VOLUME TWO

PROFESSIONAL PRACTICE REPORTS

by

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VOLUME 2

Abstract

This volume comprises five professional practice reports which provide accounts of professional practice undertaken during Years 2 and 3 of the Doctorate course in Applied Educational and Child Psychology. The Introductory Chapter provides an overview of the focus of the individual reports and a brief summary of their contribution to the author's professional development. It also provides details of the context in which the work was undertaken. Following this there are five chapters each containing a professional practice report. The reports provide details of a range of work, with the first involving a small scale research study exploring the views of young people, parents/carers and staff regarding inclusion within the context of a special school. The second report provides an account of work at the group level, providing details of the design, implementation and evaluation of a group intervention utilising cognitive behavioural approaches. The third report provides an account of work at the individual level, with a critical reflection on the use of the Monsen et al (1998) problem solving model. The fourth and fifth reports both provide accounts of work focussed at the organisational level. The forth report provides a reflection on the contribution of Educational Psychologists to a local TaMHS project. Whilst the fifth report provides a reflection on the contribution of Educational Psychologists to organisational change and development in educational settings through a recently introduced approach to project work within the employing Educational Psychology team.

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CHAPTER ONE

INTRODUCTION TO VOLUME TWO

INTRODUCTION TO VOLUME 2

1. Structure and content of volume

The work contained within this volume forms the second of two distinct volumes which combine to meet the assessed written requirements of the Doctorate in Applied Educational and Child Psychology. Volume 2 comprises five professional practice reports. These reports provide accounts of professional practice undertaken during Years 2 and 3 of the programme. This introductory chapter aims to provide a brief overview of the structure of Volume 2 followed by a summary of the focus of each professional practice report alongside the rationale for its inclusion and reflections on the contribution it has made to professional development. This chapter also provides an account of the context in which the practice was located and an overview of the personal and professional influences on the work.

1.2. Chapter 2: An exploration of children, parent/carer and practitioner perceptions of inclusion in a special primary school for children with social, emotional and behavioural difficulties

This first paper explores the concept of inclusion and the meaning this has for different individuals. A small scale research study is described which explored the perceptions of children attending a special school for social, emotional and behavioural difficulties. The views of children, parents/carers and practitioners were compared and considered in relation to literature relating to the drive for inclusion.

The opportunity to gain the voices of children and families regarding the concept of inclusion was considered to be particularly useful in reflecting on my role as a Trainee Educational Psychologist working within a service with a drive for inclusion at its centre. The study acted as a useful reminder for schools and support services of the need to consult regularly with children and families to ensure that provision is responsive to their views as well as their educational needs.

1.3. Chapter 3: A critical appraisal of a group intervention utilising cognitive behavioural approaches planned to promote positive interactions and behaviour in young people in an MLD special school

This second paper provides an overview of the development of a cognitive behavioural approach to understanding behaviour. Principles underpinning the approach are explored and applications of cognitive behavioural approaches to group interventions are reviewed. An account of the development of a group intervention utilising cognitive behavioural approaches in a special school for children with moderate learning difficulties is provided. The limitations of this intervention are discussed in relation to the practical constraints of Educational Psychology practice within a time allocation model of service delivery. This account of work provided a useful opportunity to reflect on the constraints of practice within a time allocation model and the implications this has for the development, implementation and evaluation of methodologically robust and ethically sound interventions.

1.4. Chapter 4: The unique contribution of the Educational Psychologist and an exploration of the use and particular contribution made by the Monsen et al (1998) problem analysis model

The third paper provides an account of practice facilitated by a psychological framework for supporting systematic problem analysis of complex situations. The contribution of the framework to the understanding of the complex nature of the social, emotional and behavioural needs of a young child in a mainstream school is discussed. There are many frameworks for practice existing within the profession of Educational Psychology and this report provided a useful opportunity for me to apply and reflect on the contribution of the framework to my practice.

1.5. Chapter 5: An account of the role of a Trainee Educational Psychologist in contributing to the National TaMHS (Targeting Mental Health in Schools) project.

This fourth paper provides a critical appraisal of the potential contribution of Educational Psychologists working alongside health professionals in the specialised field of mental health. It provides an account of my contribution to the TaMHS project and discusses the aims of TaMHS in relation to literature regarding health promotion and prevention. The limited role played by Educational Psychologists in the local TaMHS project is discussed, again, with reference to the constraints of working within a time allocation model. Possibilities for wider involvement in the TaMHS project are discussed and the unique contribution of the Educational Psychologist to this area of

practice is explored. This paper provides an opportunity for reflections on a systemic approach to supporting positive outcomes for children and young people.

1.6. Chapter 6: A critical reflection on an Educational Psychology Service's attempt to support organisational change and development through negotiation of 'Development Initiatives'

The final paper has a focus on the role of Educational Psychologists in supporting organisational change and development. It provides a critical reflection on a recently developed approach to project work within the Educational Psychology team and suggests possible methods for evaluating this innovative method of service delivery. This paper provided an opportunity to reflect on the literature regarding organisational development and consider effective ways to engage educational settings in organisational change processes.

2. Contextual influences

The practice on which the above reports are based was carried out within a large, urban Local Authority where I was employed as a Trainee Educational Psychologist. The Educational Psychology team is positioned within the Early Intervention and Inclusion Service alongside colleagues from the Advisory Support team and the Special Educational Needs team. The Educational Psychology team works within a time allocation model whereby schools receive an allocated amount of Educational Psychology support per academic year. Each nursery, primary, secondary and

special school has an allocated Educational Psychologist from whom they receive support through the time allocation model. The Educational Psychology team works closely alongside the Advisory Support team, who are also allocated to schools and work within a time allocation model. Educational Psychologists, Advisory Teachers and other support services (Behaviour support, Education Welfare Officers, Speech and Language Therapists, School Health Visitors) attend 'Inclusion Partnership Meetings' at schools to discuss their development priorities and negotiate the nature and timing of support needed. The 'Inclusion Partnership Meetings' are an effective way of supporting partnership and multi-agency working and planning and reviewing the use of time allocation. The accounts of practice in Chapters 2, 3 and 4 were pieces of work negotiated through schools' 'Inclusion Partnership Meetings'.

In addition to time allocated directly to schools the Educational Psychology team also has time protected for 'project work'. This year the 'Development Initiatives' are a new addition to the range of work that is incorporated into project work. 'Development Initiatives' provide a way for schools to bid for additional Educational Psychology time to support small scale school based research projects. The RADIO model for organisational change and development has been used to negotiate and plan the projects with schools. Chapter 5 provides an account of my involvement in one of the 'Development Initiatives' and reflections on this as a method of supporting organisational change and development in schools. Educational Psychologists' involvement in the TaMHS project is another example of the use of time protected for project work. This is the source of practice which forms the focus for Chapter 6. Whilst school allocated time is not used solely to engage in direct work with

individuals, project time provides opportunities for Educational Psychologists to engage in work collaboratively and apply knowledge of organisational psychology to support change and development at a systems level.

The Educational Psychology team has adopted a consultation model of service delivery and originally received training from Patsy Wagner (1995; 2000). Although the approach used may not constitute a 'pure' approach to consultation, in that Educational Psychologists use professional judgement and continue to engage in some direct work with children and young people, the team is committed to supporting capacity building in schools and recognises the value of engaging in consultation and problem solving with school staff and families. The accounts of practice provided in the professional practice reports are therefore influenced by several contextual factors: the location of the Educational Psychology team within a wider service; the use of a time allocation model of service delivery; the emphasis on partnership working between educational settings and support services; the team's commitment to project work and the use of consultation as a model of service delivery.

3. Personal professional influences

In addition to the accounts of work being influenced by the contextual factors discussed above, they have also been influenced by my personal professional influences. Having worked with very young children and children with complex needs

in my professional practice prior to commencement of Educational Psychology training, I have always been committed to my role as an advocate for children and families. The voice of the child is something that is very important to me in my practice as a Trainee Educational Psychologist and is evident explicitly in the study described in Chapter 2 and evidenced perhaps more implicitly in the accounts of work in Chapters 3 and 4.

Throughout my doctorate training I have recognised my developing interest in organisational psychology. I am committed to supporting evidence based practice but am also increasingly interested in exploring ways to support settings and practitioners to identify their own needs and areas for development. This interest reflects my social constructivist approach to understanding the behaviour of individuals, groups and organisations and also my commitment to anti-oppressive practice. I feel it is important to ensure that the people I work with in my role as a Trainee Educational Psychologist (children, young people, families and staff) are empowered to make positive changes and are actively engaged in processes rather than being ‘done to’.

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CHAPTER TWO

AN EXPLORATION OF CHILDREN, PARENT/CARER AND PRACTITIONER PERCEPTIONS OF INCLUSION IN A SPECIAL PRIMARY SCHOOL FOR CHILDREN WITH SOCAIL, EMOTIONAL AND BEHVAIOURAL DIFFICULTIES.

AN EXPLORATION OF CHILDREN, PARENT/CARER AND PRACTITIONER PERCEPTIONS OF INCLUSION IN A SPECIAL PRIMARY SCHOOL FOR CHILDREN WITH SOCIAL, EMOTIONAL AND BEHVAIOURAL DIFFICULTIES.

Abstract

This study explored the views of children, parents/carers and practitioners regarding inclusion at a special primary school for children with social, emotional and behavioural difficulties in the West Midlands. Their understanding of inclusion was explored as well as their views on what role the specialist provision played in supporting the children to feel included. The ultimate aim of the study is to critically compare the views of the children, parents/carers and practitioners with each other and with relevant literature, policy and legislation. In summary it was found that the children and the parents/carers shared the same positive view of specialist provision and felt that the structures, systems and staff within the specialist setting contributed to them feeling more included than they had done in mainstream provision. This differed from the practitioners' perception, which tended to view inclusion in mainstream settings as the ultimate aim, and whilst they identified the systems and structures in the specialist provision contributing to the children's sense of inclusion, they did not identify the qualities or skills of the practitioners, as did the children and parents/carers. In addition, the practitioners tended to acknowledge the wider debate around inclusion and inclusive societies, whereas the parents/carers tended to refer to inclusion in terms of what makes their child feel included at the current point in time. These findings have implications for specialist settings in their communication

with parents/carers, particularly when there is an aim for re-integration into mainstream education. There are also implications for the wider drive for inclusion and what that means for the children, young people and parents/carers who value the significant role that specialist provision plays in supporting them to feel included.

AN EXPLORATION OF CHILDREN, PARENT/CARER AND PRACTITIONER PERCEPTIONS OF INCLUSION IN A SPECIAL PRIMARY SCHOOL FOR CHILDREN WITH SOCAIL, EMOTIONAL AND BEHVAIOURAL DIFFICULTIES.

1. Introduction

> 'There is a wide range of different conceptualisations and definitions of 'inclusion', which encompass a number of confusions and contradictory elements in thinking and discourse between a principled ideological stance, as compared with a more pragmatic orientation' (Evans & Lunt, 2002, p.2).

Previously government policy and legislation cited 'integration' as being key to effective education for all learners (DES, 1978). 'Integration' at this point referred to the physical integration of children from special school into mainstream schools (Hornby, 1992). More recently there has been a drive for 'inclusion' rather than integration. Although these terms are still sometimes used interchangeably, the literature suggests that there are considerable differences in the meaning of the terms and the practical implications of them. Evans & Lunt (2002) propose that the major difference between these two terms is that while 'integration' focuses on SEN and disability, 'inclusion' involves a wider, ideological perspective, and is contrasted against notions of 'exclusion'.

The current drive for ‘inclusion’ gained momentum with the signing of the Salamanca statement. It was signed by 92 countries, including the UK, with a commitment ‘to adopt the principle of inclusive education, enrolling all children in regular schools unless there are compelling reasons for doing otherwise’ (UNESCO, 1994, p44). The United Kingdom Special Educational Needs and Disability Act (HMSO, 2001) also maintains that children should be educated in mainstream schools unless this is not compatible with the wishes of parents or if it would compromise efficient education for other children.

In a relatively recent study Farrell (2001) offers a definition of inclusion suggesting that it is ‘the extent to which a school or community welcomes all people as full members of the group and values them for the contribution which they make’ (p.7). However, in a study conducted by Elkins et al (2003) the authors took inclusion to mean the ‘partial or full inclusion in regular classrooms, with the level of inclusion being dependent upon the severity and number of disabilities and the level of additional support available for that student’ (p.123), maintaining the focus on the needs of the individuals.

Ainscow (2000) takes a different approach and focuses on the ‘aim’ for inclusion rather than a definition of it per se. He suggests that the aim for inclusion is to ‘transform the mainstream in ways that will increase its capacity for responding to all learners’ (p.76). This perhaps fits with the assertion that a key factor in inclusive schools is the ability to, and opportunity for, collaborative problem solving (Ainscow,

2000). As with Farrell's definition, the focus here is again on the provision of the setting rather than the needs of the individual. In a more recent review, Visser & Stokes (2003) agree with Lindsay's (1997) earlier definitions, that 'integration' refers to a situation where there is an attempt to 'fit' the child into an existing system, whereas 'inclusion' starts with a child's right to belong, with an emphasis on adapting systems to meet the needs of all children. Although this tends to be the dominant conceptualisation in current literature, as Leyser & Kirk (2004) summarise, the 'considerable and sometimes heated debate continues among educational professionals in regard to the interpretation of the principle of inclusion and in particular of full inclusion and its implementation in practice' (p. 271).

Although the inclusion agenda is supported at a government and Local Authority level (UNESCO, 1994; DfES, 2003) there do appear to be some limitations in terms of implementation. Evans & Lunt (2002) in their paper entitled 'Inclusive education: are there limits?', highlight the exceptions that are built into these Government policies and legislations, and suggest that this is a direct acknowledgement that there are limits to full inclusion. Over the past two decades there has been a growing impetus towards 'full inclusion' all over the world (Evans & Lunt, 2002). However more recently there has been a change in emphasis towards an approach favouring 'responsible inclusion'. 'Responsible inclusion' is a term used more frequently now and refers to the balance between the benefits of inclusion for some and the continued benefits of specialist provision in meeting the needs of other individuals (Evans & Lunt, 2002). Lindsay (2003) is supportive of this more hesitant attitude and highlights the potential risks of adopting a purely rights based approach to inclusion;

‘we need to ensure there is a dual approach, focussing on both the rights of children and the effectiveness of their education’ (p.11).

Lindsay (2003) points to an ‘interactive model’ of special educational needs, considering the importance of a combination of interacting factors including within child factors, environmental and social factors and differences across time. The adoption of an interactive model of special educational needs requires the consideration of an interactive perspective of inclusion. Thus highlighting the importance of exploring how settings and philosophies can be inclusive rather than a narrower exploration of how individual children and young people can be included.

Inclusive education continues to be an illusive concept and one that we continue to strive for, without reaching an end goal. As Evans & Lunt (2002) express, there are some obvious barriers to inclusive education becoming a reality, a major one being the ‘conflicts in Government policy between the ‘standards’ and ‘league table’ discourse and the ‘inclusive schools’ discourse’ (p.1). Head & Pirrie (2007) also suggest that a commitment to parental choice may threaten the inclusion agenda, for as long as we adhere to parental choice and as long as parents request specialist provision, then inclusion, in terms of meeting the needs of all learners in a common setting, will continue to be a challenge.

Bailey et al (1998) suggest that many of the challenges to inclusion are not philosophical disagreements, in that most researchers and stakeholders accept that inclusion is a desirable concept. Rather they believe barriers to inclusion occur when 'multiple values of significance become relevant' (p.30). They go on to suggest that there exists a number of conflicts between the inclusion drive and other drives within the field of education. Firstly, they highlight a conflict between the inclusion drive and the drive for high quality education for all, specifically, inclusion in a mainstream setting may compromise the quality of education for the child concerned and their mainstream peers. They also suggest a conflict between the inclusion drive and the need to address specific special needs, that is that specialist settings are able to cater for specialist needs whereas inclusive mainstream provision may have more difficulty in meeting a diverse range of needs to the same level. Finally, they note a conflict between the inclusion drive and the desire to provide family centred services, occurring when families argue for the benefits of segregated provision over mainstream inclusion. Bailey et al (1998) argue that in order to move forward with the inclusion agenda the complex interrelationships between the four values (inclusion, quality, specialisation and family centeredness) must be recognised and addressed.

2. Rights based and empirical arguments underpinning the drive for inclusion

Farrell (2001) in his paper provides an overview of the two arguments on which the drive for inclusion can be based, namely the rights based argument and the empirical

arguments. The rights based argument, or the socio-political argument as it is sometimes referred to, suggests that it is a right of all children to be educated together and have their needs fully met within that context (Farrell & Tsakalidou, 1999). It is argued that segregated provision is against human rights and equality of opportunity (Farrell & Tsakalidou, 1999; Hallett et al, 2007). A focus on this single rationale for inclusion can maintain the drive for 'full inclusion' (that all children should be educated within a common provision), with the belief that no matter what the child's needs they have the right to be educated in a common setting alongside their peers. This argument persists with the backing of many rights focussed groups (Young & Quibell, 2000), however, with the emergence of research suggesting that specialist provision may have greater positive outcomes for some children and that mainstream provision may neglect their individual needs at this point in time, the support for a more balanced and realistic perspective grows stronger (Rose, 2002).

Empirical arguments for inclusion are based on studies suggesting that inclusive education within mainstream settings results in more positive social and academic outcomes (Farrell & Tsakalidou, 1999). Empirical arguments tend to pursue the details of when inclusion is most effective and what factors influence inclusion through the analysis of robust research evidence rather than basing arguments on stakeholder opinion and human 'rights'. Farrell (2001) is in support of the continued exploration of empirical support for inclusion and asserts that '…arguments in favour of inclusion based solely on human rights, powerful though they may sound, are logically and conceptually naïve' (p.7). However, the validity and reliability of much empirical research can also be questioned. Although randomised control designs are

seen to be the optimal standard for quality research design, not only are these very difficult to implement but they also focus on outcomes rather than processes (Lindsay, 2007). Research focussing on inclusion is increasingly concerned with processes supporting inclusion rather than the outcomes and so perhaps controlled designs are not the most effective way of contributing to future developments within the field. In addition, comparative studies exploring the effects of differing provision are frequently flawed by the lack of 'match' between the comparison groups (Lindsay, 2007). Therefore Lindsay (2007) suggests that perhaps a more effective focus would be on identifying which models of inclusion are effective for which children through the use of more localised ecologically valid studies.

There are also some compelling arguments questioning the validity of the rights based arguments in support of inclusion. Firstly, it is the right of the child to have their opinions taken into consideration when decisions which affect them are made, so if a child or young person expresses a preference for specialist provision, this right may be dismissed in order for the right to be educated alongside peers in one inclusive setting to be upheld (Hallet et al, 2007). Secondly, as Farrell pronounces 'there is the question of whether respecting the rights of children with special educational needs by placing them in a mainstream school may pose a threat to the rights of their mainstream peers to receive a good education' (2001, p.7). Visser & Stokes (2003) explore this 'conflict of rights' closely in their paper focussed on the rights of children and young people with social, emotional and behavioural difficulties (SEBD). They argue that the rights of this group often get overlooked and that there is often huge resistance to their education in mainstream settings due to the

perceived impact it can have on the rights of their peers to have a high quality education.

> 'The issue for us is that it is seen as a right for pupils with special educational needs in general to access a mainstream place, but for the pupil with emotional and behavioural difficulties the right can justifiably be taken away due to his or her special educational need' (Visser & Stokes, 2003, p.71).

If the inclusion of a child with social emotional and behavioural difficulties is considered to compromise the right of their peers to access a high quality education, then the right of the child with these difficulties is often neglected.

3. Rationale for research

The author of this study is committed to ensuring the voices of all stakeholders, but particularly children and young people, are heard and are given importance. She is also committed to the philosophy and ideology of 'inclusive education' and 'inclusive society' and believes the two are directly linked. However, much of the recent literature and government policy focuses on this grand ideology with a lack of focus on the views and practices of stakeholders at a school level. This study therefore aims to gain the views of three key groups of stakeholders, namely, children, their parents/carers and the practitioners who support them.

As the drive for inclusion grows bigger so too does the body of research surrounding it. There have been several studies conducted in the last decade that have sought to contribute to the inclusion debate by gaining the views of children and young people, parents and practitioners in relation to their experiences or beliefs about inclusion. However, very few studies seek to explore the relationships between children and young people, parent/carer and practitioner views within the same setting, instead they tend to focus on exploring the views of one of the above groups (Frederickson et al, 2004). Studies focussing on gaining multiple stakeholder views within one setting, although lacking, are thought to be important in gathering ecologically valid information to support future developments. It is important that initiatives to support the inclusion drive are based on the views of all stakeholders involved rather than based solely on those whose voice is more easily heard, for example the voice of practitioners. Whilst more recent studies are increasingly exploring the voice of the child, gathering the views of the parents/carers is perhaps equally as important due to the influence of parent/carer aspirations and perceptions on the child's attainment and future life outcomes (Sylva et al, 2004). The findings of some of these studies will be explored here before the focus of the current research study is defined further.

4. An exploration of relevant research exploring child, parent/carer and practitioners' perceptions and experiences of inclusion

> 'Because so few studies have obtained multiple stakeholder perspectives on experiences of inclusion, opportunities to look at commonalities and differences in view have been very limited' (Frederickson et al, 2004).

Within the literature staff views are highlighted as being important but parents views are investigated less often (Frederickson et al, 2004). However, more recent research does have a greater focus on the voice of the child, with their 'right' to be involved in decisions which effect them now being more openly acknowledged (Hamill & Boyd, 2002; Frederickson et al, 2004). Lombardi et al (1994) did attempt to explore pupil, parent and staff views regarding the re-integration and inclusion of pupils with additional needs into mainstream schools. They found that pupils who had been in resourced provision or specialist teaching groups preferred their experience of being in a 'normal' mainstream classroom. In addition, it was concluded that all groups (pupils, parents and teachers) were supportive of inclusion into mainstream classes. However, different attitude scales were used to collect the views of the children making reliable comparisons between the groups more difficult. In addition, the use of fixed scales may not be sensitive to the subtleties and nuances of individual's feelings.

York & Tundidor (1995) alleviated these difficulties by collecting views of children, parents and staff through focus groups using very similar questions for all groups. However, a limitation associated with this study is that only three of the 64 students involved had special educational needs. In light of the rights-based arguments for and against inclusion it could be suggested that children without additional needs and those with a vested interested in the development of children without additional needs may have a rather different perspective of inclusion than those with additional needs. Therefore, studies may gain more accurate representations of the

perceptions of those with and without special educational needs if a more balanced sample was selected.

More recently, Avramidis and colleagues (2002) conducted a case study investigation into a secondary setting which was identified by the Local Authority to be 'inclusive'. The views of pupils, parents and staff were sought through the use of a survey but the small sample size made comparisons between groups and wider generalisations more difficult. However, it was not the author's intention to make grand claims or generalisable conclusions. Instead, it was proposed that the in-depth findings resulting from the single case study could be used to illuminate current practice in the Local Authority and help support the development of strategies to support the further development of 'inclusive practice'. Their findings suggested that all groups perceived there to be academic benefits associated with inclusion but that the perceived benefits in terms of social outcomes were less clear.

There are still very mixed reports from studies exploring parent's views of inclusion (Leyser & Kirk, 2004) but this perhaps reflects the diverse views around inclusion and the diverse implications for particular groups and individuals. Leyser & Kirk (2004) suggest that parents' concerns about inclusion tend to focus on the risk of social isolation, the loss or reduction of support services available in mainstream schools and the quality of instruction (Hallett et al, 2007).

The studies reviewed here have implications for the current study. Firstly, it is important to be explicit in the intention of the research, particularly when a small sample is used. Secondly, although a limited number of studies have considered the voice of the child, parents and staff supporting them, the difference in design of the tools used to elicit their views results in difficulties comparing them in a meaningful way. Therefore in this current study it is important that similar tools are developed to elicit the views of each group to overcome this limitation cited in previous studies.

5. Focus of research and research questions

Very few current studies explore child, parent and staff views within the same setting and none of these explored the views of these groups with specific reference to young people with social, emotional and behavioural difficulties. This was thought to be important due to the frequent citing in literature that children and young people with SEBD have noticeably different needs to other forms of special needs (Farrell, 2001). Also, children with SEBD are frequently cited as being the most difficult group to include successfully in mainstream settings (Farrell & Tsakalidou, 1999; Evans & Lunt, 2002). Farrell & Tsakalidou (1999) suggest that there is a 'major challenge facing professionals who work with pupils with SEBD who wish to follow government advice to develop more inclusive provision' (p.324) as the needs of this group of pupils tend to sit uneasily with a parallel drive to demonstrate school effectiveness through exam results. The researcher therefore thought it was important to give

these young people a voice and hear their views regarding inclusion and the features of educational settings which were important in making them feel included.

Due to the difficulties in including children with SEBD in mainstream education there remains a high demand for placements in special schools designed to meet the needs of these children and young people (MacLeod, 2006; Head & Pirrie, 2007). However, there is also the opinion that special schools are symbols of a segregated system. The Head Teacher involved in this current study believed that whilst parents/carers were very pleased with the provision their child was receiving in the specialist setting he felt they still ultimately hoped for their child to be re-integrated into a mainstream setting at some future point. This study was partly an opportunity to explore parent/carer views of mainstream and specialist provision further and to make some attempt to explore the factors informing parents' perceptions. The research questions (see below) were also developed to gain an insight into the real views of children, parents and practitioners regarding inclusion, and the differences between their perceptions, as this obviously has implications for how the inclusion drive is supported both in school and at a community level. It was also considered important to consider the views of these three groups in relation to policy and legislation to explore the difference between their own perception of what best supports a sense of inclusion and the government perception revealed through policy in terms of what best supports children's sense of inclusion.

The current study therefore aims to explore the following questions:

1. What role does specialist provision for social, emotional and behavioural difficulties play in the children's experience of inclusion?
2. What do children with social, emotional and behavioural difficulties value in an educational setting and is this same as what government policy and legislation values?
3. Do parents/carers value the same aspects of specialist provision as their child, what aspects do they think support their child in feeling included?
4. What aspects of the specialist provision do practitioners think the children they work with value, what aspects do they think support the children in feeling included?

6. Research development and design

6.1. Ontological and epistemological position

> 'Researchers from different epistemological backgrounds will differ in what they regard as an appropriate method of data collection' (Lewis & Porter, 2007: 229).

The researcher involved in the current study positioned herself within a social constructivist paradigm, acknowledging the complex nature of the inclusion debate and having an awareness of the complex social factors which influence and shape individuals' and groups of individuals' opinions and beliefs. Therefore, the methods selected to elicit and explore the views of the groups concerned also acknowledged these complexities. The Head Teacher was involved in the design of data gathering

methods, thus enhancing some aspects of validity. Primarily, the involvement of stakeholders in the design of the study promoted catalytic validity (Beach, 2003). Catalytic validity refers to the open commitment to enhance democracy, with the intention to break down the distinction between the researcher and the researched and to contribute to democratic change processes. Through involvement in research design stakeholders may be empowered to make changes independently of the focus of the study, that is without the study directing them through set findings or conclusions (Beach, 2003).

6.2. Data gathering methods

An individual semi structured interview, using a questionnaire based schedule, was considered to be the most appropriate method of data collection in this current study. Individual interviews were viable due to the small sample size and were considered to be more beneficial than a focus group methodology. Although focus groups are suggested to have advantages over individual interviews (Frederickson et al, 2004) they were not thought to be appropriate in this case due to the sensitivity of the topic of discussion. Leyer & Kirk (2004) support the use of either interviews or focus groups in gathering the views of parents as opposed to more detached methods such as questionnaires or surveys. In addition, the individual needs of the young people in this study may have made a group discussion more difficult to facilitate and a consistent method of data collection across groups was thought to be important in terms of the reliability of data (Robson, 2000).

Two similar interview schedules were used to gain the views of parents/carers and practitioners (see appendix 1 & 2 respectively) and an adapted interview schedule was used to gain the young people's views (see appendix 3). The questions and prompts were as similar as possible to allow for comparisons of views between the 3 groups. The questionnaire items were influenced by scales developed to elicit parents' perceptions of inclusion in studies by Stolber et al (1998) and Elkins et al (2003) (See Appendix 4c for additional information regarding the development of the questionnaires). In this case the researcher developed the questionnaire in consultation with the Head Teacher and with reference to the school's existing pupil and parent/carer questionnaires and current literature. Hallett et al (2007) report that in their study parents were used to design the questionnaire so as to avoid bias on the part of the Local Authority researchers (Robson, 2000). The time constraints of the current study did not allow for this possibility but it could be the case that the school could be encouraged to work in partnership with parents/carers on this in the future.

As Hallett et al (2007) note 'it can be difficult…for the consultant to ensure that the young person is fully able to conceptualise the questions being asked' (p.221). This was a difficulty in this current study as many of the young people with SEBD also had additional educational needs related to their literacy and communication skills. Therefore the interview schedule designed for the children had to be adapted considerably from the format used for the parents/carers and the school practitioners. Gathering information through use of a semi-structured interview allowed the researcher to differentiate the language used and ensure the respondent had

understood and therefore answered appropriately (Lewis & Lindsay, 2000). It would be difficult for the researcher to know how the question had been interpreted if a questionnaire was completed independently via a postal survey for example. Certainly, despite an adapted format, the young people would have needed support to access a questionnaire if it had been disseminated as a postal survey and it would therefore have been open to bias if practitioners or parents/carers were involved in supporting children to complete it (Robson, 2000). Many of the children and parents/carers also had poor recording skills, making an interview more accessible than a postal questionnaire. An additional benefit of gathering information through a semi-structured interview is that additional comments and discussions could be explored further and recorded, adding to the richness of the data collected (May, 2001).

The semi-structured interviews were conducted individually, the young person and practitioner interviews were conducted in school and the parent/carer interviews were conducted at their home. The same researcher conducted all of the interviews, increasing the reliability, and they were all completed over two consecutive days to avoid differences due to any current events (Robson, 2000). It was anticipated that the interviews would last 30 minutes but all of the parent and staff interviews were actually of longer duration due to the continuing dialogue between the researcher and the respondents.

Transcripts of the interview responses were analysed using a qualitative procedure and commonalities and differences of view identified. A software package to support the analysis of responses was not appropriate in this case due to the very small sample size. Rather, key themes were identified by the author and responses were allocated to appropriate categories. The questionnaire items involving a scaled response also yielded some quantitative data. Due to the small sample size it was not appropriate to conduct any statistical analysis but this data will be explored alongside the qualitative findings. A grounded theory approach was taken to the analysis of the qualitative data, with codings being defined after data collection and during analysis, employing a system of open coding. After the information had been coded, similar codes were identified and drawn together in categories. The different themes stemming from the research questions were then discussed with reference to the emerging categories.

6.3. Context

The study was based on an exploration of the views of young people attending a specialist primary setting for children with SEBD, the views of their parents/carers and the views of the staff working with them in the specialist setting. The setting is a Local Authority funded school for primary aged pupils and is located in the West Midlands (see Appendix 4a for further contextual information).

6.4. Sampling

The scale of the current study did not allow for involvement of a large sample, rather the study was to be illuminative and was perceived as an opportunity to get a sample of views which may suggest ways forward for the school in terms of the importance of gathering the voice of the child and the parents/carers regarding their experiences and beliefs about inclusion. It was also thought that gathering the views of the practitioners was important in exploring similarities and differences in perspectives of all main stakeholder groups which could have implications for the development of a collective view and the development of a shared understanding of inclusion. It was also expected that the practitioners' views may highlight possible staff development opportunities. Responses from any of the three stakeholder groups could not be expected to give a valid representation of a collective view due to the very small sample size. However, the limited exploration of child, parent/carer and practitioner views within one setting is justified in terms of the potential for capacity building and school development (Avramidis et al, 2002) with regard to eliciting views and developing a shared understanding and vision.

Four young people were selected through consultation with the Head Teacher. They were selected to be representative of the school population in terms of how they came to be in the setting, gender and family context (whether living with biological parents or other carers). The parents/carers of these four young people were approached for their views as was one member of staff working with each of the young people. In total the views of four young people, four parents/carers and four

practitioners were sought (three teachers and one LSA) (see Appendix 4b for further information regarding sampling).

6.5. Dissemination

Children, parents/carers and practitioners gave their consent for their views to be shared with the staff within the school setting in order to support the ongoing development of their work with children, young people and their families. They also gave consent for their anonymous views to be used in a written report of the research which will be submitted to the University of Birmingham. Anonymised raw data will be stored securely in a personal location outside of the Educational Psychology Service and will be shared with the Head Teacher. A summary of the findings will be sent to all participants and a copy of the full report will be available to all participants on request (the Head Teacher will receive a copy of this). Further dissemination in terms of feedback to the whole staff team will be negotiated with the Head Teacher after completion of the report.

6.6. Consent and ethical considerations

The Head Teacher gave overall consent for the research project and in addition all parents/carers and practitioners were approached to gain informed consent prior to their involvement through the use of a letter outlining the aims of the research and what their involvement would entail and requesting signed consent (see appendix 5a and 5b respectively). All children, parents/carers and practitioners were again

informed of the aims of the research and asked for verbal consent in person prior to and on completion of the interview/questionnaire. All individuals were informed of their right to withdraw at any point. The information gathered through the semi-structured interview was read back to them at the end and they were asked to confirm their agreement for it to be used for the purposes already explained. All individuals agreed to take part in the research with some parents/carers being extremely supportive of the research aims, demonstrated through comments such as; *'well, we have to do everything we can to help people like you, that is the only chance we have* [of getting their voice heard and contributing to change]'. One of the young people also thanked me for talking to him and added…*'it's nice to help you because it's people like me that you're going to help in the end!'*

One of the most important ethical considerations concerned the involvement of the views of the staff and the lack of anonymity due to the small sample size. Young people and their parents/carers were aware that their responses would be shared with staff but there were more implications for the lack of anonymity of staff views. In an aim to elicit true responses from staff the Head Teacher was asked to give a commitment that he would not use the staff views as a basis for staff development. That is, he agreed not to use the staff views that were gathered through the research project as the basis of whole staff development or professional development for those staff concerned. For further staff development in this area the Head Teacher agreed to gain the views of all staff using a truly anonymous method such as an unmarked survey.

7. Results

Scales asking parents/carers and practitioners to rate 'how included they felt the specific young person was in the current provision', were compared with adapted items on the young people's schedule. The results are summarised in Table 1. The first figure for each child is how they rated themselves as 'feeling included' at the current provision, the * figure is an average taken from their responses to the 'feeling included' item the 'feeling cared for' item and the 'feeling important' item as it was thought that all of these scales may be associated with how included a young person might feel, rather than relying on their understanding of 'feeling included'. However, it may be that this 'composite' score does not truly reflect their understanding of 'feeling included'. Further dialogue with the children would be necessary to clarify their understanding of this concept.

Table 1: Responses to question regarding how included young person felt

Young Person	Young person response	Parent/carer response	Staff response
A	10	10	9
A*	10		
B	10	10	10
B*	7		
C	10	10	-

C*	8		
D	7	10	8
D*	5		

Rated on a 1-10 scale, 1=not very included, 10=very included

(- indicates a non response)

Table 2 provides the results from scales asking parents/carers whether they thought the child's 'needs would best be met' and whether the child 'would feel most included' in a mainstream setting or in a specialist setting. These responses are compared to the staff responses for the same scale items.

Table 2: Responses to question regarding where child would feel most included and where child's needs would be best met

Young Person	Feels included/needs best met	Parent/carer response	Staff response
A	Needs best met	8	5
	Feels included	6	5
B	Needs best met	5	9
	Feels included	10	3
C	Needs best met	10	7
	Feels included	9.5	-
D	Needs best met	10	7

	Feels included	10	7

Rated on a 1-10 scale, 1=needs best met/feel most included in a mainstream setting, 10=needs best met/feel most included in a specialist setting

Key themes, in line with the research questions, were identified and all quotes recorded during the interviews with the young people, parents/carers and staff related to the key themes are recorded below. The quotes have been categorised to allow for comparison across groups.

Although the above tables tend to suggest that parents/carers and practitioners felt that the children's needs would be best met in specialist provision the qualitative scale may have limited validity when analysed in a quantitative way. The scale was not truly numerical as qualitative descriptors were given for the end points, however, as there were no descriptors given for the other points on the scale it is difficult to interpret the meaning of the responses given.

7.1. Key themes

The key themes identified here build on the research aims stated previously:

1. What role does specialist provision for social, emotional and behavioural difficulties play in the children's experience of inclusion?
    a. What does inclusion mean to them and what factors contribute to them feeling included?

2. What do children with social, emotional and behavioural difficulties value in an educational setting and is this same as what government policy and legislation values?
    a. What are their specific views on mainstream and specialist settings?
3. Do parents/carers value the same aspects of specialist provision as their child, what aspects do they think support their child in feeling included?
    a. What aspects of specialist provision do they value?
    b. What does inclusion mean to them and what factors do they think contribute to their child feeling included?
    c. How do they think these factors differ across different educational settings (mainstream/special)?
4. What aspects of the specialist provision do practitioners think the children they work with value, what aspects do they think support the children in feeling included?
    a. What aspects of specialist provision do they value?
    b. What does inclusion mean to them and what factors do they think contribute to the child feeling included?
    c. How do they think these factors differ across different educational settings (mainstream/special)?

Evidence for each of the key themes stated above, in the form of participant's verbal responses gathered through the semi-structured interview, are tabulated below under the following headings for each stakeholder group:

- Understanding of what inclusion meant to them and what factors supported a feeling of inclusion (exploring 1a, 3b & 4b):
- Views about inclusion and education in common settings (exploring 2a, 3c & 4c)
- Aspects of specialist provision they valued (exploring 2a, 3a & 4a)

The tables contain all comments that were relevant to the 3 key themes, no relevant information has been excluded. A grounded theory approach was taken to analysing the information gathered through the interview process. Responses to questions which were relevant to a particular theme (see above) were read and codes were generated from the data (including all responses to the relevant questions) based on common responses. When responses did not fit into a previously identified code, a new code was developed so that all relevant data was coded and included. Similar codes were then linked to generate larger categories. The themes emerging from the research questions are discussed with reference to the categories emerging from the information gathered.

Table 3: Views of children, parents/carers and practitioners in relation to their understanding of what inclusion meant to them and what factors supported a feeling of inclusion (exploring 1a, 3b & 4b)

Children:	**Parents/carers:**	**Practitioners:**
Children talked about what made them feel included at school. All four children mostly talked about social relationships and interactions as making them feel included; *'Whenever I'm upset they play'* *'when a first started here x welcomed me in and showed me around'* *'you always get cared for…the teachers really care'* *'my teacher cares…he tells me'* *'[teachers] looking after you'* Although one child did also refer to issues around equality of opportunity: *'nobody misses out unless you have a bad day*	Whilst some of the parents/carers had an ideal of what inclusion meant for them, some had not heard of the term before. The response was mixed with one parent/carer expressing very negative views regarding the concept of inclusion at a policy level… *'inclusion is an educational cop out…being inclusive is all about stats and figures!'* …and one expressing a more hopeful view based on rights: *'I would like it to mean that all children have the right to a good and proper education…right for that individual child'* Two others were unsure: *'I haven't heard of that before…'* *'I've heard of it but I don't really know what it means'*	The practitioners appeared to have a more confident view of what inclusion meant for them although the perspectives varied. One practitioner acknowledged the rights based argument: *'included in education with same rights and opportunities as all children…they are included in an environment'* Although practitioners were currently working in a special school, when they used the word 'school' they were sometimes only referring to mainstream schools and one stated provision based views of inclusion: *'ideally a school setting should be able to cater for all needs but there is still a role for special schools in the current climate'* Three of the practitioners touched on concepts around 'responsible inclusion': *'inclusion is the*

		ideal…a child should be given a chance in mainstream first but there should still be special schools with environments designed specifically to meet the needs of some children' *'there are children in mainstream who shouldn't be in mainstream currently because of the drive for inclusion'* *'inclusion is about trying to cater for all children of all needs and abilities… inclusion in different settings. In this setting the aim should be to re-integrate all children into mainstream'*

Table 4: Child, parent/carer and practitioner views about inclusion and education in common settings (exploring 2a, 3c & 4c)

Children:	**Parents/carers:**	**Practitioners:**
Two of the children referred to preferences in the curriculum offered in the specialist setting: *'they've got go-karts'* *'it's fun…you get to do good things like play in*	Two of the parents/carers also referred to the curriculum on offer in the specialist setting: *[at the specialist provision] 'he is seeing real education as it should be'*	One practitioner also referred to the curriculum on offer: *'lots of children may end up in prison without special school…we focus on respect'* The resources, structures

the computer suite' Two children referred to the qualities of the practitioners at the specialist setting: *'I like the teachers…they're really kind'* *'the teachers and staff help us'* There was also reference to the structures and systems in place in the specialist provision by three of the children: *'I like saving vouchers up to spend in the Argos catalogue' [a reward system]* *'you always get help when you need it'* *'you always get time to relax in between lessons'* All of the references to mainstream school were negative: *"Boo!"* *"Rubbish…rubbish!"* Two of the children referred to the fact that they didn't 'fit into' the mainstream system: *"I couldn't cope…it was a normal school'* *"I used to have problems*	*'mainstream don't teach job skills'* Two made reference to the structures and systems in the setting: *'although he is happy now, he could be happy in a mainstream school with the right support'* *'it would be nice to think that mainstream schools could have a specialist base'* One referred to whether or not the child 'fit into' the setting…: *'he felt like he was an outsider in mainstream…he didn't know why he was so different…he gets more exposure to differences at the special school'* Another referred to whether the school met the needs of the individual: *'sometimes he gets overwhelmed at special school'* Three of the parents/carers made reference to social factors and the impact these may have on their future life chances: *'going to a mainstream school would help him get used to having more people around…get*	and systems in place in the settings were identified by two practitioners: *'children are more included in special schools…smaller number of children and all staff know them really well'* *'the benefits of attending a special school are the clear boundaries and predictability'* Three out of four practitioners also referred to the social implications of both settings and again the possible impact this may have on their future life chances: *'I would like to think that attending a special school does not have an impact on a child's future life chances but I realise that there is still a lack of understanding in public…there's still some stigma but not as much'* *'if he went to a mainstream school he might feel like he is the same as everybody else'* *'they know here it is ok to have a problem'* Unlike the parents/carers, one of the practitioners identified the wider social

with a few teachers" Whereas the other two placed the blame with the mainstream school suggesting that the school did not meet their needs: '*They couldn't cope with me there'* *"too many kids there"*	*used to the real world…wherever he is going to work there will be more than 8 people around!'* *'it [attending special school] can only have a positive effect [on his future life chances] because they work on the social skills'* *'he would end up in prison if he stayed in mainstream'* *'you shouldn't put low educational standard children and high educational standard children together*' Although two of the parents/carers stated that they thought there were no benefits of attending a mainstream school, they hoped that the young people would attend mainstream secondary. In one case the parent/carer expressed that this was due to a lack of specialist secondary provision for pupils with SEBD.	benefits of inclusive education: *'if children with additional needs are placed in mainstream it is of benefit to the other children – they learn to care and accept difference'* In addition two practitioners reported social benefits of attending mainstream provision: *'in a mainstream school children get the chance to develop and apply social skills and behaviour in a context that reflects reality'* *'this setting [special school] is false and he may get used to it…mainstream is more like reality…you are protected in this setting'* The level of support for parents/carers was also identified as a key feature of specialist provision: *'parents are really grateful of the support when their child is re-integrated into mainstream but they are also sad to leave'*

Table 5: Child, parent/carer and practitioner views regarding aspects of specialist provision they valued (exploring 2a, 3a & 4a):

Children:	**Parents/carers:**	**Practitioners:**
Again, three of the children made reference to the curriculum on offer: *'I like numeracy…I like the work…it's really hard but complete it'* *'teachers give me what I want – hard work…and let me do some colouring'* *'I like having free time'* one child made reference to the social benefits: *'I have got lots of friends'* Two made reference to the systems and structure: *'it is better than a mainstream…if I did something wrong [at the mainstream school] they would hold me all day until hometime'* *'in a normal school you will be in a class of 30, in here you get more attention'* The level of support offered was highlighted by one child: *'I like it when the teachers can spend more time with me'*	Parents/carers tended to mostly focus on the increased level of support for them and the parent school partnership, with all four parents/carers making specific reference to it: *'I feel that special schools are better for all children…you get support for the whole family…I'm involved all the way!'* *'I don't get phone calls to pick him up anymore… they [special school] were our saviour!'* *'they work very closely with you and we share all the information'* *'he is in school all day now…if there is a problem we back each other up [home and school]..it's because of the teachers-they're brilliant!* And three mentioned the increased level of support for their child: *'the teachers are helpful…he used to get the blame for things he hadn't done at his other*	The practitioners tended to acknowledge the greater level of support for children rather than parents/carers, with three out of the four making specific reference to support for children: *'smaller groups…bigger staff ratio'* *''more attention'* *'they work in smaller groups so their academic needs get addressed quickly'* All four practitioners also recognised the importance of other aspects of systems and structure: *'certainty not severity for addressing behaviour needs'* *'this is a more structured school…it's very predictable …and there are clear boundaries'* *'the staff are very consistent here'* *'very positive ethos…they experience success here'* *'over emphasis on*

Two children also made generally positive statements without any specific reference to factors they valued: *'If my school had to close tomorrow…I would feel peed off…I would feel angry and never forget it'* *'I love the school…it is the best place I could go!'*	*school'* *'they work with him to prepare him for changes'* *'he is better supervised now…at dinner times'* With all four of the parents/carers making particular reference to specific structures and systems such as class sizes and the impact this has: *'small class sizes'* *'the teachers have a greater understanding of his needs…they can anticipate potential difficulties and stop them from happening…you can't observe in that detail in a class of 30'* *'smaller groups-he doesn't like crowds or noise'* *'small class sizes'* There was also one reference to the curriculum on offer: *'going to get life skills'* As well as one reference to a more political - the recognition of disability: *'he is recognised as disabled at special school'*	*praise here'* Although the parents/carers made several references to the high level of support they received, this was only highlighted by one practitioner: *'we have good relationships with parents'*

8. Discussion

The information gathered through the semi-structured interviews was organised under three main themes and then subthemes were identified within each of these. This is illustrated in the Table 6 below.

Table 6: Coding of data

	Understanding of what inclusion meant to them and what factors supported a feeling of inclusion	**Views about inclusion and education in common settings**	**Aspects of specialist provision they valued**
Subthemes (categories)	Social relationships and interactions (c)	Curriculum (c) (p) (pr)	Curriculum (c) (p)
	Equality of opportunity (c)	Qualities of practitioners (c)	Social factors (c)
	Policy based views (p)	Systems and structures (c) (p) (pr)	Systems and structures (c) (p) (pr)
	Rights based views (p) (pr)	Individuals not fitting in (c) (p)	Support for children (c) (p) (pr)
	Provision based views (pr)	Provision not meeting individual needs (c) (p)	Support for parents (p) (pr)

	Views based on responsible inclusion (pr)	Social implications (p) (pr)	
	Uncertain views (p)	Support for parents (pr)	

( ) coding in brackets indicates the source of the theme – (c) child, (p) parent/carer, (pr) practitioner.

8.1 Understanding of what inclusion meant to children, parents/carers and practitioners, and what factors supported a feeling of inclusion

In most cases the children, parents/carers and practitioners shared the same opinion about how included the child felt in the specialist setting (Table 1), particularly if the average score was used for the children. This average of the three scales was thought by the researcher to give a more representative view of how included the young people felt. This may suggest that the views of parents/carers reported in other studies may well be representative of the views of their child. However, the sample size in this study is too small to make generalisations and in addition there are strong arguments to suggest the voice of the child should always be gained when conducting research about them or which may have an impact on them (Lewis, 2001).

