

Can Mindfulness Training and Practice Reduce Stress and Increase Levels of Well-Being and Self-Compassion for Secondary School Staff?

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Audrey Brotherston and Alistair Kelly

Abstract

Reducing the level of stress experienced by staff working in schools is increasingly recognised as central not only to protecting and enhancing their own well-being, but also to the development of learning environments that promote positive relational and emotional outcomes for all members of the school community. This small-scale action research project was carried out to evaluate the impact of a mindfulness-based staff training programme in relation to reducing the levels of stress, and improving levels of mental well-being and self-compassion. The study also aimed, through a mindfulness-informed change and impact model, to locate this within the broader context of strengthening relationships, enhancing well-being and promoting achievement across the whole school community. Although 15 members of staff completed the training programme, the evaluation is based on the 11 full sets of pre- and post-intervention data that were obtained from participants. Participants were asked to complete self-report questionnaires that measured stress (PSS), mental well-being (WEMWBS) and self-compassion (SCS) at three points; 2 weeks prior to the

training (baseline), 3 weeks after the completion of the training (T¹) and 17 weeks after completion of the training (T²). Results demonstrated a post-intervention reduction in stress levels for 82% of the group at T¹ and T²; a post-intervention improvement in mental well-being for 64% of the group at T¹ and for 82% of the group at T²; and, a post-intervention increase in levels of self-compassion for 82% of the group at T¹ and for 91% of the group at T². Self-compassion was also measured in terms of the SCS sub-scales, with group means increasing from baseline to T² for the 3 sub-scales in which higher scores were indicative of more self-compassion, and decreasing from baseline to T² for the 2 of the 3 sub-scales in which lower scores were indicative of more self-compassion. The results support the evidence from larger trials that mindfulness training for school staff can improve staff well-being and provide encouraging evidence that levels of stress, mental well-being and self-compassion can improve as the school year progresses. Implications for policy development are discussed.

Introduction

Teaching is one of the most stressful occupations. The Health and Safety Executive (2018) report that the profession has around double the average number of cases of work-related stress (3,020 per 100,000 workers); the National Foundation for Educational Research (2019) report on the teacher labour market in England, highlights that one in five teachers (20%) feel tense about their job

most or all of the time, compared to 13 % of similar professionals; and, Johnson, Cooper, Cartright *et al.* (2005), rank teaching in the top 3 most stressful occupations in the UK.

Within Scotland, the Educational Institute for Scotland's 2018 member survey, (the largest survey of Scotland's teachers in the last decade, with 12,250 responses), found that 76% of teachers felt stressed "frequently" or "all the time"; 88% believed stress levels were the same, or worse, than in the previous year; 64% reported working more than 5 hours above their contracted hours each week; 82% were dissatisfied with workload levels, and 78% struggled to meet the needs of young people requiring additional support. These statistics signify a crisis in teacher well-being which we ignore at our peril.

In the secondary school involved in this study, skilled, committed and conscientious staff spare no energy in ensuring young people have the opportunity to thrive. Practice is pupil-centred. In addition to National Improvement Framework priorities, staff have recently embraced with enthusiasm, restorative practices and relational-based behaviour management training. Yet, despite the alarming statistics above, individually and collectively, we have paid insufficient attention to professional learning focused on teacher well-being.

Selection for participation in The University of Oxford's MYRIAD (My Resilience in Adolescence) research project, a large scale randomised control trial

(RCT) evaluating the impact of mindfulness teaching on young people's resilience and well-being, provided a unique opportunity to change this.

In 2017/18, as part of the MYRIAD project, an initial cohort of 15 staff (14 teachers and one classroom assistant) trained in Mindfulness-Based Cognitive Therapy for Life (MBCT-L), with 5 going on to train to deliver the Mindfulness in Schools Project's (MiSP) .b curriculum to young people via Personal and Social Education (PSE). In addition to developing understanding from an experiential perspective, training was underpinned by the rationale that, in order to promote well-being and resilience amongst young people, staff themselves need emotional availability and healthy levels of personal resilience.

Participants' responses were overwhelmingly positive. Despite some initial scepticism regarding the link between staff and pupil well-being, they came to value the sessions and view these as an investment in themselves, ultimately becoming aware of an increasingly-wide range of applications in their personal and professional lives.

Involvement in this significant professional learning experience heightened awareness of the need for training that addressed colleagues' emotional needs as individuals and educators. MBCT-L training was therefore commissioned for a second cohort of staff in 2018/19 and, in order to determine whether mindfulness training could support improved well-being for staff, the Depute Head Teacher

leading the initiative and the mindfulness trainer delivering the intervention worked together on this action research study.

Background: The Policy Context and Review of the Literature

The challenges of working in schools

In a paper that highlights the centrality of teachers' social and emotional competence (SEC) to the type of pro-social classroom and school community that promotes learning and development for young people, Jennings and Greenberg (2009) describe the particular demands on the profession. These include developing a nurturing learning environment; being emotionally responsive to learners; working effectively in partnership with parents; relating professionally to colleagues and managers; managing assessment; demonstrating the highest degree of emotional regulation; teaching learners to manage relationships with their peers, and addressing challenging behaviour in a respectful and effective manner.

An extensive body of research now recognises teaching as one of the most stressful occupations, (Kyriacou and Sutcliffe, 1978; Turk, Meeks and Turk, 1982; Dunham, 1992; Chan, 1998, 2006; Johnson *et al.* 2005; and Montgomery and Rupp, 2005). Teaching, unlike most other occupations, involves frequent exposure to emotionally-challenging situations, with no opportunity for time out. Assumptions are made that teachers (and, by extension, other adults working in

schools) possess the requisite SEC to carry out their roles effectively, and training in this area (vital, according to the many research studies cited by Jennings and Greenberg) tends to be rare.

Yet the effects of inadequate SEC on teachers can result in a sub-optimal classroom climate that provokes emotional exhaustion, leading to depersonalisation: “a callous, cynical attitude towards students, parents, and colleagues” (Jennings and Greenberg, 2009, p.498) and a loss of self-belief in the agency to be effective in their roles.

Most adults working in schools can probably relate on some level to the “exhaustion, cynicism, and sense of inefficacy” characterised as “burnout” by Maslach (2003) and “empathic distress” (Halifax, 2018), even if their personal experience of such feelings are short-lived. The Mental Health Foundation’s recent survey on the nation’s mental health has uncovered that most Britons (65%) say that they have experienced a mental health problem, and the problem is most acute in the working-age population. By 2030, it is estimated that there will be approximately two million more adults in the UK with mental health problems than there were in 2013 (Mental Health Foundation, 2013). Given what we know about the particularly challenging context of work in schools, teacher well-being should be imperative to our improvement objectives.

The policy context

To teach is to be in a role of great responsibility. With the passing of the Standards in Scotland's Schools etc. Act (2000), there is a statutory requirement for education authorities to provide education for all in mainstream schools: the "presumption of mainstreaming," unless certain exceptions apply. This has been reinforced by the Education (Additional Support for Learning) (Scotland) Act 2004; the Equality Act 2010; Getting It Right for Every Child (GIRFEC) 2014, and the Children and Young People (Scotland) Act 2014. The Donaldson Report, (Scottish Government 2010) which made recommendations on initial teacher education and how to build the professional capacity of teachers, states that all teachers should be confident in understanding and addressing the consequences of various barriers to children's learning and their needs for additional support. Likewise, the General Teaching Council Scotland's Professional Standards (GTCS 2012) include expectations that teachers meet all learners' needs, remove barriers to learning, and recognise and intervene appropriately when a learner's behaviour signifies distress.

