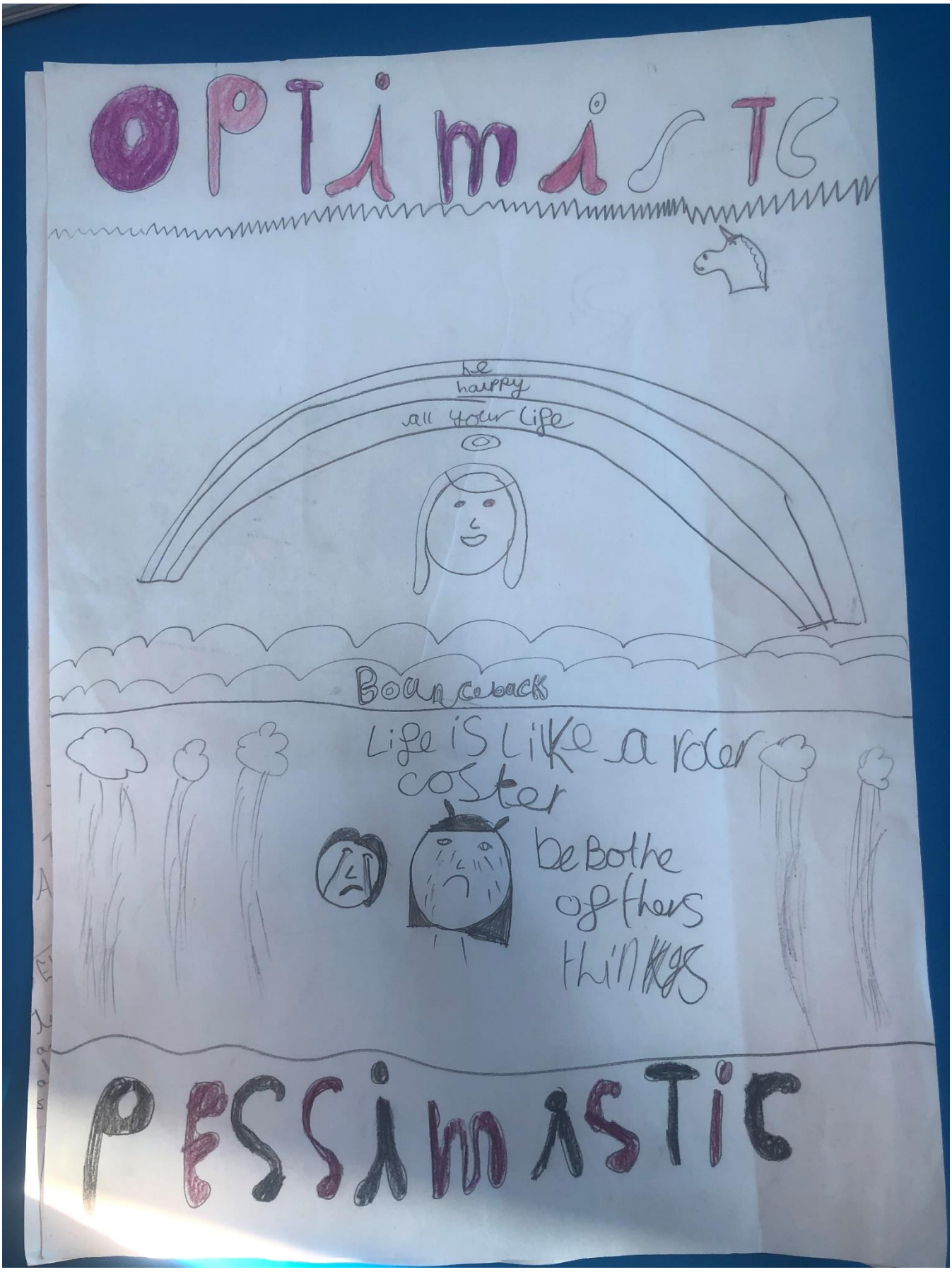
Read and discuss BLM:2.1 If I can't walk, I'll fly instead or The ship was crushed but not their spirit