In the current study the children tended to discuss their sense of inclusion in terms of social support and relationships whereas the parents/carers tended to focus on the rights of the child for a quality education. Although practitioners also made reference to rights-based views of inclusion, they also made reference to the idea of responsible inclusion and appeared to acknowledge some of the controversy and sensitivities surrounding the inclusion debate, for example the need for provision to be able to meet a child's needs before placing the child in the setting. Two of the four parent/carers expressed a lack of understanding of what is meant by the terms 'inclusion' and 'inclusive education' and did not appear to see its relevance to them.

In considering the information gathered through the consultation process, there are not only implications for practitioners and settings but also for Local Authorities on a wider scale. Hallett et al (2007) highlight potential implications at an Authority level in that 'there remain wider questions surrounding the referral of pupils to special schools and the role those schools play within educational and social care policies, where the aim is the inclusion of pupils in family life and in their local communities' (p.223). As with the findings from the earlier study conducted by Stolber and colleagues (1998), this study reported varying understanding of the concept of inclusion, and as with their study this points to the need for public awareness efforts on a wider scale to support the development of a shared understanding of inclusion and what it means for all involved.

8.2. Views about inclusion and education in common settings (inclusion in mainstream settings)

In the current study the parent/carer group appeared to hold the strongest and most consistent views (Table 1 & 2) and this appeared to be consistent across all items within the interview schedule. The parent/carers were strongly in favour of, and had many positive views about, the specialist setting particularly the support available for them, and found it more difficult to identify positive aspects of mainstream education for their child at this point in time. However, two out of the four parents/carers expressed a wish for their child to attend a mainstream secondary setting, 1 did not articulate a preference and the other parent/carer suggested that there was no suitable specialist secondary provision but if there was they would want their child to attend. This pertains to the rights based argument, with parents having their right to choose preferred provision withdrawn due to a lack of availability of appropriate specialist provision*; "I would like to see more special schools for 11+ for <child's> needs".* It may also have implications for the school and the role of the Educational Psychologist in supporting the young person through transition to secondary. It may be that the parents/carers need a high level of support to feel secure and confident as well as the young people. Having a detailed understanding of what specific factors support the young people and parents/carers will support this transition and can inform the planning for provision in mainstream.

In the current study the responses to whether parents/carers thought the child's needs would be best met in a mainstream setting or a specialist setting suggest that the majority of parents/carers thought that the specialist provision would both best meet their needs and support them in feeling more included (Table 2). It appears that the staff view is slightly more in favour of mainstream education than the parents/carers, although in general they thought that specialist settings would support the young people best in both these areas. Interestingly, for one child (B) the staff view and parent/carer view is at odds, with the staff supposing that the child's needs would best be met in specialist setting but that they would feel more included in a mainstream provision. The parent/carer on the other hand suggests that the child's educational needs are more likely to be met in mainstream but their sense of inclusion is more likely to be supported in a specialist setting. In this case the parent/carer suggests that *"in the right sort of school"* the child would do well as they thought the child was "*picking up negative behaviour from other children"* that have different needs to him. It was also hypothesised that this was the reason he would feel more included in mainstream as the child did not share the same level of behavioural difficulties as many other children in the specialist setting. This is a concern that is cited in the literature. It is suggested that as the drive for inclusive education increases, more specialist schools are closed and so the ones that remain are having to provide specialist provision for children with a wider range of needs, thus taking the 'specialist' away from specialist settings (Head & Pirrie, 2007).

A respondent in the study conducted by Evans & Lunt (2002) suggests that 'inclusion is about the practice and is irrespective of whether or not anybody with special needs

or disability is actually attending' (p.9). This is not the view expressed by parents in the current study as there were several references to the fact that additional features would have to be put in place and physical changes made for their child to be successfully included in a mainstream setting. This view also appeared to be shared by the practitioners who indicated that the successful inclusion of the young people in mainstream schools would "depend on the type of mainstream" and "would depend on the level of support" they received. One practitioner also suggested that schools do not have the correct resources yet but had hope for full inclusion being a reality in the future.

Again, in the study conducted by Evans & Lunt (2002) parents reported the advantages of inclusion in mainstream settings as being the normalisation and lack of stigmatisation. However several of the parents in this current study reported that their child is perceived as being more 'normal' in a specialist setting and that there is increased stigmatisation of their needs in a mainstream setting; '*he would seem more different in a mainstream'.* This was also supported by the views of some practitioners in this study, suggesting; '*he knows it is ok to be different here'.*

Frederickson et al (2004) in their study found that a strong commonality in views of children, parents and practitioners was the belief that inclusive education can secure social and academic benefits, this is also a benefit reported by Farrell (2001). Frederickson et al (2004) explored the perspectives of 107 children, their parents and staff supporting them. This is a relatively large sample compared to other studies in

the field and so comparisons across groups can be made with a greater degree of confidence than in the current small scale study. Also, what was explored here was the perception that inclusive education could secure social and academic benefits rather than a reality. This finding was not replicated in the current study. Rather, there was a divergence in views between the groups with some parents/carers and some practitioners suggesting that the young people would make more academic progress in a mainstream setting and some feeling they would make, or have made, more progress in the specialist setting. This may be due to the discussions being focussed on a small number of individual children and their specific needs. It does appear from the information collected that the practitioners and parents/carers who felt the child would make more academic progress in a specialist setting were referring to children with very challenging behaviour. This would correspond to the view in the literature that mainstream schools find it more difficult to provide for children with challenging behaviour and complex social and emotional behavioural difficulties (Visser & Stokes, 2003).

Palmer et al (2001) reported that parents of children with severe disabilities believed mainstream schools had higher expectations of pupils, which could be an advantage, but were also concerned that mainstream schools focussed more on academic curriculum rather than the development of independence and basic living skills which was their priority. Hallett et al (2007) more recently report similar conclusions, stating that 'the qualitative features seen by parents/guardians as having the greatest value indicate a need for high quality, accessible social care rather than curricular led educational provision' (p.223). Certainly, in this current study, parents/carers cited

the importance of their child developing ‘social skills’, ‘life skills’ and ‘job skills’ and felt that these were not a focus in mainstream schools. However, the portrayal of parent views in these studies is slightly at odds with current research suggesting that quality education and the achievement of educational qualifications is an effective route out of social exclusion (MacLeod, 2006). This difference between the views of parents and the recommendations cited in the literature creates a tension and a potential barrier to the inclusion drive.

Frederickson et al (2004) found that one of the main differences in views between the different groups was that only practitioners highlighted the broader benefits of inclusion, such as promoting a greater acceptance and understanding of difference (Farrell, 2001). However, this may have been because the discussions with parents tended to focus on their direct experience of inclusion relating to their child, whereas discussions with practitioners were not as child focussed. In the current study practitioners and parents/carers were asked both child focussed and more general questions and the difference in views identified by Frederickson et al (2004) was still evidenced. Lindsay (2003) reports that ‘parents are torn between inclusion’ (p.11), with parents often realising the importance of inclusion in social terms but also being concerned about the impact of inclusion on their child and the limitations of mainstream schools in meeting their individual needs. Parents’ concern regarding the impact of inclusion on the provision available to support their child was evidenced in the current study, but parents’ awareness of the wider benefits of inclusion was less apparent. However, generalisations and comparisons are made with caution due to the very small sample in the current study. Differences between parent/carer

views gathered in this study and those reported in other studies may indeed be due to particular processes existing within the specialist setting in this context. Other similar settings may not have invested the same strategies or developed the same systems to support the development of an effective home school partnership.

Leyser & Kirk also went one stage further in their study and tried to explore factors influencing parent views. From correlating data they concluded that the diagnosis their child had, the age of their child and the child's current placement were key factors in determining their views on inclusion. They reported that if the child was currently in a mainstream placement the parents were more likely to have positive views of inclusion. This would perhaps propose a reason for the generally reserved views on inclusion of parents in the current study. However, the children involved in the current study had all had relatively recent previous placements in mainstream schools (the longest duration of special school placement in the sample was 3 years) so parents/carers had a comparison on which to form their views. Due to the nature of the SEBD special school, all of the children in the sample had been previously excluded from their mainstream schools which would obviously influence the young people's and parent's/carer's perceptions of the 'inclusiveness' of mainstream schools.

8.3. Aspects of specialist provision that were valued

Class size and level of adult support available for children was referred to consistently by all groups involved in this study. Both of these factors obviously have huge funding implications and are features of mainstream schools which are not easily changed. However, children accessing resource bases within mainstream schools and children receiving small group or individual support within mainstream schools may actually experience a greater level of adult support within a mainstream school than they would in a specialist provision, with little or no identified one to one support. In a study conducted by Leyser & Kirk (2004) 63% of parents reported that they felt teachers in mainstream schools do not have enough time to help their children individually and give them the support they need to make good progress (Palmer et al, 2001). This has implications for the role of Educational Psychologists in terms of supporting schools at a systems level to adapt current provision and to make most effective use of the staff available.

There is a growing body of literature about the role of Learning Support Assistants in schools and the potential positive impact they can have if used appropriately (Lacey, 2001). However, the focus on class size could perhaps be due to parent's lack of awareness of more subtle differences between special school provision and mainstream school provision, such as differences in philosophy, characteristics and training of staff and differences in pedagogy, which were factors identified by staff in this study. Again, this may highlight a potential role for Educational Psychologists in

supporting schools to develop work shops or training groups for parents to further develop a partnership and develop a shared understanding.

Evans & Lunt (2002) collected the views of professionals working with children and young people placed in both mainstream and specialist settings. They summarised that professionals judged lack of staff training and social marginalisation of children with SEN within mainstream schools to be factors limiting inclusion. Leyser & Kirk (2004) found similar patterns regarding the views of parents. They suggest that in general parents are more supportive of specialist provision, with parents reporting that 'special education teachers were better skilled to instruct students with special educational needs' (p.281). However, this study relied on parents returning postal questionnaires with no personal contact. Only 437 questionnaires were returned out of 1,000 sent out, and it could be assumed that parents with strong views, at either end of the continuum, were more likely to respond than parents unsure of their views or indifferent to the focus of the survey.

Previous studies have also suggested that young people also cite staff as being central to their sense of inclusion. In a study specifically looking at the views of young people with SEBD regarding their current additionally resourced provision, the authors reported that the young people involved consistently reported the teachers as being a 'crucial factor' in their experiences of inclusion (Hamill & Boyd, 2002). Contrary to these previous findings the current study suggests that most of the individuals within the three groups placed more emphasis on systems and structures

in supporting the children to feel more included than on the skills of staff, although there were some references to this. It could be hypothesised that this difference in findings is due to the difference in the sample group or the context in which the study was situated. Perhaps children with behavioural difficulties are supported by structures in that they tend to respond positively to clear boundaries, explicit expectations and consistent consequences. However, it could be argued on the contrary that children with social and emotional difficulties would be expected to be more supported by responsive and caring practitioners than by systems and structures.

Support for parents was something the parents/carers themselves highlighted frequently, although this was not emphasised by the children or practitioners, nor is this a factor that is highlighted in the literature. The parents/carers involved in this study specified that information sharing and 'backing each other up' were key factors in making them feel supported. It could be considered that parents would feel less supported whilst their child is attending specialist provision as the children get transported to school from all over the borough, reducing the amount of contact parents have with other parents and with the practitioners. Specialist settings often do not have a local catchment and therefore do not have natural community links. However, parents reported a heightened sense of inclusion in the specialist setting as parents of children with specific additional needs were the norm rather than the exception or minority as they had felt when their child attended mainstream provision.

The importance of information sharing and involvement of parents was also apparent in Frederickson et al's (2004) study and is now reflected in Government initiatives with an emphasis on the need for collaboration and partnerships with parents (DfES, 2003). Humphrey & Lewis (2008) also highlight the importance of 'clear channels of communication' within schools to ensure that specialist knowledge about students' needs is shared with all staff (p.138). Again this may be more easily achieved in a specialist setting with a higher ratio of staff to children. The difficulty then is how to support these young people and parents/carers outside of the protective specialist setting in order to promote an inclusive society.

So, it could be concluded from the very limited views gathered in this study that parents/carers, practitioners and the children themselves feel they are more included in a specialist setting than a mainstream school, particularly if we take Farrell's (2001) definition of inclusion, suggesting it is the extent to which a setting makes individuals feel 'welcome' and 'valued'. Largely this appeared to be based on their prior experience of actually being physically excluded from a mainstream school. In a study focussing specifically on the experiences of young people with SEBD, Boyd & Hamill (2002) reported that young people with SEBD were 'often resentful of their treatment in mainstream schools'. At a time when there is a wealth of literature suggesting that children who are excluded from school are more likely to be socially marginalised and tend to have poorer life outcomes (Spencer, 1998), it is perhaps better for some young people to be educated in separate specialist provision where they feel a greater sense of inclusion than in a mainstream setting where there is a risk of them feeling increasingly excluded or marginalised. It may be that education

which is suggested to be inclusive at a government level (ie. mainstream schools) (DoH, 2001) is not actually inclusive at an individual level when judged by the children and young people themselves (Bailey et al , 1998; Hallett et al, 2007).

MacLeod (2006) concludes that special schools are likely to continue to exist despite the dominant inclusion agenda and that in doing so they should focus attention on the specialist nature of what they provide rather than moving towards a model based on mainstream provision in an effort to become more inclusive (Head & Pirrie, 2007). In the current study parents/carers expressed a strong wish for special schools to continue to provide specialist educational provision and indeed two expressed a wish for more specialised secondary provision to be developed to fill what they perceived to be a 'gap' for young people with social, emotional and behavioural difficulties.

9. Implications for future research

'Research, especially in the UK, has a number of limitations; a lack of empirical research, small samples, non-longitudinal designs and non-experimental approaches' (Lindsay, 2003, p.10). Unfortunately this current study shares many of these limitations. However, the research in this instance did not set out to make any grand claims but rather aimed to explore feasible ways of collecting the voice of children, parents/carers and practitioners within a specific context to support the

development of a shared understanding of inclusion and to support progress towards inclusive education at an individual school level.

Farrell (2001) declares, in his paper, his view that 'we will always need special schools for pupils with extreme forms of challenging behaviour' (p.8). The consensus in practitioner, parent/carer and children's opinions that some children can be more effectively supported in specialist settings, in this study, suggests that perhaps the notion of inclusion may need to be revisited. Lloyd (2000) states that since the Warnock Report (DES, 1978) UK educational policy for children with special educational needs has been 'based on the assumption that the means to ensuring equality of educational opportunity is in the mainstream school' (p.133). Perhaps, a focus should now be directed on how to further develop the reality of inclusion in all settings whether they be mainstream or specialist, and perhaps the definition of what constitutes inclusion should be developed in consultation with children, young people and their families who experience varying degrees of inclusion on a daily basis.

It may be beneficial to extend the questionnaire used in this current study to involve consideration of how stakeholders would feel if provision remained but they no longer met admissions criteria, and how they would feel if other young people with varying needs started to attend alongside them. Another avenue that may benefit from continued exploration is regarding how parents come to form their opinions regarding types of provision. Leyser & Kirk (2004) have begun to explore this area, but more research is needed in order to identify how schools and external services, particularly

Educational Psychologists, can support parents in making informed choices and raising their awareness of the broader issues surrounding educational and social inclusion.

As Lindsay (2003) states;

> 'There is no one 'obvious' route to an inclusive society' (p.10).

So perhaps efforts could beneficially be focussed on exploring views around inclusion in context and look to ways of promoting a shared understanding.

10. Conclusion

Table 7: A summary of the findings in relation to the key research questions

Research question:	Findings:
What role does specialist provision for social, emotional and behavioural difficulties play in the children's experience of inclusion?	• Specialist provision plays a large role in the children's experience of inclusion • Some of the young people felt they were physically and socially excluded from their previous mainstream placements • All children reported feeling included and cared for in the current specialist setting
What do children	• The children in the current study valued the broad

with social, emotional and behavioural difficulties value in an educational setting and is this same as what government policy and legislation values?	curriculum, social benefits of developing more friendships, systems and structures with an emphasis on the consistency and fairness and the level of support provided for them with a feeling that the practitioners working with them really cared for them. • Current policy (DfES, 2003) places an emphasis on the need for high quality *care* and education and it appeared that the children valued both aspects. However, they also valued the small class sizes and increased level of adult attention which they received in special school as opposed to mainstream which is at odds with the current drive for inclusion of children within common provision. • The children felt valued and cared for within the specialist provision and some directly contrasted this with their experience in mainstream.
Do parents/carers value the same aspects of specialist provision as their child, what aspects do they think support their child in feeling included and what do they propose to be the future of specialist provision?	• Parents/carers valued the increased level of support offered to parents through effective home school communication, the increased level of support offered for their child, specifically the knowledge of the practitioners regarding the child's specific needs. This is similar to the views of the children although they did not refer to the increased level of support for parents/carers. • Parents/carers also thought that the child feeling the same as their peers supporting them in feeling included as did the personal approach of staff and the systems and structures including the smaller class sizes and increased attention from practitioners. This largely correlates with the views expressed by the children. • All of the parents/carers involved in the study thought

	that there was a future role for specialist provision and 2 out of 4 hoped for an increase in specialist provision particularly for secondary.
What aspects of the specialist provision do practitioners think the children they work with value, what aspects do they think support the children in feeling included and what do they propose to be the future of specialist provision?	• Practitioners thought that the children valued being with peers of a similar ability and with similar needs and felt supported by structures such as smaller class sizes and a higher level of attention from adults. • Practitioners also thought that children are supported in feeling included by having access to a full and broad curriculum as they would in mainstream and having access to extra curricular activities. • All of the practitioners felt there would be a future role for specialist settings due to the need for some children and young people to have smaller class sizes, specialist resources which mainstream do not currently have access to and to meet the needs of children and young people with very complex needs who require support from specialist staff

> 'It may well be that through the development of shared goals and understanding, the practice of inclusion may be advanced' (Frederickson et al, 2004, p.55).

In conclusion, it is important to continue to emphasise the need to collect the views of key stakeholders when conducting research into inclusion as only with their support can the reality of inclusion be successful (Stolber et al, 1998; Leyser & Kirk, 2004; Hallett et al 2007). As Evans & Lunt (2002) hypothesise, 'parental views play a significant role in the maintenance of special school provision' (p.11) (MacLeod,

2006). Lindsay (2003) highlights a key role for Educational Psychologists in this research process and acknowledges the benefits of the new doctoral training route for the profession. Lindsay suggests that Educational Psychologists 'have roles that may facilitate a wider research culture within Local Authorities, and allow the implementation and generalisation of research findings' (2003, p.10).

Educational Psychologists may also be in a prime position to bridge the gap between the views of the parents/carers and the views of practitioners. To an extent the differences found here between the parents/carers views and the views of the practitioners may be due to the tension between rights of the individual and inclusion for all. Not surprisingly parents/carers are primarily concerned with ensuring their child has the provision they need to make the best progress at that point in time, whereas, although practitioners are also concerned with meeting the needs of the individuals, they are also aware of the wider and longer term benefits of the drive for educational and social inclusion. In supporting this drive, the needs and rights of individuals may be compromised (Corbett & Norwich, 1997). The school also has a role to play in terms of supporting a shared understanding of inclusion beyond the boundaries of the school. This view is supported by Ainscow et al (2006) who suggest that 'efforts to foster inclusive development are more likely to be effective when they are part of a wider, systemic strategy' (p.175). They also emphasise the need to explore long term maintainable change, including the involvement of parents and communities rather than short term reactive strategies focussing on reactive support for individual needs alongside rapid 'integration'.

Table 8: Main implications/ways forward for the school in light of the information gathered as part of this small scale research project

	Implications/ways forward:
Implications/ways forward regarding **staff development**	• School could seek to explore the perceptions of all practitioners regarding 'inclusion' and 'educational inclusion' in an anonymous way as a basis for further staff development. The questionnaire used in the current study could be a useful template for gathering this information. • Practitioners may also benefit from having time (for example during staff meetings) to discuss their perceptions of inclusion in a 'safe' environment to encourage the open sharing of views. This ongoing kind of discussion can help to reduce the taboo often surrounding the concept of inclusion and can facilitate the development of a shared understanding.
Implications/ways forward regarding **partnership with parents/carers**	• School's parent/carer questionnaires could be further developed to elicit their perceptions of inclusion and specific factors they feel support their child in feeling included. This information can not only inform current practice in school but could support the re-integration of children into mainstream settings when appropriate. • Open discussion with parents concerning their future hopes for their child, in terms of educational placement and the implications this may have on their educational and social inclusion, will support them in making informed choices and having a broader perspective on inclusion (this could be

	facilitated at parents evenings, open days or during tailored work shops). • Parent/carer work shops could be developed to share information regarding the drive for inclusion and issues surrounding it with parents/carers and provide them with an opportunity to discuss their views with other parents/carers in a supportive context.
Implications/ways forward regarding **work with children**	• School's child questionnaires could be further developed to elicit the children's perceptions of what supports them in feeling included at school. This information could obviously then support school in continuing to develop practice to support children in school and could also be used to support re-integration by ensuring that key factors that the child identifies as supporting their sense of inclusion are developed in the receiving school.
Implications/ways forward regarding **work at a wider community level**	• Opportunities could be made available for practitioners to share their thoughts, professional values and reflections on the concept of inclusion and explore how they can work together to develop a more cohesive shared understanding.

In their book entitled 'Improving Schools, Developing Inclusion' Ainscow et al (2006) state that 'we cannot divorce inclusion from the contexts within which it is developing, nor the social relations that might sustain or limit that development' (p.139). They also emphasise the importance of having places and spaces for talking and thinking to support the further development of inclusive practices. This also appears to be one of the key implications which has come out of the current research project.

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Young, D. & Quibell, R. (2000) Why Rights are Never Enough: rights, intellectual disability and understanding. *Disability and Society,* 15 (5): 747-764.

Appendix 1 – Parent/carer questionnaire

Name of child:.....

Your relationship to child:.....
(throughout this questionnaire the term 'your child' refers to the child named above)

Your child's educational history:

What does inclusion mean to you, in terms of inclusive education?

I do not think that P school is inclusive 1 2 3 4 5 6 7 8 9 10 I think that P school is very inclusive

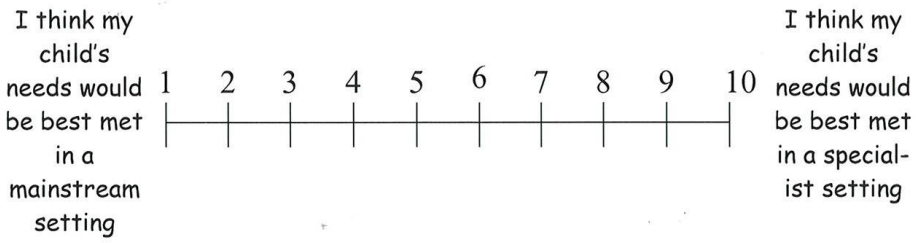
Can specialist provision (like P) be inclusive? How? Why?

Do you think mainstream schools are more inclusive? How? Why?

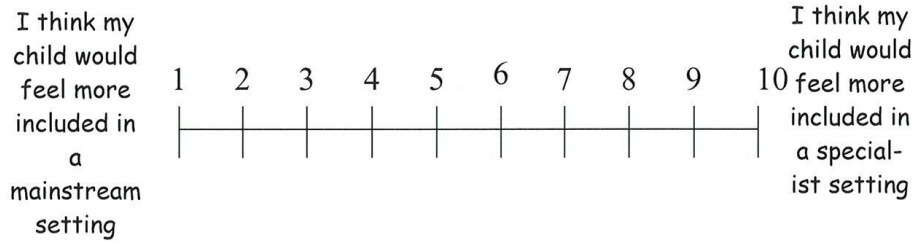
How does P school support your child in feeling included?

What other factors do you think could make your child feel included?

I think my child does not feel very included at P 1 2 3 4 5 6 7 8 9 10 I do think my child feels very included at P



Why?



Why?

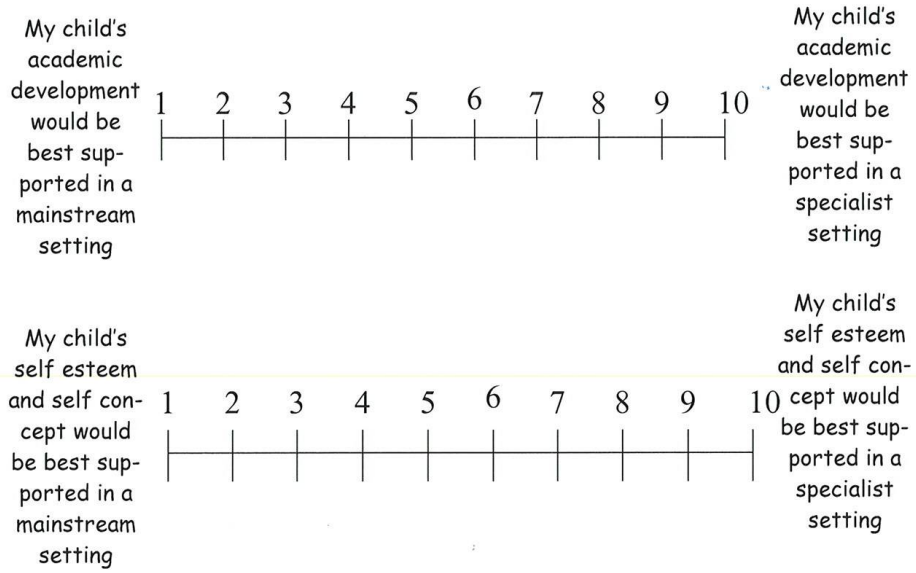
Do you think attending P school has any implications for your child's social inclusion out of school?

Do you think attending P school has an impact on your child's future life chances?

What do you see as the benefits of your child attending a mainstream setting, if any?

What do you see as the benefits of your child attending a specialist setting such as P?

Do you think there will always be a role for specialist settings like P school? What? Why?



Appendix 2 – Practitioner questionnaire

Name of child you work with:.....
Your role:.....
(throughout this questionnaire the term 'this child' refers to the child named above)

Have you had experience working in a different educational setting?

What does inclusion mean to you, in terms of inclusive education?

I do not think that our school is inclusive

1 2 3 4 5 6 7 8 9 10

I think that our school is very inclusive

Can specialist provision be inclusive? How? Why?

Do you think mainstream schools are more inclusive? How? Why?

How does your school support children in feeling included?

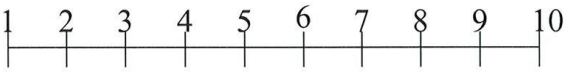
What other factors do you think could make a child feel included?

I think this child does not feel very included

1 2 3 4 5 6 7 8 9 10

I do think this child feels very included

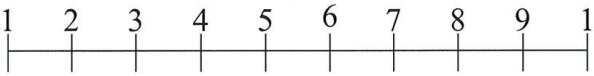
I think this child's needs would be best met in a mainstream setting



I think this child's needs would be best met in a specialist setting

Why?

I think this child would feel more included in a mainstream setting



I think this child would feel more included in a special-ist setting

Why?

Do you think attending a specialist setting has any implications for children's social inclusion out of school?

Do you think attending a specialist setting has an impact on children's future life chances?

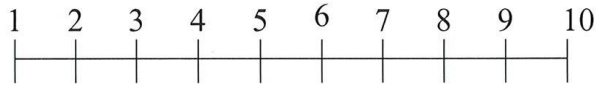
If this child was integrated into a mainstream, setting do you think it would be of benefit to the other children in that setting?

What do you see as the benefits of this child attending a mainstream setting?

What do you see as the benefits of this child attending a specialist setting?

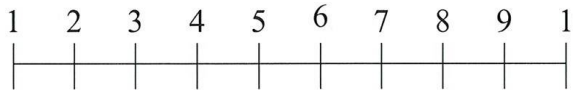
Do you think there will always be a role for specialist settings? What? Why?

This child's academic development would be best supported in a mainstream setting



This child's academic development would be best supported in a specialist setting

This child's self esteem and self concept would be best supported in a mainstream setting



This child's self esteem and self concept would be best supported in a specialist setting

Appendix 3 – Child questionnaire

Child Questionnaire

Name:.....

Year:.....

I do not enjoy being at school 1 2 3 4 5 6 7 8 9 10 I do enjoy being at school

I like my school because.....

My school would be even better if ....

Other schools that I have been to:

I am not very good at my school work 1 2 3 4 5 6 7 8 9 10 I am very good at my school work

My favourite lessons are:
1)

2)

3)

I don't think I am important 1 2 3 4 5 6 7 8 9 10 I think I am very important in school

What can other people do to make me feel important?

What can other people do to make me feel cared for:

I do not think that people care about me at school 1 2 3 4 5 6 7 8 9 10 I don't think that people care about me at school

What can other people do to make me feel more included?

I do not feel very included at school 1 2 3 4 5 6 7 8 9 10 I feel very included at school

Things that are important to me:
1)
2)
3)

If I had the power to make my perfect school..

It would be...



It would look like....

The teachers there would...

The other children there would be...

It would be the best school ever because....

I would definitely not like to go to a school where....

If my school had to close tomorrow I would feel...

Do you have the same friends in school and out of school?

Appendix 4 – Additional information regarding the methodology.

Appendix 4a – Additional information regarding the context.

The setting in its current form has only been operating for two years. 42 young people are currently on roll but there are three different groups attending; those that were moved there when it was first opened after the closure of the pupil referral unit they were attending; those that have entered since its opening on a planned placement with a statement of special educational needs, and those without a statement that are currently on a temporary assessment place and may be placed back in mainstream dependent on the outcome of the assessment. There are also a fourth group of children who are attending on a temporary basis after being permanently excluded, although this is not the purpose of the provision.

Appendix 4b – additional information regarding sampling.

The four children selected were chosen to be representative of the 3 groups of children attending the setting. They were also selected to support access to parents/carers as many of the children attending the school are either looked after or from very complex family contexts which would make access to parent/carer views difficult. Two of the children were currently being cared for by grandparents and the other two were living with their biological parents. All four young people were male but this represented the gender balance within the school (with 8 out of 42 pupils being male). The young people at the time of consultation were in Years 4, 5 and 6.

Young people were selected from these year groups as they were more able to communicate their views about feeling included and they and their parents/carers were more likely to have thought about desired provision for Secondary education. All 4 children had been permanently excluded from their previous educational setting prior to joining the specialist provision.

The parents/carers were also approached for their views (for the two young people being cared for by their grandparents, both carers gave views, for the two young people being cared for by their biological parents, only the mother's gave their views, although both were also living with their fathers – this is likely to be due to the timing of the interviews and work commitments). School staff were also approached for their views. In three cases the class teacher gave their views and in one case the class based LSA gave their views.

Appendix 4c – Additional information regarding the data collection

The questionnaire used was informed by scales developed by Stolber et al (1998) and Elkins et al (2003) in earlier studies exploring parent's perceptions of inclusion and provision in specialist settings. Stolber et al (1998) developed a 28 item scale entitled 'My Thinking About Inclusion' (MTAI), designed to explore the views of parents of young children attending 'early childhood inclusive programs' in America and the views of the practitioners working with them. The MTAI scale was

comprehensive but was not appropriate for the context of the current study. Some scale items were adapted and utilised in the questionnaire for parents and practitioners used in the current study. Elkins et al (2003) developed a questionnaire entitled 'Survey of Parent's Attitudes and Opinions About their Children with Special Needs and their Support, used to gain the perspectives of 354 parents of children with a disability placed in mainstream schools in Australia. Again, whilst this scale was not relevant to the context of the current study it was used to inform the development of the items for the parent/carer and staff questionnaires. Elkins et al (2003) survey contained very direct and specific statements. It was decided in this current study that more open questions would be used in the questionnaires to allow for the personal expression of views and freedom of thought (Brace, 2004).

The questionnaires in the current study comprised some open questions, some scaled questions and some incomplete statements. The more general, open questions were to explore the personal views of the respondent without being influenced by the researcher's knowledge. Probing and circular questioning were strategies used to encourage a greater depth of response to these open questions and to explore the reasoning behind their responses (May, 2001). The scaled questions required the respondent to rank their response on a 10 point Likert scale. Although a 5 point scale is recommended most consistently in the literature (Brace, 2004), a 10 point scale was used here due to the young people's greater familiarity with 10 point scales and the potential it provided for greater differentiation of views. A Likert scale was selected due to simplicity of use and a scale with no mid point encouraged a more decisive response. Incomplete statements were used frequently

in the young people's questionnaire influenced by research suggesting they elicit a fuller response than regular questions (Dockrell et al, 2000; Lewis, 2001).

Although the young people's questionnaire items were largely focussed on the current specialist provision, the questions were designed to invite discussion about previous mainstream settings they had attended and indeed in some cases encourage comparisons between settings. Hallett et al (2007) highlighted a limitation of their study being a lack of experience of mainstream settings by the young people. Their study focussed on the provision of a specialist setting where most young people had been for a considerable period. The authors acknowledged the difficulties of young people giving their informed opinion if they have not experienced other types of provision. This was certainly not the case for the young people involved in the current study, all of whom had been to a mainstream school previously and who had all attended the current specialist provision for less than 3 years.

Appendix 5a – Parent/carer consent letter

Dear parent/carer,

'Exploring Inclusion Project'

I am a Trainee Educational Psychologist currently employed by ... As part of my University training I am required to take part in a small scale evaluation of a specialist setting and I have chosen to use P School. I am very interested in exploring the concept of 'inclusion' and what it means to different people and hope to explore this further by working with the school to gather the views of children, families and staff. I plan to gather children, family and staff views using questionnaires completed during an informal interview. I then hope to explore similarities and differences between these views. As it is a small scale evaluation I am not able to gather the views of everybody and have chosen 4 children who appear to be representative of the larger group of children who attend P school.

I would be very interested to hear your views the view's of your child and the views of some of the staff who work with your child. Giving consent for your child to be involved in the project would mean that you are agreeing to:

- your child spending a short amount of time (about 20 minutes) with me at school discussing their views about how included they feel at school, what things help them to feel included and what things make it more difficult for them to feel included
- you spending a short amount of time (about 20 minutes) with me during a home visit to discuss your views about how included you feel your child is at school and what things you think would help them to feel more included
- me approaching school staff who work with your child to discuss their views about how included they think your child is and what things might increase their feeling of being included
- the responses of you and your child being shared with school staff to support the ongoing development of their work with your child and their partnership with you. Responses will be anonymous but as there are only 4 children involved in the project your responses may allow you to be identified
- the responses of you and your child being written up in a report that will be submitted to the University of Birmingham. In this case your responses and the school will be anonymised so readers of the report will not be able to identify you or your child

In addition to you giving consent on your child's behalf, your child will also be asked to give their consent to be involved in the project. This will be done verbally.

Your responses and that of your child will not be used for any other purpose without your consent.

I hope you will agree to be part of this project.

Yours faithfully,

Emma Thornbery

Trainee Educational Psychologist

I am signing to confirm that I have read the above letter and agree to give consent for my involvement in the 'Exploring Inclusion Project':

Signed:…….

Name:……..

Name of child:…….

Date:……

Appendix 5b – Practitioner consent letter

Dear Practitioner,

'Exploring Inclusion Project'

I am a Trainee Educational Psychologist currently employed by ... As part of my University training I am required to take part in a small scale evaluation of a specialist setting and I have chosen to use P School. I am very interested in exploring the concept of 'inclusion' and what it means to different people and hope to explore this further by working with the school to gather the views of children, families and staff. I plan to gather children, family and staff views using questionnaires completed during an informal interview. I then hope to explore similarities and differences between these views. As it is a small scale evaluation I am not able to gather the views of everybody and have chosen 4 children who appear to be representative of the larger group of children who attend P school.

One of the children that you work with has agreed to be part of this project and I would be very interested to hear your views about how included you think this child feels within your specialist setting and also about your views regarding inclusion more generally.

Giving consent for your involvement would mean that you are agreeing to:

- Spend a short amount of time with me (about 20 minutes) at school discussing your views regarding inclusion and how included you think a particular child feels in this setting
- Your responses being shared with school staff. Although your responses will be anonymised, due to the small number of children involved in the project it may be possible to identify you from your responses
- Your responses being written up in a report that will be submitted to the University of Birmingham. In this case your responses and the school will anonymised so readers of the report will not be able to identify you

I hope that you feel able to express your honest views about inclusion. To support you in doing this the Headteacher has agreed not to use staff responses as a basis for staff development. In order to do this the views of all staff would be gathered first.

Your responses will not be used for any other purpose without your consent.

I hope you will agree to be part of this project.

Yours faithfully,

Emma Thornbery

Trainee Educational Psychologist

I am signing to confirm that I have read the above letter and agree to give consent for my involvement in the 'Exploring Inclusion Project':

Signed:…….

Name:……..

Date:……

CHAPTER THREE

A CRITICAL APPRAISAL OF A GROUP INTERVENTION UTILISING COGNITIVE BEHVAIOURAL APPROACHES, PLANNED TO PROMOTE POSITIVE INTERACTIONS AND BEHAVIOUR IN YOUNG PEOPLE IN AN MLD SPECIAL SCHOOL.

A CRITICAL APPRAISAL OF A GROUP INTERVENTION UTILISING COGNITIVE BEHVAIOURAL APPROACHES, PLANNED TO PROMOTE POSITIVE INTERACTIONS AND BEHAVIOUR IN YOUNG PEOPLE IN AN MLD SPECIAL SCHOOL.

Abstract

This paper provides a critical appraisal of a group intervention, planned and facilitated by two Trainee Educational Psychologists, to promote positive interactions and behaviour in a group of young people. The context of the intervention was a special school for children aged 5 to 16 with moderate learning difficulties. The five young people involved in the group were all male and were aged 12 to 14. The group intervention was based on a cognitive behavioural approach to understanding, and attempting to change, the cognitions and behaviour of the group of boys who were raised as a priority for Educational Psychology involvement due to their persistent difficulties in effectively managing their emotions and behaviour. An overview of the background and development of the cognitive behavioural approach is provided before introducing the context of the group intervention and the rationale for adopting this approach in this instance. Although the application of cognitive behavioural approaches with a group of young people with moderate learning difficulties raises several points for discussion, what is of particular interest here is the application of cognitive behavioural approaches in a group context. There is ongoing research into the effectiveness of individual versus group interventions in the field of cognitive behavioural therapy. This research is explored and critiqued in light

of the positive evaluation of the group intervention in this instance. The findings from the evaluation (pre and post measures completed by four of the young people involved) suggest that the group intervention may have supported the young people in feeling angry less often and in feeling more able to talk to other people about how they are feeling. However, there are several threats to the validity and reliability of the evaluation measures used and so conclusions are made with caution. The study aims to highlight potential contributions of cognitive behavioural based group interventions rather than make any generalisable conclusions.

A CRITICAL APPRAISAL OF A GROUP INTERVENTION UTILISING COGNITIVE BEHVAIOURAL APPROACHES, PLANNED TO PROMOTE POSITIVE INTERACTIONS AND BEHAVIOUR IN YOUNG PEOPLE IN AN MLD SPECIAL SCHOOL.

1. Introduction

The cognitive behavioural model of understanding and influencing human behaviour is derived from earlier behavioural and cognitive models (Grazebrook & Garland, 2005), such as classical and operant conditioning (Pavlov, 1927; Skinner, 1974), social learning theory (Bandura, 1977) and research into cognitive schemas (Young, 1990, as cited by Stallard, 2007). The pure behavioural model focuses on the overt and observable behaviour of people and suggests that all behaviour is the result of learning (Corriveau, 1972; Department of Health, 2001). According to the behavioural model, learning occurs as a result of classical and operant conditioning. Environmental factors (stimuli) and the responses our behaviour receives from the environment are thought to trigger, maintain and hence control all behaviour. Within this model for understanding behaviour, a focus is placed on structure and objectivity with regard to assessment, formulation, intervention and evaluation (Department of Health, 2001), rather than focussing on internal processing or perceptions (Groden & Cautela, 1981).

The cognitive approach on the other hand focuses on the internal thought processes (mainly through verbal reasoning) which are thought to determine behaviour (Brewin, 2006). The way individuals perceive and interpret situations and environmental stimuli, based on their previous experiences, is thought to influence the way they act in all situations (Beck, 1993; Grazebrook & Garland, 2005). In this way, humans are seen as being more in control of their own behaviour and able to change the way they perceive and interpret situations in order to change their responses. This model for understanding human behaviour emphasises the sense of agency that all individuals have in determining their actions and shaping their lives (Jahoda et al, 2009). This model therefore takes a more constructivist perspective, suggesting that the world is not an objective reality but is constructed by our perceptions of the environment and social interactions. So, in this sense, the search is not for a 'truth'. Within the purely behavioural perspective researchers were seeking to identify 'laws' that govern, explain and predict human behaviour (Corriveau, 1977; Jahoda et al, 2009). However, within cognitive psychology the interest lies in understanding how people's perceptions and cognitions influence their behaviour. Cognitive approaches address the criticism of the behavioural perspective not being able to account for individual differences in responses when the same conditions are applied. Interventions focussing on changing behaviour within the cognitive perspective suggest that individuals need support over time to help change their thought processes, attributions and attitudes (Groden & Cautela, 1981) rather than focussing on increasing desired behaviours and reducing undesired ones through conditioning and selective reinforcement (Department of Health, 2001).

Neither the purely cognitive nor purely behavioural perspectives were able to explain all human behaviour and so the cognitive behavioural perspective was developed, combining features of the behavioural and cognitive models to better understand the range of factors that influence and shape human behaviour (Department of Health, 2001). The cognitive behavioural perspective assumes that behaviour is largely a product of cognitions whilst appreciating that environmental factors and feedback from the environment also have an impact (Stallard, 2007). It supposes that thinking precedes feelings and behaviour and that all three factors interact, meaning that changes in behaviour occur due to changes in cognitions and affect (Enright, 1997), rather than occurring due to interventions focussed on overt behaviour, as the behavioural model would expect, or solely due to changes in cognitions as the cognitive model would expect (Grazebrook & Garland, 2005).

Stallard (2007), in his book on the application of cognitive behavioural approaches with children gives an overview of the key concepts and approaches that have underpinned the development of cognitive behavioural therapy, providing a more comprehensive overview than that given above. It incorporates aspects of the behavioural model of understanding human behaviour as well as aspects of the cognitive model to provide a more comprehensive account of human behaviour. A summary is provided in the table below.

Table 1: Key concepts and approaches underpinning cognitive behavioural therapy (taken from Stallard, 2007, p.1-3).

Key concept/approach:	Overview & theorists:
Emotional responses can become conditioned to specific events.	Naturally occurring responses (including emotional responses) can become associated with specific stimuli. Pavlov (1927)
Emotional responses can be reciprocally inhibited.	By pairing a stimuli with an unwanted response (eg fear) with another stimuli with an antagonistic response (eg, relaxation) the unwanted response can be reciprocally inhibited – systematic desensitisation. Wolpe (1958)
Behaviour is affected by antecedents and consequences. Consequences that increase the likelihood of behaviour are reinforcers. Altering antecedents and consequences can result in changes in behaviour.	Behaviour is influenced by environmental factors namely antecedents (factors preceding behaviour) and consequences (occurring after behaviour). These can trigger and help maintain behaviour. The reduction of negative consequences or the increase in positive consequences can increase a specific behaviour. Skinner (1974)
Behaviour is influenced by cognitive events and processes. Changing cognitive processes can lead to changes in behaviour.	Social learning theory suggests that behaviour occurs as a result of learning and modelling. However, it also highlights the role of cognitions in mediating between stimulus and response. Bandura (1977) Self instructional training suggests that much behaviour is under the control of our thoughts and internal speech. Changing our thinking and internal speech can lead to changes in behaviour. Meichenbaum (1975)
Emotional affect is influenced by cognitions. Irrational beliefs/schemas or negative cognitions are associated with negative affect. Altering cognitive processes can lead to changes in affect.	Rational emotive therapy proposed that emotion and behaviour arise from the way events are construed rather than the event itself. An event is assessed against beliefs which then result in an emotional consequence. Beliefs can be rational or irrational but irrational beliefs tend to result in negative emotional states. Ellis (1962) Cognitive therapy places an emphasis on the impact of distorted cognitions on affect and behaviour. Cognitive distortions can become automatic and negatively influence affect and behaviour. Beck (1976)
Maladaptive cognitive schemas develop during	Maladaptive cognitive schemas formed during childhood are thought to lead to self-defeating

childhood and may be associated with parenting styles.	patterns of behaviour which are repeated throughout life and can contribute to poor mental health. Maladaptive schemas are thought to be associated with certain parenting styles. Young (1990)

Cognitive behavioural therapy is, therefore, an approach which seeks to identify and change a person's negative or maladaptive core beliefs and schemas so that negative automatic thoughts which lead to maladaptive physiological, emotional and behavioural responses are reduced and more adaptive behaviours are developed (Grazebrook & Garland, 2005; Jahoda et al, 2009).

2. Cognitive behavioural therapy: applications

Cognitive distortions are assumed to be prevalent in a high proportion of people with a range of psychological difficulties including depression, anxiety and low levels of self control (Department of Health, 2001). Therefore, it is not surprising that interventions based on cognitive behavioural approaches are increasingly highlighted as being effective in the 'treatment' of these types of difficulties (Department of Health, 2001). Cognitive behavioural therapy is an overarching term for a range of intervention techniques and strategies all focussed on teaching new cognitive and behavioural skills and reducing maladaptive cognitions and behaviours. Understanding how people interpret events and situations is of paramount importance in determining an appropriate type of cognitive behavioural intervention. Interventions often include social problem solving, learning cognitive strategies such as positive self talk and the use of self-reinforcement (Stallard, 2007).

Cognitive behavioural therapy was originally developed as an intervention to 'treat' adults with clinically defined psychological disorders such as anxiety and depression (Bailey, 2001). More recently the approach has been adapted and applied to children and young people and continues to be developed for use with people of all ages, experiencing a widening range of difficulties including post traumatic stress disorder and obsessive compulsive disorder (Stallard, 2007). Although the approach is increasingly used with children, Stallard (2007) does add a cautionary note that the evidence base for this client group is more limited. In addition, cognitive behavioural therapy is essentially a 'talking therapy' requiring the 'client' to have a good level of language and communication skills, so that they are effectively able to communicate their inner thoughts and feelings. This means that many of the techniques are difficult to apply in a therapeutic intervention with a young child (Bailey, 2001).

Cognitive behavioural therapy is a therapeutic intervention traditionally involving the 'client' and 'therapist' in an interactive process of identifying goals, setting targets, experimenting with new ways of thinking and behaving and evaluating the impact of these (Stallard, 2007). The ultimate aim is for the client to become more aware of their problems and empowered to develop alternative, and more effective, ways of thinking and behaving. Whilst cognitive behavioural therapy does seek to uncover and understand the maladaptive cognitions and distorted thinking processes which result in the problematic behaviour, it does not dwell on the past or seek to understand the origins of the distorted processes, as a psychodynamic approach would (Coren, 2001). However, the fact that cognitive behavioural therapy requires the client to be active in the process means that there needs to be some desire to

change. Until the individual recognises that there is a problem or is willing to explore alternative ways of thinking and behaving this approach will not be effective. This does suggest that it may be a more ethical and transparent approach than other types of intervention as it seeks to educate the 'client' regarding the factors that influence and reinforce their behaviour, thus encouraging and empowering them to take steps to change their own patterns of thinking and behaving (Grazebrook & Garland, 2001). This is in contrast to a purely behavioural approach which would suggest that an individual's behaviour could be changed by changing the environment and reinforcing factors, rather than changing their perception or understanding.