Since approximately 1 in 4 children now require ASL (Scottish Parliament, 2017, p.3) and these additional support needs may encompass, for example, difficult family circumstances, disability, health, social, emotional or learning difficulties, or an inappropriate curriculum, the pressure on staff, and in particular on pastoral support staff in schools, is significant. Their role involves front line work with young people facing extremely challenging and sometimes harrowing

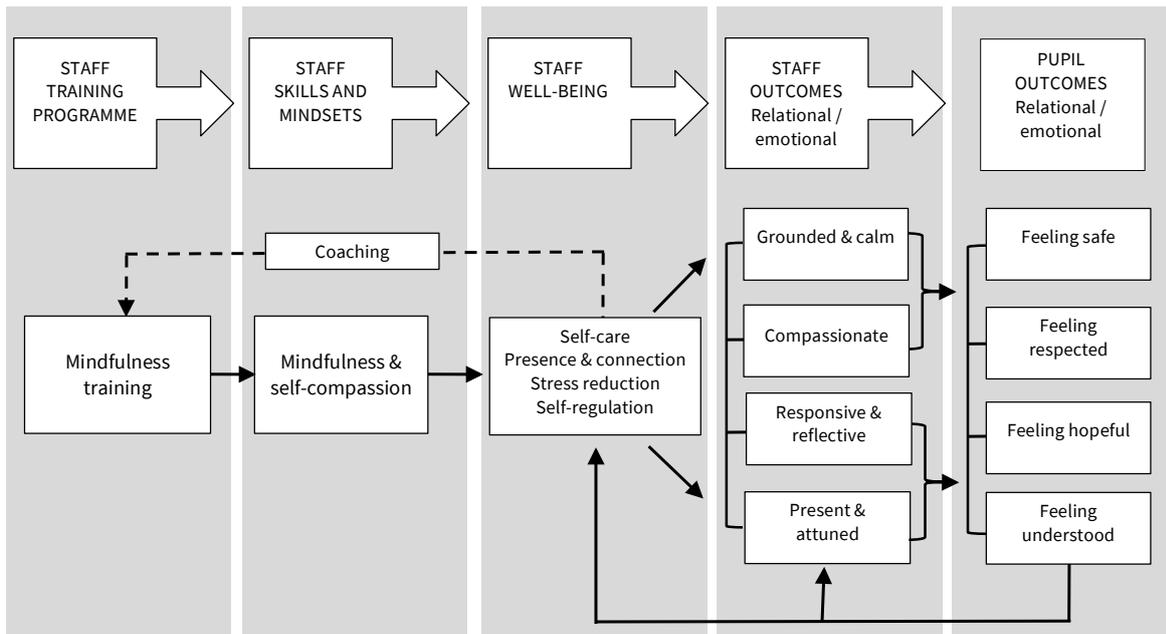
situations. According to Audit Scotland (2018) 1 in 10 young people aged 5 – 16 (roughly 3 children in every class) will experience a mental health problem. Given the average waiting time until first treatment appointments with mental health specialists is 11 weeks, teachers' first line support for young people is critical. However, unlike other professionals - e.g. social workers, school counsellors and educational psychologists, teachers receive no professional supervision: there is no formal support for their emotional needs, only informal support from more experienced colleagues, if available.

The study school's local authority takes its duty of care seriously and is responsive and encouraging towards new developments. In compliance with the Health and Safety at Work etc. Act 1974, Stress Management is one of the health and safety standards within the authority's Health and Safety Policy, and courses are offered to support this: A Positive Approach to Handling Stress (employees); The Management of Workplace Stress (managers), and Mentally Healthy Workplace training. There are presently 32 Suicide First Aiders trained in Applied Suicide Intervention Skills training (ASIST) and teachers are offered SafeTalk and Scottish Mental Health First Aid (SMHFA): basic training courses in mental health problems and suicide prevention which give confidence in approaching a person in distress and connecting them with appropriate services.

A great deal of work is therefore happening within and across schools, with partners in the health service, social work, police and third sector organisations to strengthen universal and targeted supports for young people. However, the gap outlined above in regard to specific support for teacher well-being exists. It is to be hoped that outcomes of this and similar projects will influence local and national policy agenda in terms of highlighting the need for support that specifically targets the emotional well-being of school-based staff.

To highlight how the training approach taken in this study could align with an integrated model that targets positive emotional and relational outcomes for staff and pupils, and which recognises the important interaction between the two, the model outlined in Fig.1 (adapted from Roeser *et al.* (2013) is proposed as a framework that could usefully inform policy development within the area of staff support and well-being..

Fig. 1 Staff mindfulness training and coaching – change and impact model



The national policy driving most of the work in Scotland’s schools at present is the National Improvement Framework (2018) which aims to deliver excellence and equity in education, with the Scottish Attainment Challenge particularly focused on closing the poverty-related attainment gap.

It is now universally accepted that the single most important driver of pupil attainment is quality of teaching. From their analysis of 400,000 students in 3,000 schools, Hanushek, Rivkin and Kain (1998), identified teacher quality as the most important school-related factor influencing student achievement, with the difference added by a good teacher representing up to one grade level of extra progress a year. The Education Endowment Foundation (EEF), the leading independent research organisation dedicated to breaking the link between family income and educational achievement, takes the overarching importance of

teacher quality as read, dedicating its attention to the effective practices and characteristics which define this.

Arguably the most significant piece of educational research in recent years, John Hattie's (2009, 2012) *Visible Learning*, describes 8 mind frames crucial for teachers to be effective. Central to these are that teachers embrace their responsibility to develop positive relationships and believe in their ability to effect change. Aligning closely with the relational and emotional outcomes highlighted in Fig. 1 in terms of promoting high levels of staff well-being and minimising the risk of the "burnout cascade" identified by Jennings and Greenberg (2009), this integrated framework has the potential to link the national drive to close the poverty-related attainment gap with the urgent imperatives of enhancing relational-based practice, and radically improving the levels of well-being experienced by staff in our schools.

Additionally, given what we now know from one of the largest public health studies of our time, the Adverse Childhood Experiences (ACE) study (Anda, Felitti, *et al*, 2006) which posited that although ACE are a leading determinant in the major mental and physical illnesses in the Western world, mentally-healthy schools can be a hugely important protective factor for young people via adults who can listen with understanding, validate feelings, show empathy and provide education about mental health, making moves to strengthen the mental and

emotional well-being of teaching and support staff in schools makes perfect sense.

