Volume 2

Professional Practice Reports

By

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INTRODUCTION TO VOLUME 2

This volume contributes to requirements for the doctoral programme in Applied Educational and Child Psychology at the University of Birmingham. This is the second of two volumes and is formed of four professional practice reports, each relating to work completed during my final two years of training as a Trainee Educational Psychologist (TEP) in a West Midlands city. This introductory chapter summarises the context for the work, provides an outline of each PPR, and includes a discussion of the contributions of the work.

Local context

Fairview LA[1] is located in the West Midlands and serves a diverse population, particularly in terms of socio-economic status, ethnicity and language spoken (Fairview City Council, 2011; 2014).

Fairview Educational Psychology Service (EPS) has operated a traded-model of service delivery for over ten years. Part way through my training, schools became able to vary the amount of time purchased and many schools significantly increased their time. Simultaneously, schools were being offered educational psychology services from independent providers, leading to the EPS trading in a competitive market for the first time. This created a new challenge for the service to deliver an increased amount of work with the

[1] Fairview LA is a pseudonym.

possibility that schools could choose to obtain support elsewhere. The EPS does serve the majority of the schools, and as a TEP I worked in approximately seven primary schools and one secondary school. I also became the link Educational Psychologist (EP) to three schools and held a number of early-years casework.

There is an on-going requirement that all EPs engage in development work. During my time I took part in a number of small groups, including designing group therapeutic interventions for children, and introducing Target Monitoring and Evaluation (TME) to the EPS. I also became involved in other development work, including designing and delivering staff training, and evaluating a 'positive psychology' training. Elements of my experiences have contributed to the focus of each PPR. The PPR topics all arose through opportunities encountered during practice as a TEP and were agreed through discussion with my supervisor and service managers.

Overview of PPRs

PPR1 focuses on the role of support staff in a school for pupils experiencing behavioural, emotional and social difficulties (BESD). The project arose out of previous EPS involvement with the school and the Head Teacher identifying a need for the work. My involvement was due to my position as a TEP providing the opportunity to undertake the work. The PPR reports on findings relating to the role of support staff, however, the project also explored the experiences of

staff including challenges of the role and how supported they felt. Following completion of the PPR, all the results were shared with school leadership team who agreed areas for development.

PPR2 focuses on the delivery of CBT to a Year 5 pupil described by school staff as 'on the verge of depression'. The work arose out of planning meetings between school staff and my supervisor who was the school's link EP. The PPR discusses the pupil's needs, psychological models concerning depression, and discusses CBT. My involvement in the case stretched beyond CBT, and through consultation I supported school staff, the pupil, and other members of the pupil's family.

PPR3 is a literature review exploring how schools can support the occupational well-being of school staff from an organisational level. The literature review arose out of a number of situations where the well-being of school staff was a focus, in particular the well-being of school staff was a concern in one of my link schools, and I contributed to evaluating a 'Positive Psychology' project to support staff well-being in another school. The literature review provides a basis for future work.

PPR4 reports on EPs views regarding the use of TME for evaluating the outcomes of consultation for CYP. The work arose through my active involvement in introducing TME into the service. The PPR discusses the use of evaluation approaches to consider the outcomes of consultation, and presents

an illuminative evaluation, focusing on the view of EPs regarding the use of TME. The project supported EPs in the service to consider the suitability of TME within the local context and model of consultation.

Implications of the work

Completing the PPRs has contributed to my professional development enabling me to work in new settings, implement different ways of working, and expand my professional knowledge in a range of topic areas. In particular, as a result of the PPRs I feel more secure in areas of professional practice, and better equipped to introduce new ways of working and promoting different ideas that are based on psychological theory and sound research evidence. Completing the PPRs has also furthered my research and evaluation skills, and strengthened my view that EPs should be supporting schools and LA services to conduct research and evaluations.

The PPRs have also contributed to the service delivery. In particular, the TME project has supported EPs to reflect on and explore a different way of evaluating outcomes. Lastly, the PPRs have contributed to academic and professional the knowledge base. In particular, PPR1 address the gap in research regarding the role of support staff in special schools, and PPR3 provides a clear scope for the future development of approaches to support staff well-being.

References

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PROFESSIONAL PRACTICE REPORT 1:

UNDERSTANDING THE ROLE OF SUPPORT STAFF IN A SPECIALIST SCHOOL FOR PUPILS EXPERIENCING BEHAVIOUR, EMOTIONAL AND SOCIAL DIFFICULTIES

Abstract

The report outlines the first stages of a school organisational development project to address the effectiveness of support staff deployment. Located in a special school for pupils experiencing behavioural, emotional and social difficulties (BESD), the project explored the role of support staff, identifying a multi-faceted role incorporating non-pedagogical activities, including managing behaviour and supporting social skills, and pedagogical activities such as delivering small-group teaching support. The role was compared to the role of support staff within the literature, revealing similarities to mainstream and other specialist settings, yet also clear distinctions, reflecting current understanding that the support staff role is locally devised and context dependent.

Introduction

The role of support staff in UK schools has been an active area of research (e.g. Blatchford et al., 2010), however there is an absence of literature exploring the role of staff working solely in specialist settings (Chilton, 2012). The current paper reports on a project exploring the role of support staff in a special school for pupils experiencing behavioural, emotional and social difficulties (BESD). Delivered by a trainee educational psychologist (TEP), the project formed the first stages of the school's drive for organisational change to address the effectiveness of the deployment of support staff. By documenting and examining the role of support staff working in a BESD special school, the report contributes to the knowledge base regarding support staff, and exemplifies the role of EPs in conducting educational research and supporting organisational change.

The report will firstly establish a context for the project, before continuing to review what is presently understood about the role of support staff. The details of the project will then be introduced, the findings explored and discussed in relation to the literature; leading to conclusions for the role of support staff, the school and the relevance of the project for EP practice.

Context

Outline of Trainee Educational Psychologist (TEP) work

The project was undertaken in a city, where the TEP was completing a professional placement funded by the Local Authority's (LA) Educational Psychology Service (EPS), from here on referred to as Fairview City[2]. Fairview City is located in the Midlands, England, and is amongst the largest cities in the UK (ONS, 2011). Fairview offers a range of educational settings, including a number of maintained special schools serving pupils with different special educational needs (SEN). In 2012, 1.6% of pupils were educated in the city's special schools, which was comparable to the percentage within the local region (DfE, 2012a).

Local context

The school of focus is the designated provision for children aged 5 − 16 experiencing BESD. Due to its previous existence as two schools, the primary and secondary provisions are located apart. All pupils are placed in the school on the basis of a statement of SEN and pupils can enter at any point in their education. The primary need for all pupils is BESD, however, many experience additional difficulties such as autism spectrum disorder (ASD) or learning difficulties. The school is mixed-gender, though the majority of pupils are boys.

[2] Fairview City is a pseudonym used to preserve the anonymity of those involved.

A very high proportion of pupils are eligible to receive the pupil premium funding, and a high proportion in the care of the LA.

Purpose and aims of the project

The project originated through a school improvement group formed to increase the effectiveness of the school and address areas for improvement identified in a recent Ofsted inspection. The concerns of inspectors were that TAs were often deployed to manage behaviour, rather than support learning, this being apparent when behaviour was not a concern; and that TAs were not always given planning information regarding what pupils would be learning, which consequently impacted their role in the classroom. Following discussion, the project was agreed and formalised to form part of the school's post-Ofsted development plan. It was agreed that the aims would be to gain the voice of support staff by understanding how they view their role, and explore their sense of wellbeing in the position. The findings would then highlight areas of strength and development. This report considers the first of these aims, i.e. understanding of the role of support staff.

Literature Review

The status of support staff in UK schools has been a subject of national interest for a number of years (e.g. Farrell et al., 1999; BBC, 2009). Of particular relevance is the 2003 National Agreement, which was a formal document

signed between government, unions and employers. The agreement included a number of plans aimed at increasing educational standards and decreasing teacher workload (LGE, 2003). Amongst the plan was a promise to reform the role of support staff and introduce the position of high level teacher assistants (HLTAs), with envisioned implications including recognition of support staff contribution to pupil standards and recognition of responsibilities (LGE, 2003). To support the implementation, schools begun a process of 'workforce remodelling'. This led to a growth in the number of support staff and an increase in support staff workload across primary, secondary and special schools in England and Wales (Blatchford et al., 2009b).

The advent of the National Agreement also led to a growth in the research literature exploring the role. The government-funded 'Deployment and Impact of Support Staff' (DISS) research project is perhaps the most seminal (e.g. Blatchford et al., 2009b; 2009a). Although the project considered primary, secondary and special schools across England and Wales, the research symbolises the lack of knowledge regarding the role of support staff in special schools alone. For example, the decision was made to not include special schools in the strand exploring the impact of support staff on pupil attainment (Blatchford et al., 2009a); this being the most instrumental finding and attracting widespread national media attention (e.g. BBC, 2009). Likewise, presenting an all-encompassing portrait of support staff in mainstream and special, is the approach of alternative research that has considered support staff in specialist provision (e.g. Farrell et al., 1999; Lacey, 2001). This is also the conclusion of

Chilton (2012), who drew from this conclusion and explored the role in a specialist setting for pupils with Severe Learning Difficulties (SLD). A consequence of the paucity of published literature exploring staff in special schools is a marked absence of literature concerning staff in specialist BESD settings. Therefore, to understand the literature on support staff, it is essential to consider a broad perspective and examine what is currently understood about the role across all school settings.

What follows is a critical review of the literature, exploring the role of support staff in mainstream and then specialist settings. As the National Agreement impacted significantly on schools in England and Wales only, in order to increase the relevance to the setting of focus, only literature from these regions is considered. Nevertheless, it should be noted that wider literature is also lacking in considering special schools. Prior to discussion, it is important to clarify terms used throughout the report.

Behavioural, emotional and social difficulties (BESD):

The nature of BESD as an SEN and specialist provision for children experiencing BESD has a long and debated history (Armstrong and Hallett, 2012; Burton et al., 2009; Cooper, 1999), and Daniels (2002) describes how BESD schools attempt to strike an equilibrium between providing education, social training, welfare and control. Although at the time of the project, the nature and definition of BESD as a category of SEN was under national review (DfE, 2011; DFE, 2012b), the level of needs warranting placement at a special school was subject to local provision in accordance with the SEN Code of

Practice (DfES, 2001). Therefore, pupils in the school were placed due to professional agreement that they were experiencing significant behavioural and/or emotional difficulties which were severely interfering with their learning, and that these difficulties were their primary area of need.

Support staff / Teaching assistant (TA):

The term school support staff applies to a number of positions. Blatchford et al. (2009b) identified seven types of support staff operating in primary, secondary and special schools, including roles regarded as equivalent to TAs [e.g. Learning Support Assistants (LSAs) and Higher Level Teaching Assistants (HLTAs)], pupil welfare staff, technicians and administrative staff. This present study focuses on TA equivalent staff, however, the terms support staff and TA are used interchangeably.

Pedagogic:

The terms pedagogic and pedagogical are used throughout in reference to the specific activities of support staff. The terms are used in a manner consist with the literature regarding support staff, particularly that arising from the DISS research project where the direct pedagogical role of support staff is referred to as an instructional role, namely classroom based activities relating to supporting and interacting with pupils during lessons (Blatchford et al., 2009a; 2011; Webster et al., 2010b; 2011). In turn non-pedagogic activities are any that do not directly relate to providing instructional support.

The support staff role in mainstream settings

History of ambiguity:

The role therefore has a history of ambiguity that exists to the present day. Early research surveying LSAs found that support staff viewed their role and responsibilities with confusion (Dew Hughes et al., 1998). Despite national and local initiatives, research to date suggests little has changed, leading some to conclude that minimal thought has been given to the expectations or nature of the role (Butt and Lance, 2009; Collins and Simco, 2006; Graves, 2011; Hammersley-Fletcher and Lowe, 2011; Kerry, 2005; Tucker, 2009; Wilson and Bedford, 2008).

In attempting to create a typology of TA roles by examining the literature up until the mid-2000s, Kerry identified 11 positions ranging from a 'Dogsbody' limited to manual tasks such as washing pots of paints, to a 'mobile paraprofessional' performing tasks typically the domain of the teacher (Kerry, 2005). Although Kerry's approach to the literature search is not clearly identified, in offering the typology Kerry (2005) established in detail what others have recognised. That is, that the role of a TA is at best an umbrella term used to describe a number of titles and roles (Collins and Simco, 2006), and at worst a 'Jill of all trades' performing a variety of roles dependent on context, a term originally used by Moyles and Suschitzky in 1997 and phrased in reference to the female dominant workforce (Butt and Lance, 2009; Fraser and Meadows, 2008; Wilson and Bedford, 2008).

The ambiguity of the role seems to relate to the context of individual schools and the approach of individual support staff. Graves (2011) reported on a two-year research project exploring conceptions of the HLTA role in the North West of England, and concluded that each role had been locally devised and was dependent on the context of each school. Schools had therefore created niche positions, tailored to suit the capabilities of individual members of staff; a problematic situation for consistency across the workforce (Graves, 2011). Hammersley-Fletcher and Lowe (2011) reveal one example of a key contextual influence, demonstrating that when TAs take on greater responsibility such as leading a class, this is dependent on how comfortable and confident the Head Teacher is in a TA's abilities. Systematic reviews of the literature have indicated other contextual influences to include the pro-activeness of a TA to determine their own role, and the views of individual teachers as to the role the TA (Cajkler et al., 2006; 2007a; 2007b; Tucker, 2009).

Notwithstanding the ambiguity, what is apparent from the literature is that the role can be partitioned into two categories, that of pedagogic and non-pedagogic activities. Although continuing to support in non-pedagogic ways, in recent years support staff have become increasingly involved in pedagogic activities.

Non-pedagogic activities:

Inside the classroom, support staff are viewed as playing a role in supporting pupils' social and emotional engagement in learning. Categorised in the DISS project as ‘Positive Approaches to Learning’ (PALs), this includes pupil

motivation, level of distraction and response to adult instruction (Blatchford et al., 2011). Pupils recognise and value the role of TAs in this area (Tucker, 2009), however, their effectiveness over the long-term has been drawn into question by the DISS project, where it was identified that TAs did not make a consistently positive impact (Blatchford et al., 2011; Webster et al., 2010a; 2011).

A non-pedagogic role that is consistently reported is supporting relationships within the school community. In one of the few papers considering support staff for pupils experiencing BESD in mainstream schools, Burton and Goodman (2011) identified that by being flexible and available TAs could develop supportive relationships with pupils and provide a nurturing environment. The supportive relationship also extended to parents, with parents viewing support staff as accessible and approachable (Burton and Goodman, 2011). Cajkler et al. (2006) identified this as 'stakeholder relations', with TAs playing a bridging role between pupils, teachers and parents.

Pedagogic activities:

Support staff are increasingly performing a wide range of pedagogic activities, including supporting individual pupils with SEN (e.g. Symes and Humphrey, 2012), delivering small group interventions (e.g. Savage and Carless, 2005), and teaching whole classes (e.g. Hammersley-Fletcher and Lowe, 2011). However, the increase in pedagogic activities is controversial. Symes and Humphrey (2012) exemplified a negative impact of TA support for secondary-

aged pupils identified with ASD, finding that pupils with support interacted less with peers, for example by choosing to work with their TA instead of peers during group tasks. As highlighted, the DISS project also found TA support to have a negative impact on pupil attainment (Blatchford et al., 2009a; 2011). Amongst the reasons suggested by the researchers include TAs being ill-prepared for their role, for example due to variable training and little time for planning with teachers; TAs being deployed unsuitably leading to pupils interacting less with teachers; and TAs' professional practice being of a lesser quality to that of teachers, for example by TAs focusing on task completion rather than learning, and communication with pupils closing down rather than opening up discussion (Blatchford et al., 2011). Evidence does suggest, however, that when TAs are trained and supported to deliver specific learning interventions, particularly literacy and language interventions, their involvement leads to positive academic outcomes for pupils (e.g. see systematic review by Farrell et al., 2010).

The support staff role in specialist settings

Literature focusing solely on support staff in special schools, is as aforementioned sparse; this is despite support staff being employed in special schools for many years prior to their growth in mainstream (Farrell et al., 1999). Farrell et al. (1999) and Lacey (2001) are the earliest studies exploring the role of support staff in special schools, and although both present findings of interest, their relevance is not without difficulty. Firstly, the studies occurred

before the 2003 National Agreement, and therefore represent historical examples of the support staff role. Secondly, both studies explored practice in mainstream and special schools, and as a result it is difficult to untangle findings characterising special schools only. Chilton (2012), however, contributes to addressing these difficulties, by being a recent and exclusive study of a special school.

Notwithstanding, the studies do suggest that the role of support staff in special schools is similar to that in mainstream schools, comprising non-pedagogic and pedagogic activities. Due to the longer history of support staff in special schools, it may be expected that the position holds less ambiguity. Farrell et al. (1999) do imply this, conveying a clear role distinction between class teachers and LSAs. However, Farrell et al. (1999) also suggest that the role is dependent on local context, particularly relationships with class teachers and the individual expertise of support staff, and Lacey (2001) identified that the responsibilities of an LSA varied between schools.

Non-pedagogic activities:

The non-pedagogic role of special school support staff appears wider than that in mainstream settings, and is viewed with positive regard (Chilton, 2012). In addition to playing a key role supporting relationships within the school community and acting as a bridge between pupils, teachers and parents (Chilton, 2012; Farrell et al., 1999), staff also support pupils to develop relationships with each other, by promoting and facilitating social interaction and supporting the development of social skills (Chilton, 2012; Lacey, 2001). Staff

also play a distinct role in providing for the general wellbeing of pupils by supporting personal care, including toileting, eating and medical support; and ensuring pupil safety, for example providing behaviour reminders, ensuring appropriate sensory environment and managing a safe environment (Chilton, 2012; Farrell et al., 1999).

Pedagogic activities:

As in mainstream schools, support staff support individual pupils, work with groups and teach whole classes. The exact nature of the activity may differ depending on pupils' SEN, for instance Farrell et al. (1999) describe a special school for pupils experiencing BESD where there was an emphasis on positive behaviour management strategies. When working with pupils, the pedagogic role covers a number of clear areas, including establishing contexts for learning, encouraging pupils, explaining and adapting work, contributing to assessment by recording and evidencing learning, and working in teamwork with teachers to plan and deliver lessons (Chilton, 2012; Farrell et al., 1999; Lacey, 2001). Staff also play a role in determining the direction of pedagogic support for individual pupils by contributing information to and implementing actions and advice arising from SEN reviews (Chilton, 2012; Farrell et al., 1999). However, unlike in mainstream settings, the literature does not suggest the pedagogic role as controversial. For example, when taking whole classes Chilton (2012) and Farrell et al. (1999) refer to this only being temporary 'cover' due to absence, with the class teacher bearing overall responsibility for teaching and learning.

Conclusions

Overall, the literature reveals the role of support staff to be similar across mainstream and special schools, although in mainstream schools the role has a history of inconsistency and ambiguity. Across all schools the role can be determined by local factors, including the skills of individual support staff, the relationship between support staff and teachers, and the views of senior management as to the proficiency of staff. A distinct role for support staff certainly centres on non-pedagogic activities, particularly the development of supportive relationships within and between members of the school community. In special schools, the non-pedagogic role also includes wider activities that sustain the wellbeing of pupils. Support staff are increasingly playing a pedagogic role in the classroom, from supporting individual pupils in the classroom to leading whole classes. This has raised questions and concerns in mainstream schools as to whether support staff should play a pedagogic role. Although based on a modest range of literature, these concerns are not mirrored in special schools, where the pedagogic role appears to have greater clarity and acceptance.

Research questions

Informed by findings from the literature review, this study asks:

- What is the non-pedagogical role of support staff working in an all-age specialist school for pupils experiencing BESD?
- What is the pedagogical role of support staff working in an all-age specialist school for pupils experiencing BESD?

Methodology

Epistemology

The project adopted a critical realist stance, which acknowledges the existence of an objective and real world (ontology); however, also views knowledge of the world as fallible, subject to social influences and open to re-interpretation and challenge (epistemology) (della Porta and Keating, 2008; Robson, 2011). In direct application to the present project, the researcher considered there to be a true understanding of the role of TAs in the focus school, yet recognised the imperfection of knowledge gained towards that understanding.

Design

The project utilised a flexible action research design (Robson, 2011). This was suited to the project as the purpose was to improve understanding of the practice of support staff, with the aim of promoting change within the school (Robson, 2011). In adopting an action research design, the project adhered to the principles of collaboration by negotiating plans with school stakeholders. This did introduce design risks such as stakeholders advocating inappropriate methods (Robson, 2011), thus to guard against these and help facilitate negotiation, the project utilised the research model 'Research and Development in Organisations' (RADIO) (see appendix 1). In brief, RADIO is informed by collaborative approaches to research and provides a framework to identify

needs, determine the research approach in a collaborative manner, and manage organisational change (Timmins et al., 2006; 2003). This report specifically relates to the initial stages of the model, planning for organisational change.