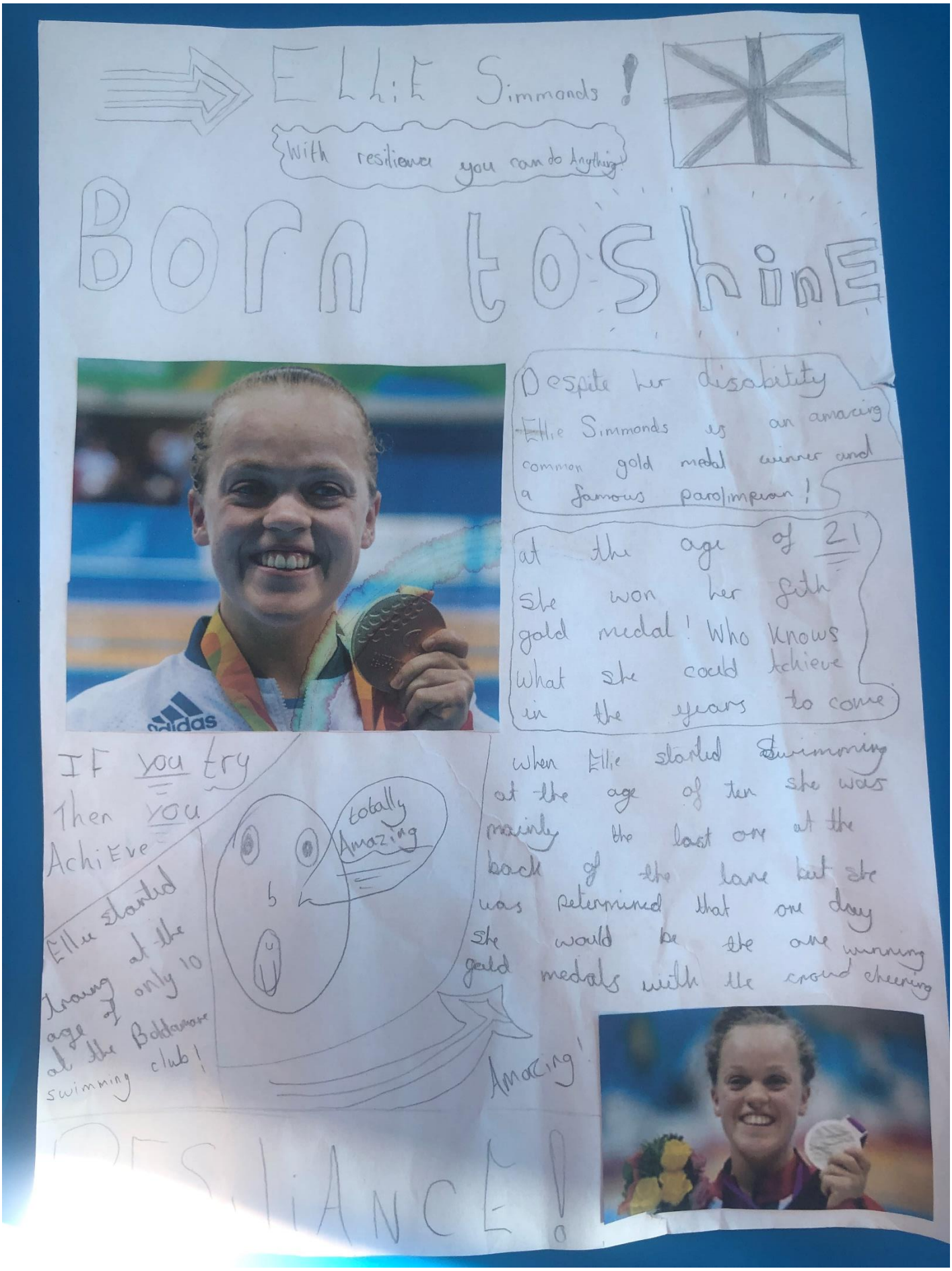
Jigsaw learning – pupils research Paralympic athletes focussing on their resilience and capacity not to give up.

Lesson 4

Refer to the 2nd BOUNCEBACK statement. Pupils interview each other to find out about who they would talk to about a friendship problem, if they had to make an important decision about changing schools, if they had to move to another country or lost a pet.

Bounce Back Interventions Examples of Work (Appendix 5)




ELLiE Simmonds!
With resilience you can do Anything!
Born toShinE
Despite her disability Ellie Simmonds is an amazing common gold medal winner and a famous parolimpian!
at the age of 21 she won her fith gold medal! Who knows what she could Achieve in the years to come
IF you try Then you AchiEve
Ellie started Training at the age of only 10 at the Boldamare swimming club!
totally Amazing
When Ellie started Swimming at the age of ten she was mainly the last one at the back of the lane but she was determined that one day she would be the one winning gold medals with the crowd cheering
Amazing!
RESiliANCE!