Jennings and Greenberg (2009), referencing the work of Weinstein (1999), describe with clarity the “paradigm shift” in education away from a culture of imposed rules and teacher-directed learning to practice that fosters students’ self-regulation and capacity to direct their own learning (p.507). Understandably, this requires advanced SEC, and the ability to manage the ambiguity that sometimes results from encouraging independence from learners. In recognition of this, the school has recently invested in training based on the work of Paul Dix (2017). Dix promotes the importance of staff working together to develop a whole-school ethos built on the consistent practice of kindness, empathy and understanding, encouraging adults working with young people to consciously cultivate “botheredness”: showing an interest in and care for young people. Similarly, Kounin (1970) describes “withitness,” a state wherein teachers notice and respond skilfully to often subtle changes in the behaviour and emotions of students, and Marzano *et al.*, (2003) a “mental set” which drastically reduces classroom disruption. Marzano, Kounin and Dix’s concepts all demand of teachers an attuned awareness which supports well-being and progress in learning. Such focused attention is only possible when teachers are free from debilitating stress and have high levels of personal well-being. If society wants schools to maximise their potential as important protective factors in the lives of vulnerable young people, the rationale for investing in teacher well-being is clear.

Why mindfulness?

The complex, unpredictable and rapidly changing context within which educational professionals now operate calls for relational practices of the highest order (Jennings and Greenberg, 2009). These practices require that individuals not only manage challenging relationships with others (pupils, parents and colleagues) but also the relationships that they have with themselves and the environments in which they work (Treisman, 2017).

Mindfulness is typically seen as a personal mind/body practice that is deployed by the individual in the interests of his or her own self-care and well-being; and, indeed the starting point is the mindfulness practitioner cultivating the type of "awareness that emerges when we pay attention in a particular way: in the present moment, with curiosity and kindness, to things as they are" (Bernard, Cullen and Kuyken, 2017).

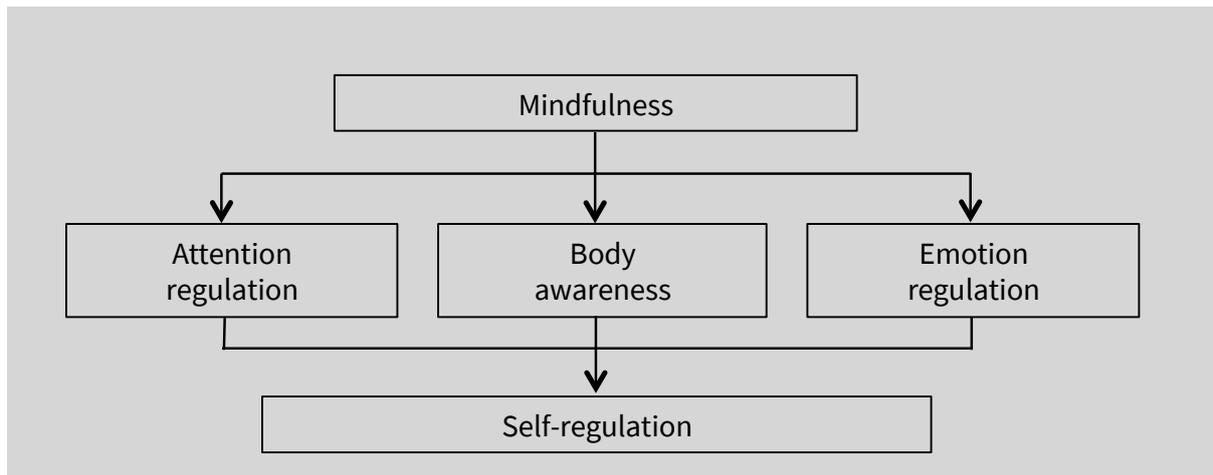
However, like resilience, mindfulness is "built with relationships and resources, intersecting the individual with the community and the society in which they live" (Cherry, 2018). Seen from this perspective, mindfulness is not the individualising and system-ignoring villain of the McMindfulness critique (Purser, 2019), but a radical, insightful and compassionate way of being that can transform how we relate to ourselves, and to each other, on an individual and collective basis (Comstock, 2015).

The power of mindfulness in addressing the challenges faced by educational professionals is that it allows them to develop skills and mind sets

that impact not only on their own well-being but also on the quality of relationships that they have with others (Roeser *et al.*, 2013). Within a school environment, the outcomes of these mindfulness-influenced relationships can emerge simultaneously at the level of the individual, the group and the culture as a whole.

In terms of the current study, the focus has been on evaluating whether a mindfulness-based training initiative can contribute to an overall improvement in staff well-being. The key processes involved in this (Fig. 2), (Treleaven, 2018), are those highlighted earlier in relation to teachers' need for a critically attuned awareness that supports well-being and progress in learning (Dix, 2017).

Fig. 2 From mindfulness to self-regulation (Treleaven, 2018).



Trauma Sensitive Mindfulness, Treleaven, 2018

Mindfulness-based interventions have shown promise in alleviating stress and promoting well-being (Khoury *et al.* 2013; Beshai *et al.* 2015). As a result, there have been significant initiatives to introduce mindfulness within schools as an acceptable and non-stigmatising approach to reducing stress and improving well-being for both teachers and pupils (Meiklejohn *et al.* 2012).

Skinner and Beers (2016), examining the literature on stress and resilience, highlight that using constructive coping can transform stressful interactions into learning opportunities which lead to enhanced levels of professional satisfaction. In their view, mindfulness practice can imbue teachers with resources to do this. They cite a number of studies (Benn *et al.*, 2012; Kemeny *et al.*, 2011; Roeser *et al.*, 2013; Taylor *et al.*, 2014) which indicate reductions in “exhaustion, discouragement and disaffection” and increases in “well-being and satisfaction with teaching”. Their vision of the potential for mindfulness training to support teachers in coping with stress; in responding wisely and ethically; in viewing ‘problems’ as informative feedback; in being fully engaged and present in

interactions, and in having better access to their students' cognitive capacities, due to less frustration and rumination, is potentially liberating and certainly worth further consideration within the context of Scottish education.

Hwang *et al.* (2017), in a meta-analysis of 16 studies of mindfulness-based interventions involving education professionals, which includes quantitative and qualitative studies, found encouraging results in relation to staff well-being. Within the quantitative studies, there was evidence of positive effects on reductions in perceived stress and burnout; physiological effects of stress measured by cortisol levels; sleep quality; depression; anxiety, and increases in mindfulness and self-compassion. Studies which also looked at teacher performance noted increases in organisation and sense of efficacy amongst other measures.

Within the qualitative studies, teachers reported becoming more aware of stress in their bodies and how to release it; using mindfulness practices to address conflict and to respond rather than react. They further reported noticing links between thinking and feeling; being able to watch habitual thoughts rather than react to them; feeling more present in the moment; being able to choose how to respond even in tense situations, and being more tuned in to students and their needs. Hwang *et al.*, comment that "as teachers' capacity to cope strategically with stress and difficult emotions developed, their attunement to students' needs grew, alongside their compassion and kindness to others and themselves." (Hwang *et al.*, 2017, p.39).

Emerson *et al.* (2017) who reviewed 12 (quantitative and qualitative) studies of the effects of mindfulness-based interventions on teacher stress, self-efficacy or emotional regulation, found that through the development of decentering, regulation of attention and self-compassion, individuals could develop strategies for improving emotion regulation that led to improved self-efficacy and reduced stress (p.1145). Emotion regulation stood out as the most significant gain and, being related to SEC, points the way to improving classroom environment and pupil well-being as envisaged by Jennings and Greenberg (2009). Whilst none of the studies was able to chart longer-term effects, the potential was clear.