Data Collection

Method:

Semi-structured group interviews were completed with support staff across the school. Group interviews were selected as advantages included being an efficient way to involve a high number of staff, the supportive and familiar environment enabled staff to develop ideas together, and the group dynamics indicated the extent to which views were shared (Robson, 2011). The disadvantages of the method were acknowledged and mitigated against, for example attempts were made to ensure that all participants contributed and not just those who were more vocal. Through being semi-structured, the interview schedule allowed the researcher to advance the interviews based on the responses of support staff (Robson, 2011); and to facilitate the accuracy of the data collection, all the interviews were audio-recorded. See appendix 2 for the interview schedule. In total, there were four group interviews, one with primary staff and three with secondary staff. Although all interviews were allotted adequate time for completion, factors outside of the researchers control resulted in two of the interviews being subject to pressures of time.

Sample and participant selection:

All members of the school's support staff team were invited to take part in the group interviews. The staff received notice of the project through the school's communication systems (newsletter and staff meetings), and each staff member received an invitation and briefing letter explaining the project in full (appendix 3). Involvement in the project was voluntary. Eighteen support staff contributed, with 3 to 6 members of staff in each group interview. Staff identified their roles as TAs, HLTAs and Learning Mentors, and worked across all primary year groups, and a range of secondary year groups, departments, and internal units.

Ethical considerations:

The project adhered to principles of ethical research (BPS, 2010; BERA, 2011). The briefing letter informed participants of the purposes and aims of the project, their right to withdraw including how to withdraw, the anonymous and confidential extent of their participation, and why consent was being sought to audio-record the interviews (appendix 3). Prior to the commencement of each group interview, the same information was shared verbally and in written form through an information sheet, and following confirmation of understanding, participants were asked for written consent (appendices 4 and 5).

Data analysis

The audio-recordings of the group interviews were transcribed verbatim and then the transcripts analysed using Braun and Clarke's phases of thematic

analysis (2006; see table 1). The transcripts were analysed as a single data set with developing themes cross-referenced across all the transcripts. During phase 2, the thematic analysis broadly adopted a deductive approach as only data relating to non-pedagogic and pedagogic activities were identified and considered (Braun and Clarke, 2006), these being the broad classifications of support staff activities identified in the literature. From phase 3 onwards, a more inductive approach was adopted as the developing themes were driven expressly by the data (Braun and Clarke, 2006).

Each individual comment was viewed as a potential indicator of a discrete theme or sub-theme, as the pressures of time within two of the interviews resulted in variability in the amount of discussion and the manner in which each interview progressed. Therefore, frequency was not viewed as a sufficient grounding for selection of themes. Furthermore, as the research aimed to understand the role of support staff in all its aspects, distinct activities were viewed as important identifiers and potentially warranting of named themes or sub-themes. To ensure that named themes and sub-themes were indeed distinct activities and to check for accuracy and agreement across all participants, after defining and naming the themes, each theme in its entirety was presented back to the participants for checking and reviewing. The participants agreed with all the sub-themes and themes, and where appropriate also added further corroborating detail.

	Phase	Description
1	Familiarisation with the data	Transcribing the interviews provided time to listen to and read the data.
2	Generating initial codes	Each interview was systematically read and initial codes prompted from engaging with the data.
3	Searching for themes	The codes were grouped into themes.
4	Reviewing themes	The themes were reviewed and considered in relation to the data and initial codes. This led to reconsideration of coding and themes, which were further developed and divided into sub-themes.
5	Defining and naming themes	The final themes were considered, leading to named themes that defined and represented the data.

Table 1: Stages of thematic analysis

Findings

Analysis of the interviews provides an array of detail regarding the work of support staff in the special school for pupils experiencing BESD. The staff discussed roles that can be categorised into non-pedagogic and pedagogic activities, and although there were common themes between the roles on the primary and secondary site, in many ways the nature of the activities differed. The findings are presented as themes common to both sites, however, where appropriate specific discussion is given to differences between primary and secondary. To demonstrate the themes, selected interview data is woven into the text as italicised quotes enclosed in quotation marks. For data coded to each theme please see appendices 6 and 7.

Non-pedagogic activities

The non-pedagogic activities of support staff extend from front line staff for behavioural support to administrative activities within the classroom. The themes are visually presented in figure 1.

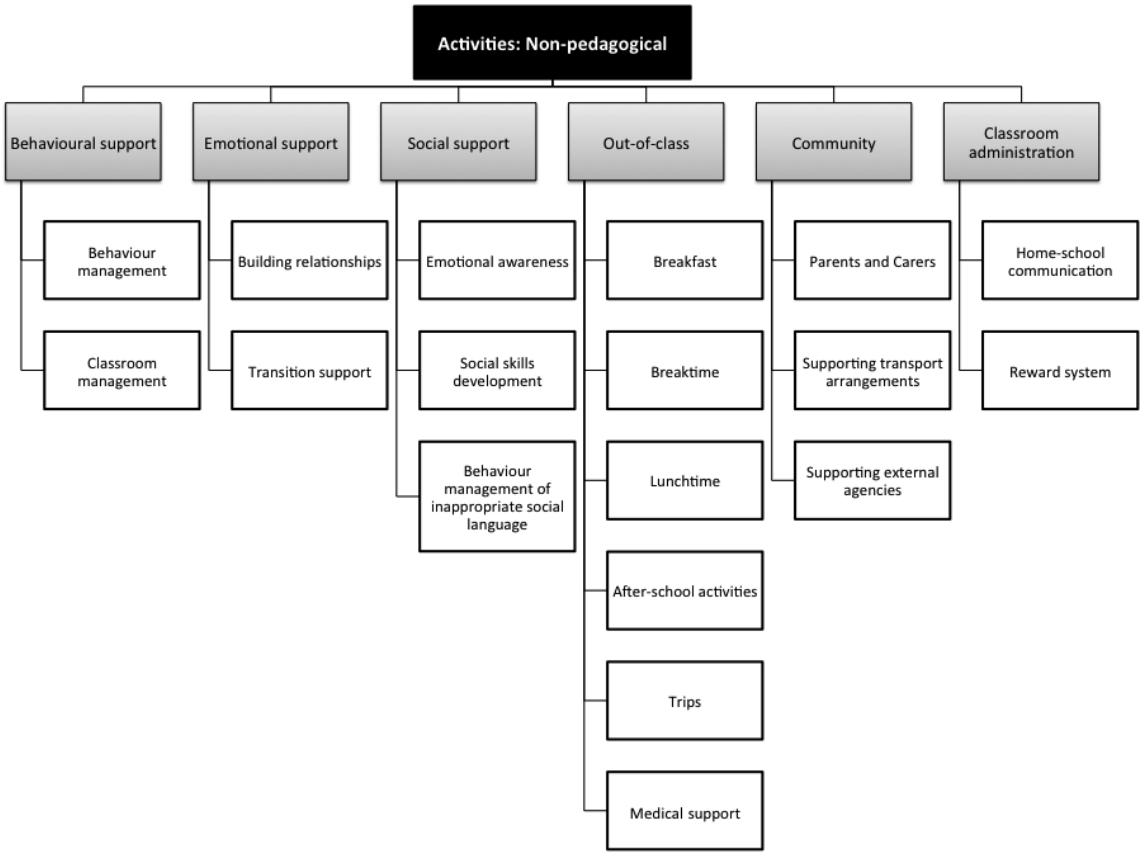


Figure 1: Visual map presenting the non-pedagogical activities of support staff

Providing behavioural support is a key element of the support staff role. When supporting in the classrooms, the support role includes classroom management (*"minimising the disruption [B5-1]; "settle[ing] the whole group really when they first enter the room." [B8-2]); "health and safety" [B9-2]),* and when doing so staff consider the pupils within the group (*"it depends on what and who your*

with, who's in" [B6-2]). Support staff also manage the behaviour of individual pupils, doing so as the first line of support *("If incidents occur than it's more often the support staff, who may take the child out…that may be involved in team-teach protocol, or it may be involving de-escalating the child" [B2-1]).* Some support staff also described how they are called upon to provide behavioural support in aggressive situations, fulfilling the role of *"security, or bouncer, or bodyguard" [B4-4].*

Support staff offer emotional support to pupils. On the primary site the daily time staff spend with pupils allow them to build positive relationships, and one where pupils know they can turn to staff for support when they need to *("if they've got something to say, or they're feeling injustice of that, they feel that they can come and speak to you…You become a sort of adult that they can trust" [E4-1]).* Staff viewed the developing of relationships as supporting pupils with negative life experiences *("a lot of the time, they haven't got anybody out of school that they can talk to" [E3-1]; "we're the constant ones in their lives a lot of the time" [E5-1]).* The capacity to build relationships facilitates providing emotional support at the crucial points of transition back to mainstream school and between the primary and secondary site *("you come over in year 7 and then go back at Easter with the year 6s, get to know them, so they would get used to the school" [E14-3]).* However, on the secondary site where the deployment of support staff differed, the opportunities varied, and staff connected to subject departments may take longer to engage with pupils *("sometimes it can take a few weeks because you've got to get to know that*

child…Some boys don't like you to sit with them…they're ok with just a bit of dipping in and out of supporting them with a bit of spelling" [E12-2]).

Social support provision varied slightly between sites. On the primary site, time spent with pupils at lunchtime enables the supporting of social skills, in particular social manners *("using a knife and fork, not talking with your mouth full." [S3-1]),* use of appropriate social language *("explaining appropriate conversations, how to respond appropriately to each other. Use of language" [S5-1]),* and social-emotional awareness *("a lot of children…have got ASD, so it's helping them identify facial expressions, helping them recognise their own feelings" [S1-1]).* On the secondary site social support includes elements of the above, though, with greater emphasis on the behavioural management of inappropriate social language in preparation for life after school *("There's still the swearing…if it's not stamped on, they'll carry on…sooner or later they're going to come into…the adult world" [S9-2]).*

A further focus of non-pedagogic activity is supporting pupils outside of the classroom, in particular in the morning where staff provide breakfast and try *"hard to create that nice, calm, relaxed family atmosphere first thing in the morning, so they can ease themselves into the day" [O2-2].* Staff also provide support at break time and run activities at lunchtime.

Aspects of the role relate to the wider school community. In addition to communicating through a home-school diary, staff on the primary site attempted to further relationships with parents by regularly phoning however, success was

limited *("…they're not used to having a phone call home just to say, you know 'he's done really well today'…they don't answer the phone because they're expecting it to be bad" [C1-1]).* On the secondary site staff are more successful, particularly in the units *("cause the unit we're in, we've got our own office and phone, we have support from parents, we support them" [C4-3]).* For other staff, the opportunity to develop supportive relationships with parents is facilitated by involvement in a parent and carers support group *("we've established a parent group…I've also been putting on workshops for parents as well to help them support their learning and also to support themselves." [C3-1; "We have a small group…it gives them an opportunity to come, talk openly, get advice from other parents and carers…we're just there to support and be an extra ear who can put input in" [C5-3]).*

Finally, when staff are not involved in other activities, they are engaged in classroom administration, tasks including *"writ[ing] in their books…or getting the stuff ready for the next lesson" [CA-1].*

Pedagogic activities

The pedagogic activities varied from supporting the teacher to bearing responsibility for the teaching of pupils. The themes are presented in figure 2.

Support staff describe their role as to primarily support the class teacher. When in the classroom, in addition to providing the aforementioned non-pedagogical

emotional, behavioural and social support, the class teachers *"reinforce what the teacher is teaching" [I3-2].* To do so, staff support small groups and individual pupils. When determining who to support, particularly individual pupils, support staff use an amalgamation of taking direction from the teacher and using their own initiative and knowledge of the pupils *("If you work with them enough, you tend to know who needs that extra bit of support and who doesn't" [I7-2]).*

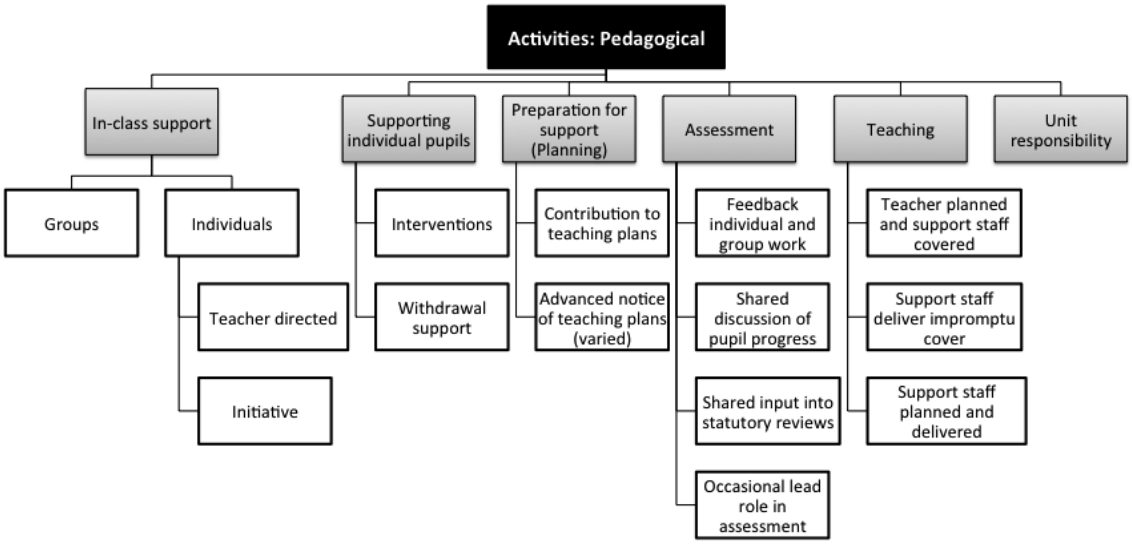


Figure 2: Visual map presenting the pedagogical activities of support staff

Away from the whole class situations and as directed by teachers, staff deliver set interventions to pupils *("toe-by-toe, precision teaching" [SI2-1]),* and provide withdrawal support *("I'm working with one particular child…and he's made huge strides in just a few weeks by having a bit of individual attention" [SI7-2]).*

When preparing to support pupils, the staff typically receive advanced notice of teaching plans, however, the length of the notice varies with some staff receiving information days before the lesson *("I do have more than like, a days notice" [P2-1])* and others receiving notice immediately prior to the lesson *("Sometimes, it'll be just before the lesson, my teacher will say, right we're doing this and this today" [P1-1]).* Staff are able to contribute to the teaching plans and their contributions are viewed as valuable *("We do a lot together." [P7-4]; "Say a thought came to me…[I will say] 'shall we try this?' And usually we always get a response 'well yea, let's give that a go'" [P6-1]).*

Staff contribute to a range of formal and informal assessment procedures. When supporting in the classroom staff are regularly involved in shared discussions about pupil progress, and after delivering individual and group work, they feedback the work completed *("you're doing the intervention…and then you sit down and have a discussion" [A2-1]).* The contribution to formal assessment processes varies across the staff group. Some staff fluctuate between attending annual reviews and contributing to information the teacher takes to annual reviews *("the teacher would write the report…and then you would go to the meeting and feedback and then another year it would be that the teacher's had to go to the meetings" [A14-1]).* For a minority of staff, their role of responsibility within internal units has led to them taking a leading role in pupil assessment.

For the support staff with HLTA responsibility, their pedagogic activity includes teaching. For some, teaching is providing cover support for lessons planned by

teachers, although at times the cover is unexpected and the staff deliver lessons impromptu. However, others regularly plan and deliver their own lessons to individual or groups of pupils *("Don't really do a lot of teaching support, but quite a lot of teaching!" [T8-3]; "We are supposed to have lessons planned for us, last year I taught about 90% and had very little support" [T7-3]).*

Finally, the staff with greater teaching responsibility also hold the responsibility of leading units within the school. In doing so, staff undertake a higher level of responsibility and add a new dimension to the support staff role *("We've had that responsibility [running units] and it's run pretty good, as well as the teaching, you've run it so we've had pastoral care" [U2-3]).*

Discussion

The project aimed to explore the role of support staff within an all-age special school for pupils experiencing behavioural, emotional and social difficulties. Through interviewing support staff the findings indicate that the role is multifaceted, clearly including both non-pedagogical and pedagogical activities. Closer consideration in relation to previous research suggests the role is not dissimilar to that indicated in mainstream and other specialist settings, yet is very much established in the individual context of the school.

Non-pedagogic role in comparison to other school settings:

Firstly, the non-pedagogic activities mirror that conceptualised in the literature. As would be anticipated in a school for pupils experiencing behavioural, emotional and social difficulties, the non-pedagogic role supports pupils to develop in these areas. This broadens that described as 'Positive Approaches to Learning' in the DISS project and bears more resemblance to the role described by Chilton (2012), where staff support pupil behaviour and facilitate the development of social skills. However, unlike Chilton (2012), behaviour and social support are continuous, with behaviour support extending from settling pupils in lessons to de-escalating and providing support in aggressive situations; and the social support stretching beyond social skills such as friendship to developing social manners when eating and addressing inappropriate social communication such as frequent swearing.

The emotional support role, particularly building positive relationships, reflects that described by staff supporting pupils experiencing BESD in mainstream settings (Burton and Goodman, 2011) (developing supportive relationships and creating a nurturing environment). This suggests that regardless of whether pupils are educated in a mainstream or specialist setting, where the pupils are experiencing similar categories of SEN, support staff perform a similar role. Again, the role appears to be with greater intensity, as whereas Burton and Goodman (2011) describe staff as being available for pupils to seek support,

the staff in the focus school provide support all throughout the school day and continuously strive to engage and build relationships with pupils.

An evident difference between the previous literature and the focus school is the extent to which the support staff develop relationships with the wider school community. In the literature support staff act as an informal bridge to parents (e.g. Cajkler et al., 2006; Chilton, 2012; Farrell et al., 1999). However, in the focus school, the link is through a formalised parent and carers group. Nevertheless, the difficulties do not appear to stem from a lack of desire or attempt to build relationships with parents, but instead as a difficulty grounded in the context of the school. For example on the primary site, whereas in a mainstream school parents transport their children to and from school, in the specialist setting parents are at an arms length due to the taxi service fulfilling the transport role. Furthermore, where staff have endeavoured to develop regular contact, parents do not respond to or reciprocate attempts.

Pedagogic role in comparison to other school settings:

The pedagogic activities parallel that in mainstream and specialist settings, in that staff provide the range of individual, group and whole class support; however, as with non-pedagogical activities, the role can differ in intensity and to some extent the role is viewed with similar controversy to that in mainstream settings.

When providing individual support, a clear similarity is the delivery of set interventions (e.g. Farrell et al., 2010); whereas the provision of withdrawal support is a distinct role within the BESD setting not reflected in the literature. The role within the classroom bears similarity in that staff encourage pupils, however, 'reinforcing the teaching' does not reflect the clarity of Chilton's (2012) and Lacey's (2001), 'establishing contexts for learning' or 'explaining and adapting work'. This minimalist contribution to teaching extends to how support staff prepare to support teaching. Although staff contribute to planning and typically have advanced notice of lessons, the role cannot be described as working in teamwork to plan, as staff typically contribute and receive notice of lessons in an informal manner. This is unlike the good teamwork recommended and exemplified in the literature (e.g. Chilton, 2012; McVittie, 2005; Webster et al., 2011), where staff and TAs regularly dedicate time to meet. Instead this reinforces the DISS project findings that support staff may be ill-prepared for their pedagogic role (Blatchford et al., 2011).

Regarding assessment, by discussing pupil progress with teachers, staff are recording and evidencing learning as described by Chilton (2012), a similarity which extends to staff contributing information to SEN reviews. However, the extent of the contribution varies within the staff group.

Finally, the teaching role of support staff remains controversial, as whereas some staff provide only cover teaching (as in Chilton, 2012, and Farrell et al., 1999), a minority of secondary staff provide the main source of teaching. They

themselves view this as controversial, as unlike in mainstream settings where support staff may lead whole classes based on the confidence of senior management (e.g. Hammersley-Fletcher and Lowe, 2011), the teaching role appears to be an atypical consequence of the school context, particularly the existence of small internal units and lengthy periods of staffing difficulties.

Ambiguous role?

It is apparent that the role of support staff both builds on and extends that documented in mainstream and other specialist settings. Although elements are consistent throughout the school, the role varies within the staff group, and between the primary and secondary site. As a consequence, staff activities are influenced by factors within the school, by each support staff, and by the class teacher they support, thus reflecting the previous literature that support staff roles are locally devised and contextually influenced (Hammersley-Fletcher and Lowe, 2011; Graves, 2011; Farrell et al., 1999; Lacey, 2001).