As noted earlier, there are a range of techniques and strategies which can be used within cognitive behavioural therapy and the selection of these depends on the problem formulation. In some cases only a couple of strategies are focussed on, whereas in other cases many different strategies may be introduced. Within most cognitive behavioural interventions there is a focus on psycho education, which is the development of a shared understanding of how thoughts, feelings and behaviour interact, with all people involved. Some of the techniques and strategies that are often included are illustrated in the table below.

Table 2: Overview of the techniques and strategies often used in cognitive behaviour therapy (adapted from Stallard, 2007, p.9-11).

Strategy:	Description:
Thought monitoring	Identification of common cognitions and patterns of thinking through the recording of 'hot' situations that produce strong emotional reactions or overly negative thoughts.
Identification of cognitive distortions and deficits	Thought monitoring provides information on cognitive distortions (magnification, focussing on the negative etc) and cognitive deficits (misinterpretation of others' cues, limited problem solving skills etc) and the effect these have on feelings and behaviour.
Thought evaluation and development of alternative cognitive processes	Encouraging the development of a more balanced perspective by testing the assumptions and beliefs. This may involve cognitive restructuring where a person is taught a new way of thinking to recognise strengths and success.
Learning new cognitive skills	A range of new skills can be taught including distraction, positive self talk, self instructional training, problem solving skills etc.
Affective education	Identification of core emotions and the associated physiological responses.
Affective monitoring	The identification of times, places, thoughts and situations which invoke strong emotions. The intensity of these emotions can be measured using scales to monitor changes over time.
Affective management	Involves the teaching of a range of relaxation techniques including progressive muscle relaxation, controlled breathing etc. Identification of physical responses to emotions can lead to the earlier identification of emotions and the ability to stop emotional progression before the emotion becomes too strong to manage effectively.
Target setting and activity rescheduling	Overall aims for the intervention are agreed at the outset. These are reflected on throughout the process and progress is recognised. Activities to promote the transference of skills outside of the treatment context are encouraged. Activities which promote strong negative emotions are minimised where possible and those which promote positive emotions are maximised.
Behavioural experiments	The client is encouraged to challenge their assumptions and try out different ways of thinking and behaving. This can be introduced as a behaviour experiment in which the client will behave in a certain way and collect evidence about the outcome and reflect on whether it was the outcome that was predicted.

Exposure	A problem task is identified and broken down into small steps which can then be tackled through gradual exposure to the steps in increasing order of difficulty.
Role play, modelling and rehearsal	Ways of developing and practising new skills to manage the problematic situations effectively.
Reinforcement and reward	Positive reinforcement of appropriate behaviour either through self-reinforcement or reinforcement by others (reward charts etc).

Numerous studies have highlighted the effectiveness of cognitive behavioural therapy in treating a range of clinically diagnosed psychological difficulties in adults (Grazebrook & Garland, 2005). However, more recently evidence is emerging to support the efficacy of this approach with children and young people and this is what is of interest here. Over the last decade an increasing number of trials have been carried out with children and young people and materials and methods of intervention have been adapted to meet the needs of younger clients, making the approach accessible to a greater range of people (Bailey, 2001; Toland & Boyle, 2008; Jahoda et al, 2009). Visual and practical activities have been developed to support younger people in becoming more aware of their cognitions and in recognising how these influence their feelings and behaviour (Stallard, 2007). Some would argue that it is important that children are encouraged to gain an awareness of their thought processes from a young age and experience others communicating their thought processes in order to model and support the development of meta-cognition, which is seen as an essential skill for higher order thinking and reflection (Smith, 2002).

As cognitive behaviour therapy is essentially a talking therapy, it requires children and young people to be able to discuss their thoughts, feelings and behaviour and to have a degree of self awareness (Durlack et al, 1991). Bailey (2001) encourages the

use of cognitive behavioural approaches with young children but suggests that the therapeutic relationship is different to the one adopted when using cognitive behavioural approaches with adults. Bailey (2001) suggests that with young children, the therapist plays a much more active role and is likely to make more use of behavioural as opposed to cognitive techniques.

Although no minimum age has been suggested for its application with children, a meta analysis of studies of cognitive behavioural interventions with children conducted by Durlack et al (1991) suggests that effectiveness is significantly increased with children aged 11-13, compared with children aged 5-11. Although the children involved in the current intervention were older than 11 years of age, they all had statements of special educational needs and all had literacy levels that were significantly below that expected of children the same age. Therefore the approach developed for use in the current context, relied on visual cues and adopted a very "hands on", practical approach to discussing thoughts, feelings and behaviours. This is described further in subsequent sections. Despite the young people's difficulties with communication and comprehension it was also thought to be important that cognitive approaches were emphasised alongside behavioural ones, but this required creative planning and a regular opportunity to revisit concepts (such as cognitive distortions) throughout the sessions.

In addition to cognitive behavioural therapy being adapted for application with people of different ages, the approach is also now increasingly adapted to be applied in a

variety of contexts. As noted earlier cognitive behavioural therapy is traditionally a therapeutic intervention which occurs within a single client therapist relationship. However, recent accounts have noted its application in groups and as an inclusive approach to increasing the meta-cognitive skills of all children and young people within their natural context (Smith, 2002). This has lead to the development of cognitive behavioural 'approaches' which focus on the application of the strategies outlined above, without the focus on the single therapeutic relationship.

The Department of Health (DoH) (2001) note that most psychological therapy is pragmatic and eclectic. That is professionals often make use of strategies from a range of theoretical frameworks rather than using 'pure' therapies. The DoH acknowledges that whilst this is the case in reality, most research exploring the efficacy of interventions focuses on the evaluation of 'pure' therapeutic intervention, resulting in a gap between research and practice. This current study explores the impact of an intervention based on cognitive behavioural approaches rather than a 'pure' cognitive behavioural therapy intervention. The use of a cognitive behavioural approach as a group intervention is what is of particular of interest here and so will be discussed further in the following sections.

3. Context of current intervention

In this case, a special school for children aged 5 to 16 with moderate learning difficulties (MLD) that I work with had requested Educational Psychology involvement

to support a group of five boys from Years 8 and 9. The boys were considered to have difficulties in managing their behaviour and expression of strong emotions, particularly anger. As many of their difficulties appeared to be due to poor social problem solving skills and difficult social interactions, a group cognitive behavioural intervention was thought to be appropriate. The reader is referred to Appendix 4 for further details regarding the context of the current intervention.

4. Individual versus group application of cognitive behavioural approaches

As noted above, researchers are becoming increasingly interested in the wider application of cognitive behavioural approaches, and in particular in the use of cognitive behavioural therapy as a group intervention. In terms of research on group interventions more generally, Kaminer (2005) suggests that there can be risks associated with group interventions, particularly when working with individuals demonstrating 'antisocial' or 'delinquent' behaviour. Kaminer (2005) states that "there is a consensus regarding the negative impact of treating homogenous groups of youths manifesting antisocial or delinquent behaviour" (p.1766). However, he goes on to argue that the risks are often over generalised and suggests that it is important to consider the advantages and disadvantages of group treatment specific to the group that is the focus of the intervention. Kaminer (2005) concludes that, in general, mixed groups of young people (containing individuals with a need to change their behaviour and individuals who are demonstrating the desired behaviour) tend to generate the most positive results. However, it could also be argued that if a young person's difficulties are due to poor social interaction and communication skills or a

difficulty in perceiving social cues then they perhaps would not learn from the behaviour of others in the group whether this be negative or positive role modelling.

In an earlier study, Dogra & Parkin (1997) also highlighted the potential risks of group interventions for children demonstrating negative behaviours. Their study focussed on the development of social interactions through a group intervention, using a mixed gender group facilitated by two registrars and a senior Occupational Therapist. They noted the risks of 'copy cat' behaviour, 'acting out' of young people in front of peers and the influence of negative group processes such as young people trying to assert themselves and gain a sense of power over peers. Despite this, they continued with a group intervention due to the proposed benefits in terms of time effectiveness and the ability of a team of professionals to work together with the group, which they could not have done with individuals due to limited capacity in terms of time. However, in conclusion they argue that group intervention does not necessarily reduce the amount of time committed by professionals. They noted that the planning process took considerably longer for a group than it would for individual intervention due to the need to consider the group dynamics and the need to plan differentiation for individuals within the group.

More recently, Dowling & Smith (2007) conducted a comparison of a cognitive behavioural intervention for female pathological gamblers with individuals assigned to either an individual or group treatment format. In their paper they focus their discussions on the benefits of group intervention, namely its cost effective nature in

terms of time and resources, the opportunity provided for positive observational learning from peers, and the advantage of identification of common problems and solutions between peers. The findings from the outcomes of the interventions suggest that group intervention is not superior in terms of outcomes. In addition, they do not discuss their findings in terms of increased planning time for group interventions.

Interestingly only six out of 51 studies included in a meta-analysis conducted by Sukhodolsky et al (2004) were based on individual cognitive behavioural interventions suggesting that group intervention is the format of choice. Therefore, it could be suggested that researchers already acknowledge the benefits of group intervention, regardless of the negative risks outlined above, as this is the format most commonly used in the literature. However, this may be due to consideration of time available regardless of cost effectiveness. In addition, previous studies reporting meta-analyses of cognitive behavioural approaches suggest that there is no significant difference between the effectiveness of individual and group interventions (Casey & Berman, 1985; Weisz et al, 1987 & Weisz et al, 1995).

Tucker & Oei (2007) were interested in comparing not only the effectiveness of group versus individual cognitive behavioural therapy but also the cost comparison based on time taken to facilitate in relation to perceived effectiveness. They conducted a comprehensive study in which they critically evaluated the empirical evidence of 36 studies in terms of the comparative cost effectiveness of group and individual

cognitive behavioural therapy. The studies included the use of cognitive behavioural therapy across different populations (in terms of age and gender) and across different groups (general application of cognitive behavioural therapy and also its use in treating specific mental disorders including depression and anxiety). They concluded that although group cognitive behavioural therapy impacts cited in studies reviewed do appear to be more effective than individually delivered cognitive behavioural interventions in treating children in general and people of any age with depression, the results are stated to be inconclusive due to methodological weaknesses in the studies.

The research regarding the relative effectiveness of individual and group cognitive behavioural therapy is inconclusive across different age populations and across a range of treatment groups (Casey & Berman, 1985; Weisz et al, 1987 & Weisz et al, 1995; Sukhodolsky et al, 2004; Flannery-Schroeder et al, 2005; Jonsson & Hougaard, 2009) and so too is the research regarding the comparative cost effectiveness (Tucker & Oei, 2007). However, most of the studies involved in the meta-analyses are focussed on group intervention, suggesting that practitioners may judge this to be more ecologically valid and is hence the method of choice. Few of the studies reviewed explicitly gave a rationale for selecting group intervention over individual intervention. This may be something that could be included in future research reports so that the reasoning behind the choice of research/intervention methodology is clear and can be analysed.

Eccles & Gootman (2002) considered factors that promoted positive outcomes of group interventions for young people and suggested that it was important to consider the contextual features of any intervention rather than purely focussing on the characteristics of the group. They suggested that the provision of an appropriate structure, supportive relationships, opportunities for skill building and the integration of family school and community are particularly important aspects of group interventions. As is evidenced in the following description of the current intervention (Table 3), several of these features are considered, including the use of an appropriate structure (adapted from a circle time structure), supportive relationships (the use of a peer group and the support of a familiar adult), support for efficacy and mattering (supported through the use of positive portraits), the opportunity for skill building (through a range of activities), and integration of school (through use of a member of staff being involved in planning and facilitating the sessions). However, not all contextual features were considered, and so future research might usefully explore intervention effectiveness related to the integration of additional features in intervention design.

Young people live within the social context and are members of several groups within their family and community systems, therefore, it is perhaps important for interventions also to be carried out in group contexts. The young people who were the focus of this intervention regularly spent time together both in the classroom context and also during less structured times (break and lunch times) but experienced difficulties in maintaining positive social interactions with each other (information gathered through pre-intervention consultation with school staff). For

this reason it was considered important for the young people to spend time discussing their difficulties as a group and to work together to find solutions and make positive changes to their cognitions and behaviour. It was thought that working within a group context, as opposed to being supported through individual cognitive behavioural interventions, would support the young people in more easily generalising the skills they developed into the whole school context. In addition to this, the time used to deliver interventions would be taken out of the school's allocated Educational Psychology time. It was not possible to support all of the young people through individually delivered interventions within the allocated time, therefore, group intervention was the method of choice. Value was also seen in the Trainee Educational Psychologists being able to work jointly where possible so that different perspectives could be discussed and to allow for flexibility in roles. Again, this would not have been possible if the interventions were delivered for individual young people due to restrictions on the time available.

5. Planning and implementing the group intervention

The intervention consisted of six weekly sessions which followed a similar structure taken from a circle time approach (Mosley, 1996). Each session lasted 45 minutes and included an opening game, a core activity, a reflection period and a closing game. This was considered to be a useful structure as it included an opportunity for the young people to reflect on the learning taking place during sessions and made this explicit to them so that they could begin to generalise this learning. The young people were set 'behaviour experiments' to consider outside of the group context,

which aimed to support them in applying the learning that took place within the group, to real life experiences outside the group. The opening and closing games were selected to provide an opportunity to practise and rehearse social interaction and communication skills, whilst promoting positive relationships and a sense of group identity. The core activities drew on cognitive behavioural approaches (including affective education, identification of cognitive deficits, thought monitoring and developing social problem solving skills) and were also informed by the primary and secondary 'Social and Emotional Aspects of Learning' (SEAL) activities (DCSF, 2005). It was thought to be appropriate to support the young people's development through a cognitive behavioural approach as information gathered through consultations with staff suggested that they had difficulties in recognising and expressing their emotions and in understanding other people's perspectives. This obviously raises ethical considerations regarding the reliability of information gathered through consultations to inform the design and implementation of interventions.

Table 3: Overview of the structure of the group sessions with detail of the cognitive behavioural methods (see Table 2) influencing each session.

Session:	**Session content:**	**Influencing cognitive behavioural methods and previous research studies:**
1	Young people were encouraged to contribute to the development of group rules and were introduced to the concept of confidentiality. A scaling activity was completed individually to ascertain the young people's perceptions of themselves, their behaviour and whether they had a desire to make positive changes. Once this was completed the young people were	• Reinforcement and reward • Thought evaluation • Identification of cognitive distortions and

	encouraged to focus on the positive aspects of themselves and each other through the development of 'positive portraits'. Through discussion any negative automatic thoughts were explored and exceptions were discussed so that negative comments were positively reframed.	cognitive deficits
2	The second session focussed on the development of social interactions skills, social problem solving skills and team work through the presentation of problematic situations (for example the young people were set a task to build a bridge using only newspaper and cellotape that would hold the weight of a toy car and would bridge a gap that was one metre wide). After the young people had completed this activity they were asked to reflect on the skills they had used and how the activity had made them feel. Their positive interactions were reflected back to them and were considered visually in terms of the three interactive factors of thoughts feelings and behaviour. This was then discussed in terms of the school context and how they think, feel and behave in school when they encounter problematic situations. They were encouraged to think about the outcomes they were trying to achieve in interactions and the most effective ways of securing the desired outcome. For example, one young person talked about a time when another young person had kicked his ball over the fence at playtime. He stated that his response had been to find a long pole and attempt to hurt his peer to "get him back". We discussed the situation in terms of the problem (not having a ball), the response (hurting peer) and the outcome (peer hurt, negative consequence of detention and still not getting ball back). As a group we discussed alternative ways of thinking, feeling and behaving (for example, staying calm, thinking of the best strategy for securing the desired outcome which would be to get the ball back and to stop the peer from doing it again). From this session it was clear that the young people found it difficult to think through problematic situations and control their	• Thought monitoring • Social skill rehearsal • Identification of cognitive distortions and deficits

	feelings and behaviours so the following sessions continued to focus on these areas.	
3	The third session focussed on identifying different emotions and visually recording the physical responses to these emotions. The young people were then asked to think of recent situations when they had experienced these emotions and to reflect on how their thoughts and feelings affected their behaviour or response.	• Affective education • Affective monitoring • Thought monitoring
4	The fourth session built on this and required the young people to identify different experiences and then work backwards to consider how they were thinking and feeling. They were then encouraged through a visual activity to consider how their behaviour in these positive and negative situations impacted on the thoughts, feelings and behaviour of others.	• Affective monitoring • Thought monitoring
5	During the fifth session the young people were asked to think of as many ways as possible to deal with the same difficult situation and were asked to consider alternative actions when they experienced difficult situations the following week. This was set as a 'behaviour experiment' where the young people would try responding to a difficult situation using the positive strategies we had discussed in the session and reflect on whether this secured a positive outcome and whether it had an impact on the responses of others.	• Activity rescheduling • Thought monitoring • Behaviour experiments
6	The final session involved feedback from the 'behaviour experiments' as a group before individual interviews were carried out by one of the Trainee Educational Psychologists. The post intervention scaling activity was also completed as part of the interview process.	• Behaviour experiments

At the end of each session the key learning points were reinforced and the young people were asked to think about these as they experienced things during the week. Although 'homework' tasks are usually a key feature of cognitive behavioural approaches, the difficulty in involving the families in the intervention process and the

difficulty that the young people had in accessing activities independently informed the decision to not use set homework tasks. The initial part of each session was set aside for reflections on situations that had occurred during the previous week and the young people were supported to reflect on these using the strategies and skills that had been introduced to them during the previous session. The reader is referred to Appendix 5 for further information regarding the planning and implementation of the group intervention. The implementation of the group intervention posed several ethical issues which are worthy of further consideration here. The ethical concerns and the strategy for attempting to overcome these are presented in the table below.

Table 4: Summary of ethical concerns regarding the implementation of the intervention and strategies for addressing these concerns.

Ethical Concern:	**Strategy for addressing the concern:**
Gaining informed consent from pupils with special educational needs and low literacy levels	The pupils had some difficulties in comprehending complex verbal information so their informed verbal consent was gained by staff that were familiar to the pupils and who had a good understanding of how to explain things to them effectively. The young people were told about the group and its aims in terms that they would understand and were shown example activities that they would be completing in the sessions to provide a visual cue. The young people were told that they could choose not to come to the group sessions. Parental consent was also gained for the pupil's involvement in the group intervention and the aims and example activities were also discussed with them, again by a familiar member of staff (Learning Mentor). During the first session the Trainee Educational Psychologists again talked through the purpose of the group and the types of activities that would be used. The young people were again informed that they could choose not to come to the group. At the

	beginning of each session the Learning Mentor collected the pupils from their classes and again checked that they wanted to attend the session. None of the young people chose not to attend the sessions, absences were due to absence from school due to illness.
Lack of direct involvement of parents/family in the intervention	The Learning Mentor was made aware of the session content every week (either through her attendance or through verbal feedback given by the Trainee Educational Psychologists after the sessions) and had asked parents to contact her if they would like any feedback on the session content or their child's progress during sessions. At the end of the intervention feedback regarding the group as a whole and feedback for individuals was given to school staff (Head teacher and Learning Mentor), verbally and in writing, and they were asked to feedback to parents/carers verbally on their child's progress. The Trainee Educational Psychologists checked that this had happened. Parents/carers were also given the contact number for the Trainee Educational Psychologists and were encouraged to contact them directly for further information if they wished.
Difficulty of young people fully accessing the activities and materials	The session content and materials were shared with the Learning Mentor prior to delivery to check that they would be accessible to the young people. Any materials that were considered too complex or abstract were adapted to meet the pupil's needs. A strategy of checking back was used throughout the session to ensure that the pupils had understood the content, directions and discussion. All verbal information and discussion was supported by visual cues (pictures, writing, symbols, objects) where possible and a very practical approach to sessions was adopted so that the pupil's had a concrete experience to base discussions on. Throughout the session the materials were adapted where necessary to meet the needs of the individuals which is where having two Trainee Educational Psychologists working together was particularly helpful.

6. Evaluation of the impact of the group intervention

6.1. Evaluation questions

The purpose of the evaluation carried out in this instance was to answer the following questions.

1. Does engagement in a group intervention utilising cognitive behavioural approaches effectively reduce the frequency of strong feelings of anger in young people aged 12 to 14 years, with moderate learning difficulties and identified difficulties with managing their behaviour and expression of strong emotions?
2. Does engagement in a group intervention utilising cognitive behavioural approaches effectively support an increase in young people's, aged 12 to 14 years, with moderate learning difficulties and identified difficulties with managing their behaviour and expression of strong emotions, ability to communicate their feelings to others?
3. What is it about the group sessions that the young people enjoy?
4. What is it that the young people feel they have gained from taking part in the group sessions?

6.2. Evaluation design

The evaluation method used was a simple pre and post test design. The evaluation of the group intervention was negotiated between school staff (Head Teacher and Learning Mentor) and the two Trainee Educational Psychologists involved in the intervention, during the initial planning stages. It was agreed that the outcomes of

the group work would be evaluated through the use of a pre and post intervention scaling activity (see Appendix 1), completed by the young people at the beginning of the first session and again at the end of the final session, semi-structured interviews with each young person at the end of the six sessions (see Appendix 2 for interview schedule and script used by Trainee Educational Psychologists), and the use of unstructured observations carried out by the Trainee Educational Psychologists and the Learning Mentor during the sessions. However, the observations were informal and it became apparent that a shared observation schedule would need to be used if the observations were to inform the evaluation in a reliable way. Therefore the observations were used to reflect on the evaluation data gathered from the young people but were not included in the formal evaluation of the impact of the intervention.

The evaluation data aimed to inform an understanding of the perceived value of the group sessions by the young people themselves, to inform future work with this group and to share information about the immediate benefits of the group sessions for this group of young people to staff supporting them in school (see Appendix 3 for feedback provided to school staff). If time permitted, a more thorough evaluation would be carried out, perhaps using a comparison group and more valid pre intervention, post intervention and longer term follow up measures. This would overcome some of the limitations of the current study in terms of reliability of the evaluation data. Without use of a comparison group it is very difficult to ascertain whether any changes in cognitions or behaviour are due to specific mechanisms within the intervention or the many other factors that may be having an impact during

the course of the intervention. Again, time permitting it would perhaps also be useful to conduct a simple case study design so that information about the impact of the group sessions on the cognitions and behaviour of the young people could be gathered from different sources and triangulated (Yin, 2003). Potential sources of information could be the perceptions of the young people themselves, teacher reports of behaviour change over time, parent reports of behaviour change over time, and information contained within the school behaviour log. This would have enabled richer, more detailed information to be gathered, resulting in a more valid and reliable evaluation measure (Yin, 2003).

In addition, the post intervention measures (scaling and interview) were carried out after the final session and so no information about longer term maintenance of change/impact was gathered although possibilities for longer term school based evaluation and follow up were discussed with school staff. This was partly due to the limited time available to Trainee Educational Psychologists with a high school allocation. However, the current evaluation design was considered to provide some useful immediate feedback regarding the impact of the intervention and enabled recommendations to be made to school about how to support the young people in the future. Due to the limitations of the reliability and validity of the data, conclusions are drawn with caution and the contribution of the findings to the wider research on group cognitive behavioural interventions are limited.

6.3. Participants and sampling

The five young people involved in the intervention were aged between 12 and 14 and were all male. Due to the fact that the young people attended a MLD (moderate learning difficulties) special school they were categorised as having 'moderate learning difficulties'. No assessment of their learning or academic ability was carried out or considered for the purpose of this intervention which again limits the contribution the findings from this study can make to the wider research on the application of group cognitive behavioural interventions. However, other studies aiming to provide evaluation data that can be generalised and inform the development of cognitive behavioural interventions more broadly may usefully provide specific information about the ability (particularly communication needs) of the group involved, so that this can inform the development of effective interventions for young people with 'special educational needs'.

The young people were purposively sampled, as they had been raised as a priority for Educational Psychology involvement at the school's Inclusion Partnership Meeting (the vehicle for negotiating use of time allocation to schools). The young people were all reported to have difficulties in managing their behaviour and their expression of strong emotions (particularly anger). This was evidenced through consultation with school staff, through school observations and through school records of behaviour incidents (behaviour log). Behaviour incident logs report that each of the young people were recorded as being involved in more than three behaviour incidents (including hitting peers, swearing at staff and damaging furniture)

per week. It was hypothesised, through information gathered through consultation, that most of the difficulties the boys experienced were related to their difficulty in understanding situations from another person's perspective and their difficulty in social problem solving.

6.4. Data collection methods

Two forms of data gathering were used to inform the evaluation of the intervention: a pre and post intervention scaling activity and a semi structured interview carried out with the young people immediately at the end of the intervention, in a 1:1 context, by the Trainee Educational Psychologists. The purpose of the scaling activity was to gain some measurable information about the young people's perception of their own progress. A script was used by the Trainee Educational Psychologists (see Appendix 1) to inform the young people of the purpose of the activity and to encourage them to give honest responses. The activity required the young people to scale their responses to four statements on a 10 point scale. The scales measured the young people's perception of their enjoyment of school, the number of friends they have, the amount of time they feel angry and how difficult they find it to tell people how they feel.

These items were selected for measurement as at the point of negotiation the young people were reported to appear unhappy at school and spent much of their time receiving sanctions. The staff supporting them suggested that their difficulties in

managing their emotions and behaviour was having a negative impact on their experience of school and so it was hoped that one impact of the group sessions would be to improve their experience of school through supporting them to manage their emotions and behaviour, thus experiencing a reduction in sanctions/negative consequences. Their perception of the number of friends they had was also based on staff perception that the young people found it very difficult to initiate and maintain positive relationships with peers due to their behaviour. Again, the intervention was hoped to have a positive impact on their behaviour and their understanding of other people's perceptions and feelings and hence have a positive impact on their ability to maintain positive interactions with peers.

It was also anticipated that the intervention would have a direct impact on the young people's experience of anger. It was hoped that support targeted at changing their perceptions and thinking about situations would change their emotional response and hence their behaviour (in line with a cognitive behavioural model of understanding and changing behaviour). A change in their interpretation of situations was hoped to lead to a reduction in their experience of anger. Finally, their perception of their ability to communicate their feelings to others was measured as the intervention was also targeted at supporting them to understand their own emotions and communicate these effectively, rather than acting their emotional experiences out through aggressive behaviour, as was reported to be the case currently. Some sessions (sessions 3 & 4) were focussed on supporting the young people to identify and communicate their experience of emotions in different situations and it was hoped

that this would result in the young people developing their ability to talk to other people about their feelings.

This use of scales as a measurement tool delivered in this way has several threats to its reliability and validity as the young people may give responses that they feel the adults facilitating the group want them to give (for example to demonstrate progress and impact) rather than giving honest responses. In addition, the use of a 10 point scale means that there is a wide range of interpretation of the scales, meaning that the responses are not easily comparable. However, what was of interest here was the direction of movement along the scales (becoming more positive, or less positive). For this reason the young people completed the pre and post intervention scaling activity on the same sheet of paper so that they could indicate movement . However, this may have added to the risk of the young people simply giving a response that they think is expected (ie. positive movement). Four out of the five young people involved in the group intervention completed the scaling activity at the beginning of the first session and at the end of the final session (see Appendix 1). The fifth young person was not present during the sessions in which these were completed and did not return to school for an extended period. The evaluation data for this young person is therefore not included in the results section.

The semi structured interview (see Appendix 2) carried out individually at the end of the final session gathered additional information about whether the young people enjoyed the group sessions and what it was that they enjoyed. It also aimed to gather

information about the things they had learnt through participation in the sessions. They were asked to scale their enjoyment of the sessions and the amount of learning on a 10 point scale. Again, only four of the five young people were present during the session in which this was completed. Robson (2000) warns of the threat to reliability of data if different researchers conduct evaluations with different participants, due to lack of consistency. In this case, due to time restrictions, this had to be done. To try and overcome the lack of consistency, the two Trainee Educational Psychologists met to discuss a shared approach to conducting the interviews and agreed additional probing questions to be used if needed (see Appendix 2). Semi structured interviews were used to ensure information about the key points was included but also allowed for any other additional information to be gathered. The verbal dialogue between Trainee Educational Psychologist and participant ensured that the young person had understood the question and what was expected of them (Lewis & Lindsay, 2000). The young people were asked open questions about what they had enjoyed and what they had learnt but some suggestions were given if needed to support the young people in making a response.

7. Results

The results of the pre and post intervention scaling activity for each of the young people are recorded in the table below. See Appendix 1 for the scaling proforma.

Table 5: Results of the pre and post intervention scaling activity to gain the young people's perception of themselves and their behaviour before and after the group intervention.

The reader is referred to Appendix 1 for details of the scales and the labels used for the extreme ends of the scales (1 & 10).

*the figures in brackets refer to the sessions that the young people attended. Not all young people attended all meetings.

Young person*:	Enjoy being at school		Have lots of friends		Feel angry		Find it easy to tell people how I feel	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
A (1,2,3,4,5,6)	3	4	3	6	6	7	4	6
B (1,3,4,5,6)	5	6	10	10	10	7	6	3
C (1,2,3,4,5,6)	8	7	9	10	10	9	7	8
D (1,2,3,5,6)	2	2	8	9	7	5	5	8

Trends in the data shown in Table 5 and the implications of these are discussed in the discussions section (p.24).

The results gathered through the post intervention semi-structured interview are summarised in the table below.

Table 6: Results of the scaling activity for the level of enjoyment of the group sessions and the amount of learning achieved for each young person.

Young Person:	**Level of enjoyment** 1=I have not enjoyed the sessions 10=I have really enjoyed the sessions	**Amount of learning** 1=I don't think I have learnt anything in the sessions 10=I have learnt a lot in the sessions
A	6	7
B	10	8
C	10	5
D	6	10

Again, trends in the data shown in Table 6 and the implications of these are discussed in the discussions section (p.24).

Table 7: Interview responses giving examples of things the young people enjoyed about the group sessions.

Comments from the group regarding things that they enjoyed about the group sessions
Playing games Talking to adults Talking about our families Talking to the other boys in the group Meeting people that we normally argue with Making the bridge and working as part of a team The other people in the group listening to me

This summary includes all of the responses from the young people, they are not coded due to the small number of respondents.

Table 8: Interview responses giving examples of the things the young people had learnt during the group sessions.

Comments from the group regarding things that they had learnt during the group sessions
To change how we speak to people (stop swearing) To listen to someone when they are talking To talk to the people who are bullying me To ignore people who are bullying me To talk to someone if they have a problem (Learning Mentor) Playing with people To stop bullying people

This summary includes all of the responses from the young people, they are not coded due to the small number of respondents.

8. Discussion of results

Some general points for discussion are raised before the results are considered with reference to the evaluation questions set out previously. The first point for discussion is the fact that not all young people were able to attend all sessions for a variety of reasons including illness, exclusion and out of school visits (see figures in Table 6 showing sessions attended by each young people), however, they all chose to attend sessions when they were in school. The sessions missed do not appear to have a significant influence on the young people's outcomes, although level of attendance needs to be considered in short term interventions such as this as missing one session out of six could potentially have a significant influence on outcomes. In the current intervention the maximum number of sessions missed by a young person was one. Two young people missed one session each.

Young person B missed session 2 which had a focus on social skill rehearsal and the identification of cognitive distortions. Skills learnt in this session are perhaps most linked to the pre and post evaluation scales regarding friendships and experience of anger. As young person B showed positive progress on these scales it is suggested here that their absence for one of the sessions did not have a significant impact on their outcomes. Similarly, young person D missed session 4 which had a focus on affective management and thought management. It is suggested that the skills learnt in this session could have an impact on their experience of anger and their ability to communicate their feelings to others. Young person D made progress on both of these evaluation scales and again it is suggested that their absence for one of the

sessions did not have a significant impact on their outcomes. In addition to this in the current intervention the session content was revisited throughout the sessions and so if a young person missed one session they would have an opportunity to revisit the missed materials and discussion.

Despite the initial commitment from the school that the Learning Mentor would attend all sessions and contribute to the planning process this was not the reality. Due to illness and timetable clashes the learning Mentor was only able to attend two of the sessions. This was perceived to be a disadvantage in terms of the long term maintenance of change and in terms of continuity of provision; however, the young people appeared to be much more open during discussions when the Learning Mentor was not present. Although it is sometimes beneficial for children to be familiar with the person who is gaining their views (Cohen et al, 2000), in this case the young people appeared to respond positively to unfamiliar adults and were more open and honest during discussions when a member of school staff was not present. One hypothesis is that the difference may be due to their perception that they would 'get into trouble' for some of their behaviours that they discussed.

One of the core principles underpinning cognitive behavioural approaches is that the 'client' is the expert on themselves (Grazebrook & Garland, 2005). The absence of an adult who knows the young people well, probably supported the application of this principle in practice. As the two Trainee Educational Psychologists facilitating the group sessions did not know the young people well and did not know whether the

behaviour they were reporting was accurate or not, the young people's perceptions of the situation were taken as 'true'. This is something that needs to be considered carefully in terms of future interventions. It may be useful for the first few sessions to be facilitated by an external professional so that the young people feel that they can express themselves openly, with a member of school staff present for later sessions so that they can observe the processes and continue them in school as appropriate. It is really important that all adults supporting the process are aware of this key principle and can adhere to it in practice rather than assume that they are the expert on the young people.

Further discussions will relate directly to the evaluation questions with reference to the results section. The evaluation questions will be considered in the order in which they were presented.

1. Does engagement in a group intervention utilising cognitive behavioural approaches effectively reduce the frequency of strong feelings of anger in young people aged 12 to 14 years, with moderate learning difficulties and identified difficulties with managing their behaviour and expression of strong emotions?

Three out of four young people reported through the scaling activity that they feel angry less often after the intervention than they did at the start. This is positive as it shows movement towards becoming less angry. However, a focus of the group sessions was also on acknowledging that anger is a natural emotional response but ensuring that the expression of anger is appropriate and is not harmful to ourselves or others. The reduction in the level of anger experienced by most of the young

people after the intervention may be due to the focus on identifying alternative perspectives in situations and modifying cognitive deficits. It is proposed (Dodge, 1985) that young people who experience high levels of anger are likely to perceive more aggressive intent in ambiguous situations and selectively attend to fewer cues when making decisions about the intent of another person's behaviour. Therefore, activities throughout the sessions were planned to encourage the young people to perceive situations more accurately and ensure they focused their attention on securing positive outcomes rather than 'getting their own back'.

Although the data suggests that three out of four young people who completed the evaluation experienced anger less frequently after the intervention, this needs to be interpreted in light of the threats to the validity and reliability of the data gathering methods as previously discussed. It would be useful to have additional qualitative information to support the young people's ratings (for example using the scaling evaluation in the context of a semi-structured interview so that the young people could explain or comment on any movement shown), but again due to time limitations this was not possible in the current study. It would be interesting to measure frequency of anger in the young people over time and across different contexts (pre and post intervention) and to explore the types of situations which made them feel angry. This would then provide more information about whether inappropriate feelings of anger had reduced over time due to young people's more accurate perception of situations. In addition, although part of the group work was focussed on affective education (see Table 3, sessions 3 & 4) it cannot be assumed that the young people would have a shared definition of anger. So when they are asked to

think about how often they feel angry, it would largely depend on their conceptualisation of what anger is. Again, the scaling activity was not able to elicit this additional information.

2. Does engagement in a group intervention utilising cognitive behavioural approaches effectively support an increase in young people's, aged 12 to 14 years, with moderate learning difficulties and identified difficulties with managing their behaviour and expression of strong emotions, ability to communicate their feelings to others?

Three out of four young people reported that they found it easier to tell people how they are feeling after the intervention than they did at the start, although their lower ratings perhaps suggest that some individuals still find this quite difficult. Again, this needs to be interpreted in light of the threats to the validity and reliability of the data gathering methods as previously discussed. The informal observations carried out by the Trainee Educational Psychologists and Learning Mentor suggest that the young people did demonstrate improvements in this area as the sessions progressed and they were better able to articulate their emotions and understand how their thoughts, feelings and behaviour interacted. For example, one young person was able to talk in detail about a situation which made him feel angry and modelled the changes in his body language and physical response (through acting) and was then able to say how this made him behave; "I got so mad, I didn't think I just hit him". However, the observations were not conducted using a specific framework or utilised to identify particular patterns in response and behaviour and so trends 'evidenced' through observations are identified with caution.

Identifying and communicating emotions to others is a very difficult concept and is something that needs to be reinforced over time. In addition, it is modifications in thoughts and behaviour that are the aim in the longer term not just an increasing awareness of their feelings and how these interact with their thoughts and behaviour. Although three out of four young people demonstrated progress on the evaluation scales their continued need for some support to identify and communicate their emotions during sessions suggests that they would benefit from continued opportunities to explore emotions and behavioural responses to emotions and would also benefit from regular opportunities to discuss their feelings about real situations that evoke both positive and negative emotions. It should also be noted that one young person demonstrated negative movement on the evaluation scale and so it is likely that he would benefit from further support.

Again, it would be useful to have additional qualitative information to support the scaling activity. It would be interesting to explore whether progress in this area was due to the provision of time to talk in the group sessions and having someone to talk to. In this sense it may have more to do with environmental factors (time to talk, people whose role it is to discuss difficult situations with young people etc) than changes within the individual (developments in their ability to articulate their feelings and confidence to talk about emotions etc). Consulting the school's behaviour log would also provide some information about whether the young people were continuing to be involved in behaviour incidents stemming from inappropriate expression of emotions such as anger.

3. What is it about the group sessions that the young people enjoy?

The informal observations carried out by the Trainee Educational Psychologists and the Learning Mentor suggest that the young people enjoyed the group sessions. In general, the young people engaged very positively with the activities presented to them. However, they sometimes did not appear to be aware of the link between the activities presented and the real life situations they were finding challenging. The young people were therefore often keen to spend time talking directly about the real life situations. The young people clearly had difficulties in interacting with each other and would often 'take sides' and physically sit in separate areas of the room, with less confident members of the group often sitting close to the adults. During the later sessions the young people appeared to become increasingly confident in discussing difficult situations with each other and would begin to direct their attention toward each other and maintain eye contact rather than directing responses to the adults. The situations that the young people discussed in situations did suggest that they had difficulties in interacting positively with each other within the school context and sometimes discussion of difficulties between individuals would result in them becoming angry and demonstrating strong negative emotions within the group context. On one occasion, two of the boys became physically aggressive with each other but all incidents were able to be resolved within the group context. These very real difficulties provided real situations on which the content of the sessions could be based. Session content and activities were adapted in light of new situations that the young people wanted to discuss.

All of the ratings for the young people's level of enjoyment of the sessions were above 5 (see Table 5) suggesting that they did enjoy coming to the sessions. This is reinforced by the fact that when they were present in school all young people chose to attend the sessions. In addition, the responses given by the young people regarding the aspects of the sessions that they specifically enjoyed (see Figure 1), suggest that the young people involved in this intervention did value being part of a group intervention and also valued having time to talk to adults. Interestingly one of the young people also stated that he enjoyed meeting with the people (peer in the group) that he normally argues with. Although there were some negative interactions in the group sessions, the Learning Mentor observed that the interactions between the young people in the group context were much more positive than when they were interacting in the wider school environment. The structure of the sessions appeared to meet the needs of some of the individuals and they valued the time for speaking and listening and the activities to promote team work.

The young people's responses suggest some implications for school based practice (see Appendix 3). It is likely that the young people would continue to enjoy, and benefit from, regular opportunities to meet as a small group with adult support to facilitate discussions about problematic situations and promote continued learning, although the cost effectiveness of this would need to be considered. The negative automatic thoughts (eg. x hates me and does things to annoy me on purpose) and cognitive distortions (eg. a bias to reading aggressive intent in ambiguous interactions) are easily reinforced through negative experiences and so there is a need for ongoing support to change the young people's cognitions over time,

alongside support to more effectively manage their emotions (through use of relaxation strategies, de-escalation strategies, positive self talk etc).

4. What is it that the young people feel they have gained from taking part in the group sessions?

All of the young people's ratings for the amount of learning achieved in the sessions are 5 or above suggesting that they all felt that they had learnt something from attending the sessions. This conclusion is drawn as the ratings were all over five and the meaning of the mid-point on the scale (5.5) was discussed with the young people as being the point at which the response changes from a negative response to a positive response (see introductory script, Appendix 1). In addition, the comments gathered through the individual interviews suggest that the young people felt that they have gained different things from taking part in the group sessions (see Figure 2). The comments suggest that the young people really did feel that they have gained something from being part of the group work and had clearly picked up on some of the key learning points during the sessions. The specific learning points tended to focus on both the development of social interaction skills (changing how we speak to people, to listen to people when they are talking, to stop bullying people) and on the development of strategies to reduce levels of anger and to manage strong emotions better (to talk to people who are bullying me, to ignore people who are bullying me, to talk to someone if they have a problem). This reflects the balance in focus on both of these aspects within the group sessions (see Table 5).

The views of the young people and the observations carried out by the Trainee Educational Psychologists and the Learning Mentor during the group sessions have some implications for the future provision of support strategies for these young people (see Appendix 3). The continued use of cognitive behavioural strategies outside of the group context may support the young people in maintaining positive developments and generalising their skills in context. School staff could be supported to help the young people manage problematic social situations through use of a set script influenced by cognitive behavioural approaches, for example encouraging consideration of alternative perspectives, exploring relationships between feelings, thoughts and behaviour. It would be important that this is used as preventative strategy (through regular group discussions) as well as a reactive strategy (used to debrief after a 'behaviour incident'). If this recommendation was implemented it may have implications for the role of Educational Psychologists in training school staff in cognitive behavioural approaches and the theory underlying the approach to ensure that they are confident in their ability to adapt these and imbed them as part of a whole school or more targeted approach. In addition, research suggests that the involvement of family in addition to school supports the effectiveness and longer term impact of targeted interventions such as the one presented here (Ginsburg & Schlossberg, 2002; Wood, 2006; Sofronoff et al, 2007). It is therefore important for school staff to continue to find effective ways of working collaboratively with families to support young people's development of positive interactions and behaviour.

Through the evaluations the young people reported that the group context was useful, in that it provided them with opportunities to develop their social interaction skills and opportunities to talk with the people who they had difficulties with outside of the group context. However, consultations with school staff revealed that the Learning Mentor tends to work with individual young people and conducts debriefs with individuals after specific incidents, rather than groups. There is currently no opportunity for developing social problem solving skills as a group, prior to negative incidents occurring. Time to discuss problem solving strategies and social interaction skills together on a regular basis is likely to be beneficial and is likely to have a positive impact on the behaviour and social interactions of the young people over the longer term. Although SEAL materials are used within the school (at a whole class level) as part of the PSHE input, targeted small group work has been highlighted as effective during this intervention.

9. Conclusions

Research regarding the relative effectiveness of individual and group cognitive behavioural therapy is inconclusive across different age populations and across a range of treatment groups (Casey & Berman, 1985; Weisz et al, 1987 & Weisz et al, 1995; Sukhodolsky et al, 2004; Flannery-Schroeder et al, 2005; Jonsson & Hougaard, 2009) and so too is the research regarding the comparative cost effectiveness (Tucker & Oei, 2007). However, most of the studies involved in the meta-analyses reviewed in this paper are focussed on group intervention, suggesting that practitioners may judge this to be more ecologically valid and is hence the

method of choice. Conversely, decisions about group versus individual implementation of interventions may be informed by availability of limited resources (it may be practically impossible to meet the needs of the 'client' group through individual work due to time limitations), without full consideration of cost effectiveness. Few of the studies reviewed explicitly gave a rationale for selecting group intervention over individual intervention but this would be useful information to be included in future studies. In the case of the current study, group cognitive behavioural intervention was the only viable option due to time restraints of Trainee Educational Psychologists working within a time allocation model of service delivery.

The findings from this study suggest that group interventions based on cognitive behavioural methods can lead to positive outcomes as rated by the young people involved in the intervention. The findings suggest that three out of four of the young people experienced anger less often after the intervention than they had previously, and three out of four young people reported that they found it easier to tell people how they feel after the intervention than they did before. This could suggest that the content of the intervention supported a decrease in the experience of anger and an increase in the young people's ability to communicate their feelings to others in an appropriate way. All of the young people reported that they enjoyed coming to the sessions and were able to state things that they had learnt as a result of their participation. Learning points tended to be focussed on the development of social interaction skills and on the development of strategies to reduce young people's experience of anger and to support their effective management of strong emotions.

Although the evaluation findings suggest positive outcomes for the young people as a result of participation of the group intervention, the limitations of the evaluation measures (in terms of validity and reliability) make it difficult to attribute positive outcomes to the cognitive behavioural intervention. Firstly, the evaluation methodology does not include a measure of actual changes in behaviour as observed by school staff or family members. Rather the evaluations here were based on the young people's perceptions of changes in their thinking and behaviour. However, measures of the young people's perceptions of changes is thought to be a useful inclusion in evaluation methodologies as it is proposed that changes as perceived by the young people themselves are the first indicator of positive change in thinking and behaviour. Changes in thinking may be experienced before any observable changes in behaviour and changes in thinking would not be identified through the views and observations of staff or family members.

Secondly, the reliability of the evaluation scales in gaining the views of the young people regarding their progress is weak. A 10 point scale which was used with labels for extreme ratings is highly ambiguous and subjective. This was addressed through drawing conclusions based on positive or negative movement rather than reporting the scale of the movement along scales using numerical ratings. However, the scales remain subjective and are reliant on the young people's understanding of the mid-point of a scale and of the labels that were used for the end points. It is thought that the young people did understand these concepts although this remains unreliable. Thirdly, the evaluation scales were not explicitly and directly linked to the content of the sessions. Additional scales could be used relating to the specific

learning points targeted through the intervention (for example 'I know how my thoughts and feelings are related to my behaviour'/'I don't know how my thoughts and feelings are related to my behaviour'). Fourthly, the lack of a comparison group means that it is difficult to conclude whether the positive changes identified through the evaluation measures can be attributed to the group intervention or other effects. The use of a control group would provide additional evidence to support whether or not changes are due to the content of the group intervention or due to other effects (additional adult attention, additional time together, support strategies that exist in school outside of the group context etc). Future studies of this nature are also likely to benefit from a more thorough problem formulation involving robust assessment measures (for example, assessments of young people's level of verbal comprehension, frequency of 'problem' behaviour, more objective measures of social problem solving skills) that would accurately inform the development of highly targeted interventions.

The limitations of the evaluation methodology in this study highlight areas for development in the evaluation of future studies. Studies might usefully explore the effectiveness of a group cognitive behavioural intervention by comparing outcomes to a group intervention utilising a different approach (for example a circle time approach not utilising cognitive behavioural strategies). Evaluations could seek to incorporate data gathering tools to measure perceived changes in behaviour based on the perceptions of the young people and correlate these findings with data gathered through other sources (for example, staff observations of behaviour, family observations of behaviour and information from school behaviour records).

Information regarding changes in observed behaviour could be gathered through the use of frequency charts for stated behaviours, completed by parents and school staff as a pre and post intervention measure. Also, attention needs to be given to how the views of young people are gained. The use of an evaluation scale completed independently is perhaps not as reliable as completing scales during a semi-structured interview, where the group facilitator could check the young person's understanding and gain further qualitative information in support of their response through questioning about any changes observed.

Although this study focuses on a small group intervention carried out in a specific context, it does contribute to the evidence suggesting that this is a valuable role for Educational Psychologists (Toland & Boyle, 2008). The findings here highlight a potential role for Educational Psychologists in training school staff on the principles underpinning cognitive behavioural therapy so that aspects of group work can be adapted and extended to support the whole school behaviour management strategies. The fact that the young people responded more freely to discussions about their behaviour when a member of school staff was not present suggests that there are benefits of committing Educational Psychology time to the direct involvement in group interventions of this nature. However, it also points to the need for further support at a whole school level in terms of developing strategies and opportunities for effectively eliciting the voice of the child.