The wider context for study, however, is the proposition that mindfulness can enhance well-being and the relational quality of teaching practice. Central to this is the major bearing that the teacher-pupil relationship has on educational outcomes for pupils and psychological outcomes for both (Fig.1). In terms of policy development at school, authority and national level, this should be seen as part of a broader approach to improving well-being for all, an approach that recognises the complex interplay between culture, system, group and individual.

Research Design

Participants

Participants in this study were recruited from the same medium-sized, comprehensive urban secondary school in the West of Scotland. Individuals included in the study were 13 teachers, one classroom assistant and one home-link worker. All of the 15 participants completed the course. Full data was obtained from 11 of the initial 15, representing 73% of the participants recruited. Informed consent for inclusion in the study was obtained from all participants. Participants were not compensated for their participation.

The group of 11 participants, for whom full data was obtained, consisted of 4 males and 7 females. Of these, 9 were teachers, one was a classroom assistant and one was a home-link worker. The average length of participants' time in a teaching / education support role was 10 years 9 months (range: 2 years 8 months to 31 years) and the average length of time in their current school was 7 years 4 months (range: 1 year 8 months to 26 years).

Procedure

Participants were recruited from school staff who had volunteered to take part in an 8-week mindfulness training programme. The training programme was the second to be offered to staff in the school, with 15 others having completed this during the previous school year. Both groups accessed the same course, Mindfulness-Based Cognitive Therapy for Life (MBCT-L).

Participants were aware that the programme's primary focus and intended outcomes were related to staff well-being. However, they were also aware that

intended secondary outcomes linked to pupil well-being and that the school was currently involved in the University of Oxford's mindfulness-based My Resilience in Adolescence (MYRIAD) research programme.

To ensure that consent to participate in the MBCT-L training programme and the associated research study was fully informed, an introductory presentation and question and answer session was offered to all interested staff. It was emphasised that participation was voluntary and that the training course could be completed without having to participate in the research study. Participants were informed at this stage that the research study's quantitative data would be independently collected by the course trainer and researcher, that confidentiality would be protected and no identifiable data would be shared with school or local authority personnel. Participants were also informed that they would have the opportunity to obtain post-analysis profiles of their personal data.

After individual consent had been obtained and two weeks before the commencement of the MBCT-L course, data collection point T⁰, each participant was issued with a pre-intervention set of questionnaires and asked to complete and return this to the trainer / researcher prior to the start of the training programme. All questionnaires and return envelopes were coded with randomly generated numerical personal identifiers. The information for matching identifier codes and participants was held securely outwith the school and was destroyed at the study's completion.

The 8-week MBCT-L course ran between 20 September and 22 November 2018, with the 2 hour group teaching/practice sessions taking place between 16.00 and 18.00 on Wednesday afternoons during term time. Participants also attended a mindfulness practice day on the Saturday between session 7 and session 8.

The training intervention used in the study, MBCT-L (Bernard, Cullen & Kuyken, 2017), is an adaptation of the original Mindfulness-Based Cognitive Therapy (MBCT) programme developed by Williams, Segal and Teasdale (2003, 2013), and is intended as a universal taught face-to-face programme applicable to the general population. MBCT-L offers "mindfulness practices and cognitive-behavioural techniques in ways that are intended to be accessible to all. It offers a different way of living that supports people to work with distress and difficulties, but also to savour life, realise their potential and to flourish" (Bernard, Cullen & Kuyken, 2018).

The study used the MBCT-L programme in its traditional teacher-led, group-based, and between-session home practice format. It progressed through the development of mindfulness skills in the early part of the programme, developing understanding and insight of the factors that create and maintain distress and how mindfulness training can address these maintaining factors, to applying this learning to everyday life in the second half of the programme, (Bernard, Cullen & Kuyken, 2018).

Three weeks after the end of the programme (13 December 2018), at data collection point T¹, participants were asked to complete and return the first set of post-intervention questionnaires. These were the same questionnaires that had been completed prior to the start of the course and were issued under the same conditions of protected anonymity.

17 weeks after the end of the programme (21 March 2019), at data collection point T², participants were asked to complete and return the second set of post-intervention questionnaires. These were the same questionnaires that had been completed prior to the start of the course and three weeks after the end of the course, and were again issued under the same conditions of protected anonymity.

Semi-structured interviews were carried out with four participants in May 2019. This qualitative data was collected and analysed on a thematic basis to facilitate a more in-depth analysis of participants' experiences during and after the course, to explore perceptions and observations regarding its impact, and to assist with hypothesis generation for subsequent research. This data is presented in appendix 1.

Measures

The quantitative strand of this study involved pre-intervention and post-intervention self-report measures of stress, well-being and self-compassion.

Participants' stress levels were assessed using Cohen's (1983) Perceived Stress Scale (PSS). This 10-item scale is based on questions about feelings and thoughts during the past month. Higher scores on the PSS reflect higher levels of stress. The PSS is scored on a five-point (never, 0 – very often, 4) scale, with four items reverse-scored and summed to a total score (range 0-40).

Well-being was measured using the 14-item Warwick-Edinburgh Mental Well-being Scale (WEMWBS) developed by Stewart-Brown *et al* (2011). The WEMWBS is designed to capture the affective-emotional, cognitive-evaluative and psychological functioning dimensions of well-being using a five-point (none of the time, 1 – all of the time, 5) scale and summed to a total well-being score (range 14-70).

Participants' levels of self-compassion were assessed using the total-score and the six sub-scale scores of Neff's (2003) Self-Compassion Scale (SCS). The SCS is a self-report, five-point scaling measures that indicates how often participants respond to feelings of failure, inadequacy or personal suffering with self-judgement, self-kindness, isolation, common humanity, over identification and mindfulness. In three of the sub-scales (isolation, over-identification and self-judgement), higher scores are indicative of less self-compassion. In the other three (self-kindness, common humanity and mindfulness), higher scores are indicative of more self-compassion. A five-point rating scale is again used (never / almost never, 1 – almost always / always, 5), with higher total scores indicative of greater self-compassion. Participants' scores are reported as the item mean for

each sub-scale and the item mean (after the reversal of negatively keyed items) for the combined total SCS score.

The qualitative strand of this study was based on a thematic analysis of semi-structured interviews that were carried out with four of the participants.

Findings and Analysis

The main findings of the study are quantitative and are framed in relation to the first part of the study's research question: "can mindfulness training and practice improve relational and emotional outcomes for staff and contribute to the development of learning environments that promote and prioritise well-being for all?" The second part of the research question is addressed in the more restricted qualitative strand of the study and the associated analysis sections.

Main Findings

Given the small sample size and absence of a control group in the research design, results are presented only in the form of descriptive statistics. While firm conclusions cannot be drawn from this study, it is none the less useful and informative in terms of detailed reporting on one aspect of a staff training intervention that was explicitly focused on personal well-being. Results are discussed primarily in relation to existing research findings, potential policy implications and hypothesis generation for future research initiatives.

The mean total scores on the PSS (stress), WEMWBS (well-being) and SCS (self-compassion) identified by staff through self-reporting at the three data collection points (pre-intervention T⁰, post-intervention T¹ and post-intervention T²) are summarised in Table 1 and Figures 1, 2, and 3.