Conclusion

In conclusion, the project exemplifies the role of support staff in a context not considered within the literature, leading to implications for the school and adding to the wider discussion regarding the role of support staff.

For the school, the findings assist in considering the role and how the views of the staff compare to the criticisms of the Ofsted inspectors. Though this report

only presents findings on the role of staff, the interviews also gathered data on how staff became familiar with their role, the challenges they experience and the support they access. Together, the findings inform the school stakeholders as they move towards the next phase of the project, planning and implementing organisational change.

The findings add another perspective to the wider discussion regarding the deployment of support staff, particularly as to whether the role should have a pedagogical or non-pedagogical focus (Webster et al., 2010b; Balshaw, 2010). Although it should be remembered that the role is dynamically influenced by a range of factors, from individual staff to political discourse (Tucker, 2009), the findings suggests that the presenting needs of pupils contribute to defining the focus of support; which in the focus school is the non-pedagogical behavioural, emotional and social support.

However, further application is not without caution. As the project did not consider the impact of support staff, it is unclear as to what extent the role leads to positive pupil outcomes, or whether when performing pedagogic tasks support staff demonstrate effective practice (e.g. Blatchford et al., 2011). Furthermore, by only considering the perspective of the support staff the accuracy of the findings can be drawn into question, particularly as the views espoused by individuals may not match their actions (Argyris and Schon, 1978, 1996).

Finally, delivery of this project exemplifies the core EP function of research (Fallon et al. 2010). Although at times underemphasised (e.g. Ashton and Roberts, 2006), with the increasing traded delivery of EP services, research has become an essential and marketable activity. The present research was not traded, however, it did contribute to meeting objectives necessary for EPSs to trade research. Firstly by further developing TEP research skills that underwrite EPs as effective 'scientist-practitioners' (Fallon et al., 2010), and secondly by contributing to the developing 'research culture' within the local EPS (Eodanable and Lauchlan, 2009).

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Appendix 1: Research and Design in Organisations (RADIO) Model

Details of RADIO (Timmins et al., 2006; 2003) and the stages completed.

RADIO stages	Activities
1. Awareness of need	Prior to TEP involvement the school had decided they wanted to address areas for improvement identified in their recent Ofsted inspection, involve all staff members in forming a shared vision of the school, and foster a supportive and positive working environment for all staff.
2. Invitation to act	During a school improvement group led by the Head Teacher, the above needs were discussed and the Educational Psychology Service TEP invited to carry out a project to begin addressing the needs and inform future organisational change.
3. Clarifying organisational and cultural issues	Through further discussion with the Head Teacher and selected members of the school improvement group, cultural and organisational issues leading relating to the project were discussed and explored.
4. Identifying stakeholders	Through further discussion collaborative decisions were made as to who would be involved in the project and who would be involved in the feedback process.
5. Agreeing the focus of concern	The focus of concern was finalised through further discussion, leading to the project focussing not only on what support staff viewed as their role, but also to explore support staff sense of wellbeing in the role.
6. Negotiating the framework for data gathering	Through discussion, it was collaboratively decided that site-specific group interviews would be carried out, with an option for a follow-up joint-site group interview. Named members of the school SLT organised practical arrangements.
7. Gathering information	Site-specific group interviews were carried out by the TEP. Due to time constraints, a joint-site group interview no longer became feasible.

Appendix 1: Research and Design in Organisations (RADIO) Model

8.	Processing information with stakeholders	All data was grouped and analysed by the TEP. Stage 1: Findings from across the school were reported back to support staff and checked for agreement, clarification and missing information. Stage 2: A feedback and discussion meeting was held with the school SLT.
9.	Agreeing areas for future action	*Beyond the current report*
10.	Action planning	
11.	Implementation / action	
12.	Evaluating action	

Appendix 1: Research and Design in Organisations (RADIO) Model

Appendix 2: Semi-structured interview schedule

Topic	Area	Question	Probe
Staff experience	What year groups do you work with?		
	How long have you worked in the school?		
	What was your experience before working in the school?		
	Have you completed any training in preparation for the role?	Have you completed any formal qualifications / Have you completed or attended any training courses?	How did you become aware of expectations for your role / what the role entailed?
In the classroom	What is your typical role inside the classroom?	Do you support the main teaching activities?	
		If so, how do you prepare?	Do you know what is planned before the lesson? / Are you involved with the teacher's planning?
		Do you lead specific interventions?	
		If so, how do you prepare?	Do you know what is planned before the lesson? / Are you involved with the teacher's planning?
	Do you support individual pupils?	How do you support individual pupils?	Learning? Social Interaction? Behaviour? Encourage independence?
		Do you ever have to adapt activities	

Appendix 2: Semi-structured interview schedule

		to suit individual pupils?	
	Do you support groups of pupils?	How do you support groups of pupils?	Learning? Social Interaction? Behaviour? Encourage independence?
		Do you ever have to adapt activities to suit pupils?	
	Have you taught a whole class?	What did you do when you took the whole class?	
		Why did you take the whole class?	
	Strengths	What do you particularly enjoy about your role in the classroom?	
	Areas for improvement	What do you think could be improved about your role in the classroom?	
Assessment and review	What is your role in pupil assessment?	Do you contribute to recording pupil progress?	
	Do you contribute to wider processes?	Do you contribute to IEP / annual reviews?	Through speaking to the teacher or attending the review meeting?
		What role do you plan in implementing actions from reviews?	How are you told that you will play a role?
	Strengths	What do you particularly enjoy about your role in the assessment and review process?	
	Areas for improvement	What do you think could be improved about your role in the assessment and review process?	

Appendix 2: Semi-structured interview schedule

Outside the classroom	Role amongst the school community?	How would you describe your relationship to pupils?	
		What about in comparison to teachers?	
		How would you describe your relationship to parents?	
		What about in comparison to teachers?	
		How would you describe your relationship to the local community?	
	Supporting pupil wellbeing	Outside the classroom do you support pupils in any other way?	e.g. Social Interaction? Behaviour? Emotional support? Care? Safety? If so, how?
	Strengths	What do you particularly enjoy about your role outside the classroom?	
	Areas for improvement	What do you think could be improved about your role outside the classroom?	
Support received	Formal support	Did you receive any internal training / induction?	
		Do you receive any formal mentoring or support?	Either as a group, or individually?
		Is there a formal support structure?	
	Informal support	How do you liaise with each other as support staff?	

Appendix 2: Semi-structured interview schedule

		Do you communicate with each other about your role?	Without revealing details, do you ever seek support from each other?
	Strengths	What are the strengths of the support you receive?	
	Areas for improvement	What could be improved about the support you receive?	
Overall	Strengths	What do you particularly enjoy about your role overall?	
	Areas for improvement	What do you think could be improved about your role overall?	

Appendix 2: Semi-structured interview schedule

Appendix 3: Participant invitation and briefing letter

Dear staff member,

------- School is working with the Educational Psychology Service to complete research on the role of support staff in a specialist setting. The research will provide the opportunity for ------- School to gain unique insight into how you as a member of support staff view your role, and also forms part of the School Development Plan incorporating areas for improvement identified in the recent Ofsted inspection report.

The research will be carried out by Cherelle McDonald, a Trainee Educational Psychologist from the University of Birmingham, currently on placement in ------- Educational Psychology Service. The work will therefore form part of Cherelle's academic collection of work, and provides the unique opportunity for you to give your perspective on the role of support staff within a specialist setting for children experiencing emotional and social behavioural difficulties.

How will the research take place?

Your views will be gained through two stages of group interviews. In the first stage, your views will be gained within site specific group interviews. Group interviews for Primary support staff will take place on ------- Group interviews for Secondary support staff will take place on -------

In the second stage, there will be a group interview formed of support staff from both sites. This joint group interview will provide the opportunity for you to explore and give

your views on topics common to working on both sites. All interviews will last approximately 45 minutes.

What will be asked in the group interviews?

The group interview will focus on the support staff role in the classroom, role outside the classroom, support received within the role, and your overall view of the role.

What will happen to the information?

After the interviews, Cherelle will group the information together and identify key themes. As the information will be grouped, the feedback will be anonymous. This means comments cannot be traced back to specific individuals.

To help Cherelle to create an accurate record of all that is said, the group interviews will be audio recorded. Only Cherelle will hear the audio recording and once typed the recording will be erased, and the typed transcript stored securely and anonymously.

After Cherelle has identified key themes, these will be shared with all members of the support staff team, the Senior Leadership team and a committee of School Governors. This will help the school plan ways of moving forward. Cherelle will also write a research report to meet her academic course requirements. The report will be anonymous and confidential and will not include any information that identifies ------- School.

Appendix 3: Participant invitation and briefing letter

How do I become involved?

Involvement in the research is voluntary. If you would like to volunteer to take part, please give your name to ------- on the Primary site and ------- on the Secondary site by -------

If you would also like to take part in the across site interview, please also indicate in your response to ------- and -------

What if I change my mind?

Once you volunteer, you are free to change your mind at any point. If you change your mind before the interview, simply let ------- or -------- know. If you change your mind during the interview, simply let Cherelle know.

If you have any questions or would like further information, please feel free to contact Cherelle at Cherelle.McDonald@----------.gov.uk

Yours sincerely,

Headteacher

Appendix 3: Participant invitation and briefing letter

Appendix 4: Participant information sheet

What is this interview about?

This interview forms part of a research project to understand the role of support staff in a specialist setting. Your feedback will offer valuable information. The project will provide ---- School with unique insight into the role of support staff and will contribute to future planning and development in line with the school's post-Ofsted development plan.

Why is it being audio recorded?

To ensure an accurate record of all that is said, the interviews are being recorded. Once the recording has been typed it will be erased and the typed transcript will be stored securely and anonymously.

What will happen with to the information?

All feedback will be grouped together and key themes identified. The feedback will be anonymous and therefore comments cannot be traced back to specific individuals. The key themes will be shared with all members of the support staff team, the Senior Leadership team and a committee of School Governors. The findings will help the school plan ways of moving forward.

The project also forms part of my university course requirements and a written report will be produced. The report will be anonymous and confidential and will not include any information that identifies the school or any members of staff.

What if I change my mind?

You are free to change your mind at any point during the interview. To do so, simply let me know you wish to withdraw and leave the interview setting. Unfortunately, as the interviews are being anonymously recorded, it will be difficult to erase any feedback given prior to withdrawal.

You are also free to change your mind after the interview; however again, it will be difficult to erase specific information due to the anonymity of the audio recording. If you do change your mind, please email me within **one week** of the interview on Cherelle.McDonald@------.gov.uk

Thank you for taking part.

Appendix 4: Participant information sheet

Appendix 5: Written Interview consent form

If you give your consent to take part in this interview, please *read each statement below and indicating your response with a tick (✓) in the appropriate box.*

Yes	***No***	
		I consent to taking part in this interview regarding the role of support staff.
		I understand that my feedback will remain anonymous and I understand that I can ask for my feedback to be withdrawn and erased.
		I understand my feedback will be anonymously used as part of a written university assignment.
		I consent to the interview being audio recorded and understand that the recording will be destroyed once the audio has been transcribed.

Signed: _____ ***Date:*** _____

Name: _____

Appendix 6: Example interview data: Non-pedagogic activities

In order to preserve anonymity of the participants and the school, only selected comments from the interviews are presented below.

Code	Theme	Sub-theme	Comment
B1-2	Behavioural support		Support. The role allows the teacher to teach, really. So that you can intervene with particular students so that they can access their learning more than anything.
B2-1	Behavioural support	Behaviour management	I think there's quite a lot of within the classroom, on a daily basis because very often the teacher may be continuing teaching the lesson, and if incidents occur than it's more often the support staff, who may take the child out so that, that may be involved in team-teach protocol, or it may be involving de-escalating the child, whatever works with that particular child. Sometimes you can be out for half an hour or more with the child, and then trying to feed them back into the classroom successfully so that they can pickup the learning without the disruption to the teaching, to the rest of the learners, the rest of the class.
B3-4	Behavioural support	Behaviour management	So there's a fair few of us that get hauled, or when I was in the first two years, I was sort of 'in trouble? Fetch –' Body guard. Fetch --, Fetch ---. --- will deal with it.
B4-4	Behavioural support	Behaviour management	Or security. Or bouncer. Or body guard.
B5-1	Behavioural support	Classroom management	Minimising the disruption as well.
B6-2	Behavioural support	Classroom management	And it depends on what and who you're with, who's in.
B7-2	Behavioural support	Classroom management	You're always looking around
B8-2	Behavioural support	Classroom management	And you settle the whole group really when they first enter the room.
B9-2	Behavioural support	Classroom management	And health and safety and that type of thing, but not really teaching as

Code	Theme	Sub-theme	Comment
			such.
E1-1	Emotional support		And you pick up the pieces, from, you know, when they've been taken into care or something bad's happened at home. We're picking it up for them, and supporting them with that. Yes.
E2-2	Emotional support		My role is supporting the emotional behavioural needs in the classroom; I feel my strengths are that I'm good in their emotional side.
E3-1	Emotional support	Building relationships	Because a lot of time, they haven't got anybody out of school that they can talk to.
E4-1	Emotional support	Building relationships	You become a sort of the adult that they can trust. Yes.
E5-1	Emotional support	Building relationships	It's a fair few hours that they're spending with us, we're the constant ones in their lives a lot of the time aren't we.
E6-1	Emotional support	Building relationships	Building the relationships.
E7-1	Emotional support	Building relationships	Consistent approach. They, they're all kind of getting the same thing, close team and then you know that helps as well to move the behaviour on as well. You know improve it.
E8-1	Emotional support	Building relationships	Yeah, you eat…in your class…You're with them all day.
E9-1	Emotional support	Building relationships	They know that they can come and talk to you.
E10-1	Emotional support	Building relationships	Because they feel like if they've got something to say, or they're feeling injustice or that, they feel that they can come and speak to you and that that. And you will actually help them to sort it out.
E11-2	Emotional support	Building relationships	I think if we didn't enjoy being with the kids, we wouldn't be here. We all enjoy building a close relationship with these students. If you weren't interested in the pastoral side, and if you weren't genuinely interested in them as people, you wouldn't be here.

Appendix 6: Example interview data: Non-pedagogic activities

Code	Theme	Sub-theme	Comment
E12-2	Emotional support	Building relationships	It depends, engaging with them, sometimes it can take a few weeks because you've got to get to know that child, sometimes it's different, with all of them I would say. A lot of the time we'd sit with them, I'd find out what makes them tick. ...Some boys don't like you to sit with them. You know, they're ok with just a bit of you dipping in and out to support them with a bit of spelling, or it's very different isn't it, it just depends on the student.
E13-4	Emotional support	Building relationships	...It's like a family unit, for – and I, we don't just treat them like kids, we treat them like if they were our kids, how we would treat our children, so we form such a bond with them they don't want to leave. ...So we're just like moms, carers, we're everything.
E14-3	Emotional support	Transition support	...a roll-over for the transition, where I work with the year 6s, 5 and 6s and then after Easter, I would then come over with them, you know, you come over in year 7 and then go back at Easter with the year 6s, get to know them, so they would get used to the school.
E14-P	Emotional support	Transition support	Children going back to mainstream
S1-1	Social support	Emotional awareness	...a lot of children in our class have got ASD, so it's helping them identify facial expressions, helping them recognise their own feelings. Speech and language things as well. Yeah.
S2-1	Social support	Social skills development	We're involved a lot in the social side of the children as well, because we eat lunch with the children everyday, teach the social skills, conversation skills, golden time, we're also there, but also everything.
S3-1	Social support	Social skills development	We all sit together at the table to eat, every class has their own sort of system, but each child sits at the table, the kitchen staff bring the food down to the classrooms, they have a routine. They wash hands, they've got place-mats. ...Then we always say a prayer before we start our lunch, so it's just things like picking up on using a knife and fork, not

Appendix 6: Example interview data: Non-pedagogic activities

Code	Theme	Sub-theme	Comment
			talking with your mouth full. You know just the things that you were taught as children sort of thing.
S4-1	Social support	Social skills development	A lot of them don't sit round tables and do that. No.
S5-1	Social support	Social skills development	It's explaining appropriate conversations, how to respond appropriately to each other. Use of language,
S6-1	Social support	Social skills development	Understanding of language.
S7-1	Social support	Social skills development	Manners and things like that.
S8-2	Social support	Behaviour management of inappropriate social language	You know, like you say, social rules are like, sooner or later they're going to come into our world. The adult world.
S9-2	Social support	Behaviour management of inappropriate social language	If it's not stamped on, they'll carry on.
O1-1	Out-of-class	Breakfast	We do the toast, the breakfast, drink.
O2-2	Out-of-class	Breakfast	And I think as well, we try really, well I do, try really really hard to create that nice, calm, relaxed family atmosphere first thing in the morning, so they can ease themselves into the day, because that makes a huge difference to the boys of this age group.
O3-2	Out-of-class	Breakfast	Even down to when they come in the morning, 'are you alright? have you had a good evening? do you want to a cup of tea?' That doesn't happen at a lot of schools does it ----.

Appendix 6: Example interview data: Non-pedagogic activities

Code	Theme	Sub-theme	Comment
O4-1	Out-of-class	Breaktime	And we have breaktimes, but we don't get a break as such. Because you say breaktime for the children is quarter to eleven to eleven o'clock, so if you're class goes out, there's always somebody on break duty, but then you've got children that have maybe had to stay in because they've got a problem or something, so you know, you never get, you don't come to the staff room, put it that way.
O5-4	Out-of-class	Breaktime	and break times.
O6-1	Out-of-class	Lunchtime	We do lunchtime clubs as well. Some people every day.
O7-1	Out-of-class	Lunchtime	And we do dinner clubs as well.
O8-1	Out-of-class	Lunchtime	Organising lunchtime activities
O9-2	Out-of-class	Lunchtime	...I do tend to support students at lunchtimes. I'll often, my choice, I don't have a lunch break because I prefer, I can still sit and have a coffee, but I prefer the lads to be in the lab on the iPads so that they're out of trouble…
O10-P	Out-of-class	After-school activities	E.g. Sports, football matches
O11-P	Out-of-class	Trips	Day trips and residential trips
O12-P	Out-of-class	Medical support	Administer medication to pupils on tables or who may need epi-pens
C1-1	Community	Parents and Carers	You know, they're not used to having a phone call home just to say, you know 'he's done really well today'. Or you know, they don't answer the phone because they're expecting it to be bad…

Appendix 6: Example interview data: Non-pedagogic activities

Code	Theme	Sub-theme	Comment
C2-1	Community	Parents and Carers	Well it's not always easy to get in touch with parents. You're supposed to have, you do have home-school diaries which we write in, but parents don't always readily reply to you. We tried phoning and they don't answer the phone, or the phone's…, so it's not always easy to get in touch with parents. And it's sometimes, not because your phoning to say a bad thing but you're phoning to say a good thing, but they still don't answer the phone or you know, so it's quite hard sometimes. You do have parents and carers that are very good at responding.
C3-1	Community	Parents and Carers	I also as part of my role, I also work with some of the different parents, parent partnership. And we've established a parent group, so we meet once a month and I've also been putting on workshops for parents as well to help them support their children with their learning and also to support themselves.
C4-3	Community	Parents and Carers	…and not only the boys, but the families as well, cause the unit we're in, we've got our own office and phone, we have support from parents, we support them, and it's a good network.
C5-3	Community	Parents and Carers	The [parent and carers] group's expanding, so it's just really good. And it gives them an opportunity to come, talk openly, get advice from other parents and carers that have come through it and maybe have found something that works, and we're there too you know. ...we're just there to support and be an extra ear who can put input in. But mainly it's for the parents and the carers to actually talk it out and don't feel like they're on their own.

Appendix 6: Example interview data: Non-pedagogic activities

Code	Theme	Sub-theme	Comment
C6-3	Community	Parents and Carers	Families of ---. Parents and carers. We have a small group, we have a coffee morning, and it's a chance for them to come together as a group and talk about their children, their foster kids, talk about them openly. Because normally, when they've been to a mainstream school and they've stood at the gate, it's always their child that gets pointed a finger at, and it's your child that's played up. And they're always judged by it, you know, you ain't brought your kids right. This is an opportunity where they can come to a group and they're all, not all the same because every child's different, but they've got the same problem, they can share.
C7-1	Community	Supporting transport arrangements	Taxi pick-ups
C7-P	Community	Supporting transport arrangements	Advising taxi escorts
C7-P	Community	Supporting external agencies	Provide extra adult support when external agencies visit pupils in school
CA1-1	Classroom administration		Or getting the stuff ready for the next lesson.
CA2-1	Classroom administration		Or write in their books.
CA3-1	Classroom administration		Or phone calls.
CA4-P	Classroom administration		Photocopying
CA5-P	Classroom administration		Displays
CA6-1	Classroom	Home-school	It just depends on whoever's right for writing it.