In general, psychological therapies and interventions including the use of cognitive behavioural approaches are difficult to deliver in a standardised way. Educational Psychologists working within a structured time allocation system may find it difficult to commit the time necessary to carry out thorough evaluations of the impact of such interventions. However, thorough evaluations of practice should be pursued so that evidence based practice can be developed and the research literature regarding group versus individually delivered cognitive behavioural approaches to interventions can be further developed. Interventions should be researched in a systematic and ecological way that provides meaningful evidence of when they are most effective and for whom. Subsequently, choice of interventions should be informed by this robust research evidence in addition to the professional's knowledge of the needs of the 'client' and the context in which the intervention will be implemented (Department of Health, 2001).

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Appendix 1 - Script to introduce the purpose of the scaling activity

Pre intervention introduction:

Thank you for all coming to the group session today. I know that your teachers have talked to you about why you are here. I hope you are looking forward to taking part in the sessions. We are going to have the chance to talk about some of the things we find difficult at school, about how we get on with each other and about how we can think a bit differently about situations that make us feel angry or not so happy.

Hopefully the group sessions will help you. But to see if you do think it helps we need to complete a short activity which we will then repeat again at the end.

You will each have a sheet of paper with some scales on. You can see the scales or lines that go along from 1 to 10. So for the first scale, I enjoy being at school, if you really do not enjoy being at school most of the time then you will put a mark somewhere down towards 1. If you really do enjoy being at school most of the time, then you will put a mark somewhere towards 10. The gap between numbers 5 and 6 in the middle of the scale is quite important. If exactly half the time you enjoy school and half the time you don't you would put your mark here in between 5 and 6. Some day you might enjoy being at school more than others but for this you need to think in general, over all how much you enjoy school. Then we need to do the same for each of the scales.

There is no right or wrong answer, it is just what you think at the moment. We don't expect that people will think the same thing.

Post intervention introduction:

You will probably remember that when we first started these group sessions you completed a scaling activity so that we could see how you thought about different things. Well now that we have finished the sessions we need to complete the activity again to see if your feelings about things have changed after taking part in the sessions and activities.

You will have the same sheet of paper that you had the first time so you can see where you put your first mark. We would like you to look at each statement and think about all of the things we have done and talked about in the group to see if your thoughts have changed.

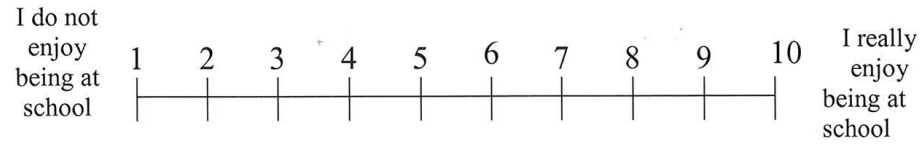
So, for the first one, enjoying school, you might think that you now enjoy school less than you did before you came to the group and did the activities and talked about your emotions, behaviour and difficult situations. If you think this, then you need to put a mark closer to the number one. If you are enjoying school more than you did before, then you need to put a mark closer to the number 10. Repeat importance of the mid-point between 5 and 6 (as above).

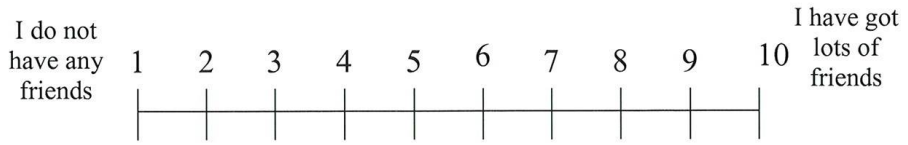
We will come round to talk to you when you are doing this so that we can help you to think about where you want to put your marks. If you are not sure about anything, just ask.

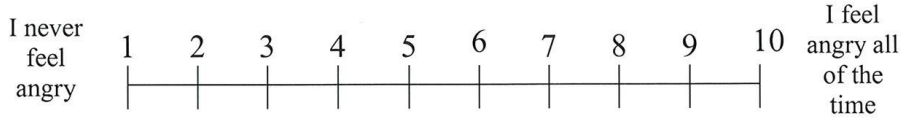
Scaling activity

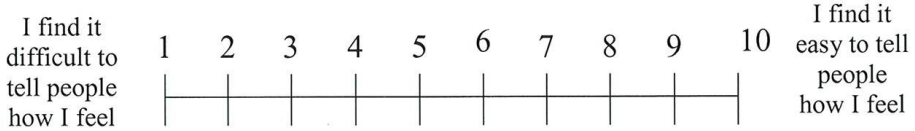
Name:……..

Year:……..









Appendix 2 - Script to introduce the purpose of the interview

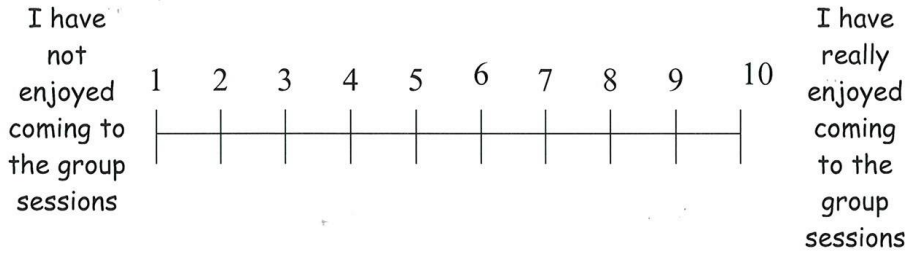
Thanks for agreeing to spend a bit longer chatting to me about the group sessions. I am really interested in finding out a bit more about which bits you found useful/helpful.

I have got a few questions to ask you which I hope you will feel you can answer. You don't have to answer the questions but it would be really helpful for me if you did. They will help me to understand which kind of things help you, which means we can try to do more of this at school.

I will be writing down the things you say to me so that I don't forget and then I will check this with you at the end to make sure I have recorded it right.

Thank you for spending the time with me and answering all of my questions.

Interview prompt



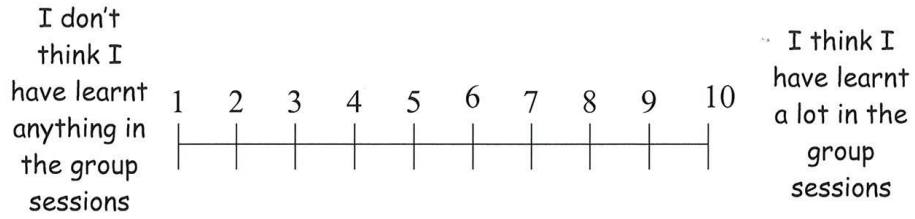
Things I have enjoyed about the group sessions:

1)

2)

3)

Chance to talk with friends | Chance to talk to adults | Playing different games | Chance to talk with friends



Things I think I have learnt or things I might do differently:

1)

2)

3)

Appendix 3 – Feedback given to school staff

Outcomes from sessions:

(scaling was used to ascertain pupil views)

- All young people reported that they had enjoyed attending the group sessions. Examples of the things they enjoyed included:
    - Playing games
    - Talking to adults
    - Talking about our families
    - Talking to the other boys in the group
    - Meeting people that we normally argue with
    - Making the bridge and working as part of a team
    - The other people in the group listening to me
- All young people reported to have learnt something from their attendance. Examples included:
    - To stop bullying people;
    - To change how we speak to people (eg. stop swearing);
    - To listen to someone when they are talking;
    - To talk to the people who are bullying me;
    - To ignore people who are bullying me;
    - To talk to a member of staff if they have difficulties (eg. Mrs Cotton);
    - How to engage in play experiences more positively

- In general the young people engaged very positively with the activities presented to them. However, they sometimes did not appear to be aware of the link between the activities presented and the real life situations they were finding challenging. The young people were therefore often keen to spend time talking directly about the real life situations

Possible implications for provision:

- It would be useful for the young people to have regular opportunities to meet with an adult in a small group context with a flexible agenda to allow them to have time and space to discuss current difficulties (using a circle time approach)
- It is important that young people have time and space that is planned as a preventative strategy with a focus on learning, rather than having discussions about difficulties as a consequence after an event
- It may also be useful for a consistent debrief structure to be used when young people are reflecting on difficult situations or unwanted behaviour. This could be useful in encouraging young people to continue thinking about their actions, how it made them feel, how these impact on others, how others might feel and what they might be able to do differently next time and how this change n approach would impact on their feelings and the feelings of others
- It would also be useful for explicit links to be made to real life contexts when the young people are involved in problem solving activities or activities focused on social and emotional development. Although it is important to maintain the opportunity for positive activities focused on learning which are not directly related to current difficulties

Appendix 4 – Further information regarding the current intervention

Support was requested during the Autumn Term Inclusion Partnership Meeting and an outline of the concern was discussed. The boy's behaviour was becoming an increasing concern to school staff and they reported several incidents that had occurred between the boys, mostly during less structured times (break and lunch) although their behaviour was also reported as being 'difficult to manage' in the classroom context. School staff collect detailed records regarding inappropriate behaviour in 'behaviour logs' and these revealed that on average the boys were involved in more than three behaviour incidents (including hitting peers, swearing at staff and damaging furniture) per week, over the previous academic term. The school had requested support through consultation for the individuals related to their 'anger' and physical aggressiveness but myself and another Trainee Educational Psychologist, who also supports the school, suggested that a group work approach may be beneficial and time effective. It was hypothesised, based on the information gathered through consultation, that most of the difficulties the boys experienced were related to their difficulty in understanding situations from another person's perspective and their difficulty in social problem solving. Therefore, work with the individuals together was thought to be more beneficial to working with the boys individually and relying on them being able to put changes into practice when they were in the school context alongside their peers.

It was agreed that group work drawing on cognitive behavioural approaches would be used to support the young people in beginning to better understand their thoughts,

feelings and behaviour. It was considered that this approach would encourage them to take ownership of their behaviour and consider how they could make changes in their responses to difficult situations by first altering the way they perceived situations. Due to time constraints it was agreed that the two Trainee Educational Psychologists would plan and facilitate six weekly sessions run in school time with the commitment that the Learning Mentor would also attend the sessions, be involved in the planning and evaluation of sessions and would continue the sessions beyond the six weeks if it was considered appropriate. It was agreed that the outcomes of the group work would be evaluated through the use of semi-structured interviews with each young person at the end of the six sessions, the use of observations carried out by the Trainee Educational Psychologists and the Learning Mentor (during the group sessions) and through the use of pre and post scaling activities completed by all young people. It was proposed that this evaluation data could then be used to illustrate whether the sessions had had a positive impact on the young peoples' cognitions and behaviour and also used to inform future support put in place for these individuals.

Appendix 5 – Additional information regarding the planning and implementation of the group intervention

Due to the low literacy levels of the group most of the activities were supported by visual prompts and language was kept simple with any new vocabulary being explained in terms that the young people would understand. Although the sessions were planned in advance, they were flexible and were adapted as different needs arose. Despite a focus on problematic situations and negative behaviour throughout the sessions there were opportunities to focus on things that were going well and positive experiences so that these could be celebrated but also so that the young people could learn from these. These discussions were structured using a cognitive behavioural approach, so that the young people were encouraged to explore their thoughts, feelings and behaviours associated with both problematic and successful situations/experiences.

As with the direct involvement of Educational Psychologists working with any children or young people, it was imperative that parental consent was gained for the young people to be involved in the group work prior to the start of the sessions. An overview of the sessions was given to the parents/carers so that informed consent could be gained by school staff. Consent was also gained from the young people prior to the start of the first session and they were reminded throughout the sessions that their attendance and their contributions were voluntary. The young people appeared to enjoy the sessions and attended all sessions unless they were absent from school. It was also agreed at the outset that the two Trainee Educational

Psychologists would provide feedback to school staff regarding the contributions and progress of individuals within the group and that this could be shared with parents/carers. At the start of the intervention this was agreed with the young people themselves and they were also encouraged to share information about the group (mindful of discussions about confidentiality) with their friends and family themselves. When consent was gained from parents/carers they were provided with the contact details of the Trainee Educational Psychologists and were encouraged to contact school staff or the Trainee Educational Psychologists directly if they wished to discuss the intervention further. No parents/carers contacted the Trainee Educational Psychologists directly but school staff reported that some parents/carers asked them for feedback regarding their child's involvement.

Several recent studies exploring the use of cognitive behavioural approaches with children and young people highlight the benefits of engaging schools, families and the community in the intervention (Ginsburg & Schlossberg, 2002; Wood, 2006; Sofronoff et al, 2007). The scale of this study did not allow for a high level of involvement from parents/carers. However, it would perhaps have been useful if structured weekly feedback from the sessions could be provided for the parents/carers so that they could continue to support the young people with a consistent approach at home. However, this itself would pose a practical problem as many of the parents/carers also had low literacy levels and so a simple, time efficient feedback form would not be accessible to many families. Verbal feedback would be the mode of choice but this then has implications for Educational Psychologist time, within the time allocation model.

CHAPTER FOUR

THE UNIQUE CONTRIBUTION OF THE EDUCATIONAL PSYCHOLOGIST AND AN EXPLORATION OF THE USE AND PARTICULAR CONTRIBUTION MADE BY THE MONSEN ET AL (1998) PROBLEM ANALYSIS MODEL TO UNDERSTANDING THE COMPLEX NATURE OF THE SOCIAL, EMOTIONAL AND BEHVAIOURAL NEEDS OF A YOUNG CHILD IN A MAINSTREAM SCHOOL.

THE UNIQUE CONTRIBUTION OF THE EDUCATIONAL PSYCHOLOGIST AND AN EXPLORATION OF THE USE AND PARTICULAR CONTRIBUTION MADE BY THE MONSEN ET AL (1998) PROBLEM ANALYSIS MODEL TO UNDERSTANDING THE COMPLEX NATURE OF THE SOCIAL, EMOTIONAL AND BEHVAIOURAL NEEDS OF A YOUNG CHILD IN A MAINSTREAM SCHOOL.

Abstract

This paper firstly provides an overview of the development and implementation of problem analysis frameworks within Educational Psychology practice and highlights the contribution these make to the discussions regarding the unique contribution of the profession (Monsen et al, 1998; Cameron & Monsen, 2005; Cameron, 2006). The paper then goes on to provide an overview, and critical reflection, of an application of the Monsen et al (1998) problem analysis model to a piece of casework involving a child with complex social, emotional and behavioural needs. The Monsen et al (1998) problem analysis model was used to provide a transparent and systematic structure through which collaboration between home and school could be encouraged. The quality of the contribution that the model made to the understanding of the situation is evaluated in terms of the quality criteria proposed by Monsen et al (1998) and Woolfson et al (2003). This paper highlights the potential of the Monsen et al (1998) and other frameworks for practice in supporting a clearer understanding of complex and 'messy' (Cameron & Monsen, 2005) real-world problems. Through discussion and critical reflection on the application of the Monsen et al (1998) model areas for further research are identified, particularly regarding the

need to gather stakeholder views on the value of the model in supporting their understanding of ‘problem situations’.

THE UNIQUE CONTRIBUTION OF THE EDUCATIONAL PSYCHOLOGIST AND AN EXPLORATION OF THE USE AND PARTICULAR CONTRIBUTION MADE BY THE MONSEN ET AL (1998) PROBLEM ANALYSIS MODEL TO UNDERSTANDING THE COMPLEX NATURE OF THE SOCIAL, EMOTIONAL AND BEHVAIOURAL NEEDS OF A YOUNG CHILD IN A MAINSTREAM SCHOOL.

1. Introduction

The debate regarding the unique contribution of Educational Psychology has spanned several decades. Monsen et al (1998) suggest that the profession has long been questioning its distinctive role in supporting positive outcomes for children, young people and their families. This debate has been revived in recent years due to the increased emphasis on measuring impact of service delivery and the demand for services to become increasingly transparent and hence more accountable (Woolfson et al, 2003; Cameron & Monsen, 2005; Kennedy, 2006). One of the difficulties is that evaluations tend to focus on outcomes, yet as a profession Educational Psychology is equally concerned with processes (Cameron, 2006). Much of the contribution of Educational Psychology is in the development of strategies, which support processes, which then lead to positive outcomes, rather than directly influencing outcomes, making the contribution difficult to evaluate (Cameron, 2006).

Cameron (2006, p.293), in his paper exploring the distinctive contribution of Educational Psychology, suggests that there are five distinct factors which make the Educational Psychologist's perspectives different to others. These are:

1. Adapting a psychological perspective on the nature of human problems
2. Drawing on psychological knowledge to uncover mediating variables
3. Unravelling problem dimensions using sophisticated models
4. Recommending appropriate evidence-based strategies
5. Promoting innovative concepts/big ideas which are underpinned by psychological evidence and theory

Cameron suggests that the third factor 'unravelling problem dimensions using sophisticated models', is something that Educational Psychologists do, and need to do, in a way which is systematic and accessible to stakeholders, whilst not oversimplifying the complexity of human behaviour and interactions. This factor clearly points to the role of problem analysis frameworks and consultation processes in highlighting the distinctive contribution of Educational Psychology. In fact, many of the 'distinct factors' that Cameron (2006) proposes are part of the unique contribution are evidenced and delivered through Educational Psychologist's use of explicit psychological frameworks and models for practice.

> *'*Applied psychologists are required to use psychology in a creative and innovative way, so as to provide an integrated and coherent perspective on complex environments (schools, homes etc), the complex problems and situations which occur in such environments (critical incidents, parental uncertainty, teacher stress, children's learning and behavioural difficulties etc) and the complex needs of people which result from such problems (reassurance, insight, skill deficits, challenges to current belief systems etc)' (Cameron, 2006, p.292).

It has been suggested by Cameron (2006) that the contribution of psychology in understanding complex human behaviour is often dismissed due to the fact that it is either obvious, in which case it is perceived that psychologists are just telling people what they already know, or it is not obvious, in which case the contribution is often alien to, and sometimes at odds with, the views of others. This can result in people being sceptical of the value of psychology. This perhaps further highlights the need for a framework of practice which makes the contribution of psychology and psychological thinking explicit, more accessible and open to scrutiny.

Educational Psychologists are often invited to be involved in situations which are 'messy' and complex;

> 'The psychologist's task is to reduce the complexity, to make sense of 'messy' real world problems…' (Cameron & Monsen, 2005, p.289).

It is suggested that understanding these complex situations and sharing this understanding with others is part of the distinctive contribution of Educational Psychologists (Cameron & Monsen, 2006).

This paper will now go on to explore models of consultation and aspects of research regarding Educational Psychologists' use of consultation. Consultation will then be explored further in terms of its role in facilitating problem analysis and problem solving, in light of this area of practice being considered as part of the unique contribution of the profession. Different problem analysis frameworks will be

introduced before the application of the Monsen et al (1998) problem analysis model to a piece of real casework is critically evaluated.

2. Consultation as a method of service delivery and as a distinctive contribution

Many Educational Psychology services are now employing a consultation method of service delivery. Consultation mostly involves the collaborative analysis of problematic and complex situations (Kennedy et al, 2008). There are many different models of consultation in the literature, including behavioural consultation (Bergan & Tombari, 1976), process consultation (Schein, 1999) and consultation drawing on systemic and social constructivist perspectives (Wagner, 1995, 2000). Babcock & Pryzwansky (1983) explored the views of educational professionals on the different types of consultation used by School Psychologists (Educational Psychologists). In doing so, they provided a comparison of the basic features of the four types of consultation. A summary of this information is provided in the table below (Table 1).

Table 1: A summary of comparative features of four different approaches to consultation (adapted from Babcock & Pryzwansky (1983) p.360).

	Collaborative approach	**Mental health approach**	**Medical approach**	**Expert approach**
Consultant	Consultant works with	Increase consultee's	Identify problem and	Consultee to plan and

goal	consultee to jointly identify problem and develop a plan	ability to deal with problems in the future	develop interventions for consultee to implement	implement interventions based on consultee's identification of problem
Problem identification	Joint identification between consultee and consultant	Consultant helps consultee to identify problem by clarifying their perceptions	Consultant identifies problem	Consultee identifies problem
Intervention development	Joint development of interventions between consultant and consultee	Consultee plans interventions with consultant acting as a facilitator	Consultant develops the interventions for the consultee to implement	Consultant plans and implements the interventions
Implementation of interventions	Consultant and consultee jointly implement interventions	Consultee implements interventions	Consultee implements interventions	Consultant implements the interventions
Follow up	Consultee and consultant continue to follow up after intervention	Consultee requests further follow up if need is perceived	Consultant may offer further advice if appropriate	None

In exploring the preference of the three groups of educational professionals, namely; school principles, special education teachers and second grade teachers, in terms of their views of consultation, Babcock & Pryzwansky (1983) concluded that the majority reported their preference to be collaborative. They were specifically asked

to rate their perception of the usefulness of four different types of consultation; collaborative, mental health, medical and expert, however, the level of experience the respondents had with each approach to consultation was not clear. It may be that the practitioners using these different approaches to consultation were more confident in certain approaches and their confidence contributed to the effectiveness of that approach. Not enough information regarding the respondents is provided to give a detailed account of the validity of this data. However, taken at face value, the findings suggest that education professionals tend to favour collaborative approaches to consultation. This may be at odds with the accounts of other researchers who suggest that school staff are still expecting external professionals (including Educational Psychologists) to provide answers and solutions commensurate with an 'expert' approach to consultation (Dennis, 2004).

Kennedy et al (2008), in a recent study, note that despite a high level of interest in, and a wealth of literature focussed on, the shift in Educational Psychology to be largely delivered through consultation, there is still relatively little research exploring the actual consultation practices of practising Educational Psychologists. Their study goes some way to bridge this gap and provides an account of the 'espoused theories' and the 'theories in use' of 10 Educational Psychologists from three different Local Authorities. Kennedy et al (2008) draw on the earlier work of Argyris & Schon (1974) to inform their study. They made the distinction between 'espoused theory'; what people say they do and 'theory in action'; what people actually do, demonstrated through complex patterns of interpersonal action. Most studies exploring the practice of Educational Psychologists, in relation to consultation and other aspects of service

delivery, focus on gathering information about espoused theories (Kennedy et al, 2008), for example through use of a questionnaire asking Educational Psychologists to report on their practice.

Kennedy et al (2008) found that the 'espoused theories' of the 10 Educational Psychologists regarding their approach to consultation were based on three theoretical perspectives; solution focussed thinking, systemic practice and problem solving. However, they found that their actual practice, or theories in action, did not tend to reflect the same theoretical perspectives. This suggests that there is often a difference between espoused theories and theories in action. A number of reasons are proposed for this, including time pressures, experience and perceived expertise in delivering certain approaches to consultation and the expectation and skills of the consultee (Dennis, 2004).

Kennedy et al (2008) acknowledge that different models of consultation are underpinned by different theoretical roots. For example, mental health approaches to consultation tend to be based on psychodynamic and person centred theories of human development and behavioural (expert) approaches to consultation tend to be developed from theories of human behaviour based in social learning theory and applied behavioural analysis. Kennedy (2008) and colleagues acknowledge that the model of consultation developed by Patsy Wagner (1995; 2000) is the one that is most influential in shaping Educational Psychology services in the United Kingdom. This model is underpinned by three theoretical frameworks, namely, personal

construct theory, symbolic interactionism and systems thinking. It advocates that situations need to be explored at all levels (within child, family, school and community) and the meaning that individuals prescribe to situations needs to be understood in order to uncover the factors that are reinforcing the situation and presenting barriers to change (Wagner, 1995; 2000).

Hughes (1983) suggests that consultation draws on cognitive dissonance theory, in the way that people's beliefs, knowledge and assumptions are questioned and disturbed through taking part in the consultation process. This encourages new perspectives to be adopted so that problem situations can be moved forward and new perspectives taken. Kennedy (2006) talks about the need for Educational Psychologists to build relationships with their clients through the consultation process, before they can 'earn permission' (p.532) to challenge their underlying beliefs and assumptions. They suggest that this challenge, of underlying beliefs, is the only way to promote real and lasting change in thinking and practice.

3. Problem analysis as an aspect of consultation and as a distinctive contribution

It is considered by many (Monsen et al, 1998; Cameron & Monsen, 2005; Cameron, 2006) that the unique contribution of the Educational Psychologists is in the skills they bring to consultation, and in particular to the problem analysis and problem solving processes that are considered to be a central feature of the consultation process (Sheridan et al, 1996). Miller et al (1960) suggest that people rarely approach problematic situations in a logical and systematic way. However,

Psychologists are skilled in this aspect of practice and are able to use frameworks for professional practice that help to clarify problem situations, support in the analysis of interacting factors and can help to identify new ways forward, when other professionals have often failed (Monsen et al, 1998; Cameron & Monsen, 2005).

It is interesting that in some of the models of consultation summarised in Table 1, responsibility for the initial problem identification is placed largely with either the consultee (expert approach) or the consultant (medical approach). Kennedy et al (2008) suggest that 'problem identification has been considered the most significant phase of the problem solving process…you are unlikely to contribute effectively to solving a problem you do not adequately understand' (p.178). It may be that previous attempts to respond effectively to the problem may be due to a lack of understanding or clarity around what the problem actually is. It is important that the views of all stakeholders are considered in the identification of problems as it is likely that people will have different perspectives on the situation dependent upon their relationship to it, their background and previous experience (Wagner, 1995; 2000). It is the role of the psychologist to ensure that these views can be shared and used to develop a clearer understanding of the situation.

As it is suggested that part of the distinctive contribution of Educational Psychologists is the skills they have in consulting with stakeholders regarding complex situations and in supporting collaborative problem solving (Monsen et al, 1998; Cameron & Monsen, 2005; Cameron, 2006), it is important to try to uncover the exact processes

and skills that support this. Monsen & Frederickson (2002) conducted a study that aimed to explore the skills that were employed during consultations which supported effective problem analysis. They acknowledged that there was growing body of research exploring models and frameworks used within the profession to support problem analysis and problem solving, but were concerned about the lack of research exploring the specific interviewing and problem solving skills used by Educational Psychologists and the effectiveness of these.

Monsen & Frederickson (2002) were heavily influenced by the earlier work of Argyris (1982) and Robinson & Halliday (1988), and were particularly interested in exploring the impact that the use of 'accessible reasoning' statements had on the perceived effectiveness of consultations. Robinson & Halliday (1988) defined 'accessible reasoning' statements as those which make interviewer thinking about the situation explicit to the interviewee. They propose that if thinking and reasoning about problematic situations is made explicit, the interviewee (or consultee) can comment on the interpretation of the situation and actively contribute to the process of developing a clearer understanding of the situation (Robinson & Halliday, 1988). Monsen & Frederickson (2002) developed the earlier study conducted by Robinson & Halliday (1988). The findings of this earlier study suggested that there was a significant positive correlation between the frequency of the interviewer sharing their thinking with the consultee (through use of accessible reasoning) and the level of understanding of the problem situation gained through consultation. Hughes & Deforest (1993) criticised this earlier study, suggesting that the increased level of

understanding of problematic situations may be due to the decrease in use of closed questions rather than an increase in use of ‘accessible reasoning’ per se.

In order to overcome this criticism Monsen & Frederickson (2002) conducted a further study which explored the use of closed questions, open questions and ‘accessible reasoning statements’ in gaining accurate understandings of problem situations and identifying appropriate ways forward. The participants involved in Monsen & Frederickson’s (2002) study were 10 graduate students enrolled on a school psychology training programme, which explicitly taught the use of ‘accessible reasoning’ to support consultations. Monsen & Frederickson (2002) analysed the interview skills (applied in study conditions) and written understanding of problematic situations of the 10 students. The written understanding was assessed in terms of the accuracy, completeness and clarity of the problem identification, the level of consensus and evidence provided to justify the problem analysis, and the specificity, appropriateness and completeness of the plan implementation to move the problem situation forward. They provided clear descriptions for their coding of the different methods used in interviews/consultations in order to distinguish between the use of closed questions, open questions and ‘accessible reasoning’.

They concluded that over time, with training focussed on the development of accessible reasoning statements in consultation, the group of graduate students increased their use of ‘accessible reasoning statements’ and decreased their use of closed statements in consultations with a problem owner. They also found that there

was a relationship between the increase in the number of 'accessible reasoning' statements and the increase in the quality of written problem understanding, as judged by the researchers, based on the criteria outlined above. However this relationship was not statistically significant which the authors suggest is due to the small sample size. It was a very small sample size of 10 individuals, selected from one training centre which makes generalisation of findings difficult. The effectiveness of consultation in this study is also based on the researchers' criteria of quality and does not include the views of stakeholders. The views of interviewee/consultee could not be sought as these roles were played by actors to ensure standardisation of the process but could usefully be explored in future studies.

4. Problem analysis: frameworks for practice

> 'Practice frameworks are potentially a very significant and urgently needed professional resource, enabling a long overdue clarification and articulation of the profession's complex theory, methodology and objectives' (Kelly, 2008, p.16).

Kelly (2008) suggests that the development of practice frameworks help to meet the need for professional accountability, greater transparency, rigorous evaluation of effectiveness and the role for collaborative and joint decision making. Many models to support problem analysis and problem solving exist in the literature related to Educational Psychology (Kelly, 2006), including the problem solving structure (Robinson, 1987), the seven step problem solving method (Davidow, 1994), the problem analysis model (Monsen et al, 1998), the SPARE wheel model (Burden, 1998), the COMOIRA model (Gameson et al, 2003) the Integrated Framework

(Woolfson et al, 2003) and Situational Analysis (outlined by Annan, 2005). However, the scope of this paper does not allow for a detailed critique of all of them. Instead, this discussion will be focussed on the contribution of the Monsen et al (1998) problem analysis model and the later adapted Woolfson et al (2003) Integrated Framework for Practice. These are among the most well known and used within the profession in the UK, and are explicitly taught on the University of Birmingham doctoral training programme.

Monsen et al (1998) suggest that there is a dichotomy in research between studies that focus on exploring the 'context-approach fit' and those that explore the 'user-approach fit'. They suggest that the 'context-approach fit' is concerned with exploring whether different problem solving approaches are needed for different problems and different contexts. Monsen et al (1998) suggest that this is an area that has received a relatively high level of research attention. Whereas, 'user-approach fit' is concerned with exploring whether Educational Psychologists with different theoretical orientations or levels of experience need to use different problem solving approaches, and has received relatively little research attention.

4.1. Problems with problem solving and the value of frameworks for practice

Monsen et al (1998) propose that people's espoused theories regarding their use of problem solving approaches (what they claim to use) are often different to their theories in action/theories in use (the ones they actually use). Monsen et al (1998)

draw on the work of Argyris (1976) who argued that people continue to hold on to their espoused theories even when they are not consistent with their theories in use because our theories in use do not teach us to reflect on our behaviour. Argyris (1976) suggests that people need to be supported to develop 'double loop learning' so that they are able to reflect on their espoused theories and their theories in action. So, the aim is to support people in developing double loop learning so they can begin to understand and unpick the values, beliefs and assumptions that underpin their actions and adapt these in light of the context. Problem solving frameworks for practice provide a structure to support this double loop learning. They can be a tool to support Educational Psychologists in making explicit their thinking about a piece of casework so as to open up assumptions for exploration. In addition they can be a tool for practitioners and individuals working in collaboration with Educational Psychologists to explore the values, beliefs and assumptions that underpin their actions and responses.

Monsen et al (1998) also suggest that as practitioners are not 'technicians' (Schon, 1983) they do not simply employ strategies (including problem solving strategies) as they are stated, but rather they add something to the process and are actively involved in shaping and influencing processes, influenced by their experience and understandings of complex situations which cannot often be understood through the use of 'technical' and prescriptive solutions. Therefore problem solving is not value free. Schon (1983) argued that there is a distinction between technical knowledge/competence, gained through rigorous research and study, and practical knowledge, gained through constant or regular exposure to a field. Schon (1983)

argues that problem solving tends to draw on practical knowledge; the practitioners knowledge of the field, their direct experiences and their reflections on their experiences rather than scientific or 'technical' knowledge. Schon (1983) identifies that this is problematic as this knowledge is often intuitive and tacit and so cannot easily be shared or examined. Monsen et al (1998) therefore argue that as problem solving processes are value laiden, complex and flexible it is even more important for practitioners to seek ways to make their thinking and reasoning explicit so that it can be held up to scrutiny and can be influenced by the perceptions of other stakeholders. A method of achieving this transparency and collaborative activity is through the use of frameworks or models for guiding, but not prescribing, practice (Monsen et al, 1998).

4.2. Outline of Monsen et al (1998) problem solving model and perceptions of effectiveness

In response to the growing need for Educational Psychologists to make their thinking explicit and available to others, Monsen and colleagues (1998) developed a framework to guide the problem analysis process which would encourage practitioners to be open and transparent in their processing of information and their reasoning about priorities for intervention. The model was specifically designed to support the work of Trainee Educational Psychologists, who were entering the field and finding it difficult to articulate their thinking and share this with others in an accessible way (Woolfson et al, 2003), and who needed to focus attention on their espoused theories and theories in action in their work with clients. The Monsen et al

(1998) problem analysis framework sets out nine discrete steps that are thought to encapsulate the entire problem solving process, moving from problem identification to evaluation of the process, maintaining a balance between being conceptually sophisticated and practical. The nine steps are outlined below but the reader is directed to the original article written by Monsen et al (1998) for a fuller account of the framework.

Steps involved in the Monsen et al (1998) problem analysis framework:

1. Clarify the request
2. Negotiate and contract role
3. Guiding hypotheses
4. Problem dimensions
5. Integration of problem dimensions
6. Devise intervention
7. Agree action plan
8. Evaluation of outcomes
9. Self reflection and critical evaluation

Robinson & Halliday (1988) and Monsen & Frederickson (2002) argued that 'accessible reasoning' (a process of making the thinking and reasoning processes involved in problem analysis, and problem solving, explicit and accessible for scrutiny and comment by the consultee) supports in the accurate understanding of complex problematic situations. It could be suggested that the Monsen et al (1998) problem analysis model, to some extent, provides a visual, explicit and structured way for a consultant to share their thinking and reasoning about the dimensions of a situation with other stakeholders, rather than relying on the processing of verbal information shared through the use of 'accessible reasoning' in interviews/consultations. The Monsen et al (1998) model could therefore move towards making practice even more explicit to stakeholders.

Although the Monsen et al (1998) problem analysis model and other frameworks for practice are widely used within the profession of Educational Psychology, there is relatively little comprehensive research to support the value and effectiveness of these frameworks. Kelly (2006) conducted a recent study exploring the views of 10 practising Educational Psychologists on the usefulness of the Monsen problem analysis framework. She concluded that Educational Psychologists suggested that the framework may be limited in terms of its application to situations in which there are a number of professionals and an emphasis on collaborative working. However, the view of Psychologists was also that the framework fits well with the emphasis of a social constructivist approach now widely accepted within the field. The respondents were asked to rate how relevant they thought each step of the Monsen model was to the practice of an educational Psychologist. The results are summarised in the table below:

Table 2: Summary of results from study conducted by Kelly (2006) into the views of Educational Psychologists on the usefulness and relevance of the Monsen et al (1998) problem analysis framework to their practice.

Step in model	Number of EP's that perceived step had high relevance to practice (out of 10)
1	10
2	10
3	9
4	8
5	8

6	7
7	10
8	10
9	10

However, the information gathered was based on the views of only 10 practising Educational Psychologists who responded to a postal questionnaire. The research paper does not state how many questionnaires were sent out, so the response rate is not known. Although there were differences in the level (1 deputy principal and 9 main grade) and experience (ranging from 1 to 5 years experience) of the respondents, it is unlikely that this sample is representative of the professional population. Therefore, it is very difficult to generalise the findings, but it does provide some insight to the views of Educational psychologists which could usefully be explored further, through use of a larger sample. Another limitation of the study is that it does not allow for the perceptions of other stakeholders to be included in the analysis. It may be useful for future studies to explore, not only the perceived usefulness of the framework and steps by Educational Psychologists, but also the perceived usefulness of the process by other stakeholders including education professionals, parents/carers and the children and young people who are often the focus of the problem analysis.

The Educational Psychologists involved in Kelly's study were also asked to provide suggestions for adaptations to the model. These included a reduction in the number of steps due to time pressures, an increase in the flexibility afforded by the model, the use of the model as a framework for thinking rather than something that is

explicitly shared with stakeholders and an increased flexibility in the reporting of the process so as not to alienate other stakeholders (Kelly, 2006). Kelly (2006) in her conclusions notes that the Monsen model has been criticised for being problem focussed when much of what Educational Psychologists do is to move beyond problems to focussing on positives, finding exceptions and identifying new ways forward. However, it can equally be argued that solution focussed approaches, whilst an emphasis is placed on solutions rather than problems, still initially spend time agreeing the focus of the concern, identifying the factors that are reinforcing the problem and reviewing the effectiveness of previous attempts to find solutions. These are essentially the same processes that the Monsen model (1998) works through before placing an emphasis on identifying solutions and developing plans for implementation of agreed strategies. Perhaps, it could additionally be argued that many stakeholders (particularly parents/carers and school staff) would find comfort in the fact that others are acknowledging that the situation is problematic before they are encouraged to move forward.

Rosenfield & Nelson (1995) argue that assessment practices must be linked to prevention and intervention in order to provide positive outcomes for children and young people. They emphasise the need to ensure that assessments are useful in designing and implementing interventions. Again, the Monsen et al (1998) problem analysis framework goes some way to meeting this need. The structure ensures that hypotheses are formed based on initial information. These hypotheses then inform the need for further data collection. The additional data then acts to confirm or disconfirm hypotheses. At this point the problem dimensions can be identified and

the integration of these can be illustrated. The next step is then to develop an intervention and an associated action plan. In following this process, the interventions are closely linked and in fact stem from the information gathered throughout the comprehensive assessment process.

Woolfson et al (2003) were impressed by the contribution of Monsen et al's (1998) model to the work of Trainee Educational Psychologists and felt this went a long way to providing a framework for practice which emphasised transparent working, evidence based practice and accountability. However they were also aware that there may be limitations to the application of the model to the work of experienced Educational Psychologists, working under considerable time pressures. They also suggested another limitation of the model, in that judgements and selection of interventions are largely based on subjective interpretation of the information gathered throughout the initial stages of the process. Although, the psychologist's thinking is more exposed and made more explicit, it still remains that many of the decisions are based on subjective interpretations of the data, and the value laden nature of problem solving has already been exposed through previous research (Schon, 1983). In light of these limitations, Woolfson et al (2003) developed an adapted version of the framework for use by experienced Educational Psychologists. The Woolfson et al (2003) Integrated Framework comprises 5 phases, as outlined below. The reader is directed to the original article written by Woolfson et al (2003) for a more comprehensive account of the model.

Phases involved in the Woolfson et al (2003) Integrated Framework:

1. Establish roles and expectations
2. Information gathering and guiding hypotheses
3. Joint problem analysis
4. Joint action plan and implementation of plan
5. Evaluate, reflect and monitor

In developing the Integrated Framework, Woolfson et al (2003) took note of research reviewing the change in nature of the profession (Frederickson, 1990). They conclude that as Educational Psychology moves towards becoming more systems focussed there is an increasing need for professional frameworks which emphasise the collaborative nature of practice. Although Monsen et al's (1998) problem analysis model was developed for use in collaborative problem solving, the involvement of other professionals and stakeholders is made more explicit and structured in the Woolfson et al (2003) model.

The steps that are amalgamated are related to those steps in the Monsen et al (1998) framework which Educational Psychologists perceived to be less relevant to practice, according to information gathered by Kelly (2006). It also addresses the suggestion made for development of the Monsen et al (1998) model outlined in Kelly's (2006) study, in that it needs to be condensed to be made more practical for experienced practitioners. However, it could be argued that although experienced Educational Psychologists may not benefit from the problem analysis process being broken down into such discrete steps as Trainees do, it is likely that professionals they are sharing the model with might. The model is designed to be used to support collaborative work with other professionals and stakeholders, including

parents/carers. It could be argued that the original model developed by Monsen et al (1998) may be more accessible to stakeholders who are not applied Psychologists and do not have an in depth knowledge of problem analysis processes. As there is little research evaluating the efficacy and utility of the Integrated Framework (Woolfson et al, 2003), it would perhaps be useful for future research to be focussed on gathering the views of all stakeholders (including Educational Psychologists, school practitioners, parents/carers and the young people who are often the focus) regarding the perceived impact of the framework in terms of achieving clarity regarding roles, problem focus, and supporting the development of effective interventions. It may be that small scale illuminative studies would provide useful information regarding stakeholder views which could then inform future larger scale studies.

Stobie et al (2002) conclude that although Educational Psychologists report a desire to move towards ways of working that are informed by systems theory and an ecological perspective (Bronfenbrenner, 1979), the majority of work continues to be focussed at the individual level (Kennedy, 2006). The revised 'Integrated Framework' (Woolfson et al, 2003) suggests that guiding hypotheses (Phase 2 of the model), problem analysis (Phase 3 of the model) and action planning (Phase 4 of the model) can be supported by an ecological approach, considering the individual, class/school and home/community levels at each stage. The framework may therefore provide Educational Psychologists with a tool to support other stakeholders in understanding the importance of considering all of the systems in which the individual is located (family, school etc) when attempting to find ways forward in

complex problematic situations. Woolfson et al (2003) recognise that there are limitations to their model. They recognise the time implications for having multi-professional planning meetings but also recognise the importance of this. They suggest that if there is a genuine commitment to increased collaborative and multi-professional working then time needs to be committed to supporting this approach.

As with the Monsen et al (1998) model, there is a fundamental limitation that if the stakeholders are not interested in problem solving, or do not perceive there to be a problem, then the models and frameworks will not be supportive. If this is the case it is likely that additional work is needed prior to problem analysis and solving, and this is likely to include work based on change processes, to support stakeholders in moving from pre-contemplation to a contemplation of change (Prochaska & DiClemente, 1982). If there is a desire and motivation for change, even if individuals have different expectations for the change that is needed, then problem analysis models such as Monsen et al (1998) and Woolfson et al (2003) are likely to support this process. However, stakeholders may be less responsive to a collaborative framework to support problem analysis if they favour an 'expert' approach to consultation (Babcock & Pryzwansky, 1983) and are expecting the direct delivery of answers to problems which they have identified.

5. Synopsis of casework

T was a Year 2 boy and the younger of two siblings. Concerns were raised by school with the Trainee Educational Psychologist allocated to the mainstream school. School staff perceived that T was a priority for support through consultation from the Educational Psychologist and so the case was explored further. It was immediately apparent that T's parents (who had separated) had a limited awareness of the role of an Educational Psychologist and only T's father had been approached to provide consent for the involvement of an Educational Psychologist. This presented ethical concerns regarding the quality of informed consent and this was explored further. Contact with the father confirmed that he was concerned about his son's behaviour at school and his slow rate of progress and so was happy to give consent for Educational Psychology involvement. Contact with the mother revealed that she felt that her son's behaviour at school was very different to that at home and she felt this was due to the school's negative perception of him, raising particular concerns about racism and labelling. T was of Afro-Caribbean ethnicity, a minority within the school population. Table 3, below, provides a summary of the concerns shared by school and parents.

Table 3: Outline of schools staffs', mother's and father's concerns shared during initial phase of consultation.

School concerns gathered through consultation	• T was demonstrating persistent low level disruptive behaviour in class (such as getting out of seat frequently, taking other people's belongings,

	'answering back' to adults, work refusal) that was presenting as a barrier to his own learning and was also acting as a distraction to peers • T demonstrated low levels of independence in school, he would wait until he had support to dress and undress for PE, would not attempt difficult work without support and demonstrated poor problem solving skills • Although T was perceived to have two friends he found it difficult to maintain positive relationships with peers and would demonstrate poor social interactions skills. He would regularly take items belonging to peers, would find it very difficult to share resources and found it very difficult to turn take in conversations or in activities • T has poor attendance and punctuality which is having an impact on his learning
Mother's concerns gathered through consultation	• T had a negative image of himself as a learner due to negative comments received at school by peers and staff (based around him being a 'naughty black boy') • T gets the blame for behaviour which is promoted by his peers • T enjoys helping out at home, behaves appropriately and will follow instructions • T does not enjoy school
Father's concerns gathered through consultation	• T has difficulty with basic literacy skills (early reading and writing skills) • T is not very confident in the school setting

At the initial stages of consultation T was placed at School Action on the Code of Practice (DfES, 2001). Although both parents had agreed to this, his mother had expressed her unhappiness about this and requested that he be taken off the Code of Practice. She perceived this as 'labelling' and thought that it would be unhelpful rather than helpful for T to be receiving additional support. She perceived the process to be 'never ending' and suggested that it was making her child 'jump through hoops' that were not realistic and setting him up for failure.

School staff appeared to be threatened by the accusations of racism and it had caused them to become defensive and withdraw their attempts to communicate with the family. School staff perceived that they had 'done all they could' to promote an effective relationship between home and school and had effectively stopped trying to facilitate communication. They felt that they had been supportive of T and his family and felt they were not getting anything back. They were concerned about T's mother's request to withdraw him from the Code of Practice and suggested that it would become a 'child concern' matter if they were not willing to give consent for T to receive the support he needed in school. It was explained to them that child concern needed to be with the consent of the family and that informed parental consent does need to be gained for a child to be placed at any stage on the code of practice (DfES, 2001).

Both parents agreed to a home visit, at which they would both be present, so that I could share information about the Code of Practice with them and share information

about my role and possible involvement in this case. It was at this point that I suggested to school that the Monsen et al (1998) problem analysis framework could be used in an attempt to support T's parent's engagement in the consultation process. I also explained that I would not become involved without the fully informed consent of both parents as they both had parental responsibility for T. During the home visit both parents agreed to my time limited involvement and were in agreement that the Monsen et al (1998) model could be used to support a move towards collaborative working, although at this point, T's mother was still very resistant to meetings with school staff. See Appendix 1 for a summary of the application of the Monsen et al (1998) problem analysis model to this current case. In addition, Appendix 2 provides further information regarding the initial information gathered through consultation. All hypotheses and suggested data gathering methods were agreed through consultation with parents and school staff.

An evaluation of the application of the Monsen et al (1998) problem solving model applied to this piece of casework is provided in the following section. However, this paper is not able to respond to many of the criticisms directed at earlier studies, in that it does not explore a large sample and does not gather the views of a range of stakeholders. Rather, it aims to be illuminative and offers a detailed account of the application of the Monsen et al (1998) problem analysis model to one discrete piece of casework. It outlines the contribution of the model in the understanding of a complex situation as perceived by a Trainee Educational Psychologist, and suggests possibilities for further research.

6. Value of the Monsen et al (1998) model in analysing complex problems as perceived by the Trainee Educational Psychologist

In the study conducted by Kelly (2006), 10 out of 10 Educational Psychologists who responded to a postal questionnaire considered that steps 1, 2, 7, 8 & 9 were very relevant to their practice. In the current case the majority of these steps (involving clarification of the request, negotiation of role, evaluating outcomes and self reflection and critical reflection) are included in the 'Consultation Information Form', used by Educational Psychologists within the author's Educational Psychology Service, to gather initial information to inform the focus of consultation. If this is the case in other Authorities it is likely that this may be a reason for Educational Psychologist's perceptions that these stages are relevant to their practice. These steps were also considered to be particularly relevant to the involvement of the Trainee Educational Psychologist in the current case. Table 4 (below) provides an overview of the perceived benefits/value of each step for all stakeholders, as perceived by the Trainee Educational Psychologist, with examples of evidence to support these perceptions.