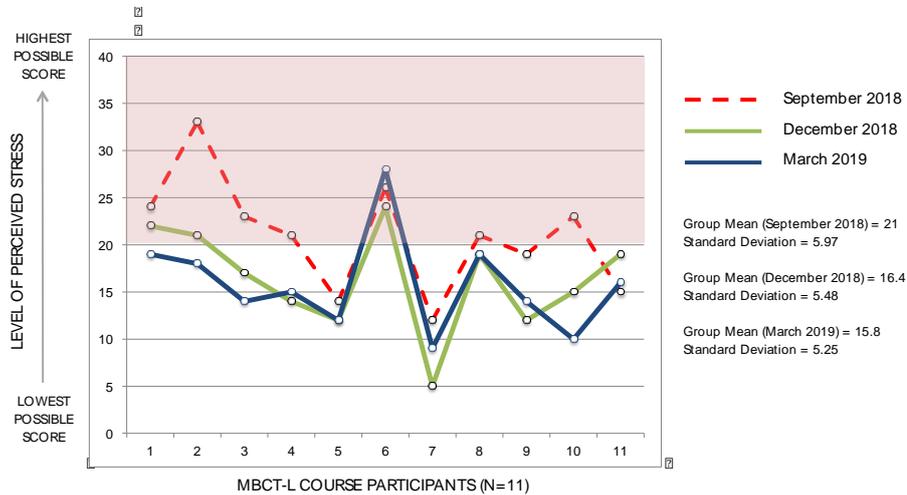
On each of the three measures, the mean total score for the group improved from the pre-intervention data collection point (T⁰) to the first post-intervention data collection point (T¹), and improved again from the first data collection point (T¹) to the second data collection point (T²).

Table 1 Descriptive statistics of pre- and post-intervention group means

Measure	Pre-intervention	Post-intervention		Post-intervention	
	T ⁰ M (SD)	T ¹	M (SD)	T ²	M (SD)
PSS	21 (5.97)	16.4 (5.48)		15.8 (5.25)	
WEMWBS	43.8 (7.2)	49.9 (6.56)		51.2 (5.58)	
SCS	2.8 (0.55)	3.2 (0.44)		3.4 (0.39)	

PSS Perceived Stress Scale, WEMWBS Warwick-Edinburgh Mental Well-Being Scale, SCS Self-Compassion Scale.

Fig. 1 Distribution of pre- and post-intervention PSS scores



The Perceived Stress Scale is based on questions about feelings and thoughts during the past month. Cohen’s research suggests that scores around 13 should be considered average and that high stress groups usually have a stress score of around 20 points. Scores of 20 or higher (in the shaded area of Fig. 1) are considered to indicate high levels of stress.

Perceived stress levels for the majority of participants reduced following the training intervention, with this level being maintained after 4 months. Reassuringly, 6 of the 7 participants in the high stress zone prior to the training intervention had fallen out of this after 4 months.

Fig. 2 Distribution of pre- and post-intervention WEMWBS scores

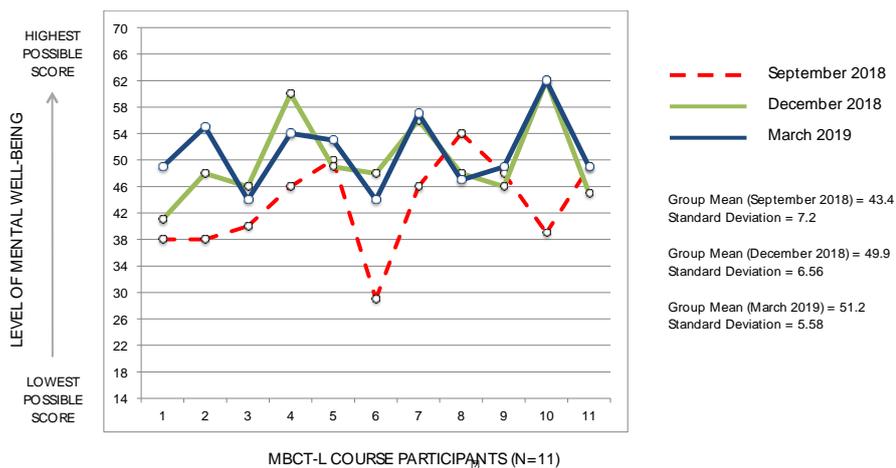


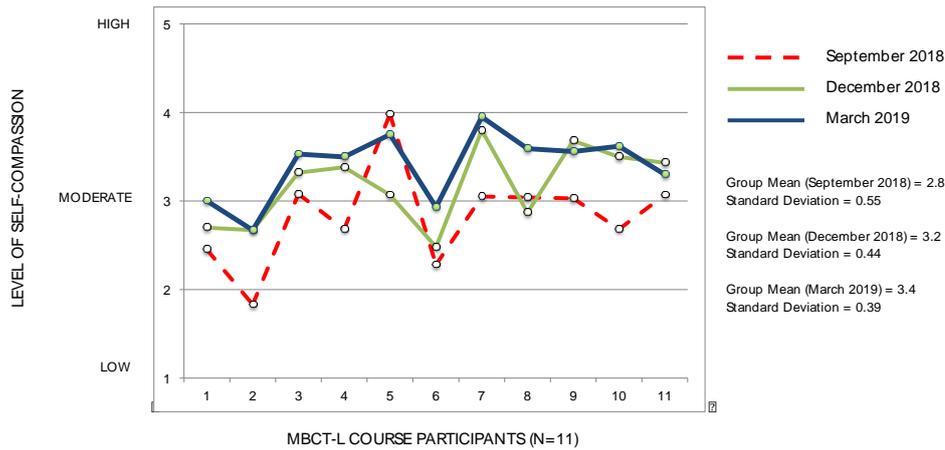
Fig. 3

The Warwick-Edinburgh Mental Well-being Scale is a widely used scale that has been validated for the measurement of mental well-being among adults in the UK (Tennant *et al.* 2007). Increases of between 3 and 8 points are considered to demonstrate a meaningful improvement in well-being.

Perceived stress levels for the majority of participants reduced following the training intervention, with this level being maintained after 4 months. Reassuringly, 6 of the 7 participants in the high stress zone prior to the training intervention had fallen out of this after 4 months.

Mental well-being increased from the pre-course levels for the majority of participants following the training intervention with this being maintained after 4 months. Increases were within or beyond the 3 and 8 point range considered to demonstrate a meaningful improvement in well-being.