Appendix 6: Example interview data: Non-pedagogic activities

Code	Theme	Sub-theme	Comment
	administration	communication	
CA7-1	Classroom administration	Home-school communication	Home-school diaries
CA8-1	Classroom administration	Reward system	Points folders

Appendix 6: Example interview data: Non-pedagogic activities

Appendix 7: Example interview data: Pedagogic activities

In order to preserve anonymity of the participants and the school, only selected comments from the interviews are presented below.

Code	Theme	Sub-theme	Comment
I1-1	In-class support	Groups	It's usually groups. So you have your groups…The lessons are differentiated. You would have a group that's more around literacy and numeracy, it's more around the core subjects isn't it.
I2-2	In-class support	Individuals	...And supporting with their literacy, whatever subject it's in.
I3-2	In-class support	Individuals	or a teaching assistant where I think it's mainly a support role. Always I think. You know just reinforcing what the teacher is teaching really.
I4-3	In-class support	Individuals	I support the teacher in the class for the other lessons, mainly with the lower ability, a lot of the time,
I5-2	In-class support	Individuals - Initiative	Well I was in the y7 group, their usual learning mentor wasn't there, so I went in. Now I only ever see them in cooking, but the teacher asked me to sit with one of the boys, and he said ' I don't need any help', and I thought, ok, it would be pointless for me to go sit with him, because he wasn't wanting to accept, so I sat with another boy actually, and then the teacher was talking with somebody else and he said 'so miss, are you gonna help me or what?' So I said, 'ok, but I'm just dealing with ---', and I went and helped him. But if I think I'd have gone straight away and sat next to him and said, I don't think that would have worked at all.
I6-2	In-class support	Individuals - Initiative	But you're right, you do tend to zoom in on the one that needs most of the help
I7-2	In-class support	Individuals - Initiative	Well then I think, you spot that yourself, don't you. If you work with them enough, you tend to know who needs that extra bit of support and who doesn't, you know what I mean.

Code	Theme	Sub-theme	Comment
I8-2	In-class support	Individuals - Initiative	...I think a lot of us work of our initiative. ...I think a lot of the time we go in and we see what needs doing, and we do what needs to do to make it happen…
I9-2	In-class support	Individuals - Teacher directed	I think it's following whatever the teacher, because if they say could you sit with --- over there today, well you would do. But it's as well, looking round, seeing, you know, where other children might need a bit of help, but mainly it's following, but you get to know as well.
SI1-1	Supporting individual pupils	Interventions	And then we do intervention work, 1:1 with children. If they need some help with certain things.
SI2-1	Supporting individual pupils	Interventions	Well, it may be that identified by the teachers in the pupil assessment meetings that specific interventions are required and that may, that'll probably be a set programme of work like 'on the way', 'first 45 words', 'toe-by-toe', that kind of thing, 'precision teaching'. Yeah, so then we would take that on and we'll just get on with that and do it.
SI3-2	Supporting individual pupils	Withdrawal support	And you really have to play it by ear. You have to know what really, what mood the students are in. Sometimes they'll engage for 10 minutes, sometimes they'll engage for the whole lesson.
SI4-2	Supporting individual pupils	Withdrawal support	And that also helps the rest of the group continue learning by removing that individual that --- will work with as well.
SI5-2	Supporting individual pupils	Withdrawal support	And with some groups that's proving quite beneficial at the moment, they are quite keen to come, and then perhaps we'd go somewhere quieter, less distraction, where we can go through it at a different pace. It very much depends on the group, it depends what mood they come in. Depends what lesson we've got.
SI6-2	Supporting individual pupils	Withdrawal support	and then ok, what shall we do, do you want them to stay in the room with you and you do the introduction, and then if they want individual support, I'll take them out.

Appendix 7: Example interview data: Pedagogic activities

Code	Theme	Sub-theme	Comment
SI7-2	Supporting individual pupils	Withdrawal support	...I'm working with one particular child ... and he's made huge strides in just a few weeks by having a bit of individual attention... I take individual students out, under the direction of the teacher.
P1-1	Preparation for support (Planning)	Advanced notice of teaching plans (varied)	I mean sometimes, it'll be just before the lesson, my teacher will say, right we're doing this and this today. This is what I want you to do in maths, or this is what I want you to do in the English, so you know, we're not involved. Well, I'm personally not involved in the planning.
P2-1	Preparation for support (Planning)	Advanced notice of teaching plans (varied)	But I do have more than like, a days notice of what we're doing that day. We'll talk about it and she'll say, 'what about doing this with your group next time', and you know, I'll say 'you know, yeah, I think that'll work' or 'no I don't', but I don't plan anything.
P3-2	Preparation for support (Planning)	Advanced notice of teaching plans (varied)	Well I say to the teacher, we've got this group tomorrow, what are we going to do? So he goes through with me exactly what we're going to do, so that a) I'm confident that understand how it works,
P4-4	Preparation for support (Planning)	Advanced notice of teaching plans (varied)	We do plan in advance. We've got a little bit of a plan, work plans and everything else are done. It's just as we roll from one programme to another, one topic to another, we try to roll it through just to keep everything rolling in one area.
P5-1	Preparation for support (Planning)	Contribute to teaching plans	You know, the other way, say they're really struggling with that, maybe we need to go over, or we've picked up on things like with a certain pupil he doesn't know his alphabet, we've realised that we need to do this; or like you say, positives, they really understood that, they're getting bored, and maybe he needs to be pushed on. So it's just all the time, it's just on-going.
P6-1	Preparation for support (Planning)	Contribute to teaching plans	And I do feel like we're kind of, I feel kind of listened to if I, because sometimes I'll say a thought came to me at 2 o'clock in the morning, and I thought, and I think this child might be doing this because of this.

Appendix 7: Example interview data: Pedagogic activities

Code	Theme	Sub-theme	Comment
			Shall we try this. And usually we always get the response, well yea, let's give that a go. So, I do feel...
P7-4	Preparation for support (Planning)	Contribute to teaching plans	We do a lot together. Teacher will do the majority of it, but she'll bounce an idea off me and I'll go and do it. ...So my role is to support the --- department
A1-1	Assessment procedures	Feedback individual and group work	If I say 'I don't know what to do with this bit', it'll be well 'try this, if that don't work, we'll try and think of something else'.
A2-1	Assessment procedures	Feedback individual and group work	And then with the intervention, because when you're doing your intervention, you're only going to do it for so long, and then you sit down and have a discussion, it's ever going to be well, yes, he's accomplished, so where are we going from here, or it's going to be 'well we're still struggling, so what else can we try'.
A3-1	Assessment procedures	Feedback individual and group work	If you're working with your group, you know what they've done, so you need to feedback to your teacher on what has gone on in that group. So it's a continuous thing throughout the day.
A4-1	Assessment procedures	Feedback individual and group work	Especially if it's numeracy and they've done pretty well, I'll say to the teacher, you know 'he understood that', maybe he can go up a little bit. So we have a discussion about that.
A5-2	Assessment procedures	Feedback individual and group work	We do get involved in assessment a lot, don't we. Yes. Even if just informally. Cause you might sit with a child and you say 'actually he struggled with that task, does it need differentiating down for him?' Particularly with literacy skills, he struggled with that, or actually 'he found that really easy, do we need to push him?'
A6-2	Assessment procedures	Feedback individual and group work	No we don't get that involved in planning, because the curriculum is set anyway, but I think often if we feedback, it helps the teacher with assessment and assessing levels, and also see which bits the children are struggling at, so you can give some individual work.

Appendix 7: Example interview data: Pedagogic activities

Code	Theme	Sub-theme	Comment
A7-2	Assessment procedures	Feedback individual and group work	I will write in their book about what they did, so when the teacher marks the book, I will then feedback, like today I said 'well, he showed me he could do this, he picked it up quickly so I didn't bother doing all 20 questions with him, we moved onto the more challenging section, and then I did this, was this ok?'
A8-1	Assessment procedures	Shared discussion of pupil progress	We're very on-going all the time, you know everyday. I think after every lesson, we're there after the end of it.
A9-1	Assessment procedures	Shared discussion of pupil progress	We sit and discuss their progress.
A10-1	Assessment procedures	Shared input into statutory reviews	I think most of them do. I think they ask, don't they. If they read what they put and whether we agree with it or not.
A11-1	Assessment procedures	Shared input into statutory reviews	We do generally go through it with the teacher.
A12-1	Assessment procedures	Shared input into statutory reviews	But ----- pretty good, because we always discuss, you know, before she goes, write the report.
A13-1	Assessment procedures	Shared input into statutory reviews	I've done quite a few this year.
A14-1	Assessment procedures	Shared input into statutory reviews	…and then you would go to the meeting and then feedback and then another year it would be that the teacher's had to go to the meetings.
A15-1	Assessment procedures	Shared input into statutory reviews	It's varied. Because. Over the time, I've had times at the school where I've been the one that's gone to the annual review all the time, because the teacher's been in the classroom teaching. So they'd say, the teacher would write the report, sometimes you may have had a discussion before, to feed into the report….
A16-4	Assessment procedures	Occasional lead role in assessment	Yes. I go to all the meetings, and stuff.

Appendix 7: Example interview data: Pedagogic activities

Code	Theme	Sub-theme	Comment
A17-4	Assessment procedures	Occasional lead role in assessment	It's not supposed to be, but it is. But now that the other, other staff are coming back, we say, well that's what I think I'm going go to step back and let them take on this headache now. We can be involved, but not involved if you understand what I mean. We could be, where we think push ourselves, but I'll be stepping back out of it, because each staff is coming in to do certain lessons, that's their job to do their levels and assessment on the kids, on what they're teaching them, because I can't be doing it for them.
A18-4	Assessment procedures	Occasional lead role in assessment	We have their targets, we have their levels.
T1-3	Teaching	Teacher planned and support staff covered	We're able to teach, if a member of staff's out, then we can to step in, but we're supposed to have the work there ready.
T2-3	Teaching	Teacher planned and support staff covered	But a lot of cover, luckily this year, I get that plan for. But that's the first time in 4 years.
T3-3	Teaching	Support staff deliver impromptu cover	But because of the style of the school we've got, and the sort of boys that we've got, sometimes you have to improvise. Somebody could be off and hasn't left a lesson, you know, and you've got to then be able to use your initiative to deliver a lesson, you know.
T4-3	Teaching	Support staff planned and delivered	...-- has given us a lot of guidance and anything we have planned, she's checked to make sure it's within the AF levels and make sure what we're doing is appropriate to the age and the abilities of the girls that we're doing it with. However, prior to that we didn't get anything at all, and we were doing it all ourselves.
T5-3	Teaching	Support staff planned and delivered	Myself and the other girl in there are supposed to have lesson plans, however, we've had 5 so far this year. The rest, we've used the scheme of work from the main site…

Appendix 7: Example interview data: Pedagogic activities

Code	Theme	Sub-theme	Comment
T6-3	Teaching	Support staff planned and delivered	This year I am not teaching a great deal, although I am teaching. I get support from the teacher, although I tend to plan my own lessons.
T7-3	Teaching	Support staff planned and delivered	We are supposed to have lessons planned for us, last year I taught about 90% and had very little support.
T8-3	Teaching	Support staff planned and delivered	Don't really do a lot of teaching support, but quite a lot of teaching! ...myself and the other support take on the role of teaching the rest of the curriculum…
U1-3	Unit responsibility		I've still got a massive amount of that, a massive amount of meetings to go to…
U2-3	Unit responsibility		…So we've had that responsibility [running units] and it's run pretty good, as well as the teaching, you've run it so we've had pastoral care, all that sort of thing.

Appendix 7: Example interview data: Pedagogic activities

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
I: Firstly can I just get some information on of experience you guys have had before starting your role in this school?					
I worked in out-of-school clubs	Characteristics				
I had no experience	Characteristics				
I worked as a dinner lady and then a temp in lots of different school	Characteristics				
I originally came from ###### so I worked in a primary school there. Coming to ###### in another primary school. This is my first special school.	Characteristics				
I've worked in play groups and kindergarten and I worked in a primary school mainstream before I came here.	Characteristics				
I worked in playgroup and nurseries and then a mainstream school and then I came here	Characteristics				
I: What interested you all in working in a special school					
Well I think I found when I was in nursery, I was always drawn to the children who were struggling a little bit, or maybe they were drawn to me - I wasn't quite sure! And then I think it was a progression because then when I went to mainstream school, I was working specifically with special needs and then that, I started to think, yeah, that was what I enjoy doing.	Characteristics				

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
I think I was perhaps the same. I always worked with the EBD style children in nursery and then when I went to mainstream I worked specifically with one boy and managed to keep him in mainstream school and then heard about a job here, so come for an interview.	Characteristics				
That's what I did. I worked with special needs in ------ in the day and I worked 1:1 as a play partner with a few special needs into activities and in schools, and then they closed down where I worked for refurbishing and they put me in here at lunchtime, and I really enjoyed what I did and the difference everyday was. It was nice.	Characteristics				
I started in the kitchen, just wanted to get out from it, get out from the kitchen really and work with the kids.	Characteristics				
Mine was, as a temp I went to lots of different schools, I went to primary and secondary mainstream and special needs and I just thought this school was just where I fitted in really, because I just enjoyed it so much and I just liked the way that we have smaller classes and we can sit and know a lot more about our kids than mainstream. And just all that, I really liked the team and it's a really nice place to work.	Characteristics				
In mainstream school, I was always given the difficult children, not necessarily special, but the ones that were always causing disruption and I was told that I seem to have a way of helping them, you know, getting them to conform and so on, so I thought that may be something that I should be doing and that's why I applied to come here.	Characteristics				

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
I: What year groups are you currently working with now?					
Working with 5/6.	Characteristics				
We're together, working with 5/6.	Characteristics				
And 3/4/5/6	Characteristics				
We've got 3/4 and 5 in ours.	Characteristics				
We're both the same, we've got 4/5/6.	Characteristics				
I: How long have you been working with those age groups and also in the school in general?					
This is my first term with 5/6 and in the school I've been here about 11/12 years.	Characteristics				
I've, In this school I'm really new, I only started on the 1st October, but I've been here temporary for about 3 years.	Characteristics				
I've been here for nearly 13 years and I have always worked with either the 3/4/5s and 6s.	Characteristics				
I've been here about 12 years and I think this is about my 4th or 5th year with year 3/4.	Characteristics				
I've been here 5 years now, and 4/5/6. I started on the secondary site, and then got told to come over here and I don't want to go back to the other site.	Characteristics				
I: How did you all become aware of what the role involved, I guess when you first started, and perhaps also before you started?					
My [family member] works here, so she sought of explained what she did, but you sort of hit the ground running really when you come in.	Experience	Role familiarity	Sudden introduction		

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
Yes [agreements from around the room].	Experience	Role familiarity	Sudden introduction		
I think it's a role that you have to grow into, I think you know, when you first come you might think it's one way but you can't, you can't, I think you slowly, I think you develop your own way with the children and I think you grow into the role, and I think it takes, well I always think it takes a couple of years really. [agreements from around the room]. You find that?	Experience	Role familiarity	Develop into the role		
You get to know people.	Experience	Role familiarity	Develop into the role		
I think it's different when you work with the younger group, to me now moving to the older group, and that, it, you treat them differently.	Experience	Role familiarity	Develop into the role	Adapt to the pupils	
There is a different relationship isn't there.	Experience	Role familiarity	Develop into the role	Adapt to the pupils	
And it's sometimes, it can be hard to not treat the big ones like the little ones and that…I've heard that.	Experience	Role familiarity	Develop into the role	Adapt to the pupils	
But some of them need treating like little ones, they need that	Experience	Role familiarity	Develop into the role	Adapt to the pupils	
You learn that when you get into…you learn, he still needs to be…	Experience	Role familiarity	Develop into the role	Adapt to the pupils	
I think coming from mainstream, you don't know what to expect when you come to a special school, you might have certain ideas, but it's when you get here, then you pick it up when you go along and	Experience	Role familiarity	Develop into the role	Adapt to the school	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
you see where you can fit in and what it's all about	Experience	Role familiarity	Develop into the role	Adapt to the school	
because all the children are different, but it does take time, a good two-years I'd say	Experience	Role familiarity	Develop into the role	Adapt to the school	
When I worked at a different special needs schools, and they're all slightly different in the way that they're run anyway.	Experience	Role familiarity	Develop into the role	Adapt to the school	
I think, yea, the role of actually as the TA in supporting the teacher and the learning, I think that bits probably easier, isn't it. You fit into that role a little easier, it's more learning about the children that…	Experience	Role familiarity	Multi-faceted		
The needs of the children and learning how to manage the behaviours	Experience	Role familiarity	Develop into the role	Adapt to the pupils	
It's like something with one child with ASD perhaps, doesn't work with another child that's got ADHD. So you have to adapt all the time.	Experience	Role familiarity	Develop into the role	Adapt to the pupils	
And a lot of what I guess, does only come with experience.	Experience	Role familiarity	Develop into the role		
I: Was there any access to perhaps training courses?					
I've done courses on autism, dyslexia, behaviour management	Experience	Role familiarity	External courses	School supported	
We've done some online and some we've been to courses at ----- to do.	Experience	Role familiarity	External courses	School supported	
That's provided through school.	Experience	Role familiarity	External courses	School supported	
That's only just recently isn't it, that the behaviour management online course was offered to new staff 2-3 years ago.	Experience	Role familiarity	External courses	Follow interest and initiative	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
It's been more about whether you found the course. We haven't got a set programme that people go through.	Experience	Role familiarity	External courses	Follow interest and initiative	
It's what you're interested in isn't it. I did some course on Autism before I came to this school.	Experience	Role familiarity	External courses	Follow interest and initiative	
I: You mentioned a bit about what you do in the classroom, working with the teacher. Tell me a bit more about that, so what is the typical role in the classroom?					
Is there one? A typical one?	Experience	Role familiarity	Multi-faceted		
Where do you start?	Experience	Role familiarity	Multi-faceted		
I: Ok. Main teaching activities?					
It's usually groups. So you have your groups… The lessons are differentiated. You would have a group that's more around literacy and numeracy, it's more around the core subjects isn't it.	Activities	Pedagogical	In-class support	Groups	I1-1
And then we do intervention work, 1:1 with children. If they need some help with certain things.	Activities	Pedagogical	Supporting individual pupils	Interventions	SI1-1
I: Are you involved in the planning for that?					
No.	Activities	Pedagogical	Preparation for support (Planning)	Advanced notice of teaching plans	
I: How do you prepare for it?					

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
You are told.	Activities	Pedagogical	Preparation for support (Planning)	Advanced notice of teaching plans	
Yeah, they're doing this and this.	Activities	Pedagogical	Preparation for support (Planning)	Advanced notice of teaching plans	
I mean sometimes, it'll be just before the lesson, my teacher will say, right we're doing this and this today. This is what I want you to do in maths, or this is what I want you to do in the English, so you know, we're not involved. Well, I'm personally not involved in the planning.	Activities	Pedagogical	Preparation for support (Planning)	Advanced notice of teaching plans	P1-1
I: Is that similar					
No, I don't... [i.e. agreement re. not involved in the planning]	Activities	Pedagogical	Preparation for support (Planning)	Advanced notice of teaching plans	
But I do have more than like, a days notice of what we're doing that day. We'll talk about it and she'll say, 'what about doing this with your group next time', and you know, I'll say 'you know, yeah, I think that'll work' or 'no I don't', but I don't plan anything.	Activities	Pedagogical	Preparation for support (Planning)	Advanced notice of teaching plans	P2-1
I: So that's mostly for group work. What about individual work?					
Well, it may be that identified by the teachers in the pupil assessment meetings that specific interventions are required and that may, that'll probably be a set programme of work like 'on the way', 'first 45 words', 'toe-	Activities	Pedagogical	Supporting individual pupils	Interventions	SI2-1

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
by-toe', that kind of thing, 'precision teaching'. Yeah, so then we would take that on and we'll just get on with that and do it.					
Just like we do 'Fit to read'	Activities	Pedagogical	Supporting individual pupils	Interventions	
And 'Fit to read'.	Activities	Pedagogical	Supporting individual pupils	Interventions	
I: So aside from the main teaching activities, what else would you say…					
Everything else.	Experience	Role familiarity	Multi-faceted		
Contact with parents	Activities	Non-pedagogical	Community	Parents and Carers	
Home-school diaries	Activities	Non-pedagogical	Classroom administration	Home-school communication	CA7-1
Taxi pick-ups	Activities	Non-pedagogical	Community	Transport	C7-1
Organising lunchtime activities	Activities	Non-pedagogical	Out-of-class	Lunchtime	O8-1
Points folders	Activities	Non-pedagogical	Classroom administration	Reward system	CA8-1
Managing the behaviour	Activities	Non-pedagogical	Behavioural support	Behaviour management	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
I think there's quite a lot of within the classroom, on a daily basis because very often the teacher may be continuing teaching the lesson, and if incidents occur than it's more often the support staff, who may take the child out so that, that may be involved in team-teach protocol, or it may be involving de-escalating the child, whatever works with that particular child. Sometimes you can be out for half an hour or more with the child, and then trying to feed them back into the classroom successfully so that they can pickup the learning without the disruption to the teaching, to the rest of the learners, the rest of the class.	Activities	Non-pedagogical	Behavioural support	Behaviour management	B2-1
Minimising the disruption as well.	Activities	Non-pedagogical	Behavioural support	Classroom management	B5-1
We're involved a lot in the social side of the children as well, because we eat lunch with the children everyday, teach the social skills, conversation skills, golden time, we're also there, but also everything.	Activities	Non-pedagogical	Social support	Social skills development	S2-1
Toast.	Activities	Non-pedagogical	Out-of-class	Breakfast	
We do the toast, the breakfast, drink.	Activities	Non-pedagogical	Out-of-class	Breakfast	O1-1
I: First, returning the social - you were talking about social skills with pupils. Tell me a little bit more about that.					