Table 4: Summary of benefits/value of each step in Monsen et al (1998) model for all stakeholders, as perceived by the Trainee Educational Psychologist, with examples of evidence from practice.

Step in model:	Perceived benefit/value:	Evidence from practice:
1	Parents – step perceived to be essential to ensure open	Parents only gave consent for TEP involvement after the Monsen et al

(clarify the request)	discussion of problem School – felt that this step ensured that school and parent's views were both considered equally and could be explicitly stated TEP – supported ethical practice	(1998) model was shared with them and the collaborative nature of the process was explained Head stated that "the parents don't listen when we try to talk to them they haven't actually listened to our views" Provided a set time to discuss with the Head Teacher the importance of true parental consent
2 Negotiate and contract role	TEP – ensured clear role boundaries and negotiation of time limited role Parents – felt listened to and felt that their views were valued. Also provided information about the role of the Educational Psychologist in an open way which challenged pre-conceptions School – over time school staff recognised the need for parents to have time and space to share their views with someone separate from school	Parents agreed to EP involvement to explore hypotheses and problem dimensions with them but did not give consent for my involvement in the development of interventions at this point Mother stated "we feel like you are really listening to us" and agreed for EP to carry out home visit to gain their views and discuss initial hypotheses. Initial discussions with parents suggested that they had misconceptions about the role of the Educational Psychologist; "what are you going to do anyway, start messing with his [T's] head!" School agreed for a high proportion of Educational Psychologist's time allocation to school to be used gathering the views of parents during home visits
3 Guiding hypotheses	Parents – they were able to engage in the process and find ways of gathering evidence to support or disconfirm their views/assumptions/hypotheses	Parents had previously not listened to staff telling them that the school was not 'racist'. Through this process T's parents stated their hypotheses that negative feedback from the environment was having an impact on T's learning and motivation and self

		esteem. This reframing took the focus off 'racism' and instead focussed on positive and negative feedback
	EP – written recording of hypotheses on a format that was shared with everyone involved was perceived to be useful in encouraging school and home to begin to work together	Hypotheses could not be dismissed without gathering data which ensured that everyone's views were equally valued and respected.
	EP – data gathering was agreed by all and the data was used to confirm or disconfirm the hypotheses meaning that the resulting problem dimensions could not be argued or dismissed	School and parents were accepting of the data and particularly respected T's views. T stated that he liked his teachers and highlighted their positive qualities. T also stated that he enjoyed spending time with his parents at home and was able to discuss many of the activities he took part in with his mother and father. T's parents and school staff accepted T's views.
4 Problem dimensions	School – step enabled school to find out more about T's home context through data collection	School became more empathetic towards the family situation and focussed on how they could support T's mother. They found out that she was very ill and spent time in hospital resulting in T feeling isolated and insecure. Rather than continuing to make demands of the parents, school staff began to ask what they could do to help
5 Integration of problem dimensions	EP – helped to get a holistic view of the problem situation which had not been achieved before	Parents and school staff had shared information with each other and agreed problem dimensions. This was the first evidence that school staff had worked collaboratively with parents. School staff noted how helpful it was to have an external professional facilitating the process
6 Devise intervention	Parents – recognised the need for additional support and interventions in order to develop T's independence and reduce the level of support needed in	Parents agreed to EP supporting the implementation of additional strategies in school Parents agreed to T being placed at School Action Plus, to support his

	the future Parents – felt they were maintaining a sense of ownership of the situation School – felt that they were providing an appropriate level of support	transition and in light of the need for additional support Parents stated in a review meeting that they liked having the interventions listed and explained to them so they knew exactly what they were agreeing to Previously the Head teacher was saying that they would have to withdraw the level of support if parents did not agree to School Action Plus as she could not justify the provision to Governors but she felt that this was unethical as she believed T needed a level of support commensurate with School Action Plus. T was moved to School Action Plus in light of the interventions agreed with parents
7 Agree action plan	Parents – felt that they were fully informed about the level and type of support provided by school	Parents stated in a review meeting that they liked having the interventions listed and explained to them so they knew exactly what they were agreeing to
8 Evaluation of outcomes	EP – model ensured a holistic approach to assessment which involved the views of all stakeholders (T, parents, school staff, TEP) EP – T was empowered by being actively involved in evaluating his progress and providing feedback regarding his experience of the interventions	Parents, school staff, EP and T all had evidence to contribute to an evaluation of progress during a review meeting T actively contributed to a review and was animated when talking about 'his' interventions.
9 Self reflection and critical evaluation	EP – valuable for personal professional reflections but would have been more informative if all stakeholders were actively engaged in an evaluation of the usefulness of the Monsen et al (1998) model	(parents and school staff could be involved in the reflection on the value of the model by presenting this table of reflections to them and gaining their views/feedback on it)

Of particular importance were the initial two stages focussed on the clarification of the request and the negotiation of roles. These stages are also important in terms of the movement of the profession towards community psychology (Orford, 2008). This approach emphasises concepts of empowerment and equality (Orford, 2008). Taking this view, it is important that all stakeholders contribute their perspectives of the situation. In the current case it was imperative that this initial phase was open and shared. There was a high level of distrust between the parents and the school which was perpetuating an already complex situation. The parents appeared to respond positively to the level of involvement expected of them and felt that the structured process helped their views to be heard (see evidence in Table 4).

Although the respondents in Kelly's (2006) study did not perceive step 6 to be as helpful as the others, in this case it was thought to be particularly useful in supporting the collaborative problem solving process and was considered to be an important stage in the model. In the current case the parents needed to feel that they were involved in the development of interventions and the focus of them. It was also really important for school staff to be involved in this stage of the process as they needed to feel able to implement the agreed interventions. They needed to be practical and able to be implemented in the school context with the level of support available. Any interventions which required support which was additional to that currently provided by the school would indicate that the child may need to be placed at School Action Plus on the Code of Practice (DfES, 2001). The parents' involvement in these decisions meant that the Code of Practice and level of support provided in line with

the graduated response became more meaningful to them. This helped them to see beyond 'labels' and to recognise the positive value of a higher level of support.

The need to promote cognitive dissonance and challenge underlying beliefs and assumptions (Kennedy, 2006) was also perceived in this current case. During initial consultations T's parents were expressing their perception that school staff were racist and were causing T's difficulties in accessing learning through their racist behaviour and negative responses. In addition, school staff were becoming increasingly defensive in response to these accusations which they believed to be false. But they had developed their own quite fixed assumptions regarding T's family context. School staff suggested that T's behaviour at home was 'worse than the reports his parents gave' and suggested that they had poor parenting skills and were neglectful, in terms of a lack of time and attention focussed at T (see Appendix 1, step 3 for guiding hypotheses).

It was perceived by the Trainee Educational Psychologist that the Monsen et al (1998) model allowed these assumptions to be challenged in an open, honest and balanced way (see Table 3, step 3 and 4 for evidence). The fact that all hypotheses needed to be supported by 'real' data meant that false beliefs were found to be false by the holder of the belief rather than by someone asserting their contrary belief to be 'right'. This helped to de-personalise the process. Rather than the Trainee Educational Psychologist or school staff telling the parents that the school was not racist, the parents were encouraged to find evidence for their assertions and

hypotheses themselves. It was agreed that T's views about himself as a learner and his thoughts on how other people perceived him would be gathered through use of strategies developed from Person Centred Psychology, such as scaling. This way T would express his own views of himself and his views on how other's perceive him rather than his parents or school staff providing his views (as they perceived them to be) on his behalf, thus enhancing the validity of the voice of the child as a source of data. Information about how staff responded to T at school was also gathered through observations carried out by the Trainee Educational Psychologist (see Appendix 1, step 3). Again, this was thought to be a more objective and valid account of the situation, rather than school staff or parents expressing their views on the responses that T received from staff. The Trainee Educational Psychologist became involved at a point where the situation was perceived to be 'stuck'. False beliefs were presenting as barriers to moving the situation on and all stakeholders were taking the situation and actions related to the situation very personally.

Unfortunately the scope of the current study did not facilitate the direct gathering of stakeholder views regarding the usefulness of the Monsen et al (1998) model in this current case. However, comments made by school staff and parents throughout the process suggested that they found the transparent and open nature of the framework supportive. T's parents repeatedly made comments which suggested that they felt their views had been heard; "we feel like you are really listening to us". At the start of the process school staff stated that "the parents don't listen when we try to talk to them they haven't actually listened to our views". They were becoming very defensive and had stopped trying to engage the parent's in communication regarding

T. By the end of the process school staff were able to give examples of times when T's parents had come into school to share information or had used the home school liaison book to celebrate progress as well as to provide information about who was collecting T each day. In terms of outcomes, the use of the Monsen et al (1998) model was perceived to support the facilitation of collaborative meetings, whereas at the start of the process school staff and parents were refusing to meet together. The structure appeared to provide security for both parties that their views would be heard and valued in the process. In this case the difficulties in the relationship between home and school were perhaps the most significant barrier to alleviating the child's difficulties. The use of the Monsen et al (1998) framework helped to move this 'stuck' situation forward in a positive way.

7. Reflection on quality of Trainee Educational Psychologist's contribution

Monsen et al (1998) and Woolfson et al (2003) propose dimensions on which the quality of problem analysis can be evaluated. High quality problem analysis should be:

- Accurate – problem dimensions should be supported by evidence rather than speculation
- Complete – analysis should include all significant problem dimensions
- Clear – problem dimensions should be stated clearly with reduced ambiguity
- Justified – priorities should be agreed with all stakeholders
- Inclusive of contributing causal factors that can be supported

These elements have informed the self reflection and critical evaluation. This is summarised in the table below.

Table 5: Reflection on the quality of the problem analysis of the case presented, informed by the elements of quality outlined by Monsen et al (1998) and Woolfson et al (2003).

Element of quality	**Evidence of quality**
Accuracy	Problem dimensions were identified through the systematic process of consultation and assessment (see Appendix 1, steps 3, 4 & 5). Problem dimensions were agreed by all stakeholders (TEP, parents and school staff). Evidence was gathered to support all problem dimensions and evidence was also sought to disconfirm these (see Appendix 1, step 4).
Completeness	The initial guiding hypotheses were very broad and included the beliefs of all stakeholders (see Appendix 1, step 3) These were then reduced through the systematic collection of data to support and disconfirm the hypotheses (see Appendix 1, step 4) All stakeholders agreed that the problem dimensions were complete (including T) (see Appendix 1, steps 4 & 5). However, on reflection and after gathering outcome data, it appears that T's skill level and ability in literacy may have been neglected. His social and emotional needs and his low level of motivation needed to be explored initially but as T continues to experience difficulties in engaging with independent literacy activities, despite improvements in attendance and behaviour, it may be worth exploring his skill level through a range of further assessments (including curriculum based and standardised assessments).
Clarity	Problem dimensions were stated in a way which could be understood by all stakeholders (see appendix 1, steps 4 & 5). They were written alongside all stakeholders during a collaborative meeting so that shared language was used and agreed.

Justified priorities	Priorities for intervention were agreed based on the views of all stakeholders. This was agreed through collaborative meetings (see Appendix 1, step 6 for agreed interventions) Priorities were identified as being the factors that were reinforcing the problem situation rather than the ones 'causing' it. For example, an initial focus was on the implementation of a home school link book, planned adult attention in class and reduced task expectations. It was considered that these would be more open to change and that the elimination of these would support change in the causal factors (such as low self esteem, low confidence and poor social skills). These interventions were also considered to support success in the short term so that all stakeholders would be motivated by the immediate positive feedback. All stakeholders agreed the stated priorities during a collaborative meeting .
Effectively identified causal factors	Causal factors were identified as problem dimensions (See Appendix 1, step 5 for integration of problem dimensions). Reciprocal relationships between these factors were identified. The short term outcomes resulting from interventions focussing on the problem dimensions were positive, suggesting that the problem dimensions were effectively identified and the interventions were appropriate. All stakeholders agreed with the identification of causal factors but on reflection it appears that an area that may have been neglected in the initial problem analysis is that of specific literacy difficulties (see evidence for 'completeness').

The evidence provided for the different types of quality outlined in Table 5 above, shows that the systematic exploration of the problem situation allowed several hypotheses to be rejected and enabled the underlying causal factors to be identified effectively. The priority areas for intervention were agreed to be the factors that were reinforcing the problem situation (behaviour, attendance, communication between

home and school, unrealistic expectations) rather than the ones causing it (low self esteem, low confidence in ability and poor social skills).

8. Limitations and areas for further study

As already stated this illuminative study was not able to respond to many of the criticisms directed at earlier studies discussed in this paper, such as small sample size and the lack of inclusion of stakeholder views. However, the aim of this paper was to illustrate the application of the Monsen et al (1998) problem analysis model to a complex case experienced by a Trainee Educational Psychologist, and provide an evaluation of the effectiveness of the model in supporting the problem analysis process, as perceived by the Trainee Educational Psychologist. Conclusions drawn in this paper suggest that the use of the model was highly effective in supporting the collaborative involvement of all stakeholders in the problem solving process in this case. As it is based on one case work example, the findings are not meant to be generalised. However, it does point to some interesting areas warranting further investigation.

Firstly, it would be useful for studies exploring the application of a problem solving model or framework for practice to explore the perceived usefulness of the model in supporting the problem solving process from the perspectives of all of the stakeholders involved (young person, family, school staff, other professionals). This data would lend itself to an analysis of whether stakeholders shared similar views of

whether the model was supportive. This could then point to the further development of the model to ensure accessibility and usefulness from the perspective of other stakeholders. To date, the model has been developed by psychologists and evaluated based on the perceptions of psychologists but is intended to be a tool that is shared with all stakeholders. Future research could focus on providing accounts of single cases in context with evaluation of the value and limitations of each stage of the model, as well as general evaluations of the usefulness of the process, as perceived by the professional facilitating use of the model and all stakeholders that are involved in the process (including, school staff, parents/carers and the young person themselves). Views could perhaps be gathered through use of a simple questionnaire or semi structured interview and analysed using thematic analysis to identify if there are any common views between the different stakeholders.

Secondly, it would be useful to explore further the 'user-approach fit' and 'context-approach fit' dimensions raised by Monsen et al (1998). If the perceived usefulness of the model was explored in different contexts, focussed on the analysis of different types of problems and used by different practitioners (in terms of level of experience and training) then further information regarding these dimensions could be gathered. Again, this information may be useful in adapting the model for use in different circumstances as well as for use by different professionals (as Woolfson et al, 2003 have done). The conclusions from this study suggest that all stakeholders (EP, parents and school staff) perceived the model to be useful in providing a transparent and open framework to support effective collaborative working in complex situations (see Table 3 for evidence). In this case the model was not only useful for the Trainee

Educational Psychologist in following discrete steps but it ensured that the parents were able to fully engage in the process and did not feel that information was withheld.

9. Conclusions

In conclusion, problem solving of complex cases does appear to be part of Educational Psychology's unique contribution. Many of the cases that Educational Psychologists become involved with are very complex and 'messy'. In this case the subjective evaluation suggests that the Monsen et al (1998) problem analysis model did support the progression of a complex and long standing 'messy' situation. The model enabled the contribution of psychology to be transparent and demystified the role of the Educational Psychologist (see Table 3, step 2). In this case this was essential to Educational Psychology involvement, as lack of trust in the relationship with parents would have resulted in the withdrawl of consent for involvement. The collaborative development of hypotheses and approach to data gathering was particularly useful in gaining the trust of parents. In addition the explicit nature of the model supported both school staff and parents to feel that their views had been heard and would be taken into account and that their theories and hypotheses would be systematically 'tested'.

Kelly (2006) concludes that the frameworks for practice developed by Monsen et al (1998) and Woolfson et al (2003) both 'play a central role in bringing a much needed

clarity and cohesion to the very complex relationship between theory and practice' (p.16). It appears that by explicitly linking problem analysis with the development of evidence based interventions, professional frameworks are able to go some way to bridging the gap between theory and practice. Rather than be prescriptive or restrictive, practice frameworks, such as those developed by Monsen et al (1998) and Woolfson et al (2003), provide a structure in which applied psychologists can justify and make explicit their rationale for employing an ever increasing range of theoretical perspectives, consultation skills, assessment techniques, interventions and evaluation methodologies (Kelly, 2008; Annan, 2005).

Gillham (1978) talked about 'giving psychology away'. In the current profession it is seen as important to share thinking and processes with stakeholders, in an attempt to 'build capacity' and develop individual's skills with dealing with similar situations again in the future, with a reduced amount of support than that provided initially (Cameron & Monsen, 2005). Explicit frameworks for practice, which are designed to be shared with the stakeholders involved, provide a vehicle for psychology to be shared with others. However, the unique and distinctive contribution of psychology, and psychologists, in the development and facilitation of these problem solving processes in very complex and 'messy' real world situations is likely to remain.

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Appendix 1 – Problem analysis for T using Monsen et al (1998) model

1. Clarify the request:

- Initial request from school for EP support at Inclusion Partnership Meeting (September 2008)
- TF at School Action but school suggest that he is receiving support that is in line with School Action Plus (10 hrs per week).
- School suggest that the long term focus is on reducing the level of adult support that TF needs to access the curriculum, and to increase his independent learning
- School requesting support to develop strategies to increase TF's independent access to learning opportunities and reduce inappropriate attention seeking behaviour

School concerns:

- Poor self esteem and lack of confidence in ability at school
- Difficulty in acquiring and maintaining basic literacy and numeracy skills

Parents concerns:

- Low self esteem and lack of confidence in school
- Low level of motivation for learning, particularly in literacy

Ethical?

- Parents have separated. TF spends time with both parents and both parents have parental responsibility
- TF's mother is unsure of the impact of placement on the code of practice and has requested that TF is taken off it. Both parents have consented to time limited involvement of Trainee Educational Psychologist with a focus on increasing independence and reducing need for additional adult support

Appropriate for EP?

- School have tried various strategies to support TF but feel he is becoming increasingly dependent on adult support in class
- A holistic approach is needed – role of EP to support collaborative working between home and school
- Requires use of frameworks to ensure all aspects of problematic situation are explored and to ensure an open and transparent approach to assessment and intervention



2. Negotiate and contract role (negotiated with SENCo)

- Role of EP negotiated with SENCo and both parents
- EP to initially explore hypotheses with school and parents separately
- EP to have time limited role – explore hypotheses and problem dimensions, interventions to be agreed with both parents
- EP to facilitate collaborative working through use of the Monsen et al problem solving model



3. Guiding hypotheses:

- Poor attendance and punctuality contributing to difficulty in developing and maintaining positive peer relationships (missing key social times; registration, first weeks in September etc)
- Difficulties in relationships at home and between home and school contributing to feelings of worthlessness and contributing to attention seeking and disruptive behaviour which results in high levels of adult attention and support
- Difficulties with acquiring and maintaining basic literacy skills leading to a fear of failure and hence work avoidance through demonstrating disruptive behaviour
- TF lacks an understanding of subtle social cues and does not yet have the skills to develop and maintain positive relationships with peers. Due to ongoing difficulties TF's peers have stopped seeking positive interactions with him leading to feelings of worthlessness
- TF has a negative image of himself as a learner due to experiencing difficulties in acquiring basic skills and is now reluctant to engage in learning activities independently as he feels he will fail without support
- TF has a negative image of himself as a learner due to the negative feedback he has had from his environment. TF is now reluctant to engage in learning activities independently as he feels he will fail without support

Data Collection:

- Timetable with breakdown of 1:1 and small group support
- Class teacher/LSA to collect information about timing, frequency and type of disruptive behaviour in class through use of ABCC chart (to track the antecedents, behaviours, consequences, communicative functions of behaviour and the context in which it occurs)
- EP to gain voice of the child, using scaling activities to gather his views about himself as a learner, a friend, a son etc. This activity repeated to find out how he thinks other people view him
- Parents to gather information about the things T is interested in at home and the things that he is good at

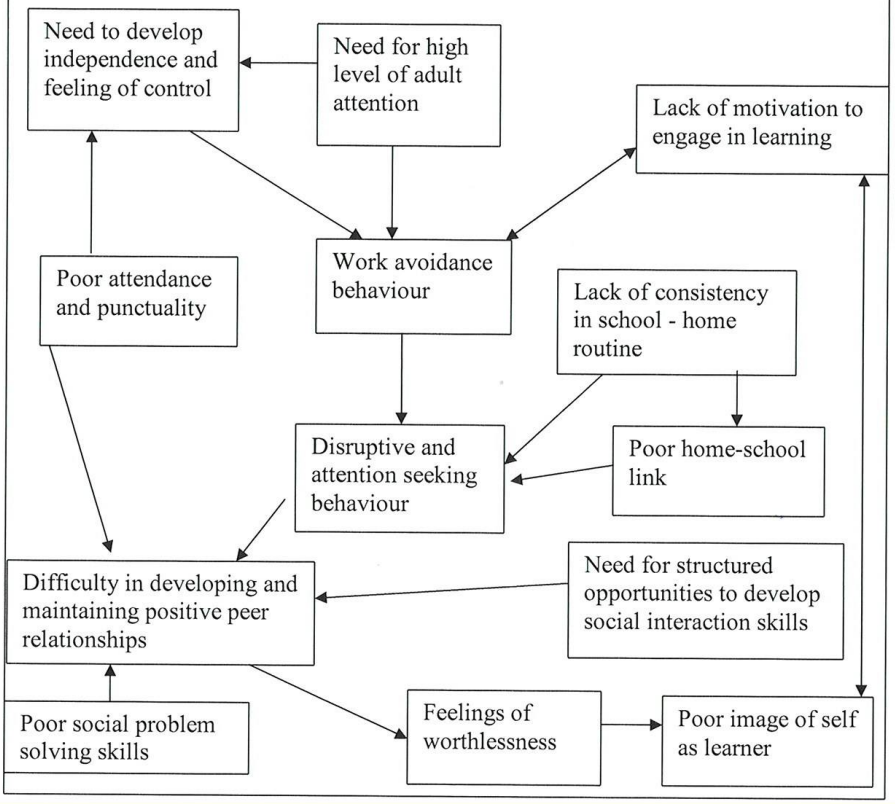
- EP to assess TF's understanding of social situations through use of social stories and role play
- EP to observe TF in lessons and during less structured times (play, lunch) to observe his interactions with peers
- EP to use B/G-Steem assessment of self esteem and locus of control with TF

4. Problem dimensions:

Problem dimension:	**Supporting data:**
Need for structured opportunities to develop social interaction skills	EP observations at lesson times and less structured times (playtime, lunchtime etc)
Need for high level of adult attention to feel secure and valued	EP observations Information gathered through ABCC Attention seeking behaviour in school where attention is shared, no attention seeking behaviour reported at home where attention is focussed on TF
Poor attendance and punctuality	School records suggest that TF's attendance is 84% and he is regularly late into school
Need for consistency in school entry and home time routine	TF is brought into school and collected by different members of his family. TF often does not know who is collecting him at the end of the school day, contributing to anxiety and hence attention seeking behaviour. He will often ask staff who is collecting him but they do not know in advance
Need to develop independence and feelings of control, in terms of access to learning opportunities and in terms of self care (changing for PE, following routines etc) at home and school	EP observations – TF very reluctant to approach learning activities without adult support Parent reports – TF reluctant to engage in homework independently
Need to develop motivation for learning – TF currently disengaged and not experiencing learning as fun and worthwhile	Voice of the child and scaling activities
Poor problem solving skills	School reports – reliant on adults to sort problems out at lunchtime etc EP observations – poor social problem solving skills in class and when working as part of a group (not able to share

	resources, negotiate etc) Voice of child – evidence of egocentric beliefs, not able to see things from other perspectives

5. Integration of problem dimensions:



6. Devise Intervention:

Intervention:
Social problem solving group To support development of problem solving skills, ability to see things from other people's perspectives, develop team work and co-operation skills, develop social communication skills
Planned 1:1 support at set times during day To ensure that TF has some 1:1 support to ensure feelings of security and being valued. Also, to be used to encourage reflection on positives and difficulties
TF to be involved in setting and reviewing own targets To support TF in feeling in control of his learning and to promote independent engagement in learning (competing with self to achieve 'personal bests')
Home school link book. TF to take ownership of this (decorate etc) and to share with home and school. Used to share information about the learning TF has been engaged in at home so that school work can be planned to extend this and be based on his interests. Also to make TF feel valued in school (can share news with class on work at home) and to demonstrate the link between home and school to TF. Book to be used to communicate positive messages only.
Class tasks to be broken down into small chunks Tasks to be presented to TF one at a time (use of timer for each task). Aim to increase TF's independent work – with regular opportunities for checking with teacher/feedback. Immediate differentiated reward for independent work
Use of visual timeline Use of photo's on timeline highlighting who has brought TF into school in the morning and showing who will pick him up. Aim to promote a sense of security and develop the link between home and school.



7. Agree Action Plan:

Intervention:	Who & when:	Evaluation:
Social problem solving group To support development of problem solving skills, ability to see things from other people's perspectives, develop team work and co-operation skills, develop social communication skills	EP to facilitate alongside LSA Group to contain peers (including positive role models for social interactions)	Pupil evaluation using rating scales Recording of targets and whether pupil's feel they have been met
Planned 1:1 support at set times during day To ensure that TF has some 1:1 support to ensure feelings of security and being valued. Also, to be used to encourage reflection on positives and difficulties	LSA, daily in school	Summary of discussions recorded. Use of smiley face rating scale to judge increase in positive sessions
TF to be involved in setting and reviewing own targets To support TF in feeling in control of his learning and to promote independent engagement in learning (competing with self to achieve 'personal bests')	With class teacher/LSA in school. With parents at home – setting homework targets etc Use of scales to evaluate progress	Record of targets and whether they have been achieved on sticker chart (home and school)
Home school link book. TF to take ownership of this (decorate etc) and to share with home and school. Used to share information about the learning TF has been engaged in at home so that school work can be planned to extend this and be based on his interests. Also to make TF feel valued in school (can share news with class on work at home) and to demonstrate the link between home and school to TF. Book to be used to communicate positive messages only.	EP to discuss with parents, school and TF and monitor use. Parents, TF and school staff to be actively involved	Parent and staff report of whether it has supported communication between the settings
Class tasks to be broken down into small chunks and presented to TF one at a time (use of timer for each task). Aim to increase TF's independent work – with regular opportunities for checking with teacher/feedback. Immediate differentiated reward for	TF, class teacher, LSA	Class teacher/LSA to visually record TF's independent access to learning activities on timetable (colour coding – independent/low

independent work		level of support/high level of support needed)
Use of visual timeline with photo's highlighting who has brought TF into school in the morning and showing who will pick him up. Aim to promote a sense of security and develop the link between home and school.	EP to discuss with parents and school. Class teacher to develop timeline, LSA to ensure it is used explicitly	Parent, staff and TF reports of whether this has been helpful

8. Evaluation of outcomes:

Problem dimension:	**Outcome:**	**Evidence:**
Need for structured opportunities to develop social interaction skills	Increased ability to work with partner in class. Still finding it difficult to work in group unsupported	Teacher observations EP observations
Need for high level of adult attention to feel secure and valued	Decreased attention seeking behaviour when unsupported in class. Decrease in behavioural difficulties reported at lunch times	School behaviour records Teacher observations
Poor attendance and punctuality	Attendance increased (94%) during the period of consultation. Punctuality improved but still poor.	School attendance record
Need for consistency in school entry and home time routine	Parents informing school staff of who is collecting TF through use of home school book. Staff using photo on timeline. Appears to be reassuring TF – not asking staff as much.	Home school book
Need to develop independence and feelings of control, in terms of access to learning opportunities and in terms of self care (changing for PE, following routines etc) at home and school	TF responding well to setting self targets in school and at home. Beginning to do more independent work. TF still a reluctant reader and writer.	Record of targets and reviewing. Records of independent completion of work in class

Need to develop motivation for learning – TF currently disengaged and not experiencing learning as fun and worthwhile	TF still a reluctant reader and writer but motivated to engage in other tasks and beat 'personal best'. More motivated to read and write when explicitly planned from his interests and experiences at home	TF school books Parent reports Teacher reports Voice of the child gathered by EP
Poor problem solving skills	Beginning to demonstrate increase in social problem solving behaviour in group context but needs support to transfer this to unsupported times (including break and lunch times)	EP observations School behaviour records Record of engagement in group sessions

9. Self Reflection and Critical Evaluation:

Reflection on the quality of the problem analysis of the case was informed by the elements of quality outlined by Monsen et al (1998) and Woolfsen et al (2003).

Element of quality:	**Evidence of quality:**
Accuracy	Problem dimensions were identified through the systematic process of consultation and assessment. Problem dimensions were agreed by all stakeholders (TEP, parents and school staff) Evidence was gathered to support all problem dimensions and evidence was also sought to disconfirm these
Completeness	The initial guiding hypotheses were very broad and included the beliefs of all stakeholders These were then reduced through the systematic collection of data to support and disconfirm the hypotheses All stakeholders agreed that the problem dimensions were complete (including T)
Clarity	Problem dimensions were stated in a way which could be understood by all stakeholders
Justified priorities	Priorities for intervention were agreed based on the views of all stakeholders Priorities were identified as being the factors that were reinforcing the problem situation rather than the ones 'causing' it. It was considered that these would be more open to change and that the elimination of these would support change in the causal factors All stakeholders agreed the stated priorities

Effectively identified causal factors	The causal factors were identified as being the ones that were most resistant to change The causal factors were ones that were evident even when other contributing factors were absent All stakeholders agreed with the identification of causal factors

Appendix 2 – Additional information gathered throughout the initial phase of the consultation

From my initial involvement in the case it was apparent that some of T's difficulties were likely to be a result of the very difficult relationship between home and school. At the point of my involvement there was no verbal communication between home and school and there was very limited written communication. Just prior to my involvement, T's mother had accused the Head Teacher of being racist and had informed her that she was going to 'take this further'. T had witnessed negative interactions between his parents and school staff and his transitions between home and school were difficult. He was often dropped off in the car park and left to enter the school building alone and there was no communication between home and school when he was collected. It was clear that this was a complex and 'messy' problem that had become 'stuck' and at this point in time was resistant to change. It was therefore considered that Monsen et al (1998) might provide a useful structure to ensure a systematic and logical exploration of the problem situation. It would also act as a vehicle to promote open and transparent working, which was essential in earning the trust of T's mother. It was also important for me to ensure that the voice of all stakeholders (parents, school staff and T) was heard, whilst ensuring that I wasn't seen to 'take sides' with any of them. The framework provided a way in which different perspectives could be shared in an honest and de-personalised way to try to reduce feelings of threat that would not be supportive of collaborative working.

CHAPTER FIVE

AN ACCOUNT OF THE ROLE OF A TRAINEE EDUCATIONAL PSYCHOLOGIST IN CONTRIBUTING TO THE NATIONAL TaMHS PROJECT. A CRITICAL APPRAISAL OF THE POTENTIAL CONTRIBUTION OF EDUCATIONAL PSYCHOLOGISTS WORKING ALONGSIDE HEALTH PROFESSIONALS IN THE SPECIALIST FIELD OF MENTAL HEALTH.

AN ACCOUNT OF THE ROLE OF A TRAINEE EDUCATIONAL PSYCHOLOGIST IN CONTRIBUTING TO THE NATIONAL TaMHS PROJECT. A CRITICAL APPRAISAL OF THE POTENTIAL CONTRIBUTION OF EDUCATIONAL PSYCHOLOGISTS WORKING ALONGSIDE HEALTH PROFESSIONALS IN THE SPECIALIST FIELD OF MENTAL HEALTH.

Abstract

Mental health difficulties are increasingly associated with poor academic performance and negative life outcomes. Conversely, positive emotional wellbeing and mental health is considered to be fundamental to providing children and young people with the best chance of a happy and healthy life (DCSF, 2010). Due to the increasing demands placed on the specialist mental health support services, the needs of many young people are not being met within these systems. The national TaMHS (Targeted Mental Health in Schools) project aims to support schools in developing their ability to meet the needs of young people with early signs of mental health difficulties or those who are at risk of developing them. The approach taken by TaMHS is preventative and aims to develop universal, selective and indicated approaches (Stallard, 2010), in supporting the whole school population, those at risk of developing mental health difficulties and those who are recognised as having mild to moderate mental health difficulties. Educational Psychologists working with schools and having skills in supporting children and young people with social, emotional and behavioural difficulties have a role to play in supporting this multi-level change to meet the needs of young people with or at risk of developing mental health

difficulties through the TaMHS project. This paper provides an account of a Trainee Educational Psychologist's involvement in a TaMHS project in a Midlands Authority. This is critically evaluated and a potential role for Educational Psychologists in supporting TaMHS is proposed in light of this critique and through exploration of research regarding effective approaches to meeting the mental health needs of children and young people.

AN ACCOUNT OF THE ROLE OF A TRAINEE EDUCATIONAL PSYCHOLOGIST IN CONTRIBUTING TO THE NATIONAL TaMHS PROJECT. A CRITICAL APPRAISAL OF THE POTENTIAL CONTRIBUTION OF EDUCATIONAL PSYCHOLOGISTS WORKING ALONGSIDE HEALTH PROFESSIONALS IN THE SPECIALIST FIELD OF MENTAL HEALTH.

1. Introduction

One in four British adults are thought to experience at least one diagnosable mental health problem in any one year (Office for National Statistics, 2001). In addition, it was suggested that in 2005, one in ten British children between the ages of one and 15 had a mental health disorder (Office for National Statistics, 2005). Consistently high figures are cited in mental health publications suggesting that a significant proportion of the school population will be experiencing some difficulties at some point during their education. Research indicates that many individuals experiencing mental health problems do not seek, or have access to, the support they require for a range of reasons, including a low level of self-referral due to the stigma attached to mental health difficulties, lack of identification and signposting/referrals, and the inability of overstretched services to provide adequate support for all in need (Naylor et al, 2009). Research also suggests that a lack of timely support for mental health problems in childhood can result in increased risk of the development of mental health difficulties in adulthood (Stallard, 2010).

There is a growing body of research that is showing an interest in mental health promotion and prevention and is beginning to explore in more detail the societal and environmental factors that can be protective of positive mental health (World Health Organisation, 2005). Some research has also begun to explore the role that schools might play in supporting mental health (McLaughlan, 2008; Naylor et al, 2009). This is considered to be an area of study that is worthy of further attention, particularly as unmet mental health needs can have an impact on children's academic performance and hence the school's performance in terms of factors such as attainment and attendance (Hermen et al, 2009; Stallard, 2010).

At a wider, societal level, the economic and social cost of mental illness is significant. Research conducted by the Sainsbury Centre for Mental Health (2003) suggests that there are costs not only in terms of the funding required for provision of health and social care (including the costs of formal NHS care as well as the cost of informal care provided by friends and family), but also in terms of the human cost (related to the adverse effects of mental illness on people's quality of life) and the cost of output losses (related to the impact of mental illness on the economy due to persistent and long term absence from work). The Sainsbury Centre for Mental Health have calculated the cost of mental illness in monetary terms, and have estimated that mental illness cost England approximately £77 billion in 2002/03, suggesting that the cost is greater than the cost of crime. It is therefore not surprising that there has been an increase in research exploring cost effective and evidence-based approaches to prevent mental illness and promote positive mental health.

This paper will now explore different definitions and theoretical conceptualisations of mental health, before providing an overview of the national TaMHS (Targeted Mental Health in Schools) project. An account of a TaMHS project in a Midlands Authority is discussed and the role of a Trainee Educational Psychologist in supporting the project is presented. Although the extent of involvement in this project was limited,due to time constraints and a high level of competing priorities within the service, additional contributions that Educational Psychologists could make to the TaMHS project are highlighted.

2. Mental health promotion

As the proportions of people identified as having mental health difficulties rises (perhaps in part due to increased recognition and in part due to increased need as a result of changing life pressures and context) there is a rise in the emphasis the field of mental health receives at a government level. Over ten years ago a Mental Health Foundation report – Bright Futures (1999) characterised mentally healthy children in terms of what they were able to do. This is outlined in Table 1.

Table 1: Characteristics of mentally healthy children as defined by the Mental Health Foundation (1999)

A mentally healthy child is able to:
• develop psychologically, emotionally, intellectually and spiritually • initiate, develop and sustain mutually satisfying personal relationships • use and enjoy solitude • become aware of others and empathise with them

- play and learn
- develop a sense of right and wrong
- resolve (face) problems and setbacks and learn from them

Improving the mental health of children continues to be a priority for Children's Services, as set out in the Children's Plan (DCSF, 2007). The Children's Plan called for a review of the services providing support for the educational, health and social care needs of children at risk of experiencing mental health problems. This review found evidence to support the efficacy of universal approaches aimed at supporting mental health and wellbeing promotion in entire populations (DCSF, 2007).

Other policies and initiatives that support mental health promotion include the National Service Framework for Children, Young People and Maternity Services (DofH & DfES, 2004) which has a focus on the mental health and psychological wellbeing of children and young people. In addition to this McLaughlin (2008) provides a useful account of the growing interest in emotional wellbeing and mental health and suggests that there have been three main influences on this. Firstly, she notes changes in the emphasis on emotions in society and the changing cultural relationship to emotions, in that emotions are now part of everyday language and the influence they have on behaviour is recognised (Giddens, 1990, 1992). Secondly, there is growing concern about the self-control and wellbeing of young people, as highlighted in the recent Innocenti report exploring child wellbeing in developed countries (UNICEF, 2007). Thirdly, McLaughlin (2008) cites a change in focus from disease to health promotion (WHO, 1986), with an acknowledgement that social and emotional factors such as resilience are changeable (Rutter, 1990), an increasing

focus on positive psychology (Csiksentmihalyi & Csikszentmihalyi, 1988) and ensuring positive outcomes (DfES, 2003). Further detail regarding different theoretical conceptualisations of mental health is provided below.

Several models of health, and more specifically mental health, have been presented in the literature. However, Wade & Halligan (2004) suggest that health development programmes are often unclear regarding the theoretical model that has informed their approach. They argue that it is important for researchers and policy makers to be explicit regarding the model they are using or the perspective they are taking due to the significant influence models have on the delivery of health care and the distribution of resources.

> 'Despite their importance, models of illness are rarely explicitly discussed or defined' (Wade & Halligan, 2004, p.1398).

Amongst the most dominant models are the biomedical model, the social model and the biopsychosocial model.

The biomedical model suggests that all illness and symptoms are caused by an underlying physical 'abnormality', and that the 'abnormality' or 'disease' will give rise to symptoms regardless of non biological factors (Wade & Halligan, 2004). Within this model health is construed as the absence of disease, suggesting an individual can either be healthy or ill. This model presents individuals as having little capacity to influence their own health outcomes and largely ignores the impact of social, emotional and behavioural influences on health and illness (Wade & Halligan, 2004). Although this model made a significant contribution to decisions regarding health

care and use of health resources in previous decades, more recently alternate models have been developed to address the lack of consideration of social and emotional factors related to health and illness.

The biomedical model also makes a clear distinction between health and illness, whereas more current models place health on a continuum, with an individual's position along the continuum changing across time and contexts.

The social model of health suggests that health or, perhaps more significantly, illness is socially constructed. Unlike the biomedical model, the social model pays little attention to medical diagnosis and physiological 'abnormalities' and suggests that illness and disability are a function of society (Wade & Halligan, 2004): an individual is perceived to be ill or disabled if they do not meet the norms of the culture or society. This is a very powerful model and has influenced moves towards inclusion and acceptance of difference and diversity. The social model also accounts for cultural differences in perceptions of illness; for example when an individual may be perceived as anxious in one context but appropriately cautious in another. However, a sole focus on social constructions ignores the impact of physiological changes and the impact of an individual's perceptions and constructions on health and illness.

The biopsychosocial model of health has been developed to address the need to consider biological, psychological and social influences on health and illness. It acknowledges the interaction between different factors (Gilbert, 2002), for example the impact that an individual's perception of a situation can have on their physical

health and how that in turn can have an impact on their mental health. It also acknowledges the impact that social and economic factors (such as membership of oppressed groups or negative social experiences) can have on mental health and illness (Tew, 2005). The biomedical model neglects this interaction and clearly separates physical and mental health, presenting a mind-body dualism.

The biopsychosocial model places an emphasis on the perception of the individual who is considered to be ill and their experience of the illness (Gilbert, 2002). Use of this model for understanding illness means that an individual can be considered 'ill' if they perceive themselves to be ill, despite the lack of physiological symptoms or cause. However, Wade & Halligan (2004) recognise that the healthcare system is still largely dependent on medical diagnoses to inform resource distribution and hence funding. Tew (2005) also recognises that the biomedical model can sometimes appear to provide answers can be attractive to individuals experiencing mental illness.

Bauer et al (2006) in their account of the 'European Community Health Promotion Indicator Development Model' state that the model is positioned within a socio-ecological model of mental health, which considers the impact of individual determinants on health as well as the social, ecological and economic influences. The socio-ecological model of mental health is suggested to provide a more comprehensive account of the multiple influences on health and therefore provides a more informative foundation for the development of interventions. This model, like the biopsychosocial model discussed previously, is also able to account for

differences in the prevalence of mental health difficulties and illness across geographical regions and social and economic contexts (McLaren & Hawe, 2005). Use of the socio-ecological model would suggest the need for a multi-professional approach to intervention (with services including health, education, social care and housing working together), rather than support, planning and delivery of mental health services being led solely by healthcare professionals. However, by definition the socio-ecological model does not acknowledge the impact biogenetic and physiological factors have on an individual's mental health, as the biopsychosocial model does.

Bauer et al (2006) when presenting the 'European Community Health Promotion Indicator Development Model' also distinguish between salutogenesis and pathogenesis as two differing analytical perspectives on health that influence the provision of services and the focus of research. These two perspectives are also evident within the literature on mental health more specifically. A pathogenic approach to mental health focuses on identifying risk factors which are related to mental illness, with a research aim of identifying and attempting to reduce those risk factors and hence reduce mental illness. A salutogenic approach to mental health, on the other hand, focuses on health resources and positive mental health. Mental health research informed by a salutogenic perspective attempts to identify factors that support developments towards positive mental health and increase these where possible, focussing on increasing strengths and resources rather than focussing on illness (Bauer et al, 2006). Health is considered to be positioned along a continuum, with individuals experiencing varying levels of risk and protective factors, influenced

by individual, social and environmental variables (such as individual skills and resources, level of social support available and physical living conditions) over time.

In addition to the distinction between pathogenic and salutogenic approaches to understanding mental health there are also different approaches to mental health development and intervention. These include preventative approaches and approaches which focus on mental health promotion, in addition to the direct treatment of individuals considered to have significant health needs. Within the field of mental health, preventative approaches focus on preventing the worsening of mental health difficulties or illness, or preventing them from occurring in the first place. Prevention can be both pathogenic and salutogenic in nature, with a dual focus on reducing risk factors (for example, reducing the occurrence of stressors for an individual who is demonstrating early signs of depression) and increasing protective factors (for example, developing the coping skills of an individual who is considered to be at risk of becoming depressed). Mental health promotion, on the other hand, is primarily salutogenic, focussing on developing positive mental health and identifying and increasing factors which are considered to promote positive mental health and wellbeing (Antonovsky, 1996).

Mental health promotion is therefore targeted at a universal level, following the assumption that health is situated along a continuum, with everyone having the ability to move towards becoming more healthy. Preventative interventions, however, can be targeted at different levels: they can be indicated, selective or universal. Indicated approaches target interventions at those individuals or groups in the target population

who are demonstrating mild or moderate levels of difficulty, in an attempt to prevent the development of more severe difficulties. Selective approaches target interventions at individuals or groups in the target population who are identified as being at risk of developing difficulties. Universal preventative approaches are made available to the whole target population regardless of their perceived level of need. Unlike, mental health promotion, universal preventative interventions can be aimed at reducing identified risk factors in addition to focussing on strengths and protective factors.

Government policy has supported the development of more comprehensive approaches to supporting the mental health of children through the provision of specialist treatment for those with recognised difficulties, alongside efforts to improve and maintain psychological wellbeing within the general population through preventative interventions (DofH, 2004; DfES, 2005). Government policy has also recognised the contributions that can be made towards this aim by all professionals working with children and families (DofH, 2004; DfES, 2005). Although a shift towards health prevention and promotion has documented advantages (DofH, 2004; DfES, 2005) it also poses some difficulties. In order to promote the mental health of the nation and increase factors that support positive mental health, there is a need to define what positive mental health is across different cultures and communities and identify how it is supported.

Literature presenting accounts of preventative interventions tends to focus on building skills at the individual level which are related to problem solving and coping

(Kimber et al, 2008; Stallard, 2010). It is suggested that all individuals experience difficult life events and experiences but it is their ability to cope and 'bounce back' that determines whether or not the adverse events present as risk factors to their mental health (Rutter, 1990). The concept of resilience is very much related to the notion of coping and so several preventative interventions have focussed on developing levels of resilience and increasing protective factors (Merrell, 2010). Although Antonovsky (1996) recognises a relationship between these individual skills or qualities and mental health, he argues that they are unhelpful in informing a theory of positive mental health (which would in turn inform interventions aimed at supporting positive mental health) as they are culturally specific constructs.

Antonovsky (1996) reviewed literature and research and suggested that 'generalised resistance resources' that appeared to support health and wellness were all related to a 'sense of coherence' (SOC) construct, related to the ability to perceive the world as comprehensible, manageable and meaningful. Whilst he acknowledged that SOC was related to coping skills he proposed that it was not a culture bound construct and so could be helpful in informing theory and intervention development.

Antonovsky (1996) argues that whilst there has been a shift towards health promotion, which he describes as 'the process of enabling people to increase control over, and to improve, their health' (p.12), research continues to focus on 'disease prevention' and risk reduction. Antonovsky (1996) is opposed to this orientation and asserts that is unethical to define individuals in terms of an illness or difficulty and focus attention on that. He argues that all individuals are capable of moving towards

becoming increasingly healthy and so should all have access to salutogenic, universal health promotion interventions. Whilst government documentation suggests there is evidence to support the effectiveness of a universal approach to mental health promotion and the prevention of mental illness (DofH, 2004; DfES, 2005), Antonovsky (1996) argues that due to limited funding and resources, preventative interventions tend to be targeted at those who are considered at risk of mental illness, rather than being delivered as universal health promotion strategies.

Harden et al (2001) conducted a systematic review of research regarding mental health promotion interventions aimed at young people and concluded that there was a lack of good quality research evaluating the effectiveness of mental health promotion. They also recognised that there was a significant lack of consultation with young people regarding the barriers to, and facilitators of mental health. This is something that could usefully be included in future studies. Another area that they highlighted for further research is the use of peer support strategies. Most studies reviewed focussed on evaluating the impact of adult-delivered interventions which do not draw on the readily available power of peer support. Consultations with existing groups of young people could usefully explore how they receive social support and in which contexts it is most effective. This information could be used to develop interventions aimed at strengthening the existing support provided by peers as part of the health promotion agenda.

A universal approach to mental health promotion and prevention of difficulties has been proposed as an effective approach (DofH, 2004; DfES, 2005). However,

studies tend to highlight a relatively small positive impact of universal interventions in comparison to interventions targeting individuals or groups identified as having or being at risk of developing mental health problems. Whilst these findings can suggest that it is more cost-effective to target those identified as being in most need of support, Reinke et al (2009) highlight the need to consider the evaluation methods and methodology that is being used. If evaluations focus on measuring short-term reduction in symptoms of mental health problems, then universal interventions aimed at promoting positive mental health in the wider population (the majority of whom do not have mental health difficulties) are likely to show small effect sizes, but this is not to say that these interventions will not have a significant positive impact on people's mental health in the long term as a preventative measure.