Fig. 3 Distribution of pre- and post-intervention SCS total scores



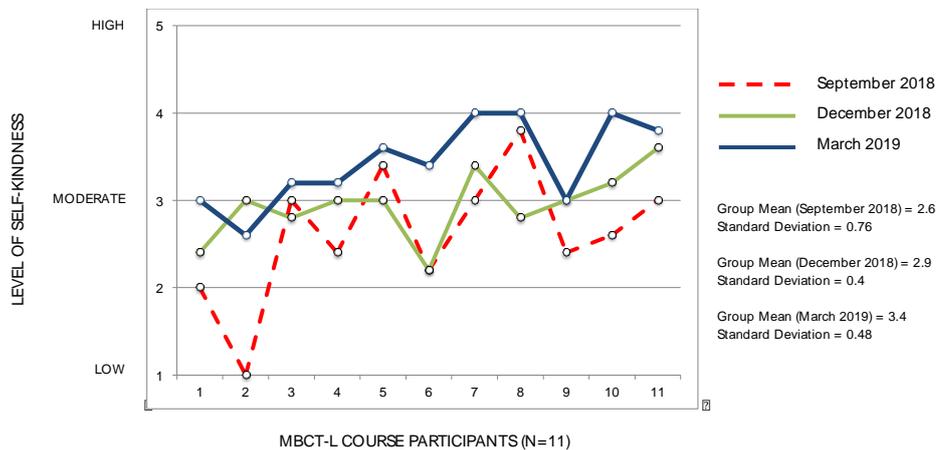
The Self-Compassion Scale is a widely used scale that measures self-compassion as a system-level balance between compassionate self-responding (self-kindness, common humanity and mindfulness) and reduced uncompassionate self-responding (self-judgement, isolation and over-identification). Sub-scale scores are combined into a total SCS score provide a measure of self-compassion as a holistic state of being. Research using the SCS suggests that self-compassion is a key indicator of well-being (Neff, 2003).

Total self-compassion score increased in 10 of the 11 participants between the pre-course baseline data collection point and the final data collection point 4 months after completion of the course. Significantly for 8 of these participants, self-compassion levels were higher 4 months on than at the end of the course.

As self-compassion and well-being are closely associated, the SCS sub-scales were analysed to identify whether specific patterns and changes existed in relation to six factors underpinning the single measure of self-compassion shown

above. The distribution of pre- and post-intervention scores and group mean scores for each of the SCS sub-scales are shown in Figures 4, 5, 6, 7, 8 and 9.

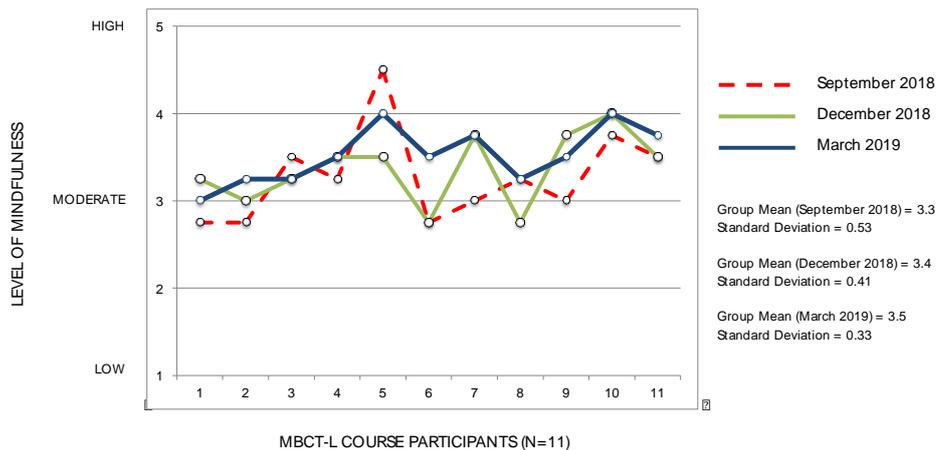
Fig. 4 Distribution of pre- and post-intervention self-kindness scores.



Items on this sub-scale measure how often participants responded to feelings of failure, inadequacy or personal suffering with self-kindness (e.g. I try to be loving towards myself when I'm feeling emotional pain). Higher scores on this sub-scale are indicative of more self-compassion.

Scores on the self-kindness sub-scale increased for all participants between the pre-course baseline data collection point and the final data collection point 4 months after completion of the course. Significantly, levels continued to increase for 9 of the 11 participants from the end of course data collection point (T¹) and the final data collection point (T²).

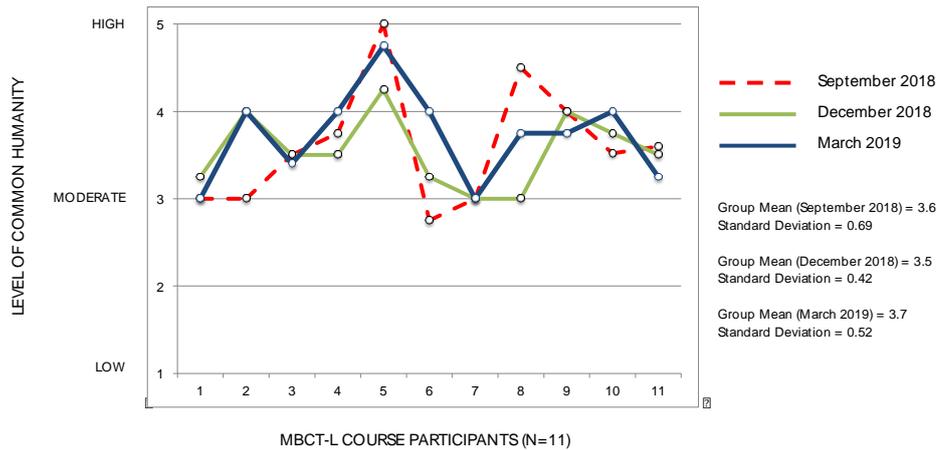
Fig. 5 Distribution of pre- and post-intervention mindfulness scores.



Items on this sub-scale measure how often participants responded to feelings of failure, inadequacy or personal suffering with mindfulness (e.g. when something painful happens I try to take a balanced view of the situation). Higher scores on this sub-scale are indicative of more self-compassion.

Changes on the mindfulness sub-scale were relatively limited, with group mean scores moving only from 3.3 (baseline), to 3.4 (T¹) and 3.5 (T²). Given that increasing levels of mindfulness are seen as central to the process of change, this is significant and warrants further investigation with a mindfulness-specific measure such as the FFMW scale (Baer, 2003). A possible reason for the relatively small degree of change may have been that participants' were self-assessing their levels of mindfulness from a very different knowledge base pre- and post-intervention.

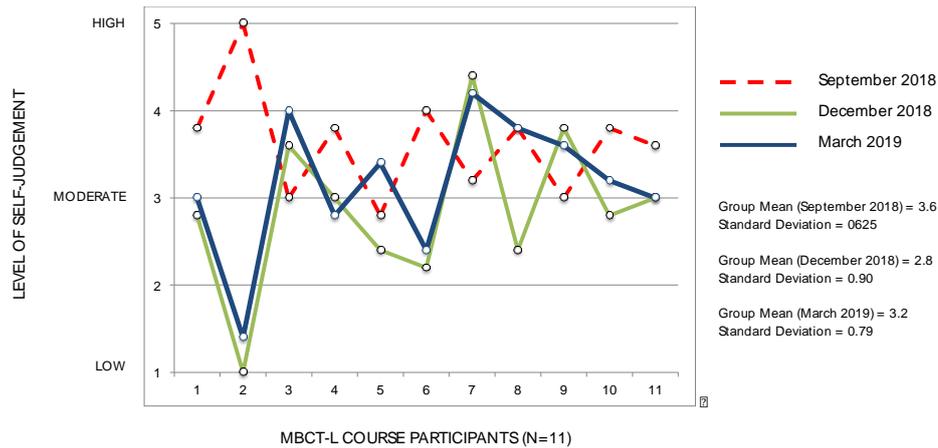
Fig. 6 Distribution of pre- and post-intervention common humanity scores.