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
We all sit together at the table to eat, every class has their own sort of system, but each child sits at the table, the kitchen staff bring the food down to the classrooms, they have a routine. They wash hands, they've got place-mats. The teacher probably sits at the table, I known it doesn't now, two support staff serve, so you ask them what they'd like. Then we always say a prayer before we start our lunch, so it's just things like picking up on using a knife and fork, not talking with your mouth full. You know just the things that you were taught as children sort of thing.	Activities	Non-pedagogical	Social support	Social skills development	S3-1
A lot of them don't sit round tables and do that. No.	Activities	Non-pedagogical	Social support	Social skills development	S4-1
Well it's also the time for you to have conversations, you know talking about what they'd done, or you know some conversations you don't get to have…	Activities	Non-pedagogical	Emotional support	Building relationships	
But it's their time to talk to you.	Activities	Non-pedagogical	Emotional support	Building relationships	
It's explaining appropriate conversations, how to respond appropriately to each other. Use of language,	Activities	Non-pedagogical	Social support	Social skills development	S5-1
helping them actually also, identify because a lot of children in our class have got ASD, so it's helping them identify facial expressions, helping them recognise their own feelings. Speech and language things as well. Yeah.	Activities	Non-pedagogical	Social support	Emotional awareness	S1-1
Understanding of language.	Activities	Non-pedagogical	Social support	Social skills development	S6-1

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
Manners and things like that.	Activities	Non-pedagogical	Social support	Social skills development	S7-1
I: It sounds like, your building up, that's the time for…					
A relationship. Yeah.	Activities	Non-pedagogical	Emotional support	Building relationships	
Building the relationships.	Activities	Non-pedagogical	Emotional support	Building relationships	
I: And is that, so I assume that you sit with the same children that you're with…					
Yeah, you eat…in your class…You're with them all day.	Activities	Non-pedagogical	Emotional support	Building relationships	E8-1
I: So, do you notice a benefit for the children when they're able to build up that relationship?					
Yeah.	Activities	Non-pedagogical	Emotional support	Building relationships	
Definitely.	Activities	Non-pedagogical	Emotional support	Building relationships	
They know that they can come and talk to you.	Activities	Non-pedagogical	Emotional support	Building relationships	E9-1
Because they feel like if they've got something to say, or they're feeling injustice or that, they feel that they can come and speak to you and that that. And you will actually help them to sort it out.	Activities	Non-pedagogical	Emotional support	Building relationships	E10-1
In lessons when they want to start talking about things, you're like, I'd love to know, but tell me at dinnertime. So, then you know, you can kind of take it out of the	Activities	Non-pedagogical	Emotional support	Building relationships	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
lessons and take it into the social time instead.					
And also, because you've got the team in the classroom, you can have that consistency.	Activities	Non-pedagogical	Emotional support	Building relationships	
That's the key, isn't it. Consistency.	Activities	Non-pedagogical	Emotional support	Building relationships	
Consistent approach. They, they're all kind of getting the same thing, close team and then you know that helps as well to move the behaviour on as well. You know improve it.	Activities	Non-pedagogical	Emotional support	Building relationships	E7-1
It's a fair few hours that they're spending with us, we're the constant ones in their lives a lot of the time aren't we.	Activities	Non-pedagogical	Emotional support	Building relationships	E5-1
Yeah, on a day-to-day basis. Oh yeah.	Activities	Non-pedagogical	Emotional support	Building relationships	
You become a sort of the adult that they can trust. Yes.	Activities	Non-pedagogical	Emotional support	Building relationships	E4-1
Because a lot of time, they haven't got anybody out of school that they can talk to.	Activities	Non-pedagogical	Emotional support	Building relationships	E3-1
I: You mentioned parents as well.					
I also as part of my role, I also work with some of the different parents, parent partnership. And we've established a parent group, so we meet once a month and I've also been putting on workshops for parents as well to help them support their children with their learning and also to support themselves. So, but then, but somebody else can say about what goes on here.	Activities	Non-pedagogical	Community	Parents and Carers	C3-1

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
Well it's not always easy to get in touch with parents. You're supposed to have, you do have home-school diaries which we write in, but parents don't always readily reply to you. We tried phoning and they don't answer the phone, or the phone's…, so it's not always easy to get in touch with parents. And it's sometimes, not because your phoning to say a bad thing but you're phoning to say a good thing, but they still don't answer the phone or you know, so it's quite hard sometimes. You do have parents and carers that are very good at responding.	Activities	Non-pedagogical	Community	Parents and Carers	C2-1
It's those ones that you need to speak to that you can't get hold of.	Activities	Non-pedagogical	Community	Parents and Carers	
The ones that you really need to. Even parents evening, you don't see them do you as much as you try.	Activities	Non-pedagogical	Community	Parents and Carers	
I: Do you think that's, compared to a mainstream school, because obviously the taxi service so parents aren't the ones…					
It's because they're not at the school gates are they. Well like you say, mainstream a lot of your contact is done face-to-face, parents come up to meet them at the schools.	Activities	Non-pedagogical	Community	Parents and Carers	
Not only that, they've come, they've been taken out of mainstream for being so disruptive, so all they've ever had is phoning bad news.	Activities	Non-pedagogical	Community	Parents and Carers	
It's true.	Activities	Non-pedagogical	Community	Parents and Carers	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
You know, they're not used to having a phone call home just to say, you know 'he's done really well today'. Or you know, they don't answer the phone because they're expecting it to be bad I think.	Activities	Non-pedagogical	Community	Parents and Carers	C1-1
From their past experience.	Activities	Non-pedagogical	Community	Parents and Carers	
We send, we send good news books home. We actually call them good news books to try to also, to change the impression that the parents have so that we can, so I think we do a lot of work here.	Activities	Non-pedagogical	Community	Parents and Carers	
We do so much	-	-	-	-	
We try to get	-	-	-	-	
There's so many certificates that they have.	-	-	-	-	
We started a thing at one time, where we'd arrange to phone a parent every week, didn't we. You know, just to keep them, but that fizzled out, but people, they just wouldn't answer the phone. You know, even, when it was at a pre-arranged time, 'we'll be phoning you on Thursday just to let you know how things are going'. It was fine for the first couple of weeks and then it just sort of…	Activities	Non-pedagogical	Community	Parents and Carers	
I think a lot of parents, I know from the group, have felt very much that school has been us and them in the mainstream, and I think we work very hard here to try to make it that we're all working together, you know for the child.	Activities	Non-pedagogical	Community	Parents and Carers	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
I: You mentioned home-school and the good news diary. Are they two different things?					
Just depends which ever. Some classes use the home-school, and we use particularly good news as we've got a lot of some children that don't want to take the home-school book home if they think it's got anything bad in it. So we actually found it was quite useful for the few children to actually call it a good news book, and we also put a bit for parents to write in as well, so that we've just got that good news diary back and forth.	Activities	Non-pedagogical	Community	Parents and Carers	
I: Are you in charge of the home-diary, good news book, or is it a joint role?					
In my class, I wouldn't say.	Activities	Non-pedagogical	Classroom administration	Home-school communication	
It just depends. It can be either.	Activities	Non-pedagogical	Classroom administration	Home-school communication	
The teacher might do it, or I might do it. It just depends what's going on at that time as well.	Activities	Non-pedagogical	Classroom administration	Home-school communication	
It just depends on whoever's right for writing it.	Activities	Non-pedagogical	Classroom administration	Home-school communication	CA6-1
I: What's your role in the pupil assessment process, so some of the children might have annual reviews, or IEPs. Do you get a chance to feed into that at all?					
It's varied. Because. Over the time, I've had times at the school where I've been the one that's gone to the annual review all the time, because the teacher's been in the classroom teaching. So they'd say, the teacher would	Activities	Pedagogical	Assessment procedures	Shared input into statutory reviews	A15-1

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
write the report, sometimes you may have had a discussion before, to feed into the report….					
You go give your views.	Activities	Pedagogical	Assessment procedures	Shared input into statutory reviews	A14-1
…and then you would go to the meeting and then feedback and then another year it would be that the teacher's had to go to the meetings.	Activities	Pedagogical	Assessment procedures	Shared input into statutory reviews	A13-1
I've done quite a few this year.	Activities	Pedagogical	Assessment procedures	Shared input into statutory reviews	
So there doesn't seem to be a set, I don't think.	Activities	Pedagogical	Assessment procedures	Shared input into statutory reviews	
But ----- pretty good, because we always discuss, you know, before she goes, write the report.	Activities	Pedagogical	Assessment procedures	Shared input into statutory reviews	A12-1
We do generally go through it with the teacher.	Activities	Pedagogical	Assessment procedures	Shared input into statutory reviews	
Yeah, we input to it, don't we.	Activities	Pedagogical	Assessment procedures	Shared input into statutory reviews	
I: Does it vary by teacher?					
I think most of them do. I think they ask, don't they. If they read what they put and whether we agree with it or not.	Activities	Pedagogical	Assessment procedures	Shared input into statutory reviews	A10-1

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
We sort of talk everyday.	Activities	Pedagogical	Assessment procedures	Shared discussion of pupil progress	
We sit and discuss their progress.	Activities	Pedagogical	Assessment procedures	Shared discussion of pupil progress	A9-1
We do it together.	Activities	Pedagogical	Assessment procedures	Shared discussion of pupil progress	
APP	Activities	Pedagogical	Assessment procedures	Shared discussion of pupil progress	
We're very on-going all the time, you know everyday. I think after every lesson, we're there after the end of it.	Activities	Pedagogical	Assessment procedures	Shared discussion of pupil progress	A8-1
Because they're like at the end of it 'that wasn't very good', or 'how did he get to that'. 'where did that come from?'	Activities	Pedagogical	Assessment procedures	Feedback individual and group work	
Some of it's such a personal view, I know we're sitting out of class and thinking 'how did that happen'. So we're trying to work out how that child has actually got to that particular answer, as it's not in the particular way that we would have learned.	Activities	Pedagogical	Assessment procedures	Feedback individual and group work	
So, we find it quite interesting don't we to sit and have a little...	Activities	Pedagogical	Assessment procedures	Feedback individual and group work	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
Especially if it's numeracy and they've done pretty well, I'll say to the teacher, you know 'he understood that', maybe he can go up a little bit. So we have a discussion about that.	Activities	Pedagogical	Assessment procedures	Feedback individual and group work	A4-1
Because the teacher's not doing the whole class.	Activities	Pedagogical	Assessment procedures	Feedback individual and group work	
If you're working with your group, you know what they've done, so you need to feedback to your teacher on what has gone on in that group. So it's a continuous thing throughout the day.	Activities	Pedagogical	Assessment procedures	Feedback individual and group work	A3-1
Everything isn't it.	Activities	Pedagogical	Assessment procedures	Feedback individual and group work	
And then with the intervention, because when you're doing your intervention, you're only going to do it for so long, and then you sit down and have a discussion, it's ever going to be well, yes, he's accomplished, so where are we going from here, or it's going to be 'well we're still struggling, so what else can we try'.	Activities	Pedagogical	Assessment procedures	Feedback individual and group work	A2-1
If I say 'I don't know what to do with this bit', it'll be well 'try this, if that don't work, we'll try and think of something else'.	Activities	Pedagogical	Assessment procedures	Feedback individual and group work	A1-1
It's a continuous…	Activities	Pedagogical	Assessment procedures	Feedback individual and group work	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
I: Sounds like it's a conversation between...					
And I do feel like we're kind of, I feel kind of listened to if I, because sometimes I'll say a thought came to me at 2 o'clock in the morning, and I thought, and I think this child might be doing this because of this. Shall we try this. And usually we always get the response, well yea, let's give that a go. So, I do feel...	Activities	Pedagogical	Preparation for support (Planning)	Contribute to teaching plans	P6-1
Yeah…	Activities	Pedagogical	Preparation for support (Planning)	Contribute to teaching plans	
He's been here a long time, he's quite open to suggestions.	Activities	Pedagogical	Preparation for support (Planning)	Contribute to teaching plans	
[Class Teacher] is, isn't she. Yeah.	Activities	Pedagogical	Preparation for support (Planning)	Contribute to teaching plans	
You know, the other way, say they're really struggling with that, maybe we need to go over, or we've picked up on things like with a certain pupil he doesn't know his alphabet, we've realised that we need to do this; or like you say, positives, they really understood that, they're getting bored, and maybe he needs to be pushed on. So it's just all the time, it's just on-going.	Activities	Pedagogical	Preparation for support (Planning)	Contribute to teaching plans	P5-1
I don't think it would work, it wouldn't work if we didn't.	Activities	Pedagogical	Preparation for support (Planning)	Contribute to teaching plans	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
And you're too tight. You know, there's only about 10 kids, and there's 3 of you. You have to talk to each other.	Activities	Pedagogical	Assessment procedures	Shared discussion of pupil progress	
Work together, haven't you. Yeah	Activities	Pedagogical	Assessment procedures	Shared discussion of pupil progress	
I: What would you say are some of the strengths of your role as it stands?					
Tolerance, patience, sense of humour.	-	-	-	-	
I: What are the strengths of the role?					
I think supporting each other is a big one. We all do that. Yes. You know if somebody is having a bad day, you can go and have a moan at somebody and it will go no further. But you've had time to release it sort of thing and listen to you…and get on with it.	Experience	Support	Supportive colleagues	Supportive conversations	
And even with one of the kids, if you are having a hard time with them, somebody is always there to, maybe take over or just give you a break. …	Experience	Support	Supportive colleagues	Assistance	
I: Is that you as a group?					
Yeah, we're a tight team. Well just not the TAs, but the teachers as well. Oh yeah, as a staff. As a staff group, definitely.	Experience	Support	Supportive colleagues	Staff team	
That's what I was saying, that's why I wanted to work here, because the staff, you know, I know I'm not on my own, everybody's got my back and like, they say if you're having a tough time and you're just not coping, I can say 'look, I'm not coping'. I feel so comfortable that I can say	Experience	Support	Supportive colleagues	Staff team	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
'I'm not coping with this today' or like if I walk past and I'm struggling, one of the others will, they're walking past, they won't just walk past, they'll come help you if they think you need it.					
If you can hear something's going on, someone'll come out and see if that person's alright, or you know, if they need your help.	Experience	Support	Supportive colleagues	Assistance	
That's a common understanding of the job, of the children in this school, we all know how challenging they are.	Experience	Support	Supportive colleagues	Shared understanding	
We all sort of know the children as well, because through different activities and that, we've all worked with every child more or less, really. Yes. There's not many you can actually say 'I haven't actually worked with them', cause I think we all have.	Experience	Support	Supportive colleagues	Shared understanding	
And I think we're, well I think it is a strength, I think we're very real about what we do. I don't think as a team, I don't think we believe, we don't believe we've got like a magic wand. We know it's tough sometimes, and we know that it's hard work. Yes. It's very challenging some days, isn't it. It is. Yeah.	Experience	Support	Supportive colleagues	Shared understanding	
At the end of the day, you've felt like you've had a hard day. There's some day you go home and you can quite happily sit and cry. Yeah, you've just had enough sort of thing, but then you bounce back.	Experience	Challenges	Emotionally challenging		

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
And there's other days that you come in and you think 'oh my goodness, he really got that' and it really makes you think, everything's worth it. You know. It's really good. Well that's, how I feel and that. And it only has to be a little thing, a please or a thank you that you've never had before. Or just the smile on their face when they see you. They just. Cause that's it. It's, the kids.	Experience	Motivation	Rewarding moments		
I: What do you think's helped the staff team support each other?					
You have to support each other. It's a small school. We are close.	Experience	Support	Supportive colleagues		
I've worked in mainstream small schools, and I don't feel the..., Here, I think you have to have each others back. You can't do it, I couldn't do this on my own. I couldn't do this, if I was a TA on my own, no way I could do this job. I could only do it because everyone's got each other's back.	Experience	Support	Supportive colleagues	Assistance	
I think here as well, you know it's not just like teachers and TAs, you're just part of the team, so whatever you do, you've got to work together.	Experience	Support	Supportive colleagues	Staff team	
I think we're all here because we like what we do. Yes, it's for the children. And we always want the best for what's going on, and that,	Experience	Motivation	Pupil development		
and what we don't know, we can go and ask each other and somebody will say 'well you know what, leave it with me and I'll find it', and that, and somebody else we say 'ooh, you know, try this', 'do this'. I think 'cause we all support each other.	Experience	Support	Supportive colleagues	Shared solution finding	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
Because you're comfortable enough to say, I don't know what to do with this, what can I do? And you go to people who have got a bit more experience, I mean and come and ask you sometimes 'what do I do with this?'. You know, and things like that. I feel comfortable enough to say 'I've been a right idiot, I don't know what to do here or whatever'.	Experience	Support	Supportive colleagues	Shared solution finding	
So, it's your learning curve for us then.	-	-	-	-	
And you can't just do this as a job. It's not just it pays the bills, I think you have to have a passion about it to work in a school for children with special needs. You can't just do it can you as a job.	Experience	Motivation	Pupil development		
It's not about pay is it really.	Experience	Motivation	Pupil development		
Some children go home from here and they've had a really good day, and it's something they think, you know what 'I really enjoyed yesterday', I had fun with -----, we did this, you know, and they've really got something out of it. And that's what makes everything worthwhile. It takes a long time to get there with some of them, but when you get there, their faces is just.	Experience	Motivation	Rewarding moments		
Well it's things like… going to --[outdoor venue]-- and seeing them outside the school and doing things like that, you know it's those experiences, cause you seem them in school and they're struggling working, but they can do something really well out there, that you'd probably had thought they couldn't do that, but they're on top of the	Experience	Motivation	Rewarding moments		

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
world sort of thing, because they've managed it. And then they come back, I had a really great time there.					
It's like when you take them out for sports though. Because they do do a lot, you know and you see their little faces and that, and alright, we always come last, but they take that….	Experience	Motivation	Rewarding moments		
Because at mainstream, they never got invited to something like that. They were always the children who were left behind sort of thing. And we haven't got a big school, so most of our kids had to do twice the races, because we only had one girl and they had to have two teams of four, so our boys did it as well. And not one of them moaned, and that's, you come back and you think that's absolute, they did do themselves proud, and that's what it's about. I mean how many of them in that situation can get out to go and do stuff like that, and she does take quite a few of them out doesn't she, which is really good for the school.	Experience	Motivation	Rewarding moments		
And like, the team, genuinely, I know ultimately, the teacher is responsible for planning all of the curriculum and the teacher may, it may be a teacher who's class it is, but a lot of people will come here and they will say, to visit, and they'll say they can't see the difference between the TAs and the teachers. You couldn't spot the TAs and the teachers because sometimes, because of the way we work we interchange,	Experience	Support	Supportive colleagues	Staff team	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
you know, because if there's, say in our class, if an incident has started and it's the class teacher that's been involved in that incident, either one of us will step forward and carry on with the lesson, so that the teacher can continue and see that through to help the child move on with the behaviour.	Experience	Support	Supportive colleagues	Staff team	
So it's the whole child, you know, we're looking at the whole child. But, and even with when we've had serious incidents, if you're the person that's been the first person, the TAs have been the person that's involved, even the head or the deputy head will walk up and say, well 'what do you want me to do?' Yes. So we're very interchangeable, depending if on whatever situation we're dealing with, with the child.	Activities	Non-pedagogical	Behavioural support	Behaviour management	
Yes.	-	-	-	-	
I: Is there anything written down formally about the way you support each other, or is that something that has come naturally?					
I think it has just happened. I've never seen anything written down. No. I think it's just happened. You know.	Experience	Support	Supportive colleagues	Informal support	
I think it's just happened.	Experience	Support	Supportive colleagues	Informal support	
The job description…	-	-	-	-	
And then plus what the headmaster tells you.	-	-	-	-	
It weren't in my contract.	-	-	-	-	
I: Do you think there's any areas for development in your role?					