Merrell (2010) also emphasises the need to make use of strength-based measures (measuring positive qualities and improvements in health) when evaluating preventative interventions in addition to pathology measures (measuring extent of ill health), so that positive gains are recognised in addition to decreased risk factors. This highlights the need for carefully focussed evaluations, which make use of appropriate measurement tools and evaluate impact over the longer term. Merrell (2010) also discussed the need for social validity to be built into the development of prevention interventions, through gaining the views of stakeholders regarding the perceived importance and acceptability of the intervention aims, processes and outcomes. This is considered to be an important phase in the development of interventions as potential users will only use an intervention if they see it as something that meets their needs in practical ways.

With an increasing focus on health promotion and prevention interventions are being considered which aim to reach children and young people in their natural settings. Kazak et al (2010) state that to...

> '...intervene effectively and promote mental health, it is necessary to reach children in their natural settings, formulate interventions that fit into these contexts, and work in partnership with families and local communities' (p.87).

The growing emphasis on the community and social context as a protective environment for mental health, alongside the view that it is important to develop interventions in the contexts in which individuals are located, has led to increasing efforts to support children's mental health needs through school based interventions. A specific example of school based mental health promotion (TaMHS project) will be discussed further in the following section.

3. Overview of the national TaMHS project

The TaMHS project is a three year national pathfinder program, taking place in selected Authorities, 'aimed at supporting the development of innovative models of therapeutic and holistic mental health support' (DCSF, 2010, p.1), in order to demonstrate effective practice which can lead developments in other Authorities. It has been developed in light of the research discussed above that suggests that the incidence of mental health difficulties in young people is increasing and that specialist mental health support services continue to find it difficult to meet the needs of even those with the most significant difficulties (Naylor et al, 2009). Consequently some responsibility is placed on schools to meet the mental health needs of a significant

proportion of the children that are affected. However, research suggests that school staff require support to effectively meet the needs of pupils with mental health difficulties (Rothi et al, 2008).

Rothi et al (2008) conducted a study aimed at exploring teacher's experiences of the increasing demands placed on them in relation to meeting the mental health needs of children. They conducted in-depth interviews with teachers and found that there is a widespread perception by teachers that they are inadequately prepared to support children's mental health needs. The lack of confidence in school staff in meeting the mental health needs of children obviously has implications for school based mental health promotion and the need for a high level of external support. Further studies exploring the actual skill level (rather than perceived skill level) of school staff may be useful in determining the type of support required. If measures (such as audit tools) suggest that staff have the skills required to meet the mental health needs of children, then support needs to be placed on communicating these skills back to staff and developing interventions to support their confidence (supervision, reflection sessions) rather than develop their skills. Conversely, if measures suggested that the skill level was low then efforts should be focussed on awareness raising and staff training with a subsequent focus on building confidence and providing further support to maintain skill levels. This would also have wider implications for teacher training programs but further discussion of this is beyond the scope of this paper.

Studies exploring school based mental health support demonstrate that information sharing regarding mental health difficulties (Naylor et al, 2009) and direct contact with

people experiencing mental health difficulties (Pinfold et al, 2003) supports a reduction in stigma. This may have an additional positive impact, as not only may young people with mental health difficulties feel more supported in school with reduced stigma and experience of isolation, but they may also feel more able to access specialist support services. Naylor et al (2009) suggested that many individuals do not access appropriate specialist mental health support due to perceived stigma. If young people experience a reduction in stigma in school they may access services, make progress with specialist support and may be less reliant on school to provide support. Whilst this demonstrates the positive impact of reducing stigma, it does not provide information regarding effective methods of preventing mental illness or promoting positive mental health in schools. However, in a literature review, Brane et al (2004) concluded that there is a need for long term intervention and follow up, a need to take an ecological perspective and engage with families and the wider community, and to develop interactive interventions.

Government literature suggests that universal and preventative interventions are most effective (DofH, 2004; DfES, 2005) and has emphasised that all professionals working with children and young people have a responsibility to meet their mental health needs. The TaMHS project has been developed to bridge the gap between the existing facilities available in schools and the specialist support provided by health professionals and specialist CAMHS (Child and Adolescent Mental Health Service) workers. The approach taken by TaMHS is preventative and aims to develop universal, selective and indicated approaches (Stallard, 2010), in supporting the whole school population, those at risk of developing mental health difficulties and

those who are recognised as having mild to moderate mental health difficulties. TaMHS builds on existing strategies and frameworks including Social Emotional Aspects of Learning (SEAL) (DfES, 2005; 2007), Healthy Schools programme (DfES & DofH, 2004), and the Every Child Matters agenda (DfES, 2003).

The TAMHS project was launched in 2008 in 25 pathfinder Authorities and in 2009 a further 55 Authorities were recruited to be involved in the pilot project. In 2010 it is expected that the remaining 150 English Authorities will be involved in the project, developing maintainable support and intervention informed by the previous pathfinder Authorities (DCSF, 2010). The project involves collaboration between the Local Authority and Primary Care Trust, schools, school support services (including SEAL consultants, Healthy Schools consultants and Educational Psychologists) and mental health specialists (health workers, Clinical Psychologists and professionals working within specialist CAMHS). The aims of the project are outlined in Table 2 below.

Table 2: Aims of the TaMHS project (DCSF, 2009, p.5)

- Improve mental health outcomes for children and young people via interventions delivered through schools
- Test 'effective' models of early intervention work within school-based settings, which have a clear impact on improving mental health outcomes for children and young people at risk of mental health problems
- Integrate effective early intervention models as part of wider local authority and PCT systems of assessment, referral and intervention work within targeted support services and specialist CAMHS
- Understand the factors promoting successful implementation of the effective models at a strategic and operational level so that these lessons can be

further rolled out • Understand the barriers (structural, cultural, financial and professional) to the successful implementation of effective models of work in schools at strategic and operational levels

The TaMHS project takes a particular approach to the potential impact of school-based mental health support. It takes an ecological perspective (Bronfenbrenner, 1979) on behaviour and mental health needs and seeks to support these through confidence and capacity building in schools.

> 'TaMHS emphasises an ecological approach to promoting mental health, where children's strengths and needs are viewed in the context of the environments and structures they are part of (family, peer group, class, school, wider community) – not simply in relation to the child themselves' (DCSF, 2008, p.4).

So, it attempts to move away from a within child, deficit perspective of mental health and aims to support children's mental health through intervention focussed at each ecological level; the individual child, the home/family context and the wider community/environmental context, as has been suggested in the research literature (Weare, 2000; Brane et al, 2004). The TaMHS project aims to provide support to schools in meeting the mental health needs of children not only through the use of targeted interventions but also through developing staff skill and confidence to support long term sustainability.

> 'One of the aims of the TAMHS project is to bring more practitioners with mental health expertise into schools to help staff develop their skills and confidence in identifying and supporting children with mental health needs' (DCSF, 2008, p.3).

The TaMHS project attempts to support these aims through encouraging the application of evidence-based practice, encouraging collaborative working and through evaluating the impact of interventions to inform a sustainable approach to mental health prevention and promotion. Evidence-based practice, collaborative working and the use of evaluation are considered in turn below.

The DCSF (2008) highlights the need for practitioners to consider evidence-based practice alongside professional judgement, experience and expertise. It encourages the commissioning of targeted interventions that have a robust evidence base and emphasises the use of randomised controlled trials (RCT) and comparison studies. They suggest that studies involving control groups can better identify whether it was the nature of the intervention or other variables that have resulted in outcomes experienced. However, they also note that caution must be used when interpreting evidence as RCTs tend to be conducted on samples that are not necessarily representative of the general population of people experiencing mental health difficulties. Although co-morbidity rates tend to be high for many clinically diagnosed conditions, studies tend to recruit samples who have only one diagnosed condition and who often experience low level difficulties (DCSF, 2008). Therefore findings for this sample may not be representative of the interventions that are effective for the general population of people experiencing mental health difficulties.

Research evidence which is considered to be less scientifically reliable can often have higher ecological validity (Barry & McQueen, 2005). For example, case studies of interventions for individuals may not use scientifically robust methodology, with the

use of random allocation to treatment groups and/or the use of control conditions, but they do explore the effectiveness of interventions for individuals situated in the complex systems with the other variables acting on them, representing a real life application of interventions. Rarely are interventions implemented in the standardised way in which they were originally developed and evaluated, often having low fidelity validity, therefore research evidence that is deemed to be less rigorous might actually provide more useful data to inform future application of interventions. It is considered that evaluations utilising Realistic Evaluation principles may be effective in identifying the contexts in which certain interventions are most likely to have the planned effect (Pawson & Tilley, 2001). Process evaluations such as Realistic Evaluation would also identify the processes or mechanisms within the interventions that are most supportive of outcomes, allowing them to be adapted and streamlined (Hilt-Panahan, 2007).

In a review of evidence regarding effective interventions to support children and young people with mental health difficulties, Wolpert et al (2006) suggest that 'evidence-based practice is the integration of individual practitioner expertise with the best available external evidence from systematic research in order to reach decisions about client care' (p.5). They emphasise that decisions about the use of interventions need to be informed by the individual in their context, the service context, costs, evidence of benefit and comparisons with other available interventions. They advocate continued systematic research and enquiry into effective interventions alongside professional judgement about which interventions are effective in which contexts. As research evidence alone does not predict efficacy

of interventions, there remains a degree of responsibility on the professional to make well informed, ethical and cost effective decisions. Wolpert et al (2006) also highlight the lack of research into the efficacy of particular types of intervention but suggest that this does not necessarily mean that they are not worthy of further exploration.

Another focus of the TaMHS project is on collaborative working to support positive outcomes for all children including those with, and at risk of, mental health difficulties. Working in partnership was identified as a challenge by many of the phase one pathfinder Authorities. In a review of the effectiveness of the phase one pathfinders the DCSF suggested that developing strong relationships between the strategic and operational professionals in the early stages of the project supports effective partnership working, as does clear communication about the purposes of the project and the role of different professionals to all stakeholders from the outset (DCSF, 2009). Educational Psychologists are skilled in effective communication and have training in consultation and the use of frameworks to support collaborative working (Wagner, 2000; Woolfsen et al, 2003), and so are likely to be supportive of effective partnership working.

The DCSF (2008) recognises that different professional fields use different language and terminology and have different ways of understanding mental health difficulties;

> '...some practitioners from education and social care backgrounds can feel uncomfortable using what they see as 'medicalised' language' (DCSF, 2008, p.8).

They talk of differences between mental health professionals, educational professionals, social care professionals and youth justice professionals, all of whom may be supporting the mental health needs of children and providing support to them and their families. In order for these different services to meet the needs of children and families there is a need for joined up working, avoidance of duplication and careful planning and evaluation through the use of a shared understanding of mental health and mental health difficulties. It is not only essential that different professional groups develop a shared understanding of the language used but that this is accessible to children and families so that a consistent approach is taken.

With an increasing move to multi-agency and collaborative working across many professions there are increasing accounts of factors that inhibit and enable effective multi-agency working (Leadbetter, 2006). Leadbetter (2006) provides an account of the application of Activity Theory to understand the processes that have an impact on teams when they move towards multi-agency and collaborative working. Leadbetter (2006) suggests that practitioner's can often feel that their professional identity is threatened when working with new groups and suggests that there is a need to establish role boundaries and clear management structures.

Freeman et al (2000) discuss the impact of different philosophies of team work on multi-agency working. They suggest that individuals coming together to form a new team can either adopt a directive approach in which they seek a hierarchical structure, with an identified individual taking the lead, or an integrative approach where there is a commitment to team work and an understanding of role boundaries.

Or thirdly, Freeman et al (2000) suggest individuals can take an elective approach, mostly working autonomously and continuing with previous patterns of work despite a change in team. Freeman suggests that these individuals will work collaboratively only when they perceive a need.

The DCSF (2009) review of the phase one pathfinder projects highlights potential challenges to partnership working stating that...

> ...'there have been considerable challenges connected to mutual understanding of different organisational cultures in health and education' (p.27).

Educational Psychologists with their understanding of the education system, child development, and social and emotional needs may be in a position to support partnership working by providing a bridge between the different organisational cultures that exist within health and education. However, Pavis et al (2003) also highlight the need for a systematic approach to researching effective multi-agency working. They highlight the lack of process orientated evaluations of practice and suggest that these could be useful in identifying the processes and contexts that are supportive of effective collaborative working. This may be where Educational Psychologists could contribute their knowledge of organisational change and research methodology to support teams to identify effective ways of working.

The TaMHS project is also concerned with evaluation of impact to inform the future development of sustainable and effective interventions across Authorities. The impact of the project is being measured through use of the 'Me and My School' three year independent evaluation led by the University College London. This will measure

the impact overall and also at the Local Authority level. Within Authority evaluations have been negotiated within the different Authorities.

Merrell (2010) in his review of the Oregon Resiliency Project highlighted the need for careful consideration of evaluation design. He argued that many evaluations of the effectiveness of interventions aimed at supporting positive mental health, involve use of tools to measure knowledge gains or changes in understanding in health and social and emotional behaviours. Although Merrell (2010) does not deny the importance of knowledge gains, he warns that knowledge gains are not necessarily an accurate predictor of behaviour change or increases in social and emotional functioning. There is a need for robust but ecologically valid evaluations of the interventions that are used to ensure that evidence-based practice is employed where possible. Barry & McQueen (2005) promote the use of collaborative enquiry to develop knowledge of the efficacy of interventions in context. Again, Educational Psychologists with their training in research and evaluation may be able to contribute to the development of evaluations in the field of mental health promotion in schools.

Although TaMHS is a national project and takes a particular approach to supporting the mental health needs of children through schools, with a consistent focus on prevention of mental illness, applying evidence-based practice, collaborative working, and evaluation of impact, there is a wide variation in the models used across Authorities. An outline of the approach taken by a Midland Authority in which the Trainee Educational Psychologist is employed is provided below.

4. Local context of TaMHS

The Midland Local Authority in which the Trainee Educational Psychology works was a phase two pilot project, launched in April 2009 with funding until March 2011. Nine schools within the Authority have been selected to take part in the project, two mainstream secondary schools, one special primary school (for children with social, emotional and behavioural difficulties) and six mainstream primary schools. The schools that were selected had received a green RAG rating (Red rating suggesting that the initiative had not yet been introduced, Amber rating suggesting the initiative was introduced but not yet embedded, and Green rating suggesting the initiative was embedded in school practice and ethos) for SEAL by the SEAL consultants (suggesting that SEAL was embedded in the school), had achieved the Healthy Schools Status (suggesting that the school was committed to supporting the healthy development of children) and had confirmed their commitment to being involved in the project (Head teacher agreement and member of the Senior Leadership Team allocated to take the lead role in school).

The non-school based professionals involved at an operational level included three Educational Psychologists (including one senior Educational Psychologist, one main grade Educational Psychologist and one Trainee Educational Psychologist), a Healthy Schools consultant, two SEAL consultants (primary and secondary), one Clinical Psychologist and a Young People's Health Advisor. In addition to these, an administration post was created to meet the administrative needs of the project. Due to recruitment difficulties, a project manager was recruited from an adult mental

health support background, part way through the project. The project manager co-ordinated the operational group, managed the budget and was involved in direct delivery of interventions.

The DCSF, in their review of the Phase One pathfinders (2009), suggested that there were four typologies of TaMHS approaches. Although they note that these are not exhaustive due to the wide variation in development of the project in different Authorities they suggest that the four typologies provide a useful account of the main approaches used. These are summarised in Table 3 overleaf.

The DCSF (2009) is clear that these four typologies do not cover all of the specific approaches that different Authorities take to the TAMHS project. Indeed, it is difficult to allocate the Midlands Authority's approach, which is the focus of this paper, to any one of the typologies outlined in Table 4. It is perhaps most representative of the 'needs assessment approach' as a baseline audit was carried out in schools to measure the level of skill and confidence staff have in recognising and supporting the mental health needs of children. This was then used to inform the planning of targeted interventions.

A brief outline of the basic structure of the local TaMHS project, as applied to a Secondary school with which the Trainee Educational Psychologist was working, is summarised in Table 4 overleaf. Although this is the basic structure which was used to inform planning in each of the selected schools, there was some variation in the

project delivery in the other schools due to differences in structure, timetabling and staffing.

The model summarised in Table 4 is then elaborated descriptively to give an account of the intervention, which is then subjected to a theoretical critique in the following main section (Section 5) of this report.

Each school was involved in a similar process whereby they received initial whole school training, whole school planning, further focussed planning involving the TaMHS links and the school focus group and the commissioning of interventions related to the school's identified needs. The Educational Psychologists had a limited amount of time committed to the project, due to the constraints of working within a time allocation model. Educational Psychologists were primarily involved in the initial whole school training, and the focussed planning meetings, but had little capacity to be involved in the commissioning of services and the implementation and evaluation of the commissioned interventions.

The whole school training aimed to raise awareness of mental health needs and develop staff confidence, as is advocated by Rothi et al (2008). The staff training also involved the sharing of a DVD which was developed with young people to provide an insight into the lives of people with mental health difficulties. Pinfold et al (2003) in their work with young people suggest that direct contact with people experiencing mental health difficulties can help reduce stigma and increase understanding. Although the DVD did not provide direct contact it did provide an

insight into the lives of people with mental health difficulties and it was suggested that it could be shared by staff with young people. At the point of writing this paper, there was no evidence of school staff sharing the DVD with young people.

Table 3: Overview of the four typologies of TaMHS approaches with the rationale for choice and anticipated outcomes based on the phase one pathfinders (taken from DCSF, 2009, p.11-14).

Typology:	**Description:**	**Rationale:**	**Expected outcomes:**
Modified CAMHS in schools	Pathfinders build on existing processes and models existing in schools or CAMHS teams, for example developing CAMHS outreach into schools and communities, and CAMHS workers supporting development of skills and interventions in school.	Where there are strengths recognised in existing CAMHS services but there is a need to bridge the gap between specialist services and the natural contexts of the child	Reducing stigma related to access to mental health services by bringing them into the school/community. Increasing access to specialist services. Increasing confidence of school staff – better links and signposting.
Building on whole school approaches	Where pathfinders already had mental health workers working within schools and recognised a need for further developing services	Where there is a recognised need to further develop whole school universal services (e.g. SEAL), but where there is already contact between mental health workers and	Strengthening of whole school universal approaches to supporting positive mental health. Promoting sustainability of

	within schools.	schools.	developments in provision by ensuring a solid foundation.
Multi-level approach delivered in schools	Development of a multi-tiered approach for supporting children with different levels of need (with a focus on developing whole school approaches, targeted group interventions and 1 to 1 support for children with significant needs).	Where it is thought to be useful to provide targeted services, dependent upon different levels of need, and where both preventative and intervention is considered useful.	Identification of children in need of a high level of support. Highly targeted interventions for groups and individuals. Support provided by school staff, mental health specialists and the voluntary sector.
Needs assessment to inform school commissioning needs	Where schools assess the level of need through whole school audits in relation to the level of provision currently provided. Where there is a need for further provision, project teams support schools in commissioning appropriate interventions to improve outcomes	Where the level of need and the current level of provision is not known. Where there is support to ensure that it remains outcomes-driven rather than services-driven. Where schools have support to	School may build capacity through working with commissioned services. Schools have clear identification of level of need and need for developments in provision. Risk that schools rely on commissioned services to meet

	for children.	commission services.	need rather than use it build their capacity for long term development.

Table 4: Outline of structure of local TaMHS project in one Secondary school

Stage:	**What it involved:**	**Who is involved:**
1	Identification of link professionals from TaMHS team for school (schools allocated Trainee Educational Psychologist, Clinical Psychologist and Secondary SEAL co-ordinator were links for this school)	Project manager to co-ordinate and inform schools of link contact
2	Identification of lead practitioner in school	Link contacts (including TEP) to liaise with schools
3	Identification of school focus group (included Assistant head with pastoral responsibility, members of the pastoral team, staff from the inclusion team and interested staff from other departments)	School lead to co-ordinate
4	Agree training days (school to commit a whole INSET day or equivalent whole school training time). For this school, two twilight sessions were used	Link contacts (including TEP) to liaise with school lead
5	Negotiate agenda for training day (it was agreed that training would focus on information sharing about specialist services and referral systems and an introduction to resilience and how to support it in school)	Link contacts (including TEP) to liaise with school lead
6	School staff to complete and return whole school skills audit (local evaluation) (See Appendix 1) Children, parents and staff in selected year groups to complete national online questionnaire (Me and My School, national evaluation)	School lead to co-ordinate and liaise with TaMHS admin

7	Delivery of whole school training focussed on: (see Appendix 2 for the agenda for training sessions) • communicating aims of TaMHS • communicating links between TaMHS and existing strategies (SEAL, Healthy Schools) • providing an insight into lives of people with mental health difficulties • developing shared understanding of mental health on a continuum (see Appendix 3 for presentation) • developing shared responsibility for young people's mental health (see Appendix 3 for presentation) • developing an understanding of resilience and how to promote it (see Appendix 3 for presentation) • sharing information regarding specialist mental health services and signposting (see Appendix 3 for presentation) • feeding back information from whole school audit (see Appendix 4 for results summary) • use audit feedback to plan areas for targeted interventions and support (see Appendix 5 for detail regarding planning activity) School staff to complete baseline questionnaire (to be repeated at follow up) (see Appendix 6 for questionnaire)	Clinical Psychologist Secondary SEAL co-ordinator Clinical Psychologist Trainee Educational Psychologist Trainee Educational Psychologist Trainee Educational Psychologist Trainee Educational Psychologist Trainee Educational Psychologist

		Trainee Educational Psychologist to lead, school staff to complete activity
8	Planning meeting to agree focus for targeted interventions (see Appendix 7 for proforma for planning meeting and Appendix 8 for completed planning proforma showing agreed target areas for intervention)	Link contacts (including TEP) and school focus group
9	Use of Pupil Attitude to School and Self (PASS) questionnaire to act as baseline and inform targeted interventions	School lead to co-ordinate
10	TaMHS team to explore possible training/support/services to commission to meet school's needs as discussed in planning meeting (see stage 8)	Link contacts (not including TEP) and project manager
11	Follow up planning meeting to confirm commissioned services and agree dates for training, delivery of interventions etc. Agreed school staff would be trained in delivering Triple P parenting programme	Link contacts (not including TEP) and school focus group
12	Staff training to deliver interventions	TaMHS team and selected school staff
13	Interventions delivered (CBT group work for Year 7 to support transition, 1:1 support from Young People's mental health advisor for young people with significant mental health needs)	TaMHS team and selected school staff
14	Completion of midpoint local evaluation (PASS & staff questionnaire) and national evaluation (Me and My School)	School lead to co-ordinate and liaise with TaMHS admin
15	Continued implementation of interventions	TaMHS team and selected school staff
16	Impact of interventions evaluated through locally negotiated methods. Project	TaMHS team in liaison with schools.

	manager to agree evaluation methods and liaise with Clinical Psychologist regarding analysis	Clinical Psychologist to analyse data and feedback
17	Planning for sustainability	TaMHS team and school focus groups, co-ordinated by Project manager

A large proportion of whole school staff training (in this case delivered by the Trainee Educational Psychologist) focussed on developing an understanding of resilience and how it can be supported (see Appendix 3 for details regarding the training presentation). Resilience has been associated with the ability to bounce back and cope despite adverse conditions and there is literature available which documents attempts to develop resilience in an aim to promote positive mental health (Merrell, 2010).

At the planning stage, schools were supported to explore whole school needs as well as more targeted needs (informed by the staff skills audit), but the focus tended to remain on targeted interventions rather than whole school development. As the Trainee Educational Psychologist was an existing partner to the school they were in an effective position to encourage school staff to consider their needs for targeted interventions in relation to ongoing broader development needs and trends in pupil need. For example, in the current case, the school was supporting an increasing number of children with needs relating to anxiety, who were finding the transition to a large secondary school very difficult. This resulted in the commissioning of groupwork for Year 7 children who were identified by the feeder primary as being anxious (see Appendix 8).

The Trainee Educational Psychologist also supported reflection on the difficulty a high proportion of staff were having in meeting the needs of children with social communication difficulties and needs associated with the Autism Spectrum. The TaMHS team agreed that the most cost effective method of meeting this identified

need would be for the school to use some of the Trainee Educational Psychologist's allocated time to deliver whole school awareness raising and training in the following academic year (see Appendix 8). Although the two interventions discussed here were related to the audit and school's identified needs, other services that were commissioned were not (staff training to deliver the Triple P parenting programme). It appeared that due to time pressures and the need to use the allocated budget and implement interventions to have an impact within a specified time period, there was a tendency to commission the same services for all schools. A greater emphasis appeared to be placed on commissioning evidence-based interventions (for example the Triple P programme), rather than on commissioning interventions closely related to identified need and context.

In addition to the national 'Me and My School Evaluation' a local evaluation was negotiated with the selected schools and the TaMHS team. This consisted of all teaching staff within the selected schools completing a skills audit at the beginning and end of the project, and selected pupils completing an online questionnaire (Pupil Attitudes to Self and School, Williams et al, 2009), again pre and post intervention. In addition, evaluations of the targeted interventions were also negotiated, again based on a questionnaire format. The planned evaluations were therefore predominantly focussed on measuring the impact of selective and indicated interventions.

Although the staff skills audit was to be repeated pre and post intervention, this measured staff perceptions of the school's ability to meet the mental health needs of

young people, neglecting measures of actual practice or young people's perception of the support provided by the school. Indeed, all of the evaluations were based on self report questionnaires¸ a method which is practical to deliver in large quantities but produces data of questionable validity. The desire for respondents to provide responses which are expected and the difference between reported behaviour and actual behaviour pose threats to the validity and reliability of evaluation data. The Educational Psychologists were not involved in the development of the evaluation methods or the analysis of data (Clinical Psychologists took the lead) but it is suggested that the focus on research skills within the professional training could mean that they are well placed to contribute to the evaluation process.

5. Reflection on Local TaMHS project

This paper now goes on to reflect on the local TaMHS project described above in relation to the principles of the national TaMHS project, particularly in terms of the use of an ecological approach to meeting mental health needs and promoting positive mental health, the implementation of evidence-based practice, the development of effective multi-agency working to support positive mental health in schools and the evaluation of impact to inform sustainable effective interventions. Although baseline measures had been completed, at the time of writing this paper no follow up measures had been completed and so the following reflections on the local TaMHS project are based on the Trainee Educational Psychologist's perceptions.

Although the approach taken by the Midland Authority has considered the need for sustainability and evidence-based practice (as encouraged by the DCSF, 2009), it has perhaps neglected the development of whole school mental health promotion approaches as would be supported in the 'building on whole school approaches' outlined in Table 4. There is evidence to suggest that there is a need for whole school approaches alongside targeted interventions and for approaches that focus on the development of a protective school culture and ethos, with a focus on staff-child relationships and effective teaching (McLaughlin, 2008; Herman et al, 2009). The DCSF (2009) review of phase one pathfinder projects suggests that...

> ...'there is varying promotion, in schools, of universal services which aim to increase preventative strategies and help to lessen the need for targeted intervention in the future' (p.23).

They present a range of reasons for this including the possibility that schools may not feel they have the capacity to deliver large scale preventative interventions or they may recognise that the children with high level mental health needs who are not receiving or accessing appropriate support from specialist services are the priority for support. Alternately, it may be that school staff believe they already have appropriate universal provision in place to promote positive mental health and have identified more targeted interventions for children displaying mental health difficulties or at risk as an area in need of development.

The local TaMHS project was perceived to adopt an ecological approach as advocated by the DCSF (2008), as the whole school training and awareness raising aimed to support reflection on mental health support at the individual, home/school

and community levels through the introduction of factors to promote resilience (see Appendices 2 and 3). The presentation of the DVD within the whole school training also supported a universal approach, promoting change at the school and community level, encouraging an inclusive ethos. The focussed planning that took place after the whole school training and planning also considered development needs at the school level as well as considering targeted interventions for groups experiencing or at risk of mental health difficulties (see Appendix 8). Reflections also suggest that the local TaMHS project considered health promotion in addition to illness prevention (Antonovsky, 1996), as again the whole school training regarding resilience was introduced as a way of supporting positive mental health across the whole school population, drawing on both a salutogenic and pathogenic approach (Bauer et al, 2006). However, the focus tended to remain on illness prevention, with evaluations also focussing on measuring the impact of targeted interventions.

In the Midlands Authority it is considered by the Trainee Educational Psychologist that the strategy for introducing the project to schools has led to the focus on targeted interventions. The whole school training was seen as a vehicle for raising awareness amongst the whole school staff team and the subsequent planning stages based on the whole school audit were focussed on specific areas in need of targeted intervention. The emphasis in further planning meetings was on ensuring that the school was accessing the interventions that had already been commissioned for other schools (in terms of getting their share of the budget), therefore adopting a rather generic approach to targeted interventions, rather than looking very closely at the individual needs of the school. It is suggested that while this approach

emphasised the use of evidenced based practice, it did not consider the needs in context and did not consider a pragmatic and needs-based approach to intervention taking account of the need for social validity as Stormont et al (2010) and Merrell (2010) suggest.

So, it is considered that the local TaMHS project placed an emphasis on commissioning and implementing evidence-based interventions (including the Triple P parenting programme). However, Wolpert et al (2006) emphasise that evidence-based practice is the integration of professional expertise and external systematic research and evaluation. The reflections of the Trainee Educational Psychologist involved in the local project suggests that the emphasis was on commissioning interventions with robust research evidence rather than on the specific needs or context. Although evaluations of the impact of these evaluations are not yet complete, it will be important to consider the fidelity of the interventions in terms of implementation and the impact this has on outcomes.

Within the local TaMHS project a multi-agency team was established to support the development of the project in the selected schools. Each school was assigned link contacts, which consisted of a smaller multi-agency team, comprising their allocated Educational Psychologist, a mental health professional (Clinical Psychologist or Young People's Health Advisor) and either a Healthy Schools co-ordinator or SEAL co-ordinator. Ensuring that a range of professionals were directly supporting the project in schools was considered to be supportive of a multi-agency approach. However, the unbalanced amount of time that each service/professional group could

commit to the project resulted in health professionals taking greater responsibility for communication with schools and supporting the commissioning of targeted interventions. Leadbetter (2006) suggested that practitioner's can often feel that their professional identity is threatened when working with new groups and suggests that there is a need to establish role boundaries and clear management structures. Reflection on the local TaMHS project suggests that the identification of link contacts from the outset did support clear role boundaries and an understanding of individual responsibilities.

The allocation of link contacts also supported the development of what Freeman et al (2000) describe as an integrative approach, where there is a commitment from all team members to work together in partnership. This however, does require a time commitment from each partner to ensure shared responsibility and equality of contribution. This is something that the selected schools found difficult. Schools tended to allocate the lead role to a member of the senior leadership team which was effective in terms of decision making and influence, but was a barrier in terms of the time available. In terms of long term sustainability it will be important for all services or partners to negotiate an agreed proportion of time to commit to partnership work aimed at supporting the mental health needs of young people in schools.

Merrell (2010) emphasises the need to consider appropriate evaluation methodology when measuring the impact of health promotion interventions. This is relevant to evaluating the impact of the whole school training regarding resilience that was developed as part of the TaMHS project. It is considered to be important to measure

the impact of health promotion interventions through measuring increases in positive skills and qualities that support positive mental health rather than a sole focus on measuring reductions in risk factors (Merrell, 2010). There are no plans within the local TaMHS project to measure levels or perceived levels of resilience, or gain young people's views on how their resilience is supported in school. It may have been useful to use purposive sampling to identify a group of young people of varying ages and representative of the schools population (in terms of gender, ethnicity, special needs and disability) to gather data from (for example, through the use of staff and parent surveys and through interviews or focus groups with the young people themselves). Merrell (2010) also emphasises the need to consider the social validity of interventions, to ensure that they are practical and considered beneficial. Again this is not an aspect of evaluation that has been incorporated into the local TaMHS project. Educational Psychologists, working in partnership with schools and having training in research and evaluation methodology may be well placed to support the longer term evaluation of interventions and approaches to supporting the mental health needs of the children and young people they work with.

6. Conclusions

An increasing proportion of the school population is thought to be affected by mental health difficulties (Office for National Statistics, 2005). This has an impact on both the academic performance (attendance, attainment, motivation) of children and on their long term outcomes. Naylor et al (2009) propose that schools are relied upon to meet the mental health needs of many children due to the low uptake of specialist

support because of stigma related to mental health, the limited specialist resources available and the under identification of needs and referrals. The local TaMHS project is perceived to address concerns regarding poor identification of need and signposting through whole school training and awareness raising. Although follow-up measures of staff knowledge and confidence have not yet been completed, initial reports suggest that the training was effective in increasing confidence and awareness of mental health needs and the support available.

Through building staff confidence and skill in meeting the mental health needs of children and young people, the gap between schools and specialist services is narrowed and the difficulties associated with the limited specialist services are partly addressed. However potentially, increasing awareness of needs and knowledge of referral routes could increase referrals to specialist services and create a greater shortfall. In addition, the implementation of targeted interventions in schools requires careful monitoring and supervision that may need to be provided by mental health professionals. Educational Psychologists may be able to commit time to supporting the sustainability and longer term evaluation of interventions through group consultation with staff trained to deliver the interventions in schools. This would provide external support and guidance without relying on the commitment of a significant amount of time from external services and would ensure that ownership remained with schools.

The local TaMHS project has very much been school-based and interventions, other than offering a parenting programme, have not extended out into local communities.

Therefore the influence of stigma on access to mental health support has not been addressed through this project. Although the DVD shared with staff as part of the whole school training was intended to be shared with children and young people, there is currently no evidence to suggest that this has been done. It may therefore be important for professionals working with schools to encourage information sharing about mental health and support services with children, young people and the wider community.

Although the Children's Plan (DCSF, 2007) found evidence for the efficacy of universal prevention programmes directed at whole populations, the local TaMHS project has focussed on implementing targeted interventions adopting a pathogenic approach to intervention. Antonovsky (1996) suggests that it is unethical to only focus intervention on those who are identified as being at risk or as having a mental illness or difficulty. However, he recognises that this is often the case due to limited funding and resources. TaMHS funding could perhaps have provided an opportunity to explore the potential impact of universal, health promotion programmes that aim to support positive mental health across entire populations, however, this was not the case in the local project. Educational Psychologists, as existing school partners may be well placed to offer support and challenge regarding mental health and could encourage schools to consider their role in supporting positive mental health through planning meetings and ongoing consultation.

Reflections suggest that the approach to evaluation within the local TaMHS project was effective in highlighting effective interventions to guide future funding and

resource allocation. However, the lack of process evaluations (and a focus on outcome evaluations) resulted in a limited understanding of how best to implement the commissioned interventions and how best to support schools in meeting the mental health needs of children and young people through a multi-agency approach.

The reflections suggest that Educational Psychologists have much to offer in supporting schools to meet the mental health needs of children and young people. In the current context Educational Psychologists supported an ecological and salutogenic approach to intervention (Bauer et al, 2006) through whole school training regarding mental health and resilience. They also supported an ecological approach to intervention by encouraging the identification of needs at a whole school level, taking account of trends in pupil need and staff development. It is proposed here that Educational Psychologists, given time, could also support sustainable interventions through offering group consultation as a way of problem solving difficulties without the reliance on a high level of support from external services. It is also suggested that Educational Psychologists could support in the evaluation of interventions and approaches to supporting positive mental health, considering increases in positive skills in addition to reductions in risk and symptoms, as well as considering evaluations of process and implementation in addition to outcomes in order to inform a sustainable approach.

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Appendix 1 – School skills audit

Whole-School Approach to Promoting Mental Health: TaMHS Questionnaire

This questionnaire will form part of the evaluation of the *'Promoting Positive Mental Health in Schools'* and Targeted Mental Health in Schools (TaMHS) project to take place during 2009-2011. The questionnaire asks about several different aspects of school functioning that relate to the promotion of mental health and well-being for pupils, staff and the wider community.

The purpose of the questionnaire is to obtain a baseline measure of whole-school approaches to the promotion of mental health and well-being and to assess knowledge and experience of mental health in children. Each school will be able to use the results to benchmark their current activities, plan and develop goals for future work, and compare progress to the baseline assessment. All staff members attending a TaMHS INSET day will be asked if they can complete this questionnaire. We intend to ask you to complete similar questionnaires in the future to help us evaluate the effectiveness of the training over the longer term.

All responses you give will be anonymous - your name or other personally identifiable information will not appear in the final evaluation. Neither other course participants nor your employer/school will find out your individual results (a summary, based on the results of all participants will be available). Your personal information (on page 2) will be separated from the remainder of the questionnaire, and you will have a special respondent code allocated to your questionnaire. Only the researcher analysing the questionnaire will know who you are and all information will be kept secure and confidential at the University for analysis.

Completion of this questionnaire is **voluntary**, and should you decide not to answers the questions, this will, in no way, affect your attendance on the INSET day. If you do complete the questionnaire, you can always withdraw from the evaluation at a later stage by contacting the person below.

If you do decide to complete the questionnaire, then answer all questions as honestly as you can and place and seal your answers into the attached envelope; return it to the school office by **Monday 6th July**.

If you have any questions about completing this questionnaire, please telephone or email , who will be pleased to assist.

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(for official purposes only) - Baseline

Please complete all sections below. This sheet will be detached from your answers to the rest of the questionnaire.

Please indicate your <u>consent</u> to completing the questionnaire by responding to the four questions below:

1. I have read and understood the information above. I have asked any questions that I may have had and they were answered to my satisfaction. → ☐
2. I understand the nature and purpose of the evaluation. → ☐
3. I understand that all information I provide will be treated confidentially. → ☐
4. I consent to the information that I provide contributing to the evaluation of the '*Promoting Positive Mental Health in Schools*' INSET day. → ☐

Name (print): _____ Signature: _____

Date: _____

Date of Birth (dd/mm/yyyy) ____/_____/_____

Male ☐ Female ☐

What is your current role/title? _____

For which school do you work? _____

How long have you been working in your current role? (please tick only one)

☐ Less than one year ☐ 1-2 years ☐ 3-4 years ☐ 5-6 years ☐ 7+ years

Ethnicity (please tick as appropriate):

White British
1. British ☐
2. Irish ☐
3. Any other White background ☐

Black or Black British
4. Caribbean ☐
5. African ☐
6. Any other Black background ☐

Asian or Asian British
7. Indian ☐
8. Bangladeshi ☐
9. Pakistani ☐
10. Any other Asian Background ☐

Mixed
11. White & Black Caribbean ☐
12. White & Black African ☐
13. White & Asian ☐
14. Any other Mixed background ☐

Other Ethnic Group
15. Chinese ☐
16. Any other Ethnic group ☐

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answers - indicate what you think is most appropriate for your school at the current time.

SECTION A: School culture, atmosphere, ethos	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. My school celebrates all members of the school community	1	2	3	4	5	6	7
2. My school celebrates children and young people	1	2	3	4	5	6	7
3. Children and young people in my school feel valued	1	2	3	4	5	6	7
4°. My school's culture fails to support pupils' spiritual, moral, social & cultural development	1	2	3	4	5	6	7
5. Teachers/staff in my school feel supported by colleagues in managing difficult day-to-day events	1	2	3	4	5	6	7
6. Parents are made to feel welcome	1	2	3	4	5	6	7
7. My school gives thought to those who might feel left out (e.g., children with physical/learning difficulties, refugee children)	1	2	3	4	5	6	7
8. There is a consistent and fair application of policies such as anti-racism and anti-bullying	1	2	3	4	5	6	7

SECTION B: Leadership and management	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1°. My school does not consider mental health promotion as contributing to school improvement	1	2	3	4	5	6	7
2. Mental health promotion measures are included within my school's development plan	1	2	3	4	5	6	7
3. The head teachers/governors/managers support mental health promotion initiatives in my school/organisation	1	2	3	4	5	6	7
4. Professional development plans include training in PSHE and citizenship for all staff	1	2	3	4	5	6	7
5°. Only teaching staff are included in decision-making and implementing whole-school policies	1	2	3	4	5	6	7
6. Staff treat each other with respect and kindness, modelling the behaviour they expect from pupils	1	2	3	4	5	6	7
7. School Management Team members (or managers in my organisation) take care to present positively information given to teachers/staff on new initiatives & requirements from outside bodies	1	2	3	4	5	6	7

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SECTION C: Teaching and learning styles	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. The classroom climate is respectful and participative	1	2	3	4	5	6	7
2. Teachers are aware of different teaching styles, and how they can be used to design lessons that will match the learning styles of a wide variety of pupils	1	2	3	4	5	6	7
3°. In lessons/activities, little consideration is given on how to meet individual pupil's special educational/learning needs	1	2	3	4	5	6	7

SECTION D: Policy Development	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1°. My school has yet to develop policies to encourage social inclusion & participation	1	2	3	4	5	6	7
2. My school has mechanisms for involving the whole school community in policy development such as including pupils and parents	1	2	3	4	5	6	7
3. Policies clearly define roles and responsibilities for each part of the school community/organisation	1	2	3	4	5	6	7

SECTION E: Curriculum Planning	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. My school's PSHE curriculum covers mental health, social skills, communication skills, grief and loss, racism and bullying	1	2	3	4	5	6	7
2. In my school, physical education is used to teach the value of co-operation and teamwork and to promote good health	1	2	3	4	5	6	7
3. My school uses aspects of mental health promotion across the curriculum	1	2	3	4	5	6	7

SECTION F: External Agencies	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. My school takes advantage of a range of resources (e.g., school health advisors, healthy school team) when planning the curriculum and developing policies related to emotional well-being/mental health	1	2	3	4	5	6	7
2. Staff know which other agencies/local services to contact should they be concerned about the mental health and well-being of pupils	1	2	3	4	5	6	7
3°. Local referral processes for children & young people with mental health issues are still an area of great confusion and misunderstanding for my school	1	2	3	4	5	6	7

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SECTION G: School/Organisation Environment	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1°. My school has hidden areas where children and young people could be bullied	1	2	3	4	5	6	7
2. My school has both spaces for boisterous play and ball games and quieter spaces elsewhere	1	2	3	4	5	6	7
3. Children/young people can approach adults or older peers if they feel uncomfortable or frightened at break times or on their way to and from my school	1	2	3	4	5	6	7
4°. The lunch areas, toilets and other facilitates are in need of a make-over to make them pleasant and clean	1	2	3	4	5	6	7
5. My school is pleasantly decorated, clean and cared for	1	2	3	4	5	6	7
6°. There are particular times of day when pupils/children are more at risk, for example before school, moving down the corridor	1	2	3	4	5	6	7
7. The staff room is a pleasant and comfortable place	1	2	3	4	5	6	7

SECTION H: Pupils' Voices	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. Pupil's views influence teaching and learning in PSHE and citizenship	1	2	3	4	5	6	7
2. Pupils are encouraged to take responsibility for some aspects of school life, for example through a peer support programme	1	2	3	4	5	6	7
3. Pupils are able to be involved in policy development, for example through a school council	1	2	3	4	5	6	7

SECTION I: Pupils' Support Services	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. My school has adequate arrangements for support programmes such as academic mentoring and counselling	1	2	3	4	5	6	7
2°. Procedures for managing concerns about a pupil's mental health are absent/lacking in my school	1	2	3	4	5	6	7
3. When there are concerns about a pupil's mental health, staff are aware of procedures that should be followed	1	2	3	4	5	6	7
4. My school is flexible in being able to meet the needs of young carers, e.g., allowing time out of lessons, telephone calls home for pupils who are worried about parents	1	2	3	4	5	6	7
5. Staff are aware of the potential difficulties faced by pupils, e.g., pupils from BME groups, carers, cared-for children & children with disabilities	1	2	3	4	5	6	7
6. My school has an adequate bereavement policy	1	2	3	4	5	6	7

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7. Staff have regular updates on child protection policy and procedures	1	2	3	4	5	6	7
8. Staff are aware of how to work with a pupil and their family whose first language is not English	1	2	3	4	5	6	7
9. Adequate practical steps are taken to work with children at risk of exclusion	1	2	3	4	5	6	7

SECTION J: Partnerships with parents/carers	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. My school regularly provides parents/carers with information	1	2	3	4	5	6	7
2°. Feedback to parents, on both positive and negative aspects of their child's behaviour, is neither regular nor timely	1	2	3	4	5	6	7
3. My school provides opportunities for parents or others to take part in learning activities	1	2	3	4	5	6	7
4. My school makes the effort to involve male parents/carers as well as female parents/carers	1	2	3	4	5	6	7
5. Parents and other local people are involved in activities in my school	1	2	3	4	5	6	7
6°. My school makes little effort to consult with parents in the development and implementation of home-school agreements	1	2	3	4	5	6	7
7. Parents feel able to let us know of home stresses that might be impacting on the learning of their child	1	2	3	4	5	6	7
8. Parents are involved in policy making, for example through a parent-teacher association	1	2	3	4	5	6	7

SECTION K: Staff Professional Development Needs	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. Teachers/staff have good access to professional development opportunities (e.g., regular review process, training opportunities)	1	2	3	4	5	6	7
2. Staff are helped to deal with the stress of teaching or providing a service	1	2	3	4	5	6	7
3. Staff support each other and contribute to team working	1	2	3	4	5	6	7
4. The school environment is peaceful and conducive to working	1	2	3	4	5	6	7
5°. Decision making about policies takes place without staff	1	2	3	4	5	6	7
6°. Opportunities for staff to undergo training in mental health or emotional literacy training are lacking	1	2	3	4	5	6	7
7. Staff are given the opportunity to share information, learning and experiences with other schools	1	2	3	4	5	6	7
8. My school has an adequate staff care policy	1	2	3	4	5	6	7
9. There are events for staff outside of school or the organisation	1	2	3	4	5	6	7
10. Staff have adequate opportunity for continuing professional development and further training	1	2	3	4	5	6	7

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SECTION L: Involvement of Local Community	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1°. The local community is not reflected in my school	1	2	3	4	5	6	7
2. My school *actively* collaborates with other professionals working with our pupils (e.g., school health advisors, educational psychologists, CAMHS)	1	2	3	4	5	6	7
3. My school *effectively* collaborates with other professionals working with our pupils (e.g., school health advisors, educational psychologists, CAMHS)	1	2	3	4	5	6	7

SECTION M: Special Facilities	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. My school provides books or displays which facilitate discussion on aspects of mental health and stressors, for example losing friends, fear, divorce, and change	1	2	3	4	5	6	7
2. There is adequate time planned within the curriculum to discuss issues of mental health and stressors with pupils	1	2	3	4	5	6	7

SECTION N: Pupils' Achievements	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. My school carries out assessments in ways that boost self-confidence and motivate learning	1	2	3	4	5	6	7
2. Pupils' achievements (academic and non-academic) are adequately celebrated in the school community or that of the organisation	1	2	3	4	5	6	7

SECTION O: Knowledge & Experience of Children's Mental Health	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither agree nor disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. I am confident in my understanding of children's mental health issues	1	2	3	4	5	6	7
2°. I don't know about local services that support the mental health and well-being of children	1	2	3	4	5	6	7
3. I understand local referral processes for children with mental health issues (i.e., know where & when to refer)	1	2	3	4	5	6	7
4. I know what 'mental health' is	1	2	3	4	5	6	7
5. I understand my responsibilities within the Child and Adolescent Mental Health Service (CAMHS) Framework	1	2	3	4	5	6	7

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Adapted from "*A Bright Future For All: Promoting Mental Health in Education*" (Mental Health Foundation, 2005).

6°. Child, family and community risk factors contributing to poor mental health in children and families are a puzzle to me	1	2	3	4	5	6	7
7. I know how to promote/build good mental health (resilience) in children and families	1	2	3	4	5	6	7
8°. I work with children's mental health very rarely	1	2	3	4	5	6	7
9°. I am frightened to work with children who have mental health difficulties	1	2	3	4	5	6	7
10. I know how to help children who are in difficulty	1	2	3	4	5	6	7

From the above questionnaire, are there particular areas that you feel have been identified as being in need of development for either yourself or your school?