Items on this sub-scale measure how often participants responded to feelings of failure, inadequacy or personal suffering with common humanity (e.g. I try to see my failings as part of the human condition). Higher scores on this sub-scale are indicative of more self-compassion.

Scores on the common-humanity sub-scale remained relatively stable, with this dimension of self-compassion notably within the medium to high level prior to the training intervention.

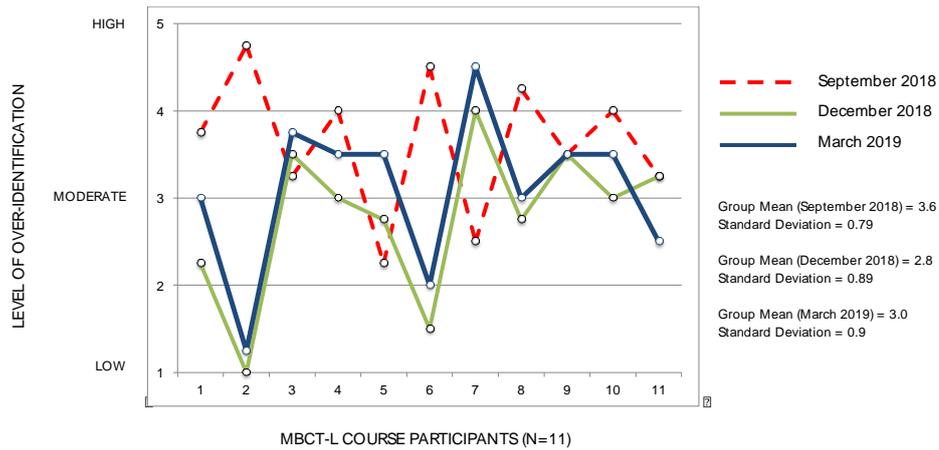
Fig. 7 Distribution of pre- and post-intervention self-judgement scores.



Items on this sub-scale measure how often participants responded to feelings of failure, inadequacy or personal suffering with self-judgement (e.g. I'm disapproving and judgmental about my own flaws and inadequacies). Higher scores on this sub-scale are indicative of less self-compassion.

Scores on the self-judgement sub-scale were more varied, with 6 of the 11 participants recording a reduction in their level of self-judgement between baseline and T². With most levels clustering within the moderate to high range over the course of the study, this represents an aspect of self-relating that could be usefully returned to in mindfulness-related follow-up work - e.g. through further training or deepening practice sessions.

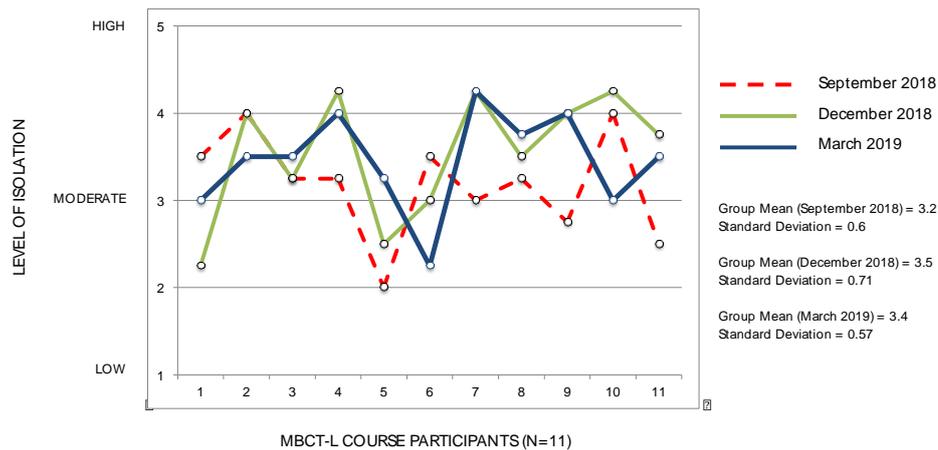
Fig. 8 Distribution of pre- and post-intervention over-identification scores.



Items on this sub-scale measure how often participants responded to feelings of failure, inadequacy or personal suffering with over-identification (e.g. when I'm feeling down I tend to obsess and fixate on everything that's wrong). Higher scores on this sub-scale are indicative of less self-compassion.

Scores on the over-identification sub-scale were also varied, with significant contributions to the group mean differences coming from the 3 highest-scoring baseline participants whose levels of over-identification reduced significantly after the intervention. Again, what emerges from this small sample is the medium-to-high-level scoring on pre-training measures associated with low levels of self-compassion.

Fig. 9 Distribution of pre- and post-intervention isolation scores.



Items on this sub-scale measure how often participants responded to feelings of failure, inadequacy or personal suffering with isolation (e.g. when I think about my inadequacies it tends to make me more separate and cut off from the rest of the world). Higher scores on this sub-scale are indicative of less self-compassion.

The isolation sub-scale was the one dimension of self-compassion that followed a deteriorating trend over the course of the study, with 8 of the 11 participants showing increased levels of isolation at T² in comparison with baseline. When viewed alongside the positive change on PSS, WEMWBS and the other SCS subscales, this may indicate withdrawal as a negative coping strategy that is particularly entrenched for teachers individually and culturally. This represents an aspect of responding to stress that could be usefully returned to in mindfulness- related follow-up work and is one that warrants further research in terms of the potential implications for a culture change in schools and the development of effective support systems for staff.

As we have already indicated, our study had limitations. These included a small sample size and the absence of a matched control group. Ideally, the study would have included a more developed qualitative strand through which in-depth analysis of the intervention and its impact could be explored with participants.

A full thematic analysis of semi-structured interviews was planned. However, this was not completed due to time constraints. A limited amount of qualitative data was gathered and is presented in appendix 1. Future work could be usefully extended to include identification and investigation of individual and whole school implementation issues, relational and emotional outcomes for pupils, and longer-term well-being outcomes for staff.

Conclusions

Although the findings from this small-scale, single-school study cannot be generalised, they provide valuable insight into the potential impact on staff well-being of a group-based mindfulness training programme. The study highlights the benefits of addressing well-being from a mindfulness-informed perspective in a manner that is normalising, non-stigmatising and mutually supportive.

While the focus of this approach is ostensibly individualised, the group-based nature of the training programme provides mutual support and addresses well-being within the context of an open and collaborative school culture. In addition, and of particular relevance to the context in which it is being applied,

the approach has the advantage of being clearly aligned with the relational practices that lie at the heart of teaching.

The results of the study suggest that cultivation of mindful awareness, and attuned and compassionate ways of relating to self and others, can have significant benefits for individual and collective well-being. As a school community, we will continue to work towards harnessing the potential of mindfulness as outlined in the staff mindfulness training and coaching change and impact model.

In concluding this research report, we would like to reinforce the case for developing mindful awareness and attuned and compassionate ways of relating, not only at an individual and group level, but also at a cultural and systemic level within our education system. To facilitate this, we would advocate an integrated and multi-level approach where stress is framed as an individual reaction to chronic conditions of social threat (Leonard, 2019). Renewed efforts, at national and local level, to tackle the issues identified in the EIS Member Survey (2018) would be a significant systemic and cultural contribution to addressing the complex challenges that are now associated with staff and pupil well-being across Scotland.