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
We do enough.	-	-	-	-	
Don't know.	-	-	-	-	
I guess we've all got strengths, haven't we. We have our professional development, but I'm not sure…	-	-	-	-	
I: Not yourself, but if someone were to write down what your role is and what you do, is there anything that could be done differently or better, so perhaps not individually, but					
As a whole?	-	-	-	-	
I don't think there's anyway that you could change it…	-	-	-	-	
I don't think what it says on paper really covers what you do. And I don't know how you could cover exactly what you do to be honest. You do a lot more than is in your job description.	Experience	Role familiarity	Multi-faceted		
You know, you do things that you're not paid to do and bits and pieces. You do it, because you want what's best sort of thing.	Experience	Motivation	Pupil development		
Yeah, maybe something around the emotional impact of the job.	Experience	Challenges	Emotionally challenging		
I: Emotional impact for who? For you?					
For us. On the staff really.	Experience	Challenges	Emotionally challenging		
I: In what way? Tell me a bit more about that. Because I'm aware that working here must be quite a high [impact job].					

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
I think that as TAs, obviously we don't have PPA time or anything like that, so we don't have time away from the group. But we are, we're in 9.00, you know we are full on with the children all day, everyday, Monday to Friday.	Experience	Challenges	Intense		
And we do dinner clubs as well.	Activities	Non-pedagogical	Out-of-class	Lunchtime	O7-1
We do lunchtime clubs as well. Some people every day.	Activities	Non-pedagogical	Out-of-class	Lunchtime	O6-1
And we have breaktimes, but we don't get a break as such. Because you say breaktime for the children is quarter to eleven to eleven o'clock, so if you're class goes out, there's always somebody on break duty, but then you've got children that have maybe had to stay in because they've got a problem or something, so you know, you never get, you don't come to the staff room, put it that way.	Activities	Non-pedagogical	Out-of-class	Breaktime	O4-1
And we have breaktimes, but we don't get a break as such. Because you say breaktime for the children is quarter to eleven to eleven o'clock, so if you're class goes out, there's always somebody on break duty, but then you've got children that have maybe had to stay in because they've got a problem or something, so you know, you never get, you don't come to the staff room, put it that way.	Experience	Challenges	Intense		
No, I haven't been in here for months! Had to find my way up here! That's our time to run to the loo. Usually get the toast stuff ready.	-	-	-	-	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
Or phone calls.	Activities	Non-pedagogical	Classroom administration		CA3-1
You don't stop.	Experience	Challenges	Intense		
Or something to do with work.	Experience	Challenges	Intense		
Or write in their books.	Activities	Non-pedagogical	Classroom administration		CA2-1
You've always got something to do.	Experience	Challenges	Intense		
Or getting the stuff ready for the next lesson.	Activities	Non-pedagogical	Classroom administration		CA1-1
I: You mentioned kind of where you seek support, so is that always on an a 'if you see each other in the corridor'?					
Yes, literally. Yes.	Experience	Support	Supportive colleagues	Informal support	
We sit down and chat on Tuesday, that a new thing.	Experience	Support	Supportive colleagues	Formal meeting	
We've just this last half term decided we would like to have a TA meeting whether once every half term or once a term, to sort of air our views, or to have a good old…, or to share some positive things.	Experience	Support	Supportive colleagues	Formal meeting	
But to be quite honest we don't, we can go a day without seeing somebody.	Experience	Challenges	Intense		
I don't see these, because they're down the other end of the school.	-	-	-	-	
Unless you're in assembly…	-	-	-	-	
You don't see each other…	Experience	Challenges	Intense		
I: So you've go the weekly TA time…					

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
You're quite hidden away [conversation prior]	-	-	-	-	
That's what I was meaning about the emotional impact, because we're very very good at supporting each other, and as we've said you know if you have a bad day, we kind of will chat about it amongst ourselves, but there's nothing formally written down anywhere that that happens.	Experience	Support	Supportive colleagues	Informal support	
We sort of get on quite well socially, but we don't even see each other at work! Maybe that's why, we get on!	Experience	Support	Supportive colleagues	Informal support	
I: What's the relationship like with the local community? Is there on, and if there is do you play a role in that?					
We don't see anyone do we.	Activities	Non-pedagogical	Community		
We send them out a newsletter don't we. We used to go to the local, there's a few here. But apart from that we don't really have anything to do with them unless a child's gone over the fence. But that's not happened for a while, touch wood!	Activities	Non-pedagogical	Community		
I: I think you've kind of covered all my questions. Is there anything else that you wanted to say about your roles and your views that might be important for me to know?					
No, I don't think so.	-	-	-	-	
I'm happy.	-	-	-	-	
I just think it is very challenging	Experience	Challenges	Intense		
But enjoyable as well, even though it is challenging.	Experience	Motivation	Enjoyable		

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
Challenging physically and mentally.	Experience	Challenges	Physically challenging		
Challenging physically and mentally.	Experience	Challenges	Emotionally challenging		
It's a lot.	Experience	Challenges	Intense		
Yes, it is a hard job, some days. Yes it is.	Experience	Challenges	Intense		
It's not easy	Experience	Challenges	Intense		
Some days it is worse than others.	Experience	Challenges	Intense		
Some days I've wanted to go home and cry.	Experience	Challenges	Emotionally challenging		
Well you can be on an emotional roller coaster, can't you. Yes. You know one day you're up there and the next.	Experience	Challenges	Emotionally challenging		
I think a lot of the time, you take things from the kids when they're upset. You take it quite personally, 'cause you worry about them. You don't just switch off as soon as you go out of the door home.	Experience	Challenges	Emotionally challenging	Emotional investment	
You know, you think…	-	-	-	-	
You worry about them, I hope he's in tomorrow.	Experience	Challenges	Emotionally challenging	Emotional investment	
Or you break up for half term or that, you know.	Experience	Challenges	Emotionally challenging	Emotional investment	

Appendix 8: Transcript example with themes

Transcript	Category 1	Category 2	Theme	Sub-theme	Code
And yeah, I suppose that is one thing, like, obviously with teacher's it's an annual salary kind of thing, and as where as with TAs, we are put on this 35 hour contract, and you know we're paid for 35 hours, but this job isn't a job that you can walk out the door at half past three or four o'clock. And if you've got a child that hasn't gone on his taxi, because you are building a relationship, generally, we tend to stay with the teachers, because we want to see that job through. It's important to us. So it's not a case of "ooh, well that's it, it's four o'clock, of you go".	Experience	Challenges	Emotionally challenging	Emotional investment	
And you pick up the pieces, from, you know, when they've been taken into care or something bad's happened at home. We're picking it up for them, and supporting them with that. Yes.	Activities	Non-pedagogical	Emotional support		E1-1
I: It's more than what it says on paper.					
Definitely. Oh yeah. More than what it says on paper.	Experience	Challenges	Intense		
And sometimes, you know, you come in and people think that we're over staffed because we have two in a class or three in a class, but I think those people don't really realise the intensity and the amount of work it can take to move a child from one place to the next. The small steps, the amount of work it takes to get that child to take that small step in their curriculum and their behaviour, the intensity of it is huge.	Experience	Challenges	Intense		
Yes.	Experience	Challenges	Intense		
It is.	Experience	Challenges	Intense		

Appendix 8: Transcript example with themes

PROFESSIONAL PRACTICE REPORT 2:

THE DELIVERY OF COGNITIVE BEHAVIOUR THERAPY TO A YEAR 5 PUPIL PRESENTING AS SOCIALLY WITHDRAWN AND CONSIDERED TO BE 'ON THE VERGE OF DEPRESSION'

Abstract

This paper presents and discusses a Trainee Educational Psychologist's delivery of CBT to a Year 5 pupil presenting with depressive symptomatology. The pupil's needs are conceptualised through the vulnerability-stress developmental psychopathology model of depression. Discussion of the literature suggests that CBT is a theoretically appropriate intervention for needs conceptualised through this model of depression, however, that efficacy research suggests benefits are only in comparison to no support at all. The Trainee EP's delivery of CBT is then presented, including formulation, evaluation and assessment of outcomes. The intervention is then reflected upon, with attention given to the role of parents and ethical practice within the focus intervention, followed by reflection on the delivery of CBT within educational psychology practice.

Introduction

Cognitive behaviour therapy (CBT) is a prevalent model of therapeutic support for children and adolescents with a range of presenting needs (O'Connor and Creswell, 2008). Over the past decade, the application of CBT has moved from treatment of diagnosed clinical conditions to early intervention and universal prevention (Lowry-Webster et al., 2001; Neil and Christensen, 2009). Nationally, the growing application of CBT can be observed in the launch of the National Health Service (NHS) initiative, 'Improving access to psychological therapies for children and young people' (CYP IAPT) (IAPT, n.d.), where CBT holds a central position. Alongside developments within the health service, discussions in educational psychology practice as to the place of CBT as a feature of service delivery have grown (Pugh, 2010; Squires, 2010; Rait et al., 2010). This paper forms a trainee educational psychologist's (TEP's) account of delivering a CBT intervention as a therapeutic service to a Year 5 female pupil described by school staff as socially withdrawn and on the 'verge of depression'. Following discussion of the pupil's presenting needs in relation to the theoretical and research literature, the theory of CBT and its appropriateness and efficacy in relation the pupil's needs are discussed. Attention is then turned to the steps undertaken within the present case, followed by a discussion of the role of educational psychologists (EPs) as providers of CBT. Firstly, brief background information is presented to provide a context to the intervention and the nature of educational psychology involvement.

Context of the intervention

The focus pupil was a 10-year old female pupil attending a local authority primary school. At the time of initial educational psychology involvement she was in Year 5 and had moved to the school from another area of the UK partway through her primary education. The move was prompted by parental separation and the pupil moved into the locality with her father and siblings. The mother's relationship with the family was reported to be, at times, volatile, and the pupil had recounted to school staff, negative comments made to her by her mother. The school special educational needs co-ordinator (SENCo) requested educational psychology involvement due to concerns that the pupil was showing increasing signs of social withdrawal, and that she was struggling with maths and literacy.

Following initial assessment of the pupil's needs and strengths, which included 1:1 assessment through discussion and standardised measures, a consultation meeting was held with those most involved and concerned with the pupil (father, father's partner, SENCo and teaching assistant as the class teacher could not attend). Within the consultation meeting, further information regarding the family and school context was discussed and it was agreed that the pupil would benefit from a therapeutic intervention focusing on her presenting needs. It was agreed that the intervention would be delivered over approximately 6 weeks of a school half term leading up to a school holiday.

The pupil's presenting needs

The pupil's initial presenting needs were revealed in a consultation meeting with school staff and the pupil's father. It was shared that the pupil presented as socially withdrawn in the school and home environments, that she often commented on negative events during academic lessons, and that her general impression was one of being 'on the verge of depression' although no formal clinical diagnosis was present. Later exploration indicated that the needs could be conceptualised according to a growing model of childhood depression, the vulnerabilities-stress model (Hankin and Abela, 2005; Ingram and Luxton, 2005).

The vulnerabilities-stress model

Cognitive theories of depression have existed since the 1960s (Beck, 1963; 1964). As time progressed and the claims of Beck and others were empirically tested, researchers began to study the interaction of cognitive vulnerabilities with the experience of adverse events (Abela and Hankin, 2008). This led to what is currently termed the vulnerability-stress model, which cites that an individual's likelihood of developing depressive symptoms is related to how their level of cognitive vulnerability interacts with the severity of an adverse event (Abela and Hankin, 2008).

The vulnerability component refers to cognitive explanations of depression. Although there is a range of theories, researchers primarily refer to the theory of

hopelessness (Abramson et al., 1989), Beck's cognitive theory (Beck, 1963; 1964), and response styles theory (Nolen-Hoeksema et al., 2008). In brief, hopelessness theory, originally the learned helplessness theory, proposes that individuals experiencing depression expect negative events, they attribute them to stable and global reasons, perceive them as disastrous, and following negative events view themselves as flawed (Abramson et al., 1989; Alloy et al., 2004). Beck's cognitive theory proposed that individuals hold negative schemas to which an individual relates negative events, which in turn leads to automatic negative thoughts and negatively skewed interpretations of events, i.e. maladaptive cognitions (Beck, 1970; Alloy et al., 2012). Lastly, the response styles theory proposed that rumination leads to depression (Nolen-Hoeksema et al., 2008). The vulnerabilities-stress model draws together these prominent theories and suggests that when individuals with these cognitive vulnerabilities encounter periods of stress, they are at an increased risk of developing depression in comparison to those who do not (Abela and Hankin, 2008). Therefore, to reduce the likelihood of developing depression, individuals should be supported to address their cognitions, and over recent years, CBT has become a prominent therapeutic approach for doing so.

The strength of the vulnerabilities-stress model is not based in its explanations of cognitive vulnerabilities, but in how vulnerabilities interact with adverse events (Abela and Hankin, 2008; Ingram and Luxton, 2005). This moves the development of depression from remaining solely within the individual to being a result of an interaction between the individual and their environment. Indeed, cognitive vulnerabilities can be viewed as category of risk within the risk and

protective factors framework that is eminent within developmental psychopathology literature (e.g. Rolf et al. 1990).

Although originally developed from an understanding of depression in adults, there is growing evidence that the model is applicable to children and adolescents (Abela and Hankin, 2008, Hankin et al., 2009; Lakdawalla et al., 2007). However, application of the model to an individual childhood cases is not without critique. The age of formation and the stability of cognitive vulnerabilities during childhood remains an area of exploration, as does the process of how specific vulnerabilities interact with each other (e.g. Alloy et al., 2012; Abela and Hankin, 2008; Gibb and Coles, 2005). Therefore, although the model provides a suitable way of conceptualising the pupil's current needs, conclusions regarding the pupil's future presentation and needs are limited.

The pupil's cognitive vulnerabilities

Exploration of the pupil's initial presenting needs revealed a range of cognitive vulnerabilities. Specifically they were found to be experiencing social withdrawal, negative feelings, maladaptive internalising and distancing coping strategies, negative self-image, rumination and a high level of depressive symptomatology.

Social withdrawal in childhood is defined as consistent isolation from peers (Rubin et al., 2011), and is considered to be a risk factor for the later development of depression (e.g., Boivin et al., 1995; Katz et al., 2011; Rubin et

al., 2009). Indeed, childhood social withdrawal has been associated with a range of internalised difficulties, including anxiety and negative self-perception (for a review see Rubin et al., 2009). When the associated construct of shyness is considered (Rubin et al., 2009), the literature suggests that shy children are often prone to internalising negative feelings, and when faced with problems the coping strategy adopted is of an internalised nature such as going off by themselves, or particularly for girls, distancing themselves from the problem, for example pretending nothing has happened (Eisenberg et al., 1998; Findlay et al., 2009).

Exploration of the pupil's presenting needs and strengths prior to the decision to provide CBT revealed that her social withdrawal was reminiscent of the difficulties presented in the literature. She described feeling the negative emotions of anger, being upset and confused due to social peer rejection, victimisation from peers and negative comments from her mother, and as feeling scared when talking to people in public. Assessment of her coping strategies using the Kidcope scale (Spirito et al., 1998, as cited in McCroy and Cameron, 2009) revealed she often applied internalising or distancing coping strategies including wishful thinking, going for a walk, social withdrawal and self-criticism, alongside the positive strategies of problem-solving and seeking social support.

The pupil was also shown to present with a negative perception of herself. As a way of monitoring the outcomes of CBT, the pupil also completed the Butler Self-Image Profile for Children ([SIP-C] Butler, 2001), which asks respondents

to numerically rate a series of descriptions according to 'how you think you are' and 'how you would like to be'. Based on a 6-point scale from 'not at all' to 'very much', the pupil rated herself as 'not at all' brainy, sensitive or happy and 'very much' shy and easily bored, thus suggesting a negative self-image.

Information gathered during the consultation meeting with school staff indicated that the pupil often commented aloud on past negative encounters with her mother. This appeared to suggest that rather than focusing on the content of academic lessons, the pupil was focusing on distressing life events. Termed rumination, it is a coping strategy defined as repetitively thinking and focusing on feelings and problems in response to a negative situation, and rumination has been identified as a contributor and therefore cognitive vulnerability to experiencing the symptoms of depression and a risk factor for clinical diagnosis of depressive disorder in children and adults (Abela and Hankin, 2011; Nolen-Hoeksema, 2000; Nolen-Hoeksema et al., 2008; Roelofs et al., 2009). By ruminating, an individual is considered to be extenuating and prolonging feelings of distress, leading to the increased likelihood of negative thinking and interfering with the ability to problem-solve (Nolen-Hoeksema et al., 2008). The pupil's presentation suggested a potential difficulty in this area.

Whilst the young person did not have a clinical diagnosis of depression, as social withdrawal and rumination suggest a vulnerability to depression, and as the comments of the school staff present the pupil as on the verge of depression, due regard must be given to the extent to which their presenting needs were indicative of such. The Moods and Feelings Questionnaire (MFQ)

(Angold et al., 1995), is recommended for use as a short screening measure of core depressive symptomatology and was therefore completed with the pupil. The scale is not recommended for use as a clinical diagnosis tool to be used in isolation (CORC, n.d.; NICE, 2005), and therefore does not provide a standardised cut-off measure. However, with 33 questions based on symptoms detailed in clinical diagnostic manuals, it provides a useful way of examining depressive symptomology (Burleson Daviss et al., 2006). The pupil scored a total of 40 from the maximum possible score of 66, and from the options of 'not true', 'sometimes' and 'true', the pupil marked the following statements with the highest score of "true in the past two weeks":

- I didn't enjoy anything at all
- I felt so tired I just sat around and did nothing
- I blamed myself for things that weren't my fault
- I thought my family would be better off without me
- I found it hard to think properly or concentrate
- I felt lonely

Although the MFQ was not used to ascertain a diagnosis, when the responses were compared with National Institute of Clinical Excellence ([NICE] 2005) guidelines and the International Classification of Diseases 10th edition diagnostic criteria ([ICD-10] World Health Organization [WHO], 2010) concerning depression in children, it is apparent that the pupil was indeed experiencing a high rate of depressive symptomatology.

Overall, the pupil presented with a range of associated needs including social withdrawal, negative feelings, maladaptive internalising and distancing coping strategies, negative self-perception, rumination and a high level of depressive symptomatology. Furthermore, the pupil's presentation can be conceptualised as cognitive vulnerabilities (negative feelings, maladaptive coping, and rumination) and adverse life experiences (peer rejection and poor maternal relationship). Together, these components form the vulnerability-stress developmental psychopathology model of depression in children (Hankin and Abela, 2005; Ingram and Luxton, 2005). Research suggest that if these difficulties remain as the pupil transitions to adolescence, interactions within and between cognitive vulnerabilities and adverse life events increase the likelihood of experiencing a major depressive episode, particularly for females (Abela and Hankin, 2011; Lakdawalla et al., 2007; Wilkinson et al., 2013).

It is therefore apparent that the pupil was experiencing a level of need that the literature indicates is associated with depression and of warranting additional support. As a method of early intervention it was agreed that the pupil would benefit from undertaking individual therapeutic work, with CBT being the selected approach.

The theoretical appropriateness and efficacy of CBT

The conceptualisation of the pupil's presenting needs called for a targeted therapeutic approach that would address vulnerabilities to the potential later development of major depressive disorder. Furthermore, in conceptualising

needs through the vulnerabilities-stress model, a number of theoretical claims are being made regarding the development of depression and the corresponding approach to intervention.

CBT has growing recognition as an effective, structured and time-limited therapeutic approach (Hofmann et al., 2012). CBT interventions aim to detect and reduce negative cognitions, and when applied to depression these include negatively biased attributions and automatic negative thoughts, the cognitive vulnerabilities discussed above (O'Connor and Creswell, 2008). In addition, CBT aims to rebuild positive coping and effective problem-solving skills that individuals can apply during periods of stress, thus replacing unhelpful strategies such as rumination, a further cognitive vulnerability presented above (O'Connor and Creswell, 2008). Accordingly, CBT is a theoretically appropriate model of support to reduce and prevent the experience of depression, and therefore theoretically fitting to the presenting needs of the focus pupil.

There is an evidence-base for the effectiveness of CBT for children experiencing depressive disorder or elevated symptoms of depression; however, it is less strong in comparison to that for anxiety disorders (Hofmann et al., 2012; O'Connor and Creswell, 2008; Ishikawa et al., 2007). Early meta-analysis of studies indicated a compelling positive effect (e.g. Michael and Crowley, 2002) however, more recent and convincing critique by Weisz et al. (2006) suggests that the effects are more modest, and over-estimations in earlier meta-analysis are due less rigorous statistical analysis and fewer studies available at the time of analysis.