Development Areas

Thank You

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Adapted from "*A Bright Future For All: Promoting Mental Health in Education*" (Mental Health Foundation, 2005).

Appendix 2 – Whole school training agenda

Secondary school TaMHS Training

Thursday 21st January 2010

3.30pm Welcome & Introduction to TaMHS

- What is TaMHS (Clinical Psychologist)
- How does it link to the Emotional Health & Wellbeing agenda in schools (SEAL co-ordinator)

3.45pm 'Note's to Self' DVD - Mental Health Teaching resource for young people (Clinical Psychologist to introduce)

4.05pm 'Notes to Self'- reflection activity (if time)(Clinical Psychologist)

4.20pm Baseline questionnaire (Clinical Psychologist to introduce)

4.30pm session end

Thursday 28th January 2010

3.30pm From risk to resilience (Trainee Educational Psychologist)

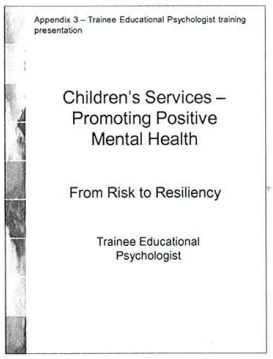
- Resiliency wheel activity

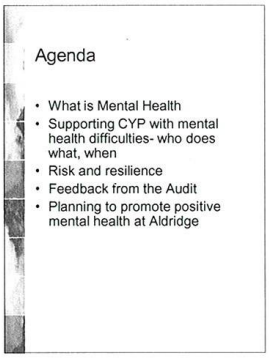
3.50pm Feedback from staff skill Audit (Trainee Educational Psychologist)

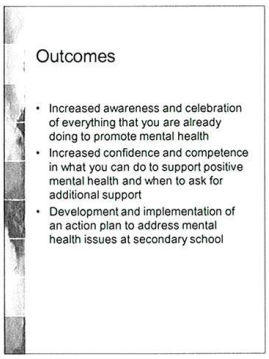
4.10pm Whole school planning activity (Trainee Educational Psychologist)

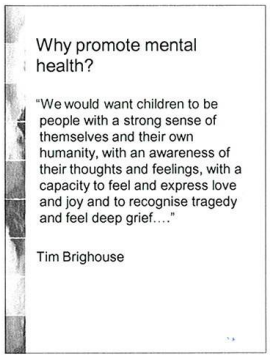
4.30pm session end

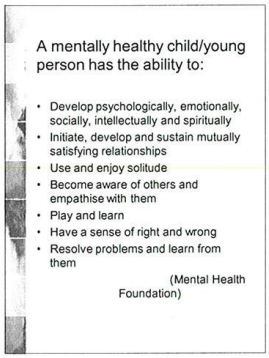
Appendix 3 – Trainee Educational Psychologist training presentation













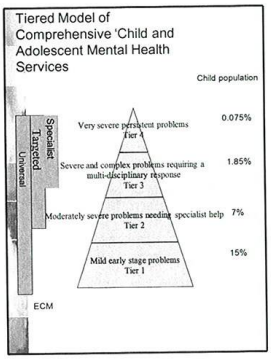
Why?

- To promote academic achievement
- Reduce exclusions and disaffection
- Increase a sense of well-being
- So that schools are a positive place to be
- Because mental health is the responsibility of all

Why?

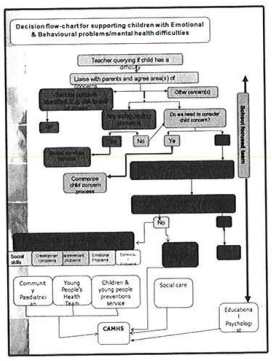
- It promotes positive relationships, trust, cooperation, safety
- It promote inclusion and celebrates diversity
- Helps to reduce the occurrence of serious illness
- Reduces stigma for the 20% of us

Tiered Model of Comprehensive 'Child and Adolescent Mental Health Services



Working Together – Everyone Has a Role.

- There is often a misconception that a child or young person will move up through the tiers as their condition is recognised as more complex.
- In reality, some children require services from a number (or even all) of the tiers at the same time
- The lack of provision in one service may impact on the ability of other services to be effective – partnership working is an essential requirement of high quality service provision (DH, 2004).
- All professionals working with children and young people are expected to possess 'common core skills' (DfES,2005)
- All professionals need to utilise the processes that are in place locally e.g. Common Assessment Framework, Child Concern and Safeguarding procedures



Resilience

"The ability to tolerate great challenges without breaking down under the strain of these." (Kraemer, 1997)

"Resilience is normal development under the most challenging conditions." (Fonagy *et al.*, 1994)

"The ability to bounce back in spite of significant stress or adversity." (Steward, Reid & Mangham, 1997)

"Compared to non-resilient children, a resilient child can resist adversity, cope with uncertainty and recover more successfully from traumatic events or episodes." (Newman, 2004)

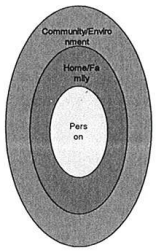
Resilience

"A secure base, whereby a child feels a sense of belonging and security. Good self-esteem, that is, an internal sense of worth and competence"

"A sense of self-efficacy, that is a sense of mastery or control, along with an accurate understanding of personal strengths and limitations"

Gilligan (1997)

Risk and resiliency



Risk Factors in the Community

- socio-economic disadvantage
- Homelessness
- Disaster
- Discrimination
- Hostile, rejecting or abusive relationships
- Lack of child rearing practice
- Lack of rehabilitation opportunities

Risk factors in the Family

- Conflict and marital breakdown
- Inconsistent/unclear discipline
- Hostile rejecting relationships
- Failure to adapt to the child's changing needs
- Parental criminality, substance abuse
- Death or loss including friendship
- Neglect or abuse

Risk Factors in the Child

- Genetic influence
- Learning difficulty
- Specific developmental problems
- Communication difficulties
- Physical illness (chronic, neurological)
- Academic failure
- Low self-esteem (?)

Resilience in the Community

- Wider supportive network
- Good housing
- High standard of living
- School with positive policies on moral development, behaviour, anti-bullying
- Schools providing academic and non-academic opportunities to learn
- Sports and leisure opportunities

Resilience in the family

- At least one parent child relationship
- Affection
- Clear, firm consistent discipline
- Support for education
- Support of long term relationship/absence of severe discord

Resilience in the child

- Secure early relationships
- Being female
- Positive attitude, problem solving approach
- Easy temperament as infant
- Good communication skills
- Planner/belief in efficacy
- Humour
- Religious faith
- Capacity to reflect

From Risk to Resilience

- Provide children with a secure base
- Cultivate a sense of belonging
- Provide responsible and reliable relationships
- Develop a sense of the child's worthiness and competence
- Develop a sense of efficacy through problem solving and planning skills
- Develop self awareness and current state impacts on self-efficacy
- (based on Gilligan 1997)

The Resiliency Matrix and Vulnerability Factors

The relationship between individual resilience and the protective environment is key.

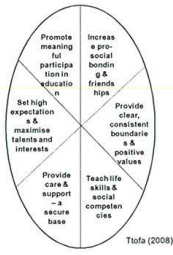
(Daniel and Wassell 2002)



Building a resiliency wheel

- ✓ Promote meaningful participation in education
- ✓ Increase pro-social bonding and friendships
- ✓ Provide clear consistent boundaries and positive values
- ✓ Teach life skills and social competencies
- ✓ Provide care and support within a secure base
- ✓ Set high expectations and maximise talents and interests

The resiliency wheel



Ttofa (2008)

The resiliency wheel can:

•be used as a whole school planning/audit tool
•be used to plan for groups or individuals
• inform individual education plans/pastoral support plans and coordinated support plans

Activity (5 mins)

In small groups on your tables

Look at your resiliency wheel and consider the interventions/activities you put in place to promote the resilience of young people in your school, for each of the six areas

Write on post it notes under the wheel headings

Mental Health Audit

Feedback from audit

Really high response rate means that the feedback should be representative

Used to identify areas for targeted interventions

Planning activity (20 mins)

In small groups on your tables

Consider the 'MH League Table' and think about the areas which you think are in need of development

Put answers to the questions (on the handout) on post it notes

Stick the post it notes onto the relevant sheets of paper

Planning Activity

- **20 minutes, 6 pieces of flip chart and a handful of post it notes!**
  - What is the school doing well to support pupils mental wellbeing?
  - What could the school do to support pupils mental wellbeing?
  - What does my me & department do well to support pupils mental wellbeing?
  - What could my me & department do to support pupils mental wellbeing?
  - What do I need to help me support pupils mental wellbeing?
  - What help does the school need from others to support pupils mental wellbeing?

Appendix 4 – Audit results summary

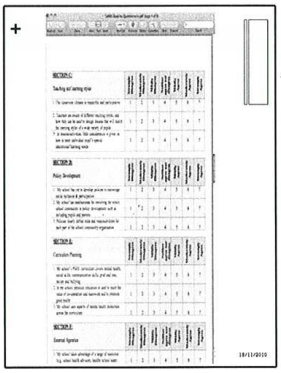
Appendix 4 - Audit results summary

Secondary school Questionnaire Results

Child Clinical Psychologist
Educational Psychologist
CAMHS

Trainee

January 28, 2010

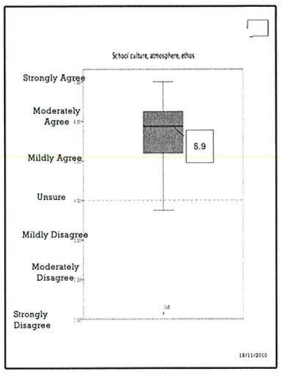


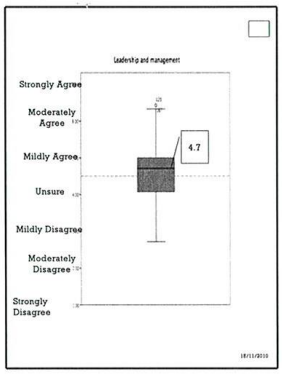
Mental Health Culture: 15+

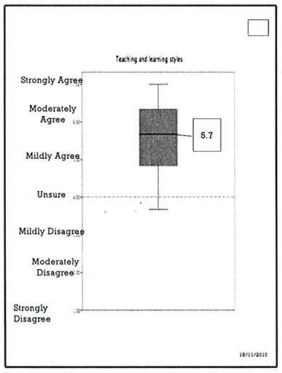
1. School culture, atmosphere & ethos
2. Leadership & management
3. Teaching and learning styles
4. Policy
5. Curriculum planning
6. External agencies
7. School environment
8. Pupils' voice
9. Pupils' support
10. Partnerships with parents/carers
11. Staff development
12. Local community involvement
13. Special facilities
14. Pupils' achievements
15. MH knowledge & experience

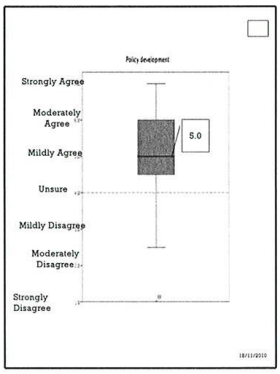
- Establish baseline, identify needs, setting goals, and monitoring progress
- Follow-ups at 6 and 12-months
- 88 questionnaires returned

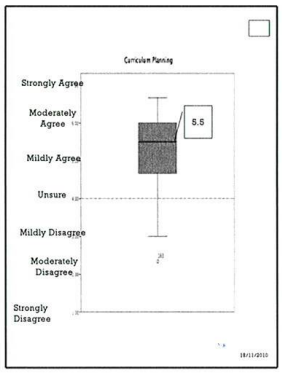
Baseline Results

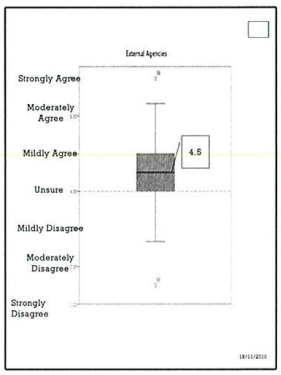


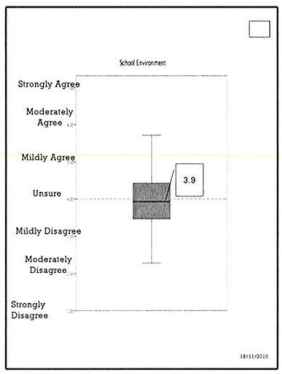

Leadership and management
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
4.7
18/11/2010

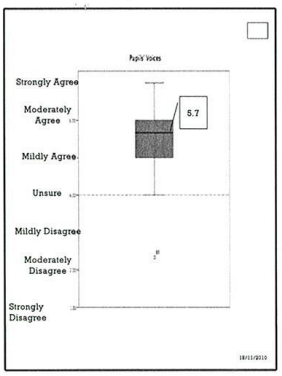

Teaching and learning styles
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
5.7
18/11/2010

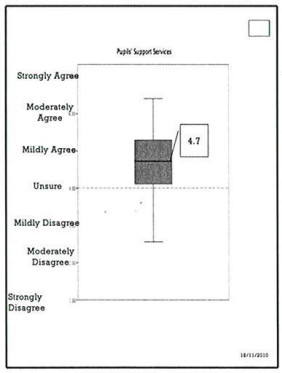

Policy development
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
5.0
18/11/2010

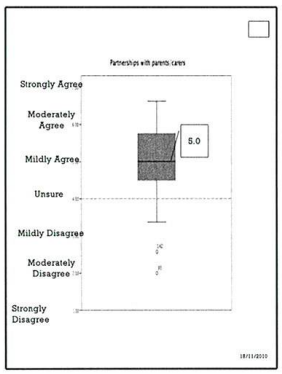

Curriculum Planning
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
5.5
18/11/2010

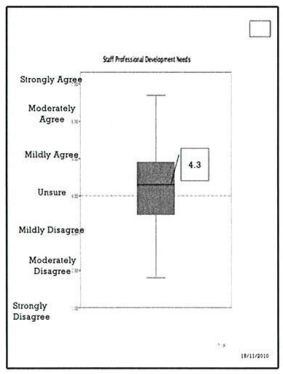

External Agencies
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
4.5
18/11/2010

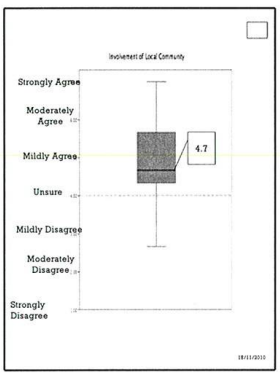

School Environment
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
3.9
18/11/2010

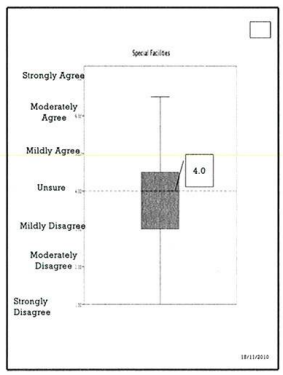

Pupils' Voices
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
5.7

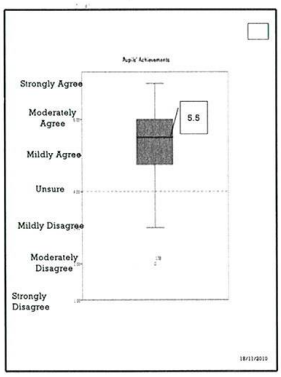

Pupils' Support Services
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
4.7

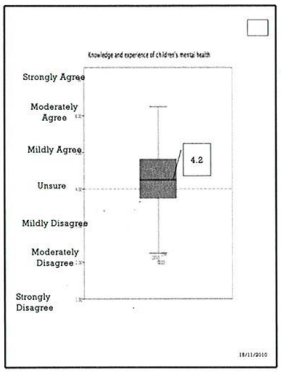

Partnerships with parents/carers
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
5.0


Staff Professional Development Needs
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
4.3


Involvement of Local Community
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
4.7


Special Facilities
Strongly Agree
Moderately Agree
Mildly Agree
Unsure
Mildly Disagree
Moderately Disagree
Strongly Disagree
4.0

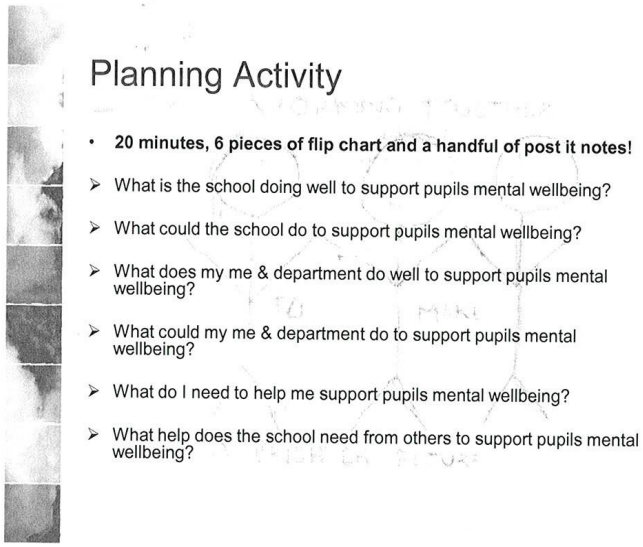




MH League Table

School culture, atmosphere, ethos	5.9
Teaching and learning styles	5.7
Pupils' voices	5.7
Curriculum planning	5.5
Pupils' achievements	5.5
Policy development	5.0
Partnerships with parents/carers	5.0
Pupils' support services	4.7
Leadership and management	4.7
Involvement of local community	4.7
External agencies	4.5
Staff professional development needs	4.3
Knowledge and experience of children's mental health	4.2

Appendix 5 – Planning activity



School staff to work in table groups to answer the following questions, putting responses on post it notes to stick on flip chart paper placed around the room.

Responses to be collated and used to inform the school focus group planning meeting.

Appendix 6 – Baseline questionnaire

Men

e

We would like to thank you for taking the time to participate in this TaMHS evaluation. This is a questionnaire that has been designed to explore people's skills, knowledge and confidence in working with child and young people's mental health issues.

You are free to stop at any time and all of your answers will be anonymous - your name or other personally identifiable information will not appear in the final evaluation of the programme. All information will be kept secure at the University for analysis.

You can delete or change any answers and all information will be kept strictly confidential to the TaMHS evaluation team – neither other course participants nor your employer/school will find out your individual results (a summary, based on the results of all participants will be available). Completion of this questionnaire is entirely voluntary – if you decide not to take part then you can still take part in the TaMHS training days. Should you complete this questionnaire, but later decide that you do not want your answers included in the final evaluation, then you can withdraw your responses by contacting the person below.

If you feel uncomfortable answering any of the questions, simply leave it out and move on. If you would like to see a summary of the research findings, you will be able to request this from the TaMHS Team.

Please respond to the four questions below:	Please Tick
1. I have read the information letter and the above information.	☐
2. I understand the nature and purpose of the evaluation.	☐
3. I understand that all information I provide will be treated confidentially.	☐
4. I consent to the information that I provide contributing to the TaMHS evaluation.	☐

If you have any questions about completing this questionnaire, please telephone or email who will be pleased to assist.

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1) Name:

2) i) - Title & Role of Post:

ii) – Highest level of qualification/training (e.g., NVQ, diploma, degree, etc):

3) Organisation:

4) Time in current post	Years	Months

5) Time working with children and / or young people	Years	Months

6) Please state your current average contact hours per week with children and / or young people	hours per week

7) Date of Birth (dd/mm/yyyy) _____

8) Gender:

Are you... *[please tick one]*

1. Male _____ 2. Female _____

9) Ethnicity (please tick as appropriate):

White British
1. British ☐
2. Irish ☐
3. Any other White background ☐

Asian or Asian British
7. Indian ☐
8. Bangladeshi ☐
9. Pakistani ☐
10. Any other Asian Background ☐

Other Ethnic Group
15. Chinese ☐
16. Any other Ethnic group ☐

Black or Black British
4. Caribbean ☐
5. African ☐
6. Any other Black background ☐

Mixed
11. White & Black Caribbean ☐
12. White & Black African ☐
13. White & Asian ☐
14. Any other Mixed background ☐

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10) Please state below five things you expect to change as a result of attending the TaMHS INSET training day.
1
2
3
4
5

Notes to help you complete the questionnaire

1) Please note that in the following statements the term **"children and young person"** is used to refer to **all children and young people**, i.e. pre-school children, children of primary school age, young people at secondary school, or older (up to 19 years of age).

2) Against the statements in the questionnaire, you are asked to indicate the extent to which you disagree or agree, by circling one response that is most relevant for you, as things stand right now.

See the example below:

Question 1 - I am confident in my understanding of child & young people's mental health issues

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

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For each question, please circle one response that is most relevant for you this now, in your current post.

Code:

1) I am confident in my understanding of child & young people's mental health issues

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

2) I understand the key stages of development for children & young people

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

3) I know about national policy that is key to working with children & young people

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

4) I know about the legislation that underpins work with children & young people

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

5) I know about local services which support the mental health and well-being of children & young people

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

6) I understand local referral processes for children & young people with mental health issues

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

7) I am able to communicate effectively with children & young people

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

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8) I frequently reflect on my role in providing care to children & young people

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

9) I am able to communicate effectively with the families and carers of children & young people

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

10) I have good advocacy skills (i.e., skills to publicly support a child/young person's view or cause or case)

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

11) I know how to promote good mental health and well-being in children, young people & families

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

12) I know how to protect myself from unfound allegations of abuse

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

13) Anti-discriminatory practice underpins the way I work

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

14) I feel confident in contributing to the assessment of mental health in children & young people in my current role

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

15) I feel confident that I work within an appropriate or professional scope of practice

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

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16) I am confident in supporting the emotional health and well-being of children & young people

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

17) I am confident in supporting the emotional health and well-being of looked after children & young people

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

18) I am confident in supporting the emotional health and well-being of children & young people with physical and / or learning disabilities

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

19) I am confident in knowing *how* to refer a child or young person to another agency or service

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

20) I am confident in knowing *when* to refer a child or young person to another agency or service

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

21) I am confident in knowing *why* to refer a child or young person to another agency or service

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

22) I am comfortable working with children and young people who have mental health difficulties

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

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23) I feel confident in being able to identify mental health in children, young people & families

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

24) In my current role, I feel confident in being able to deal with mental health issues in children, young people & families

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

*Here are some statements about how familiar you are with issues of child and young people's mental health, please tick the **one** box which most applies to you.*

		Please tick **one**
1.	Not at all familiar e.g. I have never encountered any child or young person with mental health difficulties.	
2.	Slightly familiar e.g. I have seen a T.V. programme/read a magazine article about child or young people's mental health difficulties.	
3.	Fairly familiar e.g. someone that I encounter fairly regularly has child/young person with mental health difficulties.	
4.	Very familiar e.g. a member of my family or a close friend has a child/young person with mental health difficulties.	

Thank You

Please return the completed questionnaire, in the stamped addressed envelope, to:

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Appendix 7 – Proforma for planning meeting

Targeted Mental Health in School

Record of action planning meetings (see appendix 1 for completion notes)

School Date

TaMHS Team		
Name	Title	Organisation

School		
Name	Title	Organisation

Headlines from whole school audit

Areas of strengths

-
-
-

Areas of development

-
-
-

School action planning activity
(list each area identified by staff on blue sheet)

-
-
-

Areas for development from school 'self evaluation form' (SEF) (relating to emotional health and wellbeing)

-
-
-

Key areas identified from today's discussion (based on above information);

Whole school issues

-
-
-

Targeted work (identified group/individual pupils e.g. boy's attainment)

-
-

Action Plan

Date of initial plan:

Date of review plan:

Priority area (relate to 15+ audit)	Action required	Person/service responsible for action	Target date

Appendix

- Each school will require an action planning meeting following the initial school INSET training.

- Action plans will need to be review and updated on a termly basis.

- The meeting will be attended by the School's TaMHS lead, other key members of the School's TaMHS team and the assigned member(s) of TaMHS team.

- An action plan will be developed based on areas of need identified using the information gained from local demographic data, school data (e.g. attendance figures), areas of development identified from 15+ audit and areas of development identified by school 'self evaluation form' (SEF).

- There will need to be a shared responsibility between schools and TaMHS to address 'areas of development' of whole school issues.

- Targeted interventions: Children and young people will be indentified for targeted interventions by the school TaMHS team and TaMHS team using data from the PASS survey, discussion during the school's inclusion partnership meeting(s), via schools own pastoral arrangements, and using the 'Team around the Child' and 'Common Assessment Framework' (CAF) processed.

Appendix 8 – Completed planning proforma

Targeted Mental Health in School

Record of action planning meetings

School Date

TaMHS Team		
Name	Title	Organisation
	Trainee Educational Psychologist	Children's Services
	Clinical Psychologist	Primary Care Trust
	SEAL co-ordinator (Secondary)	Children's Services

School		
Name	Title	Organisation
	Assistant Head, Pastoral Lead	
	SEAL co-ordinator	
	Centre Manager	
	ICT curriculum leader	
	Pastoral staff, A House	
	Pastoral staff, B house	
	Pastoral staff, C house	
	Pastoral staff, D House	

Headlines from whole school audit

Areas of strengths

- School culture and ethos
- Teaching and learning
- Pupil voices

Areas of development

- Knowledge and experience of mental health
- Special facilities
- School environment

School action planning activity
(list main areas identified as being in need of development from whole school planning activity)

- Staff counselling skills
- More signposting information displayed in school
- Teaching coping strategies
- Communication between departments

Areas for development from school 'self evaluation form' (SEF) (relating to emotional health and wellbeing)

- Pupil voice
- Physical environment

Key areas identified from today's discussion (based on above information);

Whole school issues

- Need to develop staff skill and confidence in supporting young people with social communication difficulties and AS
- Need to develop physical environment and availability of signposting information etc
- Need to develop communication between pastoral staff, inclusion staff and curriculum staff

Targeted work (identified group/individual pupils e.g. boy's attainment)

- Young people with high levels of anxiety (particularly Year 7 and including young people with AS diagnosis)

Action Plan

Date of initial plan:

Date of review plan:

Priority area (relate to 15+ audit)	**Action required**	**Person/service responsible for action**	**Target date**
External agencies	School leadership to consult with staff regarding ways to support effective information sharing between departments	Assistant Head	To consult with staff via whole staff meeting
Knowledge and experience of children's mental health External agencies School Environment/facilities	Improve access to information regarding mental health and support services. Area within A centre to be devoted to displaying mental health information. Increased advertising of children's support services (eg. poster in toilets, information on website	A Centre Manager	

Staff professional development needs	Plan date and content for whole staff training/awareness raising regarding social communication difficulties and AS needs. EP to deliver alongside SENCO	SENCO and EP	
Special facilities	Targeted intervention for Y7 transition for children identified as being highly anxious (CBT sessions). Young person's health advisor to provide 1:1 support for individuals where appropriate	Young person's health advisor to deliver group sessions alongside pastoral and inclusion staff	Summer holidays
Special facilities Community involvement	School to identify two members of staff to be trained to deliver the Triple P parenting programme.	Clinical Psychologist to liaise with school lead regarding training dates	

CHAPTER SIX

A CRITICAL REFLECTION ON AN EDUCATIONAL PSYCHOLOGY SERVICE'S ATTEMPT TO SUPPORT ORGANISATIONAL CHANGE AND DEVELOPMENT THROUGH 'DEVELOPMENT INITIATIVES' NEGOTIATED WITH EDUCATIONAL SETTINGS USING THE RADIO FRAMEWORK.

A CRITICAL REFLECTION ON AN EDUCATIONAL PSYCHOLOGY SERVICE'S ATTEMPT TO SUPPORT ORGANISATIONAL CHANGE AND DEVELOPMENT THROUGH 'DEVELOPMENT INITIATIVES' NEGOTIATED WITH EDUCATIONAL SETTINGS USING THE RADIO FRAMEWORK.

Abstract:

This paper describes how a Midlands Educational Psychology team attempted to increase their involvement in supporting organisational change and development in educational settings through use of 'Development Initiatives'. Schools and Children's Centres were encouraged to 'bid' for a Development Initiative focussed on an area they had identified as being a priority for further development. The bids from selected settings were refined and the roles of the Educational Psychologists were negotiated through use of the RADIO model (Timmins et al, 2003). The role of the Educational Psychologist in supporting research and development in educational settings is discussed, with a particular focus on Action Research, and the epistemological assumptions of different approaches are explored. The discussion here identifies that Development Initiatives are a potentially valuable way of supporting organisational development and building capacity in schools but systematic evaluation of the processes and products of the 'Development Initiatives' are needed to support the commitment of limited time and resources to this innovative method of service delivery.

A CRITICAL REFLECTION ON AN EDUCATIONAL PSYCHOLOGY SERVICE'S ATTEMPT TO SUPPORT ORGANISATIONAL CHANGE AND DEVELOPMENT THROUGH 'DEVELOPMENT INITIATIVES' NEGOTIATED WITH EDUCATIONAL SETTINGS USING THE RADIO FRAMEWORK.

1. Introduction

There has been recent interest in the changing profession of Educational Psychology and the unique contribution it can make within evolving Children's Services (Cameron, 2006). Whereas traditionally, direct work with individual children and young people consumed the majority of Educational Psychologist's time, more recently across Authorities there has been a widespread move to providing support through consultation (Wagner, 2000), with a focus on supporting practitioners to develop their skills and build their capacity to meet the needs of an increasingly diverse school population. Whilst Educational Psychologists continue to have a statutory duty regarding individual assessment (in terms of contributing to the statutory assessment process), an increasing amount of time is now spent working at the organisational level (Balchin et al, 2006). It is suggested that work at the systems level can have a positive impact on the skills and development of professionals working within and with schools, improve the quality of provision and hence improve outcomes for all children and young people, including the most vulnerable (Binnie et al, 2008). Although this seems to be an ideal to be pursued and is an area of work which is developing (Balchin et al, 2006), survey data suggests that, in reality, Educational Psychologists continue to spend the majority of time engaging in work at the individual level (Thomas & Glenny, 2002).

Due to the changing nature of Educational Psychology service delivery, in terms of an increase in work at the organisational level (Balchin et al, 2006; Cameron, 2006), Educational Psychologists are increasingly working alongside School Improvement Partners (DCSF, 2007) to identify and support priorities for whole school development. In earlier work Reynolds (1997) distinguished between school improvement and school effectiveness, suggesting that school effectiveness was concerned with attempting to define and develop an understanding of the features of effective schools, so that this knowledge could be shared and best practice could be developed. School improvement on the other hand, Reynolds (1997) thought, was related to a bottom up process of development, with improvements in practice being developed in context, rather than being informed by a general body of knowledge about what features create the 'effective school'. Fox (2009) provides an account of the changing role of Educational Psychologists and highlights the increasing move to supporting change at the organisational or systems level. Fox (2009) suggests that schools effectiveness research presents a mechanistic perspective on schools, neglecting consideration of all the complex processes that serve to facilitate or inhibit change in school settings.

This paper provides an account of an innovative approach to Educational Psychology service delivery that has been informed by research regarding effective methods of supporting change and development in educational settings. Before the model is discussed the paper will first explore the principles of organisational psychology in order to provide a theoretical framework for the discussion.

1.1. Organisational Psychology

Organisational psychology is '...an applied division of psychology concerned with the study of human behaviour related to work, organisations and productivity' (Rothmann & Cooper, p.1). It involves the application of psychological principles to a work place in an attempt to optimise an organisation's success. Rothmann & Cooper (2008) note that, unlike workplace psychology, organisational psychology tends to have the whole organisation as the unit of focus, thus taking a molar approach. Although organisational psychology is focussed on 'optimising an organisation's success', there can be differences in the way that success is perceived and the method for supporting change that results in the improvements/success. A community psychology perspective would suggest that organisational development is important and justified not only in relation to the positive impact on the outcomes that service users would experience, but also important in relation to the experience of individuals working within the organisation. A community psychology perspective values community and organisational interventions which promote holism, health, caring and compassion, self-determination, participation, social justice, respect for diversity and accountability (Nelson & Prilleltensky, 2008) on the part of the individuals located within the organisation and those within the wider community.

The approach to supporting change and development which is the focus of this paper is informed by organisational psychology (involving the application of psychological principles to a school setting in an attempt to improve success/effectiveness) and is related to a particular perspective on change and development in organisations. The

epistemological and ontological underpinnings of different approaches to change and development in organisations will now be explored before an account of the new model of service delivery is provided.

1.2. Perspectives on school change and development

When considering supporting change and development in organisations Robson (1993) and Day & Hadfield (2004) argue that it is important to consider the values underpinning the action and the ontological and epistemological implications of it. Ontology relates to the perception of the relationship between the researcher and the object of research, taking a particular world view, whereas epistemology relates to the understanding of how knowledge is developed. A researcher's ontological and epistemological position is influenced by the paradigm they adopt. Two key paradigms that are often contrasted in the literature are the positivist and social constructivist perspectives.

Campbell et al (2004) provide a simple overview of the contrast between these two dominant perspectives on research; positivist and constructivist paradigms. The positivist tradition outlines a linear research process leading to the development of new knowledge. Within this paradigm the researcher is considered to be objective and relationships between cause and effect are considered to be linear and predictable. In this way it is supposed that a researcher can carry out observations of a particular focus, these observations will reveal 'facts' or 'truths' which can then

be used to develop hypotheses. These hypotheses can then be further tested, the intention being to identify facts which may be translated to ‘laws’ that are thought to govern, and hence predict, patterns of behaviour/responses. As these laws are thought to represent ‘truths’ they can then be generalised and applied to different contexts to predict responses and outcomes.

In terms of supporting organisational change and development the positive perspective may suggest that ‘facts’ or ‘truths’ can be uncovered, through a systematic approach to research and evaluation, regarding factors that support or result in an ‘effective school’. This perspective raises several points for consideration. Firstly, it raises the question of what is ‘effective’ and on who’s judgement this is based. It is likely that ‘effectiveness’ is not a stable state, as what is effective in one context at one point in time may not be effective in other contexts and at other times. Secondly, what is supportive of ‘effectiveness’ in one context may not be in another. Taking a positivist approach to supporting change and development places little emphasis on the physical and social context in which the change is to occur and the social and contextual factors that are likely to support or inhibit the change process. Top down government national strategies are often aligned with this perspective, when schools are expected to implement approaches to teaching and learning which are expected to represent best practice. These are often ‘rolled out’ using standardised training with little acknowledgement of the influence of context and the impact of variations in implementation.

Whereas the positivist paradigm assumes that people have little autonomy and that their choices and behaviour are largely determined by the society in which they are located and the structures which are in place, the constructivist paradigm embraces the ability people have to determine their responses (Robson, 2002). The social constructivist perspective on research acknowledges the complexities of the social world and so does not attempt to determine truths or facts but rather attempts to contribute to new knowledge by observing responses in context. Although the value of this approach to research can be criticised for being limited in its ability to generalise findings, this is only considered to be a criticism from the positivist perspective. The social constructionist perspective values the knowledge that is created in each specific social context and recognises that as subsequent research is carried out, the knowledge continues to grow and develop (Pawson & Tilley, 2001).

A social constructivist approach to organisational change and development would therefore place greater emphasis on the development and improvement of practice in context. It is expected that this would result in effective change and development that is able to negate the potential barriers to change and development, through knowledge of the organisation in context and the individuals and social dynamics within the organisation. Adopting this perspective is likely to result in the use of bespoke training to support development, which is informed by research regarding evidence based practice, or change processes aimed at engaging professionals in an ongoing cycle of reflection, planning and evaluation.

The way in which organisations are understood and perceived therefore has implications for the approach taken to supporting change and development within them. Whilst both school effectiveness and school improvement research aim to generate knowledge for a specific purpose; to improve practice, school improvement attempts, which aim to support development in context, are perhaps more firmly located within the social constructivist approach. School effectiveness research, on the other hand, is more concerned with identifying specific factors which feature in effective schools so that these can be applied to schools which are not as effective to support developments. The approach to supporting school development in this paper is aligned with a school improvement approach to development, aiming to support developments in practice, in context, rather than implementing evidence based approaches to practice based on research evidence generated out of context. An overview of the context of the Educational Psychology Service (EPS) that is discussed in this paper is provided before discussing the change in service delivery.

2. Context of Educational Psychology Service

The Educational Psychology Service that is the focus of this paper is situated in the Midlands and serves a relatively large and diverse Authority, with areas of significant social and economic deprivation. The Educational Psychology Service provides support through consultation (Wagner, 2000), within a time allocation model of service delivery. A high proportion of time (70%) is committed to direct work with schools and other educational settings (from here, referred to as schools). Each Educational Psychologist within the service has an allocated ‘patch’ of schools, which

has the advantage of proving opportunities for trusting relationships to develop between the Educational Psychologist and schools, but has the disadvantage that service delivery can become 'fixed', with schools and Educational Psychologists becoming familiar with a set way of working. Whilst this is not always a disadvantage there is sometimes a need to alter patterns of work and adopt a new approach. The remaining time is divided between 'project work' (20%) and administration and continued professional development (CPD) (10%). This paper is concerned with changes in the way that 'project time' is used. The following sections will provide a review of the previous approach to project work and a discussion regarding the changes made this academic year.

2.1. Previous model of service delivery

Prior to this current academic year (2009/2010) the Educational Psychology Service had a flexible and varied approach to project work. Project work incorporated all of the additional work that was not direct delivery to schools and was not part of continued professional development. For example, it included delivering central Local Authority training, developing and delivering theory based interventions (for example, parenting courses, Precision Teaching) and sometimes working with schools on a shared development task, although this was rare. The projects were varied but were largely EP initiated, stemming from a perceived need or from a professional interest.

Project time was also used to support organisational change and development in schools through supporting local and national initiatives (such as TaMHS (DCSF, 2008), SEAL (DfES, 2004) and the Inclusion Development Programmes (DCSF, 2008; 2009; 2010), mostly through whole school training. This approach to supporting development tended to be based national drivers for changes in policy and practice rather than needs identified by the school. Whilst some time continues to be protected for the range of work described here, a significant proportion of the project time is now committed to Development Initiatives (DI's).

Previously (and currently) there was also capacity for Educational Psychologists to support schools' development priorities using the school's allocated time. Development and training priorities are discussed during regular planning meetings with schools and the partner services have an opportunity to discuss how they can best meet the needs of the school. However, schools tend to be reluctant to use allocated time for project or development work as they perceive that this takes time/direct support away from individual children and young people who are in need of support. Where development needs are raised they tend to be addressed through the direct delivery of training with short term follow up and evaluation, rather than through a longer term systematic approach to supporting maintainable change and development.

2.2. New model of service delivery; 'Development Initiatives'

DIs have been developed to meet a range of aims which are detailed in Table 1 below.

Table 1: Aims of Development Initiatives

- To provide an opportunity for EP's to work collaboratively on a shared project
- To engage schools in a shared development process
- To demonstrate the range of ways that EP's can support organisational development and improvement
- To support educational settings to engage in a process of improvement, informed by research and evidence
- To contribute to the knowledge about how to effectively develop practice in a range of educational settings

DIs require schools to complete a 'bidding form' (Appendix 1) highlighting an identified need for development (with reference to relevant data, their School Development Plan and the school's Self Evaluation Form) proving details of steps already taken to address this need and justify the requirement for additional support. This approach is supported by Balchin et al (2006) who found that schools are more likely to take ownership of development attempts if they have actively had to apply for support. They also found that schools were more supportive of the development and change process if it has stemmed from a need that the school has identified themselves, although the process for supporting this could be varied.

In an earlier study Fredrickson (1988) suggested that other methods of supporting school development, such as training, are often unrelated to staff needs and so are

unlikely to result in sustainable change. The DIs are suggested to be a way of supporting school development which engages schools directly in the process and is explicitly related to an identified need. However, Rouse (1991) suggested that if schools are left to direct training and research attempts they would often select a very narrow focus which was not supportive of effective organisational change and development. It is anticipated that the DIs will provide a framework which supports schools to be directly involved in supporting change and development whilst supporting them to pursue a need which is clearly identified and has a clear rationale.

The DIs are planned to continue over one academic year, with bids being submitted in the Summer term, selection of successful bids towards the end of the Summer term and DI's launched in September and evaluated during the following summer term. The successful bids are selected by a panel including Educational Psychologists alongside school based representatives. The criteria for successful bids is outlined in Table 2 below. The proforma for selection of successful bids used by the panel members is detailed in Appendix 2.

In the first instance the DIs will only involve collaborative working between the bidding school/s and the Educational Psychology team, although it is expected that information may be shared with partner services (such as School Improvement, the Advisory Support Team and the Integrated Support Service (Behaviour Support & Education Welfare)) in the future. It is also expected that there may be opportunities to work collaboratively with other partner services in the future where appropriate.

Table 2: Criteria for selection of successful bids

Selection criteria:	**Rationale:**
Evidence of collaboration (with community, other schools or with families)	Increases the 'reach' of applied psychology
Need identified through data gathering (quantitative or qualitative)	Clearly identified need
Evidence of previous school based attempts to address identified need	Showing school has some commitment to addressing the need and suggests that there is a need for external support
Need identified in School Development Plan and Self Evaluation Form	Showing school's commitment to addressing the need

Four DIs have been completed during the current academic year which was the first year they were launched. It is anticipated that another four will run next year. The focus of the DI's that were completed during the current academic year are summarised in Table 3 below.

Table 3: Overview of DIs

• Development of a new Nursery intake process to support the development of trusting relationships between children, parents and practitioners • Development of a training program for staff across settings regarding consulting with young children about sensitive issues (bereavement, disability, self harm etc) • Development of a training package to support vulnerable parents co-delivered by EP's and school staff • Exploration of ways to support vulnerable children and develop a nurturing learning environment that supports motivation and resilience

During the Autumn term groups of Educational Psychologists were assigned to one of the DI groups, with all Educational Psychologists having some involvement. Initial planning meetings were carried out with the successful settings to discuss the initial bid and to try to develop a clearer focus for the DI. The RADIO model (Timmins et al, 2003) was used to support the research process as it was considered to be a transparent model which would be accessible to practitioners with little research experience. The RADIO model and its application to school based research projects is discussed below.

2.3. Use of RADIO to negotiate the Development Initiatives

The use of the RADIO model for supporting organisational change and development was considered to be appropriate in this context as the DIs were varied and involved multiple stakeholders (school staff, children, families, other settings, community members). When multiple groups are involved in the research process it often becomes messy and complex and difficult to meet the sometimes competing needs and interests (Ashton, 2009). The RADIO model enables different perspectives to be incorporated into the research process and reduces the barrier that can be provided by a lack of shared focus, through an emphasis on the negotiation stage with the clarification of need and the identification of key stakeholders (Timmins et al, 2003). The RADIO process, with its focus on joint planning, ensures that stakeholders maintain a sense of ownership and are therefore more likely to respond positively to the change process (Balchin et al, 2006).

The RADIO model involves 12 stages of the research process incorporating three main phases; clarifying concerns, research methods mode and organisational change mode (Timmins et al, 2003). A worked example of how the RADIO model was used to negotiate the stages of the research process will be provided in subsequent sections but Table 4 below provides an outline of the 12 stages within the model.

Table 4: Outline of the RADIO model (taken from Timmins et al, 2003, p.231-233).

	Stage:	**Typical activities:**
1	Awareness of a need	EP's contact with school/LA/teacher/pupil may result in identification of potential need for research or systems work.
2	Invitation to act	EP contacts research sponsors/stakeholders in a position to approve and resource the research/development work and negotiates role. Here, the EP as LA worker may need to press for an invitation to act because of professional or ethical considerations.
3	Clarifying organisational and cultural issues	Initial exploration of the factors likely to support or impede the initiative.
4	Identifying stakeholders in area of need	The identification and involvement of major stakeholders in the research. In this phase it is useful to establish a research co-ordinating group, representative of major stakeholders, in order to give them a strong role in research-related

		decision making.
5	Agreeing focus of concern (research aims)	Research facilitator and major stakeholders agree focus for research. This phase often results in a plan to carry out some form of needs assessment that leads to organisational development in phases 9-12. The insights gained from this phase may suggest a further appraisal of organisational culture in order to ensure a successful outcome.
6	Negotiating framework for information gathering	An appropriate methodology and research design is selected to address the research aims. Here emphasis is on production of information that meets an organisation's development needs. Choice made from a range of methods and methodologies.
7	Gathering information	Information is gathered using agreed methods.
8	Processing information with research sponsors/stakeholders	Research findings are shared and their implications are discussed with research stakeholders and sponsors. They are encouraged to examine their institution's development needs in light of these.
9	Agreeing areas for future action	Activities associated with organisational development and improvement may stem from previous phase. These activities will require planning, implementing and evaluating.
10	Action planning	Agreeing actions based on data gathered. Decision regarding when actions will take place and who will be responsible.
11	Implementation/action	Carrying out agreed actions.

12	Evaluating action	Agreeing effective methods for evaluating impact of research process, related to the research aims and agreed actions.

No formal framework was used to negotiate the previous research projects within the Educational Psychology Service and so the use of RADIO for negotiating the DI's is viewed as a positive development. The use of a set framework helps to make the research process explicit to stakeholders, which again supports them to maintain ownership of the process. One potential disadvantage is that the RADIO model was a tool that the Educational Psychologists are bringing to the research process, which may result in a power imbalance from the outset. However, the practitioners may acknowledge the structure that the framework provides and may see it is a method of supporting their engagement rather than presenting a barrier. The RADIO model also has catalytic validity as it actively supports a change process, acknowledging potential difficulties so as to promote success (Timmins et al, 2003).

Another advantage of the RADIO model is that it takes a social constructivist approach to research and development in that it explicitly supports the sharing of different perspectives and the joint negotiation of focus and aims. This embraces the advantage of having different perspectives contributing to the research process rather than seeing it as a barrier. From the positivist perspective it may be assumed that everybody shares the same aim and focus when they do not, thus resulting in potential difficulties and barriers to effective change and development.

There are limited accounts of the use of RADIO to support organisational change and development in the literature but the ones identified present positive accounts of its perceived value in supporting the change process. Timmins et al (2006) used the RADIO model to negotiate research with an Educational Psychology Service in the Midlands to evaluate and develop its use of consultation with schools. The process is described as being supportive of 'systematic inquiry' into aspects of professional practice (Timmins et al, 2006, p.316). Timmins et al (2006) suggest that the RADIO framework supports the time effective negotiation of research projects and supports the development of a clear direction for research. Although Timmins et al (2006) report that Educational Psychologists perceived a benefit to using the RADIO model, the way that their views were gained or how the process was evaluated was not made explicit.

A recent example, provided by Ashton (2009), describes the use of RADIO to support the negotiation of Action Research projects in schools, aimed at developing transition procedures. Ashton (2009) also discusses the value of RADIO in engaging stakeholders in the research process. Ashton (2009) argues that stakeholder engagement is necessary to ensure high quality research and to ensure that the research is socially meaningful. The previous approaches to project work within the Educational Psychology Service, where the focus was often decided by the Educational Psychologist, do not ensure this social validity as the need was not identified by schools, children, young people, families or wider community groups. Findings that are disseminated to schools in an aim to support developments in

practice are unlikely to be successful if the need had not previously been identified by the schools (Balchin et al, 2006).

Ashton (2009) proposes the need to add an additional stage to the RADIO model between data gathering (phase 8) and action planning (phase 10). Ashton (2009) suggests that during this additional phase researchers should report back findings from the information gathering to the participants that contributed to the data so that they could clarify meaning and inform action planning. In her study Ashton (2009) gained the views of young people in Year 7 to inform future transition planning. In her study she felt it was particularly important that the findings were presented back to the young people so they could contribute to changes in transition planning, rather than researchers and school staff reflecting on their data and agreeing actions.