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Appendix 1

Key themes and quotes from semi-structured interviews

During May 2019, four participants discussed their experiences of training and practice, and its impact on them with either, one of the report authors who was not involved in delivering the training, or a teacher colleague trained in MBCT-L who was not part of the research study.

1. Impact on stress levels

- "I've started doing some exercises in the morning and I've incorporated one of the breathing exercises [interviewee demonstrates]. I did it this morning, and I feel calm as anything."
- "It has been beneficial... it's hard to explain unless you're inside here [gestures towards self] but I do feel calmer."
- Interviewee describes how "being in the moment" has helped his golf!
- Describes "slowing things down" and space to reflect.
- "made me be aware of stress" "see the signs and do a mindfulness practice"
- "I was pleasantly surprised when I got the feedback that my stress levels had diminished. Stress-level I am in a better place. Overall it has had a positive impact on my well-being. I do feel that it makes you more reflective and not become overwhelmed or overcharged with things that are going on."

- "The sitting for a few minutes quiet contemplation and focusing on my breathing. I think I really got quite a lot of that, actually. It allows me to just refocus my thoughts and it's that, 'respond don't react'... The other premise of being kind to yourself, not too hard on yourself and self-critical. Because it's a stressful job and I think it's workload I get stressed about. I don't often get stressed in a classroom environment, it's workload and keeping on top of my workload I get stressed about. So just being kinder to myself in terms of not being so self-critical: you're not working hard enough or managing your time well enough. I'm being a bit kinder to myself about these things."

2. Impact on general well-being

- "I do feel ... I've been trying to watch what I'm eating ..."
- "It's made me reflect on my life and see the positives more." "so many techniques you can use to make you feel more positive, so I try to fit that in and tell other people about it as well."
- "You need to invest the time."
- "It changed my mindset and the way I looked at well-being; trying to occupy the moment rather than looking back or forward. It's shown me ways in which I can improve well-being for myself and the young people."

3. Relating to self

- Interviewee describes a train journey recently where he was more aware of relaxing and enjoying looking at nature: "there was this fox ... you know you just notice things you maybe wouldn't have noticed before."
- "That's probably the most important because I'm dead hard on myself and dead reflective and I always think things are down to me, but sometimes things aren't in your control and you've got to just let them go ...and be nicer to yourself. I think that's definitely been the most helpful thing in mindfulness."
- "To be honest with you, my nature is that I am the one to blame if something has gone wrong and I suppose there are still times when I would still do that, but there are times when I can park that and reflect and say, no, you weren't in the wrong there. The ability to do that now and step aside ... and say ... you did the right thing, maybe not the way it should have been done, but there's a recognition that it was done with good intention. That's more than it would have been before."
- "It is about being kinder to myself."

4. Relating to others

- "It's definitely made me a better teacher because I can definitely see the signs of stress in kids and then I can help them. I can tell them some of the techniques to help them to cope better with their mindset. [Gives example of exam stress.]"

- "I'm less harsh on other people as well, because you recognise that other people have things in their lives and they're stressed and sometimes maybe their mindset is not good."
- Interviewee references the three major professional development strands he has been involved with this session: growth mindset, relational-based behaviour management, and MBCT-L. "Those three have been really good this year in terms of how we interact with the young people and trying to be more empathetic to how they're feeling, as opposed to just their behaviours at face value"

5. Anything that surprised you?

- Describes using the body scan over several months to help with sleep.
- "I definitely found it easy to meditate and do the lying-down practices and the sitting practices, which I didn't think I would be able to do because I am a kind of energy ADHD person who always likes to be doing something and be active and I find it dead hard to relax. So I thought, there is just no way I'd be able to do that but I was probably the most relaxed!"
- "One of the things I liked the best was the 10 gratitudes, and it's so simple and straightforward but it has such a big impact on your mindset, so I think just the wee things you can do quickly are really important as well, and that surprised me."

- Reflects that she learned about meditation and yoga whilst travelling, but “that was not something that I was going to take away, whereas this is something I can actually see fitting into my life.”
- “That I actually lay down on the floor and went to sleep for half an hour [laughs]. Actually some of the things I wasn’t comfortable with [describes mindful movement]. But the best session for me was the Saturday. You’d to be quiet: you weren’t allowed to talk at all. I just went into a wee world of my own and I was thinking about things. That has come out of this. To have that reflective time was really good.”
- Reflects on usual routine of coming into work early “that’s my quiet time ... and I know no one’s going to be at the door and disturb me.” Realises he would like more of this and that the practice has made him aware this is a way that he resources himself.

6. Anything you found challenging?

- Describes trying to eat a raisin slowly and mindfully, and the challenge of slowing this down and noticing all the sensations.
- Humour regarding falling asleep during practice.
- “I do feel sometimes like there’s something different. I feel different inside, but it’s hard to explain. Your thoughts are maybe different than they were before. I don’t know how to explain. It has an effect.”

- "Fitting things in. Sometimes when you've had a hard week and you're tired, you don't want to do it: you'd rather see your friends or sit and read a book. Maybe the hard thing is to make yourself do it and try and find time every day to do it."
- "Certain things take you out of your comfort zone. I know who I am: that's not me. Nothing that I felt, I don't want to do that. Sometimes I felt it difficult to visualise certain things. Although I am a very visual person, getting my mind to do that is sometimes difficult and I am still practising."

7. How could we support your practice?

- "A wee refresher course" would be good.
- "A wee mindfulness group at lunchtime would be good: a place where people could go, talk, not talk, do some of the practices, instead of sitting in a busy staffroom or doing things for kids at lunchtime. Some of the big businesses in Glasgow have a mindfulness space just to sit and not have to be with people constantly. Maybe it would be quite good if schools did that as well."
- "Follow-up training. It would be good to do a whole day, maybe out of school."

8. Potential impact on the school as a whole

- Interviewee sees mindfulness as relevant to his role as Classroom Assistant. In a role where he notices when young people are struggling and can be in the moment and see things others don't. Also equipped with strategies to help young people calm down. Often the intermediary between pupil and teacher in his role.
- "It would be nice if there was more kindness and understanding because sometimes kids are not always caring and compassionate towards one another, and maybe mindfulness would make them think about things."
- "I would like to continue to read because I do find it interesting. I have done some meditation before but not this way, so it would be good to have resources to fall back on and look at."
- "It would be interesting to see how it is being taught in PSE and see how I could participate in it."
- "One thing that I'd do if I see a child getting worked up is using breathing with them [gives an example of calming a child who was upset]."
- "There is a greater ability to recognise it [stress in young people]: sometimes there is a bravado that goes on with the young folk but you can actually see through that bravado."
- "I am sure it's having a good impact in the various staff who've been on it. Combined with the Pivotal Training it's a change of culture in the way that we work with the young folk, but you have to do it in a way that comes from yourself. You can't have a clone of everyone doing the same thing."

You have to do it in a way that shows *you* coming through the action that you're taking."

- Speaks about potential for mindfulness to shift the views of staff who tend to become cynical: "Where the change will come through is in changing negative thoughts. I have to be honest, my hackles do go up when I hear people talking [disparagingly] about the pupils in this school, because the pupils in this school are great. Go into other schools and then you'll realise it! If you talk about children in a negative way, then you'll teach in a negative way, and there's a vicious circle and there's only one person can change that and that's *you*, yourself."