In a detailed and comprehensive meta-analysis of published and unpublished research, with exacting inclusion criteria including studies where participants had elevated symptoms or met formal diagnostic criteria, Weisz et al. (2006) explored the effectiveness of a range of psychotherapies. One element of the analysis included comparing the effect of psychotherapy emphasising cognitive change, to therapy that does not emphasise cognitive change. Overall, on the basis of 35 studies published until 2004 (7 of which focused exclusively on children under 13 years of age), psychotherapy was found to lead to a significant improvement in depressive symptoms from the perspective of the child or adolescent, however, with a markedly smaller effect size to those in earlier meta-analyses. Notably, however, Weisz et al. (2006) found no significant difference between therapies emphasising cognitive change in comparison to those that did not. Furthermore, although improvements were sustained in the immediate period following psychotherapy, one-year following completion, any significant effects had diminished to nil. Closer examination of the CBT studies focusing on primary aged children with depressive symptoms reveals variability within the meta-analysis, with some studies leading to large effect sizes and others showing almost none (e.g. De Cuyper et al., 2004; Roberts et al., 2003). More current and equally rigorous meta-analytic studies have found similar results, suggesting that the delivery of psychotherapy, of which CBT has formed the majority of studies, does lead to a reduction in depressive symptoms (Hofmann et al., 2012; Merry et al., 2012; Mychailyszyn et al., 2012; Watanabe et al., 2007). However, the difference is only in comparison to those receiving no intervention at all, other forms of

psychotherapy or active controls may lead to similar improvements, and any gains are short-term only and not maintained over the long-term (Merry et al., 2012; Mychailyszyn et al., 2012; Watanabe et al., 2007; Weisz et al., 2006).

When the findings are considered in relation to the focus pupil, it was recognised that the delivery of CBT would likely be of benefit in comparison to no support at all, however, that whilst theoretically appropriate, other forms of psychotherapy might also have been suitable. Finally, it was recognised that therapeutic support should be aimed at facilitating immediate change with recognition that the focus pupil may require additional support in the future.

Measuring the effectiveness of CBT

The effectiveness of CBT was measured using the MFQ, SIP-C and Resiliency Scales. Individually, the scales were considered to be helpful measures of a range of areas indicative of vulnerabilities, and when combined, they were considered to present a comprehensive picture of the pupil's overall mental wellbeing. For these reasons they were also considered to be suitable pre- and post-measures of the extent to which CBT addressed these vulnerabilities.

Moods and Feelings Questionnaire

The MFQ (Angold et al., 1995), as aforementioned, is recommended by NICE guidelines and the CAMHS Outcomes Research Consortium (CORC) as a screener, assessment and monitoring tool for childhood depression (CORC, n.d.; NICE, 2005). The scale has demonstrated good criterion-validity for

discriminating between children and young people with varying degrees of depressive symptomatology and no depressive symptomatology (Burleson Daviss et al., 2006).

Self-Image Profile for Children (SIP-C)

The SIP-C is described as a self-report measure of self-image and self-esteem (Butler, 2001; Butler and Gasson, 2005). These are terms that are often used imprecisely, however, due to a clear explanation of theoretical underpinnings the SIP-C was deemed to be high in construct validity (Butler, 2001; Butler and Gasson, 2005). Based on the Kelly's theories of personal construct psychology (Kelly, 1955) and Harter's (1999) theory of self, the SIP-C defines self-image as how an individual describes their characteristics, and self-esteem as how an individual evaluates their worth. In asking a child or young person to rate how they are and how they would like to be on a series of attributes, the SIP-C allows the individual to describe his or herself (self-image), and the level of discrepancy between the two scores provides an evaluative measure of satisfaction (self-esteem). The scale does purport to provide standardised scores, however, with a small standardisation sample limited to a single area of the UK, the reliability of the score was considered limited. It was therefore used solely as a descriptive measure to explore positive and negative elements of self-image.

The Resiliency Scales

The Resiliency Scales were used to consider whether the intervention would improve the pupil's ability to 'bounce-back' after adversity, which is the definition of resilience used by Prince-Embury (2007). The scales are formed of three individual scales exploring an individual's sense of mastery of life and events, their sense of relatedness to others, and their level of emotional reactivity to adverse events. As a result, the scales provided a helpful measurement of multiple areas of the pupil's overall wellbeing without a focus on an identified disorder (Prince-Embury, 2008). Furthermore, measurement pre- and post-intervention was considered to be a useful way to explore whether the intervention led to an increase in positive factors affecting wellbeing, rather than solely a reduction in negative factors associated with wellbeing. The scales have been shown to have good construct validity and psychometric properties (Prince-Embury, 2010, Prince-Embury and Courville, 2008), however, as the scales are not normed in the UK the standardisation norms were applied and considered with caution.

The delivery of CBT

The CBT sessions were structured based on Stallard's (2002a) 'Think Good–Feel Good' (TGFG) programme, which was developed to support the practical implementation of CBT for children and young people. The workbook provides child-friendly materials based on the core elements of CBT (Stallard, 2002a), and is supplemented by a clinician's guide, which discusses the process of CBT

and therapeutic skills essential to delivery (Stallard, 2005). In total 6 sessions of CBT were completed, each lasting approximately 50 minutes. To consider how the pupil viewed each session, weekly outcome ratings were completed, which alongside an overview of session content and materials, is presented in the appendices. What follows is a discussion of the overall intervention and how CBT formulation of the pupil's difficulties informed the focus of the sessions and the therapeutic activities completed.

Overview of sessions

Earlier assessment and consultation had constructed a broad picture of the pupil's presenting needs. Therefore, the initial session focused firstly on assessment of specific concerns. In addition to the baseline measures of depressive symptoms using the MFQ and self-perception using the SIP-C, the pupil's overall level of resilience was explored using the Resiliency Scales (Prince-Embury, 2007). The additional information triangulated the pupil's overall vulnerability, and provided supplementary information suggesting the pupil had a particularly low sense of optimism regarding their current position and future life, and an above average level of emotional impairment, specifically their ability to manage periods of stress. Following further assessment, the initial session provided space to explore the pupil's readiness and motivation to engage in CBT. Whilst an important element of any change process (Prochaska et al., 1992), this was evermore important as the pupil did not refer themselves for therapeutic support, but it was agreed by the adults most involved in supporting her. Therefore, as recognised in the literature regarding

psychotherapeutic intervention for children and young people, it was considered important to gain the pupil's informed consent to engage in the intervention and to facilitate their ownership in the change process (Stallard, 2005).

Stages of change
Pre-contemplation: The individual has no intention to change and may be unaware of the need to change. Completion of the SIP-C facilitated discussion to identify a discrepancy in the pupil's view of the current situation and what they would like to achieve. Discussion revealed that the pupil had already identified a discrepancy and she was therefore beyond the pre-contemplation stage regarding their perceived specific difficulty of shyness.
Contemplation: The individual is aware of the need to change, is considering the need to change but has not made any commitment to do so. The concept of shyness was discussed, including what it is, why the pupil believed they were shy, what they viewed as someone who was not shy, and what they thought they would need to do to no longer be shy. Discussion suggested that the pupil was ready to change and had an idea of what change meant, however, they did not have a clear plan as to how to achieve change. For example, the pupil said that to no longer be shy they just needed to be "Confident in themselves" and "Believe in themselves", however, from discussion they appeared unclear as to how to realistically and practically achieve this.
Preparation: The individual is intending to create a change, however, is yet to take action that is effective. There was discussion as to how the pupil wanted to change and what they viewed no longer being shy to mean, the purpose being to identify and collaboratively agree an achievable and realistic goal. The goal became "To help [the pupil] not be shy". The pupil viewed this as an achievable goal and they agreed to work towards it through individual therapeutic sessions.
Action: The individual takes action to create change. With agreement of a goal that the pupil viewed as important and achievable, and a commitment to create a change, change was embarked upon with the commencement of CBT.
Maintenance: The individual works to consolidate the change made and prevent any relapse. Following delivery of the final session, the pupil was encouraged to practice their

skills and maintain their progress over the school holidays. To support the maintenance of change, the pupil was engaged in three short follow-up sessions following the holidays.

Figure 1: Stages of change in relation to the focus pupil (Prochaska et al., 1992)

Completion of the SIP-C facilitated discussion as to where the pupil viewed their difficulties to be, how they wanted to change, and whether they felt able to change. The greatest discrepancy on the SIP-C was the pupil's rating of shy, and when asked what they would like to focus on in the sessions they identified a desire to no longer be shy. On the basis of Prochaska et al's stages of change model (Prochaska et al., 1992) the pupil was distinguishable as at the stage of contemplating change (see figure 1). Therefore, through further collaborative exploration of shyness, the session progressed to preparing the pupil to undertake the process of change, including examination of how important they viewed the idea of no longer being shy and to what extent they felt confident to make a change (Schmidt, 2005). To facilitate session-by-session monitoring of progress towards the goal, a 10-scale goal progress chart was completed. At this initial session, the pupil rated themselves as '0', meaning no progress had been made towards achieving the goal.

Collaboratively agreeing a goal and exploring the pupil's view of their shyness also facilitated the development of a therapeutic alliance, as the pupil was engaged as a collaborative partner (Reynolds and Clark, 2013). The therapeutic alliance involves taking an interested and friendly approach to the shared setting of goals and understanding of the issues, and it is viewed as helping young people to feel empowered in their situation (Stallard, 2005;

Verduyn et al., 2009). With an agreed goal of therapeutic activity, the proceeding sessions focused on developing CBT formulations of the pupil's shyness and implementing targeted strategies of support.

The second session commenced with an explanation of CBT and an information sheet was provided for the pupil to take home and share with her father (appendix 1). To facilitate the pupil's understanding of thoughts, feelings and behaviour and the links between them all, a matching game was played (see appendix 2). Once it was clear that the pupil understood each concept, the focus turned to using the TGFG 'negative trap' materials on A3 paper to examine specific situations where the pupil had experienced shyness (appendix 2, figure 4), and therefore develop mini-formulations of what leads to their shyness. Various situations were explored within sessions 2 and 3, and through each exploration it became clear that the pupil's area of difficulty centred on negative thoughts, such as "I'm bored" and "They are my best friends but I don't think they want to play with me". Alongside negative thoughts, the pupil also felt a range of feelings within each situation, such as "Happy, sad and shy". Therefore to help distinguish the strength of each feeling a 'feelings thermometer' was introduced, which revealed that the pupil experienced negative feelings to a greater degree in relation to negative thoughts such as "They look happy without me" and positive feelings when they were able to partake in solitude behaviours such as "Just stay in the living room and watch TV.

In session 3, it was clear that the pupil understood the relationship between thoughts, feelings and behaviour and the session moved to introduce the skill of cognitive restructuring. Using Socratic questioning, the pupil was supported to identify whether the thoughts within the mini-formulation of specific events were helpful or unhelpful, and whilst an alteration from the TGFG language of negative thoughts and balanced thinking, the simplification of the language was deemed to support the pupil to quickly understand the concepts. To support the pupil to further identify unhelpful thoughts, they were introduced to the different types of thinking errors, and using picture cards, types of errors were assigned to the unhelpful thoughts within each mini-formulation (see appendix 3). By session 4, a number of specific events had been formulated, including ones where the pupil had experienced a positive event due to thinking a helpful thought. For example the pupil described how they had the thought “No one has bullied me for ages” and “I have some friends”, felt the feeling of happy to a degree of 9, and “Played Tig” as a result. The pupil’s level of understanding suggested that it was appropriate to progress to a more developed onset formulation as to why the pupil presented as shy. Together, the formulation presented in figure 2 was developed, and in identifying core beliefs it appeared apparent that the pupil’s automatic negative thoughts seemed to arise from the negative assumption of “I’m not that good and I will never be”. To check the pupil’s understanding and agreement with the formulation, she was asked to what extent she believed it to be true on a scale of 1 to 10, to which she responded 8.

Following the formulation, the sessions moved towards further supporting the pupil to stop negative automatic thoughts. Using the TGFG 'controlling your thoughts' resource, strategy cards were developed and talked through with the pupil (appendix 7), to which the pupil identified strategies that they agreed to try over the proceeding week. At the start of session 5, the pupil stated that they were no longer shy and presented their between-sessions notebook in which they had written, "Am not shy anymore. I conquered my shyness". The pupil reported that they had practised the strategies from the previous week, particularly 'throwing unhelpful thoughts away' and 'turning down the volume'. Having learnt and practised cognitive restructuring strategies, the focus of the sessions moved to supporting the pupil to identify their feelings and learn how to control them. Using the 'feelings word search', the pupil was engaged in a discussion of their feelings, including how they recognise their feelings, what situations they have experienced different feelings, and which feelings they feel most often. The pupil identified their most common feelings and identified wanting help to manage the feelings of unhappy and scared. The pupil was then introduced to support strategies, including managing their thoughts using the strategies learnt in prior sessions, in addition to controlled breathing and relaxation using calming pictures.

In the final session the pupil reported that they had used the strategies of throwing away thoughts and relaxation using calming pictures. The session focused on reviewing the strategies previously suggested, and rehearsing the links between thoughts, feelings and behaviour through further mini-

formulations of specific events. Following formulation of the future event of visiting her mother, the pupil was encouraged to further implement the strategies in order to help change unhelpful thoughts and address undesirable feelings. As a method of further support, a 'Recipe card' was developed outlining a stepped approach to addressing and managing thoughts and feelings (see appendix 6, figure 11).

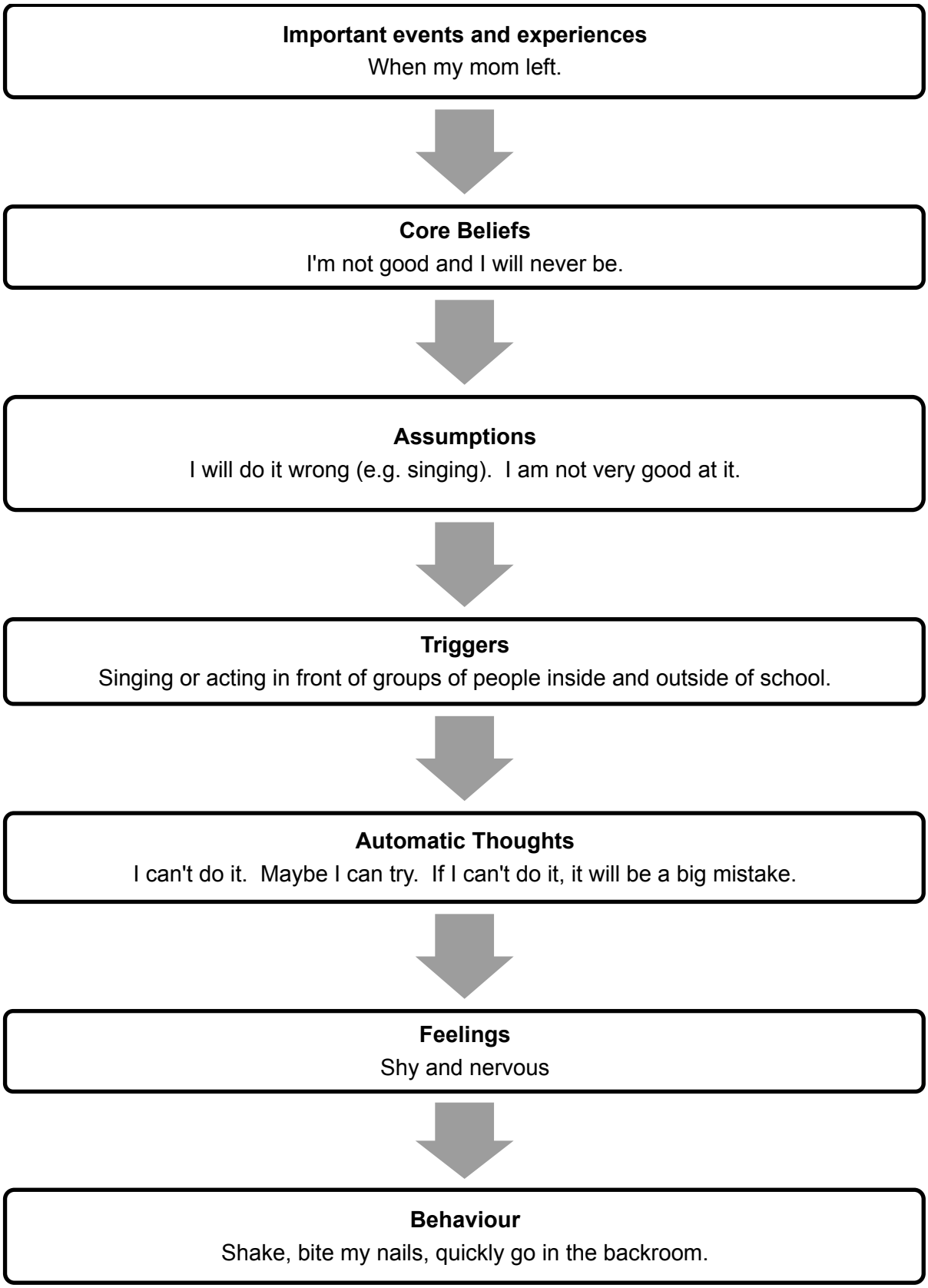


Figure 2: Onset formulation developed collaboratively with the pupil in session 4 based on Think Good – Feel Good (Stallard, 2008)

Discussion

Outcomes of the intervention

The outcomes of the intervention were evaluated on a weekly basis through a goal monitoring chart, re-administration of the MFQ, SIP-C, and the Resiliency Scales (see appendix 9 for full data tables and charts), and a post-intervention consultation meeting with all those most involved and concerned with the pupil.

The pupil's weekly ratings of progress towards their goals suggested that they achieved their goal of not being shy. This suggests that from the pupil's perspective, the intervention led to a successful outcome. The pupil achieved their goal partway through the intervention, however, completion of the chart in later sessions indicated that the pupil maintained their achievement. The pupil completed the MFQ towards the end of the final session and scored a total of 17 (out of a possible 66). Compared to her pre-intervention score of 40, this suggests that the pupil was experiencing a significant reduction in depressive symptomatology. Comparison of individual responses indicated that the pupil was experiencing improvements in a range of areas, for example in enjoyment, tiredness, self-blame, loneliness and thoughts regarding her family being better off without her. The SIP-C scale also revealed the pupil rated themselves as happier, friendlier, more helpful, less easily bored, no longer being picked on and no longer shy. She also recorded higher ratings for 'where I would like to be', although she continued to rate herself as not at all brainy and sensitive. Finally, the Resiliency Scales suggested the pupil had increased optimism, felt

more comfortable with others, and had a reduced level of emotional impairment indicating some improvement in positive areas associated with wellbeing. However, they continued to present as highly vulnerable due to continuing difficulties in their sense of self-efficacy and a low measurement of resilience. Overall, the results indicate that the pupil experienced a reduction in the cognitive vulnerabilities of negative feelings, negative self-image and depressive symptomatology, although they continued to experience difficulties in regards to their general level of resilience.

It is possible that the pupil reported positive outcomes out of a bias towards providing what they viewed as socially desirable or appropriate responses. However, the pupil's continued willingness and openness to engage in the intervention, and their honesty during the initial assessment, suggest that from their perspective, they had genuinely achieved their goal and experienced a change in outlook as expressed on the MFQ, SIP-C and Resiliency Scales. The impact of the intervention was explored from the adults most involved with the pupil. Discussion in a post-intervention consultation meeting indicated that the pupil had become more open and positive about engaging in work and that when at home another pupil had been calling on her to play outside. This suggests that the pupil was ruminating less and experienced lesser social withdrawal, indicating a further reduction in cognitive vulnerabilities. However, broader assessment of pupil outcomes could have been achieved through the completion of pre- and post-measures by the adults involved. For example, the pupil's father and teacher could have completed the MFQ before and after the

intervention, therefore providing a measure of the extent to which adults around her noticed a change in depressive symptomatology.

The inclusion of parent and teacher measures may have also supported discussion as to how to further support that pupil. Although all in attendance at the review meeting agreed that the pupil's emotional wellbeing had improved, it was agreed that as the changes were recent and only apparent in the short-term, the pupil would require support to practice and embed the strategies and maintain her progress. If parents and teacher measures had been included, the discussion would have been further informed, and it may have been the case that adults had witnessed greater or indeed lesser change than verbally acknowledged.

Effectiveness of the intervention

Overall, the assessment and evaluation measures suggested that the pupil had reduced symptoms of depression, greater positive self-perception, improved optimism regarding their current and future life, and greater ability to manage periods of stress. In addition, the pupil felt they had overcome their feelings of shyness, and both school staff and parent had recognised a change in her overall presentation. This therefore suggests that the pupil experienced lesser cognitive vulnerabilities and was at a reduced risk of experiencing major depression. However, it cannot be assured that these positive changes were the sole result of the pupil receiving the CBT-specific intervention. Indeed, as the efficacy studies indicate, CBT for children experiencing depressive

symptomatology is only of greater effectiveness than no therapeutic support. Therefore, the positive outcomes may be a result of therapeutic factors common to forms of psychotherapy, for example the empathy and warmth provided to the pupil through the during discussion of her thoughts and feelings (e.g. Lambert and Barley, 2001). If the pupil had experienced an alternative psychotherapeutic intervention, one that did not focus on cognitions but where a positive therapeutic relationship was developed, it is likely that the pupil would have achieved similar positive outcomes.