The RADIO model was selected as a framework to structure the DIs as several Educational Psychologists within the service were familiar with the model. Other models may have been considered to support the collaborative and participatory aim of the DIs. One such model is the Partnership Maker model proposed by Nelson & Prilleltensky (2005, p.202). This model shares many similarities with the RADIO model, including its focus on the early identification of partners and the shared negotiation of focus and action. However, the Partnership Maker model has a greater emphasis on the values underpinning the need for change and development. When defining the problem/area for development, Nelson & Prilleltensky (2008) highlight the importance of considering the problem in terms of power differentials,

oppression and injustice, factors rooted in community psychology. Nelson & Prilleltensky's model is rooted in community psychology, an approach which places an emphasis on participation and equality of power and influence. It is suggested that stage 5 of the RADIO model, involving the negotiation of the research focus, could usefully incorporate discussion of factors such as power differentials, oppression and injustice, to ensure an appropriate, ethical and justified focus for development.

The Partnership Maker model focuses on the development of effective partnerships throughout the process. The final stage in the model: 'disseminate and institutionalise', plans for the dissemination of findings alongside a focus on making partnership an integral part of agencies/organisations. This is perhaps another useful focus that could be incorporated into the final stage of the RADIO model in an attempt to support maintenance of change and a lasting culture of change and development.

Although the RADIO model was a tool that the Educational Psychologists brought to the DI, it was anticipated that this would provide a transparent structure to guide the research process, ensuring thorough planning and consideration of the need for evaluation, whilst allowing the schools to maintain ownership of the process through their active involvement in all stages of the research project. The focus of the DIs and the way in which the schools used the Educational Psychology support varied, although all were centred on a collaborative research approach, sharing similarities

with the Action Research process (discussed further below), although they were not labelled as being Action Research projects. The use of the RADIO model was discussed explicitly with schools but information regarding the Action Research cycle was not shared explicitly and so the term was not used. This may be an area worthy of further exploration and development in the future.

In summary, the DIs used an approach to research related to Action research, whereby schools were encouraged and supported in identifying a need for development, planning new ways forward supported by Educational Psychologists, implementing agreed actions and observing and reflecting on the outcomes and change process. This approach was supported by the more detailed RADIO framework with its attention to supporting collaborative working and the joint negotiation of focus and actions. Further discussion regarding the approach taken to structuring the DIs is provided below in relation to the research regarding Action Research in schools and other collaborative research frameworks, before a more detailed overview of one DI is presented. This will inform further consideration of the related research and will highlight implications for the role of Educational Psychologist's supporting similar development attempts in the future.

3. Action Research to support school development

Action Research is one method of engaging stakeholders in collaborative research. The Action Research process will be outlined here before discussion of examples of its application within education.

3.1. Action Research

Reason & Bradbury (2006) acknowledge the complexity of Action Research as a method of supporting change and note that there are variations and different conceptualisations of it in the literature. For ease of reference they provide a working definition of Action Research which this paper will use:

> 'Action Research is a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview...it seeks to bring together action, reflection, theory and practice in participation with others' (Reason & Bradbury, 2006, p.1).

Dick (2006) suggests that although the literature related to education is one of the 'busiest' areas of Action Research publication the range of conceptualisations and definitions used, mean that it is often underrepresented in reviews. Dick (2006) suggests that this, in part, may be due to researchers wanting to present new processes, for example the current Educational Psychology team using the label of DI rather than Action Research. Dick (2006) suggests that this presents the risk that experience and knowledge generated through application of these processes

contributes to isolated fields rather than contributing to the general field of knowledge about practical applications and adaptations of Action Research.

Action Research is participatory in that it seeks to engage stakeholders in the change process and maintain ownership of the research process with them. In the Educational Psychology service the DIs are intended to be participatory, as although Educational Psychologists are involved in shaping the focus of the research, the schools have identified the initial need. Action Research is also a collaborative process in terms of the joint negotiation of a research focus, joint action planning, implementation and joint discussion of strategies to evaluate the impact of the process. Again, this is the case with the DIs where the emphasis is very much on schools maintaining ownership of the development process.

Reason & Bradbury (2006) use the term 'worthwhile human purposes' when defining Action Research which again emphasises the emancipatory aim of Action Research. The positivist view of research, as discussed above, aims to develop new knowledge, although this is also true of an Action Research approach, the fact that it is jointly negotiated with stakeholders means that it will not be carried out unless there is a clear need or purpose for it on their part. This approach does not aim to generate new knowledge for the sake of new knowledge but rather aims to generate new knowledge which is of direct use to the stakeholders involved in the research (Reason & Bradbury, 2006). This obviously raises ethical considerations for those engaging in the research process (ensuring that all stakeholders achieve something

from being involved in the process and that the research aims to empower and make a positive difference for those involved) and highlights the need to consider for whose purpose the research is being carried out (Robson, 1993).

The Action Research process involves a cycle starting with the initial identification of a need for development, followed by planning, acting, observing the impact and then reflecting on the changes that have been implemented (Robson, 1993), as detailed in Figure 1.

Figure 1: Action Research cycle (informed by Robson, 1993)

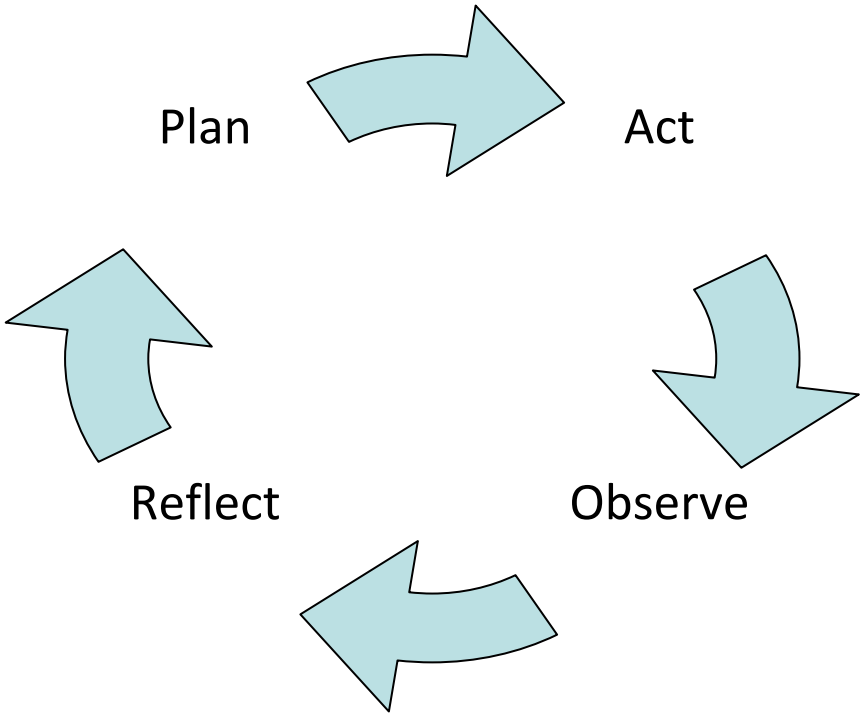


Figure 1 represents a simplified model of the Action Research process as it is expected that the cycles would continue, with reflection on changes made in the first cycle informing further changes planned and implemented in subsequent cycles.

Robson (1993) notes that the Action Research process aims to empower existing groups to effect change in context with reducing levels of support from an external 'expert'. Action Research has been criticised for not being able to contribute to social science theory due to the context specific nature of the research process. However, this is only really a valid criticism from the positivist perspective as the social constructivist perspective on research values the ecological validity of research that stems from a direct need and is firmly located within the context of that need (Robson, 1993). Although Action Research can be described as a relatively simple process in terms of the stages, some researchers believe that engaging in the process in a way that generates new understandings requires experience and skill. Some researchers therefore argue that settings would need the support of an external 'expert' when engaging in the Action Research process (Robson, 1993). However, if successful completion of an Action Research cycle required the support of an external professional to introduce and facilitate the process this could potentially remove some of the ownership of the research from the stakeholders which is one of the key principles of Action Research.

3.2. Examples of the use of collaborative research to support school development

Here a selected sample of studies are reviewed which present accounts of collaborative school based research which aims to support school development. They are all based on a similar model of research, drawing on the Action Research process, and are related to the DIs introduced in this paper in that they involve small

scale collaborative research negotiated jointly between schools and external support services.

The first account is presented by Balchin et al (2006) which involved the application of a 'coach consult method' to supporting school development. The authors explain that the method is related to a consultation method of supporting change (Wagner, 2000), a collaborative problem solving model (Monsen et al, 1998) and a soft systems approach which was presented by Fredrickson (1990). Balchin et al (2006) suggest that the coach consult method combines the effective features of project work and in service training in order to support sustainable change in schools and develop school's ability to manage future change projects. The model of support was expected to achieve three aims; direct effects (direct changes in practice as a result of the research project), training effects (building the capacity of schools to manage future projects), and general effects (changes embedded and generalised to inform other aspects of school provision, leading to changes in culture and ethos).

Balchin et al (2006) evaluated the impact of the coach consult method against all three aims and concluded that it was an effective method of supporting direct short term changes in practice as well as developing the skills of staff in managing future change attempts. Balchin et al (2006) note that the main barriers to successful school development through use of the coach consult method were related to practical difficulties of releasing staff to be involved in the collaborative project and negative staff attitudes regarding change. These are potentially two significant

barriers to the effective engagement of schools in research projects which would benefit from further exploration. It is suggested that the RADIO model may provide an effective framework for ensuring that potential barriers to effective collaborative working and positive outcomes are identified early in the research process (see Table 4, stage 3) so that steps can be taken to reduce these where possible.

The second account of collaborative school development which will be discussed is provided by Binnie et al (2008). They, like Balchin et al (2006) recognised the need to involve schools directly in change processes and used an 'action enquiry model' to support school development. However, unlike Balchin et al's (2006) model and the DIs which are the focus of this paper, the action enquiry models were a compulsory method of supporting change and development in schools. All schools within the Authority were required to engage in the process which was supported by Educational Psychologists and other Authority support services. Like the DI, the action enquiry projects were expected to continue over an academic year, involving the initial identification of a need, planning of how to address the need, and evaluation of changes.

Binnie et al (2008) again emphasised the importance of schools maintaining ownership of the process and state that the focus of the development projects were varied and enabled schools to develop innovative practice. Although making development attempts compulsory may reduce school ownership and engagement, Binnie et al (2008) suggest that the fact that the projects were a core part of school

development and a core part of Educational Psychology delivery was an advantage and ensured that it was not perceived as an 'add on'. However, they did note that a disadvantage of conducting school based research was the reduced benefit for the Educational Psychology team. Educational Psychology based project work directly contributed to knowledge development for the Service, however, school based research, Binnie et al (2008) considered, generated knowledge that was of benefit to the school but may not contribute to a development of knowledge in the Educational Psychology Service. However, from a social validity perspective, it could be argued that there is little use in developing knowledge that is not of direct use to stakeholders (Merrell, 2010).

Ashton (2009) has also presented an account of school based research. This work explicitly stated the use of an Action Research framework to support schools in developing their transition support. Ashton (2009), as discussed earlier, used the RADIO model to support the negotiation of research with volunteering schools. In addition to suggesting the need for an additional stage within the RADIO model, she also suggested that there were benefits of an external professional leading the data gathering process. Ashton (2009) recognised that more honest views are sometimes shared with a professional that is removed from the context. So, although many of the processes discussed aim to build the capacity of settings to engage in their own future research processes, this finding suggests that there is a benefit from external professionals continuing to support research on an ongoing basis. Like Balchin et al (2006), Ashton (2009) also found that a key factor impacting on the success of the projects was the attitude of staff towards the research process. They also

recognised the need to engage staff who were in a position to authorise changes in practice and provision. Within the DI's that are the focus of this paper, senior management were involved in the negotiation and evaluation of the project, and many were involved directly throughout the process.

This paper will now provide a more detailed overview of one of the DIs outlined in Table 3 above.

4. A worked example of a Development Initiative

Details regarding the first DI listed in Table 2, focussing on developing a nursery intake process, will be provided here to give an insight into the use of the RADIO model to structure the research process (making use of an Action Research cycle) and the resulting change process. It is beyond the scope of this paper to provide details of all the DIs and so only the DI in which the author was involved is discussed here. Details will also be provided regarding the role of the Educational Psychologists in this research process, providing an account of how they supported the change process. Although each of the DIs were structured using the RADIO model, the role of the Educational Psychologists and the actions and resulting outcomes varied considerably due to the differing focus of the research and the needs identified. Early work by Lippitt & Lippitt (1978) is drawn upon to distinguish the different roles taken by the Educational Psychologists.

The DI aimed to develop secure and trusting relationships between school staff and parents with the longer term aim of supporting childrens' social and emotional development. School staff had recognised that the children who were identified as needing support to develop their social, emotional and behavioural skills at the end of the infants were mostly children from families with whom school did not have a positive relationship. School staff recognised the importance of working closely with families to support this area of development and recognised the need to develop positive and trusting relationships from the early years before difficulties arose or were identified. The focus of the research was therefore on developing the nursery intake process so it better supported the development of positive relationships between school staff, parents and children in order to support positive longer term outcomes in terms of social, emotional behavioural development, academic achievement and positive relationships between home and school. Literature on attachment theory, emotional wellbeing and social and emotional development was used to inform changes, alongside results from a survey of current Nursery parents.

Table 5, below, provides a summary of how the DI developed over time, highlighting the role of school staff and Educational Psychologists in relation to each of the 12 stages of the RADIO model, and relating the stages of RADIO to the Action Research cycle. Further, more detailed, information regarding the planning, implementation and evaluation of the DI is provided in Appendix 3, structured using the RADIO framework.

Lippit & Lippitt (1978) discussed the different roles that an external consultant can adopt in a research process. Lippett & Lippett (1978) set out the different roles of a 'consultant' along a continuum from non-directive to directive. Roles along the continuum (becoming increasingly directive) included the objective observer/reflecter, the process counsellor, the fact finder, the alternative identifier and linker, the joint problem solver, the trainer educator, the informational expert and the advocate. The roles of process counsellor (raising issues concerning the problem solving process), fact finder (gathers data to stimulate thinking), alternative identifier (identifying alternatives and resources to support process) and joint problem solver (offers alternatives and supports decision making), are likely to be the ones adopted by an external professional supporting an Action Research process. These, in addition to others, are roles that the Educational Psychologists adopted within the DI which is the focus discussion here. Further details are provided within Table 5.

Table 5: A worked example of the use of RADIO to negotiate school development through a Development Initiative

Stage of research (RADIO)	**Stage of research in relation to Action Research (Robson, 1993)**	**Role of school based staff and professionals**	**Role of Educational Psychologists (informed by Lippitt & Lippitt, 1978)**
Awareness of a need	Initial identification of a need for development	Practitioners completed bid highlighting an area for development giving evidence to support it.	Objective observer/reflecter – raises questions for reflection through bid proforma requiring practitioners to ask themselves questions about provision.
Invitation to act		Practitioners submitted bid which confirmed their request for external support .	Objective observer/reflecter – responding to the invitation to act by approaching schools with successful bids and agreeing involvement.
Clarifying organisational and cultural issues		Practitioners supported to identify organisational/cultural issues which may support or inhibit change. Review of staff perception of current intake process and the implications it has for children settling and staff developing relationships with families.	Fact finder – supports practitioners to identify factors which may enable or inhibit change through systematic review of previous attempts to support social and emotional development of children and the development of positive relationships with families within the specific context.
Identifying stakeholders in		Key stakeholders to attend planning meeting (Head, SENCo, Parent Support	Objective observer/reflecter – questions practitioners to identify key stakeholders (encourages full involvement of PSA in planning

area of need		Advisor, Nursery teacher).	and action phases).
Agreeing focus of concern (research aims)	Identification of a need	Key stakeholders to attend planning meeting. Share ideas about identified need and possible ways forward.	Joint problem solver – listens to views of stakeholders and supports decision making to guide stakeholders to appropriate research aims, methodology etc (encouraged staff to consider needs of families in developing trusting relationship with school and impact this has on children's needs and development).
Negotiating framework for information gathering	Planning	Data gathering discussed and agreed in initial planning meeting (current nursery parents identified as key data source).	Fact finder – supports practitioners to identify sources of useful information (previous nursery parents, staff, and encouraged staff to look at provision in other settings and child development theory (eg attachment theory)).
Gathering information	Acting	Practitioners look at existing parent surveys and develop one to meet current needs.	Alternative identifier and linker – supports practitioners to further develop survey to ensure it is closely related to research aims and will yield appropriate information (offers alternative methods and presentation). Provide information regarding child development and the importance of working closely with families.
Processing information with research stakeholders/ sponsors	Planning	Practitioners to look at survey data and suggest adaptations to current intake process in light of this information.	Process counsellor – encourage careful analysis of data and ensure that all hypotheses are considered. Encourage reflections on theory related to early years (attachment, emotional development etc) in relation to survey

			data.
Agreeing areas for future action	Planning	Practitioners refine research aims and new ways forward in light of new data.	Process counsellor – encourages full exploration of area for development and encourage practitioners to consider ethical and cultural implications. Encouraged additional sessions where children can observe parents and staff interacting to support positive attachments with key adults.
Action planning	Planning	Practitioners supported to identify actions to achieve stated aims in light of all the information gathered. Practitioners to plan one additional session (communication matters) for parents and children to attend alongside key adults and additional story telling sessions over summer term.	Joint problem solver – supporting decision making, ensuring that all information is considered in context with consideration of its validity and reliability. Use data from current parents and information about child development and social and emotional development to plan additional transition support for children prior to starting nursery. EP's to plan two sessions on emotional independence and social independence for parents and children to attend, alongside key adults.
Implementation/ action	Acting	Practitioners to carry out planned actions. Practitioners to lead on one session and support two other sessions.	Joint problem solver – support in the direct delivery of sessions for new intake.
Evaluating action	Reflection	Practitioners to gather staff views and family views and progress in the	Objective observer/reflecter – poses questions for consideration, suggests alternative

		development of positive relationships through photographs and quotes throughout process. Practitioners to send out amended questionnaires in Autumn term after transition to gain parents views on the transition process and their relationship with school. Practitioners to also conduct observations of children to observe settling and confidence of those who have and have not attended additional transition sessions (possible use of picture supported communication for children to express views and levels of happiness at school). Practitioners to write up project and evaluation and consider dissemination to other settings.	hypotheses and encourages practitioners to utilise deeper levels of critical reflection to inform future developments in practice. Emphasises need for longer term follow up.

Table 5 clearly shows that both the practitioners and the Educational Psychologists played different roles in the research process as it progressed. The Educational Psychologists played an important role in the design of data gathering methods and the evaluation of changes. It was suggested that the school would have been able to implement changes in the intake process independently but these perhaps would have been based on their intuitive knowledge rather than forming a clear rationale based on data gathered for the purpose and theory related to early years. This supports the argument posed by Reason & Bradbury (2006) who suggest that practitioners need support to engage fully and most effectively in the Action Research process. However, as evaluations of the process as a whole have not yet been carried out it is unclear whether support for one cycle of the Action Research process would develop the skills of practitioners in engaging in the research process independently in the future. This could be something to consider in the evaluation and in subsequent DIs.

Table 5 also shows how the research process, as guided by the stages in the RADIO model, relates to the Action Research process. However, due to the time limited nature of the projects only one cycle of the Action Research process was completed. Table 5 illustrates the additional details that the RADIO model contributes to the Action Research process. The evaluation is anticipated to provide the reflection stage and will inform future planning for subsequent cycles, although the Educational Psychology support will have been withdrawn at this point. At present there is no suggestion of longer term evaluation of the impact of the DI's but this is something that might usefully be considered. A central aim of the DIs was to develop a way of

effectively supporting schools to engage in a process of improvement and development, encouraging maintainable and worthwhile change and moving beyond the direct delivery of training to supporting a change and development culture in schools. An emphasis was placed on building school's capacity to support their own development and so longer term evaluation of the impact of the DIs in addition to longer term evaluation of the school's capacity to support future change and development is important.

5. Reflections on the contribution of the Development Initiatives to school development

Although this is the first year that the DIs have been developed, the initial feedback from Educational Psychologists and schools, gathered verbally through discussion at review meetings, suggest that it is an area of work that is valued and is seen to have a positive impact. Detail regarding school and Educational Psychologist's views are detailed in Tables 6 and 7, below.

Table 6: Educational Psychologist's views regarding the DI process

- They value the time to do joint working with colleagues
- They consider that it has contributed to their continued professional development as all of the DIs have involved some research/literature review
- They feel that there is a need to plan for longer term follow up/evaluation to ensure that change is maintained

- They feel that the use of RADIO has reduced the power imbalance and the transparent framework has enabled schools to retain a sense of ownership whilst supporting systematic research and enquiry

Table 7: School's views regarding the DI process

- They value the additional Educational Psychology time and see the advantage of using additional time for preventative project work over using their allocated time
- They feel valued as they have been 'selected' to take part
- They perceive a benefit of using a set framework (RADIO) to support the research/project work
- They recognise that they would not have put as much emphasis on the evaluation of the research if they had done it independently, without the use of RADIO and Educational Psychology

These views have been gathered through informal discussions and have not been gathered through a thorough evaluation process so, rather than provide valid and reliable data as perhaps a survey or focus group might, they indicate that the initial perception of the process is positive. Suggestions for the evaluation of the new model of service delivery are discussed further in the proceeding section. Firstly, implications from a Trainee Educational Psychologist's involvement in the DI outlined above and reflections on the process are discussed.

5.1. Supporting accurate identification of needs

The involvement of stakeholders in the identification of areas for development has frequently been cited as being important in supporting successful change and development in educational settings (Fredrickson, 1988; Balchin et al, 2006). However, research regarding the support that practitioners need to accurately and effectively identify their needs for development remains inconclusive. Day & Hadfield (2004) argue that practitioners feel threatened by the change process unless they have identified the need for development themselves. In the case of the DIs the practitioners have identified a need based on data (information supporting their Self Evaluation Form, School Development Plan and assessment data) and have requested support to meet that need. The Educational Psychologists have been involved in the focussing and refining of the identified need and hence the focus of the research project. However, if a focus was suggested which was too far removed from the original one identified, practitioners are perhaps at risk of disengaging with the process. Successful bids are more likely to be ones which have a clearly defined need for development and have a clear rationale for it, so perhaps there is a responsibility on the part of the Educational Psychology team to support settings in developing their skills in this process.

Settings were given limited information about the types of DIs that the Educational Psychology team could support them with because there was a desire to ensure that the projects were tailored to meet the specific needs of the setting rather than utilise a direct delivery central training model where packages are developed and

disseminated to settings. Some examples of areas were given (including cognitive behavioural approaches to supporting children and young people, initiatives to support resilience and the development of nurturing environments) but the bids that were received did tend to focus on the identified needs rather than the potential areas for development that had been 'advertised'. Some Educational Psychologists expressed the view that settings will not ask for support if they do not know what we can offer and suggested that there was a need for a 'menu of support'. However, this may then lead to inaccurate identification of needs based on provision known to be available.

5.2. Supporting ongoing reflection as a tool for further development

Halton (2004) suggests that the Action Research process supports developments in reflective practice which subsequently supports longer term developments in practice, however he does not suggest how the impact of Action Research on reflective practice can be measured or evaluated. Although the DI process encourages reflection on development needs, possible ways forward and on the impact of changes in provision, the evaluations have tended to focus on the impact of the changes for practitioners, children and families rather than the impact of the process itself in developments in skills and the reflective practice of practitioners.

Burchell & Dyson (2005) suggest that discussing practice and new ways forward to improve practice in a group context supports developments in reflective practice so it

may well be that this process does support developments in this area. It would be useful for the evaluations to incorporate measures of developments in reflective practice and the impact this has in the longer term. However, this itself would pose some difficulties as there is a lack of a shared definition of reflective practice in the literature (Forde et al, 2006) and hence an absence of a reliable measure of reflective practice or developments towards it (Larrivee, 2008). Forde et al (2006) suggest that it is important to develop a context specific understanding of reflective practice and measure progress in relation to this. This would require an investment of time on the part of schools and also Educational Psychologists to support the development of a shared understanding and so other measures (such as observations and surveys of skills based on research regarding reflective practice) may need to be explored.

5.3. Sharing research tools and skills with educational settings

There have been mixed views expressed in the literature regarding the 'giving away' of psychology. In the case of the DIs the RADIO model was shared with the settings as a way of structuring the research process but it was not advocated as being a useful framework for the settings to use in future organisational change attempts. The sharing of the RADIO model as a tool to support future school based development attempts was not discussed within the Educational Psychology team prior to the DIs being launched and so it is not clear whether an aim was to support the settings in carrying out further research projects successfully in the future without the support of Educational Psychologists. If this is agreed to be an aim then the tools

and frameworks used will need to be discussed more explicitly with the settings with direct discussions about the potential future value of these to the organisation. In addition to the RADIO model, other research tools (data collection methods) and psychological skills (consultation skills) were shared with the settings but again this was in relation to the current DI and were not discussed in terms of their future application. Although Halton (2004) suggests that practitioners do not need any specific skills to engage effectively in the Action Research process, he states that these specific skills are brought to the situation and modelled by the researcher/facilitator so this suggests unless the practitioners have the skills the external facilitator is relied upon for their knowledge of the Action Research process. This obviously has implications for the future use of this approach to research and the need for skills to be taught or transferred throughout the process.

5.4. Effectively terminating the practitioner researcher relationship

In the case of the DIs the Educational Psychologists will conclude with an evaluation session where reflections on the process will be shared. However, this again is planned with reference to the specific needs of the setting so no set ‘exit strategy’ has been agreed within the Educational Psychology team. It is unclear what the process will be for requests for further support stemming from previous DIs, but in terms of the current model of service delivery it is likely that there will be no capacity to support work that extends the one year time frame, unless schools choose to commit some of their allocated Educational Psychology time to it. This is a limitation

because longer term changes and developments should be supported but unless this is planned into the process time is not likely to be allocated to it.

Day & Hadfield (2004) in their work supporting organisational change and development in schools, through use of an Action Research process, provided support not only from the researchers but also from the network of schools that was developed. The DIs could use a similar model for longer term support by forming a network between the four settings that were engaged in DIs each year. Termly network meetings could be developed and facilitated by an Educational Psychologist. There could be an agenda for the meetings which focussed on developing a shared understanding of the Action Research process, problem solving in terms of difficulties encountered with the process and in sharing ideas and disseminating findings. Although the specific focus of the DIs would be varied, the process (Action Research) and overall aim (promoting psychological health and emotional wellbeing) would be similar. Day & Hadfield (2004) findings suggest that the network meetings provided a valuable source of external support for the settings, reducing their need for support from an external professional and overcoming the limited capacity available from external support services.

Inclusion of the 'disseminate and institutionalise' stage of the Partnership Maker model (Nelson & Prilleltensky, 2008) (discussed in previous sections) could also support the development of lasting partnerships to promote ongoing change and development. Amalgamation of the RADIO model and the Partnership Maker model

could be trialled in future DIs, with evaluation of the impact on the longer term maintenance of partnerships to support change and development.

6. Evaluation of Development Initiatives

Throughout this paper several of the discussions have had implications for the evaluation of the DIs as a process to support organisational change and development. Although the need for an evaluation of the process has been recognised this has not yet been negotiated or planned. DIs are a new model of service delivery and so thorough evaluations of the process have not yet been agreed, however, some suggestions in terms of methodology are presented here. As the DI process is emancipatory and participatory in its aim it is important that all stakeholders (settings, community groups, families, children and young people) are involved in the evaluation process, in addition to gathering the views of the Educational Psychologists. It is also important to get both Educational Psychologists views and practitioner views on how the process supported change and development.

Evaluations should focus on both the process aimed at supporting change in addition to the outcomes as the contexts in which the DIs are located and the aims of them are very varied. So for example, evaluating the impact of the DI on practitioner confidence in leading organisational change and development would not provide information about what it was about the process or the context that supported

changes in confidence. A case study approach may be useful in exploring the process in detail (Yin, 2009), but this is likely to take considerable time and would need triangulation of data from multiple sources which may not be practical when working within a very limited time allocation.

Boreham & Morgan (2004) considered the impact of strategies aimed at supporting organisational change and development in a large industrial company, in terms of a sociocultural perspective. They used the concept of an activity system (Engestrom, 1987, 2001) to understand organisational learning and identify the factors that impact on it. This activity system identifies the object (the focus of their activity), and the division of labour, rules and cultural artefacts that support or hinder development. The identification of contradictions or failures in the system is thought to stimulate reflection resulting in learning and development. The factors Boreham & Morgan (2004) identified as being important in supporting organisational learning in an industrial context were; opening space for the creation of a shared meaning (of the aims and focus for development), reconstituting power relations (ensuring that all stakeholders are able to express their views and contribute to the learning process) and providing cultural tools (frameworks, policies and their perceived usefulness) to mediate learning.

The RADIO model is thought to be able to support all three of these factors identified as being important in the change process. It certainly enables the development of a shared meaning throughout the initial stages of negotiation and supports the

reconstitution of power relationships by using an explicit framework which places an emphasis on the valuable knowledge, skills and experience that all stakeholders bring to the process. The RADIO model in itself provides one cultural tool that can support change but also identifies the cultural and organisational issues which have an impact on the change process. However, the application of activity theory to the evaluation of DIs may also reveal other factors that are considered to inhibit or enable developments in practice through this collaborative process.

Another potential way of evaluating the effectiveness of the process may be to ask practitioners to rate their experience of the different types of support provided by an external consultant (informed by Lippett & Lippett, 1978). The Educational Psychologists could also rate their perception on the value of the different types of support they have provided based on their experience. It would also be important to include a longer term follow up measure of the impact of the DIs to explore whether the planned changes had been maintained and whether the setting had continued to reflect on and develop practice.

A form of process evaluation such as Realistic Evaluation may be another effective way of gathering Educational Psychologist and practitioner views on the usefulness of the RADIO model in supporting the change process. A Realistic Evaluation methodology would enable information to be gathered regarding the specific process (mechanisms) within the framework that were effective in supporting the expected outcomes (outcomes) (eg, shared understanding of area for development) and the

contextual factors (contexts) which supported or inhibited the processes from supporting these outcomes. This would support the development of knowledge regarding how best to support change processes in different contexts which could inform the future application of DIs.

Robson (1993) highlights the need for researchers to evidence and communicate successes to encourage others to engage in the research process. It will be important for the initial DIs to be evaluated in a way which not only informs future developments in this aspect of service delivery but in a way which clearly highlights the potential benefits of these projects in supporting organisational change and development which is seen to be valuable by the practitioners. 'Word of mouth' has been highlighted as an effective way to encourage participation within the Authority and so evaluation utilising the voice of the practitioners may be a particularly powerful way of communicating the benefits to other settings.

The potential methods of evaluation discussed above have subtle differences in terms of their purpose and so it important that the choice of evaluation is directly related to the aims of the DIs. These are set out in Table 1. It might be that a tiered approach to evaluation as used by Balchin et al (2006) may be useful in evaluating the impact of the DIs at different levels (direct changes in practice and development of staff skills etc). The fifth aim; 'to contribute to the knowledge about how to effectively develop practice in a range of educational settings' (see Table 1) may be particularly suited to a Realistic Evaluation methodology which is able to highlight the

particular processes/mechanisms which were supportive of the outcomes in different contexts. The existing knowledge about the processes within Action Research methodology that are supportive of change could be used to inform the design of a Realistic Evaluation.

7. Conclusions

In conclusion it has been found that research projects which actively engage school based staff in the negotiation, planning, implementation and evaluation of school based research projects are most effective (Fredrickson, 1988; Balchin et al, 2006). Staff attitudes have been found to be related to positive research outcomes and so engaging staff in projects which are closely related to their perceived needs are likely to be effective methods for promoting meaningful and lasting change (Balchin et al, 2006; Ashton, 2009). Action Research is one method of participatory research which actively engages practitioners in the process. The recently developed approach to project work (DIs), within the Authority that is the focus of this paper, is closely related to an Action Research cycle. Initial informal evaluations suggest that school staff and practitioners perceive that the DIs have had a positive impact. Future, more formal, evaluations need to consider the stated aims of this new method of service delivery and ensure that the evaluation methodology is able to measure outcomes against all of the aims. It is also thought to be important to consider selection of an evaluation methodology which evaluates the process and involves the stakeholders in the evaluation so that the process can be improved and social validity is ensured.

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Appendix 1 – Bidding form and introductory letter

X Children's Services

«Title» «Initial» «Last_Name»

«School_Name»

«Address1»

«Address2»

«Address3»

«Postcode»

Your Ref:

Our Ref:

Date: 21 September 2009

Ask for:

Direct Line:

Dear «Title» «Last_Name»

Re: Development Initiative Bid

I would like to inform you about Development Initiatives, a new feature of the service offer from the Educational Psychology Team with effect from September 2009. The broad focus of Development Initiatives is to promote nurturing learning organisations.

Development Initiatives will:

- be collaborative
- impact on a wider audience
- support organisational change (as opposed to casework)
- contain explicit objectives and evaluation criteria
- make a positive impact on outcomes and wellbeing for children and young people
- be time limited, over one academic year

We would particularly welcome bids from groups of schools wishing to work together on Development initiatives but individual schools, other settings or agencies are also invited to bid for this resource by completing the attached form.

Bids will be considered by a panel which is to be convened on Thursday 5th November so all bids should be received at the X no later than Friday 23rd October. We would value school representation on the panel, preferably from nursery, primary, secondary and special school sectors; please let me know if you or a senior member of your staff would be available to contribute to this process. It is anticipated that the panel will in future years sit once a year only (during the summer term), but for this year we will need to convene two panels one in November and one in the summer term.

If you feel that your school, group of schools or setting could benefit from a Development Initiative please discuss/complete the enclosed bid form with your Educational Psychologist and forward to me X at the X Centre.

In the meantime, please do not hesitate to contact X to discuss further.

Best Wishes

Yours sincerely

X

Principal Educational Psychologist

Early Intervention and Inclusion Service

Enc

X Children's Services

Development Initiative Bid Form

Name of school/setting/group of schools: **Date:**

Area(s) for Development:

Work ongoing/already undertaken in this area:

Expectation/outcomes (linked with ECM/SDP/provision map):

Opportunities to involve other schools?:

Please return to: X

Appendix 2 – Proforma for selection of successful bids

X Children's Services

Educational Psychology Team: Development Initiatives Panel Meeting

School _____ Date _____

Panel Member _____

Instructions

Please use the scoring system 1 – 5 to indicate whether the school's bid meet the criteria. A score of 5 means the criteria is met fully while a score of 1 means there is no or little evidence relating to the criteria.

	Criteria	Score
1.	Will contribute to the promotion of psychological health and emotional well being	
2.	Objectives are clear.	
3.	Promotes community involvement and/or collaboration between schools.	
4.	Would benefit from psychological input.	
5.	Will contribute to positive outcomes for children/young people	
6.	Is achievable within the time available.	
7.	There is evidence that the bid refers to an agreed and prioritised development area for the school/community.	
8.	Named school link	

Total score

Appendix 3 – Overview of DI presented in RADIO model

Development Initiative Plan (RADIO)

A) DI Bid agreed RADIO phases 1. Awareness of a need	New Invention Infant School made a bid for a DI focussing on • 'promoting emotionally healthy environments' • 'nurturing programme for parents and children in Nursery' • 'focus on improving relationships between staff, parents and children • 'promote parental engagement in school life from the early years – supporting the development of trusting relationships between home and school so that parents/families feel they can come into school and discuss concerns etc • Identified need through: • Observations (high level of need of Nursery intake re: social and emotional development and communication skills) • School records (high attendance at parents evening, workshops etc but often not reaching those who are perceived as those most in need of support • Data (children who are demonstrating challenging behaviour or who are achieving low on PSED indicators are pupils who are achieving above average academically – risk of behaviour becoming barrier to learning later in life)
2. Invitation to act	New Invention Infants school made a bid and were successful. 06.01.09 – Initial planning meeting: EP team: 4 x EPs School team: Nursery teacher, PSA, Head Teacher, Head of Foundation Stage Agreed use of RADIO to negotiate and plan DI.

B)	**Scoping Meeting with sponsors** **RADIO phases**	Initial planning meeting – 06.01.10:
	3. Clarifying organisational and cultural issues (exploration of factors likely to support or impede the initiative)	**School staff:** Supporting factors: • Enthusiastic staff team that are used to working in a school that gets involved with new initiatives • All staff are reported to perceive a need to develop the school's approach to engaging parents/families and to continue to develop their skills in providing a nurturing environment • School staff are committing time to support the planning, implementation, evaluation and write up of project Inhibiting factors: • Time commitment – school currently involved in two other projects **EP's:** Supporting factors: • Have research skills • Have experience of working with children in the Early Years and in developing relationships with parents/families • Opportunity to work as a group Inhibiting factors: • Time limited role **Parents/families:** Supporting factors: • Very local catchment (geographically) • Families tend to attend the school over generations – opportunity to build trusting relationships over time Inhibiting factors: • Timing difficulties – some working parents • Increasing numbers of ethnic minority families accessing school but ethnicities and languages not represented in staff

	team *Need to gather information from current parents (their views, their desire to contribute to project etc) **Background information:** • 78 place Nursery • Staff observed increasing needs of Nursery children regarding language and communication skills • School now has approx 25% of intake from ethnic minorities (mostly Indian) (increased over recent years) • 1 LAC in school • School continuing to build links with local early years settings, including local children's centre • Families from very local catchment • Most families attend school through generations • Most children attend Nursery (not many new to school in reception) and stay until Year 2 • Most children make transition to New Invention Juniors in Year 2
4. Identifying stakeholders in area of need. (Establish DI co-ordinating group representative of stakeholders)	School team as above EP team as above Parents: - use of questionnaire to gather information from current Nursery parents - Possible use of focus group of current parents to discuss new proposals
5. Agreeing focus of concern (usually results in a plan to carry out some form of needs assessment/audit)	Discussions focussed on developing intake processes for new Nursery children. Current practice: - Only one intake in September - Home visit to share information about school and check details etc before summer holidays - Staggered intake in September Potential changes: - One intake in September (find out names and contacts in February) - Series of work shops/events/activities throughout summer term prior to entry to develop relationship between home and school and to support early

<table>
<tr>
<td></td>
<td>identification of need
- Share information about attachment and relationships, social and emotional development etc prior to intake
- Share information about local Children's Centre and encourage access over summer to support transition to school
- Observations of developing relationships between children and between children/families and adults can inform decisions regarding groupings
- Earlier home visit (prior to summer term?)

Research question:

Explore ways for school to support the development of positive and trusting relationships with families in the very early years (prior to Nursery intake).

Short term aims:

- Parents/families and school staff feel they have a trusting and secure reciprocal relationship from which to develop the longer term aims
- Earlier identification of emotional needs
- School staff able to plan to support each child's/family's transition to school in a personalised way to promote a successful transition

Longer term aims:

- Develop parent's skills in supporting children's social and emotional development
- Reduce behavioural difficulties in Key Stage 1 due to social and emotional needs not being met
- All parents/families confident to ask for help
- Reduce the potential for behaviour to be a barrier to achievement
- Support the development of independent and confident children and parents/families
- Develop staff skills in being able to empathise with the needs of parents/families</td>
</tr>
<tr>
<td>6. Negotiating framework for information gathering and timeline (methodology)</td>
<td>Timeline:

<table>
<tr><td>Project start</td><td>January 2010</td></tr>
<tr><td>06.01.10</td><td>Initial planning meeting</td></tr>
<tr><td>15.01.10</td><td>School staff draft questionnaire to gather</td></tr>
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	views of current Nursery parents
22.01.10	EP team provide school with feedback on draft questionnaire
12.02.10	School staff amend questionnaire and send out to all current Nursery parents. Information gathered by 12.02.10
22.03.10 (9am)	Planning meeting to reflect on data gathered from parents and discuss proposal for home visits and sessions during summer term (types of activities, who, when, where etc) (SENCo from Children's Centre invited) Discuss possible evaluation methods
April 2010	Present proposal to parent focus group?
April 2010	Home visits?
May – July 2010	Activities/workshops/sessions for new intake of Nursery children and families (day/evening sessions?)
5th/6th July 2010 (am/pm?)	Evaluation meeting – consider need for longer term evaluations and the need for any follow up work (could be supported through EP time allocation)
July 2010	Project write up (use of photographs and feedback from parents to illustrate the process and evaluate impact/outcomes)
Project completion	July 2010

C) Information Gathering	
7. Gathering information (information gathered using agreed methods)	Reflection on positive and negative aspects of current/previous interventions (see attached sheet) Questionnaire for current Nursery parents to gain views regarding initial information sharing and intake process

	Use of focus group of existing parents who will have child starting in Nursery next year?
D) **Processing/planning meeting**	
8. Processing information with research sponsors/stakeholders (group examines development needs in light of this information)	Meeting – 22.03.10 Consider feedback from questionnaires Consider school staff views Consider EP team views Consider Children's Centre views
9. Agree areas of intervention (activities agreed and initial planning)	Meeting – 22.03.10 (see minutes) Agree proposal for additional sessions in summer term - Dates - Times - Location - Staffing - Focus Discuss possible evaluation methods
10. Action Planning	See above EPs met to discuss and plan sessions to be lead by EPs (consulted existing materials – SEAL, training, EYFS, and research regarding social and emotional independence – attachment theory etc)

School staff met to discuss and plan session to be led by school staff.

EPs and school staff met to jointly look at planning for sessions and agree final content.

E) Action

11. Implementation/Action

Implementation of changes to Nursery intake during summer term 2010

Sessions delivered:

Session title:	Date delivered:	Delivered by:
Introductory session (existing but earlier)	Spring term	School staff
Home visits (existing but earlier)	Spring term	Nursery staff and PSA
Learn Together – communication	21st May 2010 28th May 2010	School staff, PSA, Children's Centre staff
Learn Together – emotional independence	11th June 2010 18th June 2010	EPs, nursery staff, PSA, Children's Centre staff
Learn Together – social independence	2nd July 2010 9th July 2010	EPs, nursery staff, PSA, Children's Centre staff
Story Teller sessions	6 sessions preceding Learn Together sessions	School staff, PSA

See planning notes for session content.

F) Evaluation

12. Evaluating Action

Evaluations to be carried out during summer term

Discuss need for longer term evaluation

Discuss need for any follow up work (could be negotiated within EP allocation)

Agree process for write up of project and dissemination (to local EY settings, to families, to EIIS, in publication?)

Research question:

Explore ways for school to support the development of positive and trusting relationships with families in the very early years (prior to Nursery intake).

Short term aims:

Aims:	**Evaluation info:**
Parents/families and school staff feel they have a trusting and secure reciprocal relationship from which to develop the longer term aims	School staff felt they had definitely achieved this aim. They felt they knew parents and children better, as before they would not have had much contact with them prior to the September start. Staff felt parents saw staff in a different way – saw them interacting with the children. Staff felt inclusion of PSA in home visits worked well (helped to develop relationships). 15/18 parents felt the sessions had supported the development of a positive relationship between their child and the key adult. ¾ staff felt the sessions had definitely helped them to develop trusting relationships with children and families.
Earlier identification of emotional needs	Staff felt this was partially achieved. Staff identified some children/families who may need

	additional support but felt that some of the children/families who would benefit from additional support may not have attended any of the sessions. Home visits were useful (every child had home visit) but only seeing child in one context without other children. Useful to have PSA to support home visits. 1 member of staff felt the sessions had definitely helped them to identify children who may be in need of additional support, 3 staff felt it had helped to some extent.
School staff able to plan to support each child's/family's transition to school in a personalised way to promote a successful transition	Staff felt this was partially achieved. Staff gave one example of where they had begun to develop a relationship with a child with a hearing impairment and as a result of the additional sessions were able to begin to plan an individualised transition. However, staff recognised that the sessions demanded a high level of staff time, taking staff away from their existing groups. 1 member of staff felt the sessions had definitely helped them to plan individualised transitions, 3 staff felt it had helped to some extent. 10/18 parents felt that the sessions had definitely helped their child to be more ready for school, 1 parent felt that the sessions did not help.

Longer term aims:

Aims:	**Evaluation Info:**
Develop parent's skills	1 parent reported that they were

in supporting children's social and emotional development	now going to read with their child after seeing it modelled during the story teller sessions. Staff perceived that sessions had supported parent confidence, this was also shown through session evaluations. 12/18 parents felt the sessions had definitely helped them to support their child's transition, 1 parent felt that it had not helped.
Reduce behavioural difficulties in Key Stage 1 due to social and emotional needs not being met	Need longer term evaluations so not known yet but staff felt that parental confidence had improved.
All parents/families confident to ask for help	Need longer term evaluations so not known yet but staff felt that parental confidence had improved.
Reduce the potential for behaviour to be a barrier to achievement	Need longer term evaluations.
Support the development of independent and confident children and parents/families	Need longer term evaluations. School staff have planned to send out additional questionnaires in September to the whole nursery to gain views of parental motivation for attending the sessions
Develop staff skills in being able to empathise with the needs of parents/families	Need longer term evaluations

Additional qualitative information from evaluation questionnaires:

Parents views:

What has been most helpful?

- 'understanding the importance of friendships and relationships'
- 'my child being able to mix with the children who are going to be in her class and become familiar with nursery'
- 'the story teller sessions because they encouraged me to read stories every bed time'

How to improve the process:

- 'to include all sessions on several days of the week – that way accessibility to all would prove more useful'
- 'offer 'family classes' (for children from each group together)
- 'longer sessions and more interaction for parents, let the children see their parents having fun with other adults'

Staff views:

Learn Together sessions:

- 'key messages delivered early so parents have a greater understanding of the school'

Story teller sessions:

- 'enjoyable interactive activities drip feeding key messages'
- '...lots of chances to bond with children and parents'

Actions resulting from evaluation of project:

1. School staff to continue to liaise and develop links with Children's Centre (possibility of summer activities to support transition)
2. School to continue to implement transition as above and evaluate after two years to identify impact
3. School to consider separate sessions for parents to

allow for more discussion

4. School staff to consider changing timing of sessions, perhaps offering sessions after school to make more accessible to working parents
5. School staff to consider how they 'advertise' the sessions – wording used in letter (making clear that it is for them and their child), making purpose clear, perhaps discussing letter during home visit
6. School to discuss partner services with parents (SALT, EP, Integrated support services), possibility of representatives at Introduction Evening, or use of photographs and role description on leaflets given out to families
7. Possibility of using text messaging to remind parents of sessions (if system can be set up for new intake)
8. School to consider offer of additional home visits (nursery staff/PSA) for parents who do not access sessions
9. School staff to gain voice of child through use of smile ratings early in Autumn term in an attempt to identify any differences in settling and confidence/happiness of children who had attended sessions and those who had not
10. Possible tracking of children through school to monitor social and emotional development and academic progress (any differences between this cohort and others)
11. Evaluation meeting with contact EP, late Autumn term (review resulting actions)

EP perspective on contribution of applied psychology:

- Influenced the focus of the project – school initially considering EP support for parents, EPs negotiated focus to be on building relationships and collaborative working between school staff and families
- Research skills – use of RADIO model to negotiate, plan and evaluate project
- Influenced session content – move from curriculum focus to basic psychological needs focus
- Direct application of psychology in session content – emotional and social independence (attachment theory, community psychology and social support networks, psychological health and wellbeing, nurturing, self esteem, Maslow's hierarchy of needs)

	• Research skills – planning and implementation of evaluation (questionnaire design) • Ongoing support through consultation to support school staff in planning session content and negotiating plans for delivery of sessions