This also has implications for the application of the cognitive vulnerabilities model. If positive outcomes could have been achieved for the pupil without the focus on cognitions, perhaps the cognitive vulnerabilities model has limited relevance. Although, a plausible argument, it is also possible that the influence of cognitive vulnerabilities could have been changed without direct intervention, but instead by increasing other protective factors and therefore limiting the effect of vulnerabilities during adverse events.

There can only be limited consideration as to the likelihood of positive outcomes if an alternative psychotherapeutic intervention was delivered. However, given that CBT was delivered in the focus study, the efficacy studies do support discussion as to the sustainability of outcomes. As earlier discussed, CBT interventions for children experiencing difficulties similar to the focus pupil have been found to lead to limited long-term outcomes, with gains only supported in the short-term. Therefore, it is to be expected that the outcomes the pupil achieved would not be maintained in the long-term. Although a difficult notion

to accept given the successful outcomes, the acceptance of the possibility enabled the adults around the pupil to ensure support was available in the future. In the post-intervention consultation meeting, it was agreed that following the school holidays the pupil would be engaged in two to three further short follow-up sessions focusing on CBT skills. In addition, it was recognised that changes in the systems around the pupil were a significant influence on her wellbeing, and that for lasting change the father would require support and advice regarding the mother's relationship and contact with the family.

Although the above solution for long-term support was considered in the focus case, it does lead to questions as to the appropriateness of the intervention. Given the strong likelihood of CBT gains not being sustained, it may have been of greater appropriateness to adopt an alternative therapeutic approach, or indeed address the pupil's needs without individual therapeutic work.

Reflections

Delivery of CBT as a psychotherapeutic intervention led to a number of reflections that can be considered under four headings: delivering the intervention, ensuring ethical practice, questions of competence, and factors regarding models of service delivery.

Delivering the intervention

On the basis of the assessment measures, the intervention led to positive outcomes for the pupil. However, if alterations were made to how the intervention was delivered, the outcomes may have been enhanced.

A key omission from the intervention was the effective involvement of her parent. Whilst the father was kept informed of the intervention through consultation meetings and encouraged to discuss the intervention with the pupil, it was revealed in the post-intervention meeting that the pupil had been reluctant to share information. Greater involvement from the pupil's father may have positively influenced outcomes, for example, the father may have helped support the pupil to practice skills at home, or they could have attended and played an active role in the sessions by prompting and monitoring the pupil's cognitions (Stallard, 2002b).

The intervention can also be considered as constrained by its lack of systemic formulation and intervention, particularly concerning the pupil's family context. Research concerning the cognitive vulnerabilities-stress model of depression emphasises the importance of factors such as parenting styles and attachment relationships (Alloy et al., 2004; Hankin et al., 2009), and information regarding the pupil's context suggested inconsistent maternal relationships and reported periods of maternal hostility. Research suggests that there is a high likelihood that these factors play a role in the development and maintenance of difficulties associated with depression (Garber, 2006). Whilst the pupil was able to identify thoughts, feelings and behaviours relating to family situations and a key trigger in the onset formulation was a single stressful event relating to her mother's departure, the formulation was lacking in a complete incorporation of systemic factors. Inclusion of developmental and systemic factors, particularly those related to family functioning and attachment patterns as suggested by Dummett

(2005; 2010), may not only have led to a broader picture, but also greater understanding and a more fitting intervention. Additionally, whilst involvement from the mother was not feasible, greater involvement from the father as described above, in combination with a systemic approach may have facilitated targeting intervention at the family system rather than at the individual.

Ensuring ethical practice

The delivery of CBT led to a questions regarding ethical practice. Whereas the issue of informed consent was resolved by engaging the pupil and asking if they wanted to take part, the nature of the work being commissioned by the school SENCo and parent led to the further issue of who was to be viewed as the customer, particularly regarding the goals of the intervention. Throughout, the pupil was clear in their decision to take part in an intervention focusing on addressing their feelings of shyness. However, there remained the question of how far moving towards the pupil's goal would achieve the goals of the parent and SENCo. Certainly, whilst the pupil identified that during the intervention they had achieved their goal and the post-assessment measures suggested positive outcomes, the parent and SENCo continued to describe the pupil as 'on the verge of depression'. On reflection, this suggested that the goals of parent and SENCo had not been met and that ethically, the intervention should have allowed for explicit recognition of their role as customers, and the integration and balancing of the different viewpoints and goals (Fuggle et al., 2013; Wolpert et al. 2005).

Questions of competence

Throughout the intervention there was continual awareness of the need to demonstrate competence within each CBT session (Fuggle et al., 2013). For example, one question contended with was when to cease the intervention. Specifically, the extent to which intervention should continue in order to meet the parent and SENCo's goals, or alternatively conclude due to achievement of the pupil's goal. As an answer, it was agreed that following the pupil's return to school after the school holiday, short follow-up sessions would be undertaken with the aim of reviewing and embedding strategies. However, the move towards this solution warranted reconciliation of a range of questions including, whether the pupil's achievement was genuine, whether the work should continue with a focus on the goals of others, and whether CBT was indeed the most appropriate therapeutic model of support given the different viewpoints and goals.

Squires (2010) argues that EPs possess the appropriate training and therapeutic skills to deliver intervention without the need for further specialist training. Whilst, delivery of the intervention appeared within the TEP's range of generic therapeutic competencies, basic CBT competencies, and specific CBT competencies as presented by Roth and Pilling (2007), specific issues, for example when to cease the intervention required additional supervision. In weekly placement supervision each session was considered and talked through, and questions including the above were reflected and discussed. Weekly planning also followed reflection on the process and outcomes of the

previous session with adherence to CBT guidance in TGFG (Stallard, 2005). However, although standard supervision and individual studying are typically sufficient to EP delivery of CBT (Squires, 2010), on reflection, the TEP would have benefited from CBT-specific supervision.

CBT supervision may have supported specific CBT practice concerns and enhanced the delivery of the intervention, a difficulty described by other Trainee EPs in Squires (2011). Furthermore, the extent to which supervision supported the development of CBT specific metacompetencies is uncertain. Subsequently, if therapeutic interventions were to be delivered on a routine basis, it would be of benefit to access specialist supervision to develop competencies and skills, and accordingly support involvement in increasingly complex cases (Atkinson et al., 2011; Squires, 2010).

Factors regarding model of service delivery

As presented in the introduction, the delivery of CBT within educational psychology practice is a growing area of discussion, and recent publications have explored factors that facilitate or present a barrier to delivery. National data suggests growing numbers of children and young people are experiencing emotional wellbeing difficulties, and the existence of need warrants greater provision of services of which EPs can be a part (Green et al., 2005; MacKay, 2007). One facilitator for EPs extending their role is working within a flexible model of service delivery (MacKay, 2007; Squires, 2010). This was

experienced in the focus case, as the TEP delivered the intervention whilst working in an Educational Psychology Service (EPS) operating a flexible consultative model of service delivery. As a result, the decision to deliver individual therapeutic work was made alongside agreed actions targeted at supporting school staff and parents to meet the pupil's identified needs.

A reported barrier is the availability of time, particularly within a time allocation model where schools have a set amount of hours or sessions of EPS support (Atkinson et al., 2011; Rait et al., 2010). Whilst pre-arrangement with the school and EPS facilitated the delivery of CBT with a nominal amount of EPS hours, future delivery of individual therapeutic interventions would need to provide evidence of the efficient use of time, in comparison to recommending a similar service from another professional (Atkinson et al., 2013). Whilst recommending another service would be contrary to the arguments of many, particularly MacKay (2007) who argues that the availability of other providers is not a sufficient reason to abandon therapeutic work, the realities of doing so must be balanced against the efficient use of limited educational psychology support (Rait et al., 2010).

Conclusion

This paper has aimed to present a Trainee EPs account of the delivery of CBT as a psychotherapeutic intervention for a pupil presenting with symptoms of depression, and in doing so has explored educational psychology practice in

relation to the wider role of EPs as deliverers of therapeutic services. Through discussion of the pupil's presenting needs and the theoretical appropriateness of CBT to meet the pupil's needs, it has been shown how individual difficulties can be understood within psychological frameworks and therapeutic approaches purposely selected as targeted interventions. Moreover, through doing so within an educational setting and as an outcome of consultation with school staff and parents, the intervention has showcased how EPs are recognised as an appropriate and well-placed resource to providing therapeutic support (MacKay, 2007), and how therapeutic interventions can arise routinely out of EP assessment and consultation. The discussion of the efficacy of CBT and the delivery of the focus intervention demonstrates how the profession is well placed to examine the suitability of therapeutic models, and subsequently as Pugh (2010) wrote, choose flexibly to nurture therapeutic functioning through the range of therapeutic approaches available. For example, following consideration of the efficacy of CBT for children experiencing symptoms of depression, the decision could have been made to adopt an alternative therapeutic approach, a flexibility allowed by current models of practice (Pugh, 2010). Lastly, the paper has considered the general role of EPs as deliverers of CBT, suggesting that whilst a number of demonstrable facilitators exist such as the possession of the appropriate CBT competencies, there are also a number of barriers, notably specialist supervision and sufficient educational psychology time. These same facilitators and barriers are not limited to CBT as a therapeutic approach but relate to the wider role of EPs providing therapeutic services.

Therefore, in closing, this focus case has demonstrated CBT to be a theoretically relevant therapeutic intervention for childhood symptoms of depression, although there remain questions as to the appropriateness of the intervention in comparison to other therapeutic approaches. The intervention could have been enhanced through systemic formulation and greater involvement of the parent, and it is possible that specialist supervision may have quickened the likelihood of identifying this need and supporting the development of competencies to do so. Finally, the case has shown that CBT can be fittingly delivered within educational psychology practice, and when reflecting on the wider role of therapeutic interventions within educational psychology practice, there are numerous facilitators to delivery, and the barriers do not be appear so substantial that they cannot be overcome (Greig, 2007). For example, if services were to seek solutions to specialist supervision and limited resources as demonstrated by exemplar services in Atkinson et al., (2013), the delivery of therapeutic services could be appropriately viewed as a routine element of educational psychology practice.

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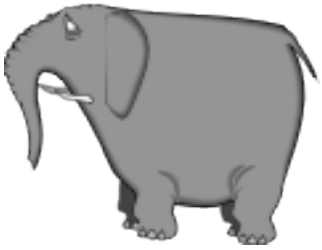
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Appendix 1: CBT information sheet

Everyone experiences hassles and problems. They are part of everyday life. Parents, friends, school, family, lots of things can cause problems.

Luckily, we are quite good at sorting out many of these problems, but there are some that can seem very big and difficult. They can:



- Happen fairly often
- Never seem to get any better
- Feel too big to sort out
- Affect everything we do.

Problems like these can take over and we may end up feeling unhappy or worried. At times like this we need to find more helpful ways of dealing with problems. One way that can help is to Cognitive Behaviour Therapy (CBT).

What is CBT?

CBT can help you learn to cope with problems. It does this by looking at links between:

- The way you **think**
- How you **feel**
- What you **do**

Why is this link important?

People with problems often think in unhelpful ways. They are more likely to:

- Expect things to go wrong,
- Worry about what has happened or what might happen,
- Seem to notice more of the things that aren't right,
- Are very critical of what they do,
- Blow small things up into big problems.

These ways of thinking are unhelpful and can may you feel terrible.



If you expect things to go wrong, then you might end up feeling **stressed or anxious**



If you think you always get things wrong, you might end up feeling **sad or unhappy**



If you think that other people don't like you or say unkind things, you may end up feeling **cross or angry**

People don't like to feel like this and so try to find ways of making themselves feel better. Unfortunately some of the things they end up doing actually make them feel worse. They **stop doing things.** They:



Avoid things they find difficult
Give up trying to do things
Stop going out and spend more time at home on their own.

How will CBT help?

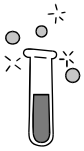
CBT will help you find:

- The thoughts and feelings you have
- The link between what you think, how you feel and what you do
- More helpful ways of thinking
- How to control unpleasant feelings
- How to face and overcome problems.

What happens?

We will work **together**. You have lots of useful ideas and important things to say and so I want to hear them.

We will **experiment** and test new ideas to find out what helps you. You will:



- Check out the thoughts you have and find helpful ways of thinking
- Discover ways of controlling your unpleasant feelings
- Learn to solve and overcome problems.

So let's have a go and see if it helps!

Appendix 2: Session 2 summary

The session commenced with an explanation of CBT and the links between thoughts, feelings and behaviour. This was supported by the information sheet in appendix 1, which the pupil was encouraged to share with her father. Once described, the pupil was engaged in discussion as to whether they still desired to move towards their goal of no longer being shy and whether they considered engaging in CBT as a possible way to achieve this. The pupil agreed in the process and the focus turned to further engagement in the CBT model. Using the TGFG materials 'What I think, what I do and how I feel' as a foundation (see figure 3), statements were on small pieces of paper and the pupil was engaged in a matching game of identifying and discerning thoughts, feelings and behaviours. Once the pupil demonstrated a clear recognition and understanding, the relationship between thoughts, feelings and behaviours was applied to a specific situation where they had previously been shy. Using the 'Negative Trap' materials in TGFG to detect vicious cycles, the pupil described a recent time they felt shy at a party hosted by a relative of her father's partner (figure 4). To increase the collaborative nature of the session and share the formulation of the cycle, the situation was recorded visually on A3 paper. The pupil identified thoughts such as, "I'm bored can I go home" and, "Mum's coming down next Monday" and "The family are nice, but I don't know any of them", alongside the feelings of, "Happy, sad and shy", and the behaviours of, "Sitting down and helping with the party food and hula-hooping". The pupil identified feeling shy, in addition to feeling sad because they could not hula-hoop but happy because they had tried. The pupil was engaged in a discussion

as to how what they were thinking at the party related to how they felt and what they did, and therefore gained their first insight into the mini-formulation of the difficult situation. The pupil responded that they understood the relationships within the vicious cycle, and through discussion it was recognised that the pupil's thoughts were an appropriate target of intervention. Therefore, to support the pupil to identify their thoughts, they were set the between-sessions task of monitoring and recording their thoughts over the week prior to the next session. To finish the session, the pupil was asked to rate to what their progress to the goal of not being shy, to which the pupil recorded 3, a movement from the previous rating of 0.

THINK GOOD – FEEL GOOD



What I think, what I do or how I feel



Are these THOUGHTS, FEELINGS or what you DO?

I am going to get this wrong

Angry

Sad

Going to school

Playing with my friends

This is really good

I'm good at making people laugh

Cross

Being on my own

People don't like me

Having a bath

Happy

Eating tea

No one will ever want to be my friend

Stressed

Frightened

I will never pass my exams

Shopping

THOUGHTS, FEELINGS AND WHAT YOU DO

Figure 3: TGFG resource used as a foundation for a matching game identifying and discerning thoughts, feelings and behaviours

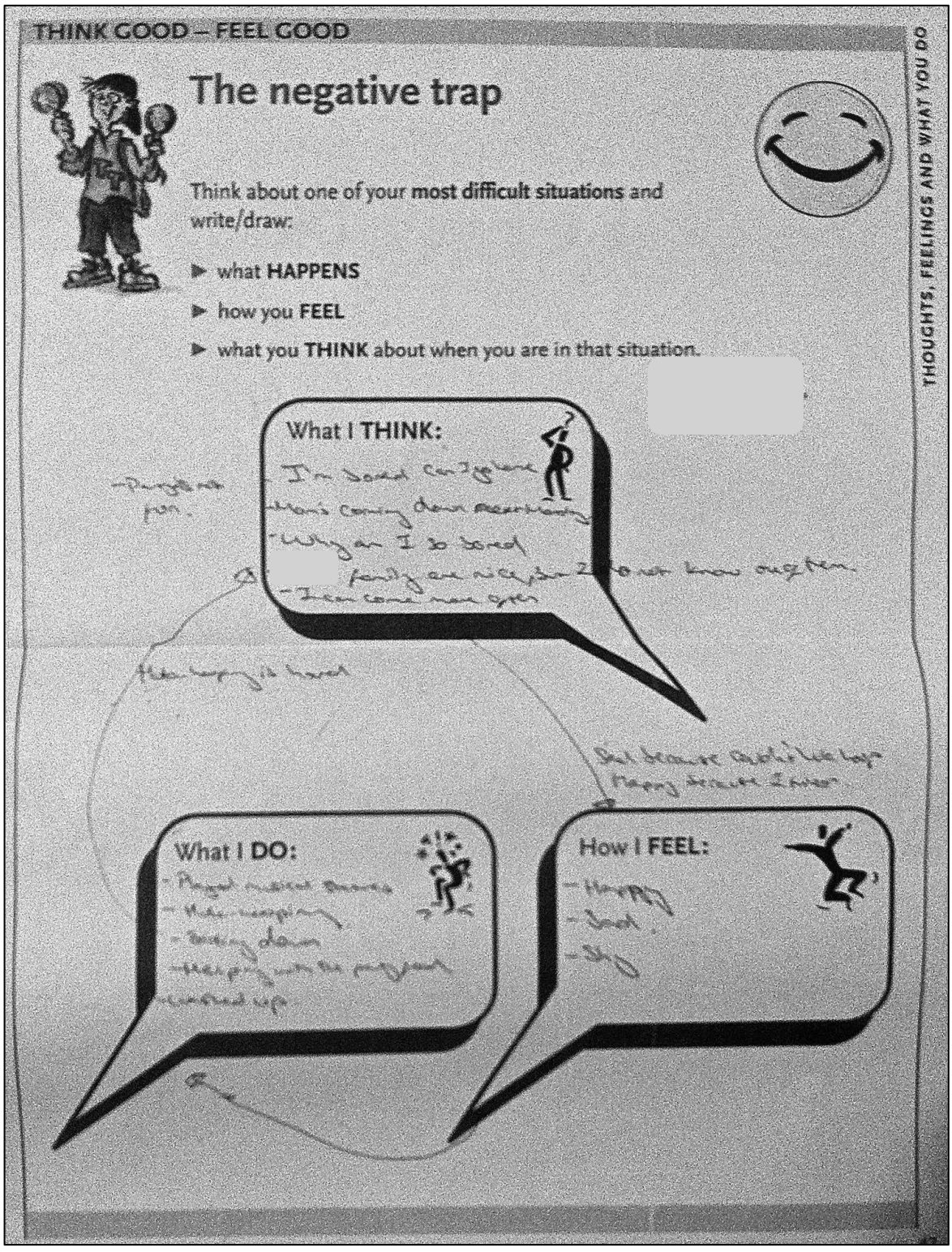


Figure 4: Example of the negative trap cycle

Appendix 3: Session 3 summary

The session begun with discussion as to how the pupil had been feeling during the week and whether they had identified any thoughts, however the pupil had returned without having completing their thoughts diary. Therefore, the focus returned to reinforcing the relationship between thoughts, feelings and behaviour using the negative trap activity. The pupil's thoughts feelings and behaviour were explored using the example situations of going to a party, being outside at break and lunchtime, going outside to play when at home, and acting in the hall. The concept of different strengths of feelings was also introduced using the feelings thermometer. For example, the pupil described how when at home they are encouraged to go outside to play their thoughts include, "Don't want to go outside", "They are my best friends but I don't think they want to play with me" and "They look happy without me". The pupil reported feeling sad to a degree of 5, and happy to a degree of 7, as instead of going outside they would "Just stay in the living room and watch TV" or "Play on my laptop". The idea of thoughts being helpful and unhelpful was also introduced, and the pupil was engaged in an activity to categorise their thoughts. Whilst an alteration from the TGFG language of negative thoughts and balanced thinking, the simplification was deemed to support the pupil to easily understand the concepts. Once complete, the visual A3 records of the situations were lay next to each other. Through discussion, the pupil was supported to assess their thoughts and it was collaboratively identified that many were unhelpful.

The pupil was introduced to the idea that there are different types of unhelpful thoughts. Using the thinking errors resource in TGFG, the pupil was provided with picture cards representing the different types of errors and collaboratively, the unhelpful thoughts from the earlier discussion were identified as a specific type of thinking error (figure 5). The pupil was then engaged in a discussion as to how changing unhelpful thoughts can change feelings and behaviour, and they were then set the between-sessions task to identify unhelpful thoughts over the following week. To support completion of the task, the pupil was provided with a personal notebook. The task also included a behavioural experiment; specifically, they were asked to "Be a scientist and test if what you think will happen comes true". To further encourage the pupil to complete the task and reinforce the therapeutic relationship, following the session the pupil was sent a letter to their home address, which included a reminder of the session and the between-sessions task (figure 6). When asked to rate their progress towards the goal of not being shy, the pupil rated 5.

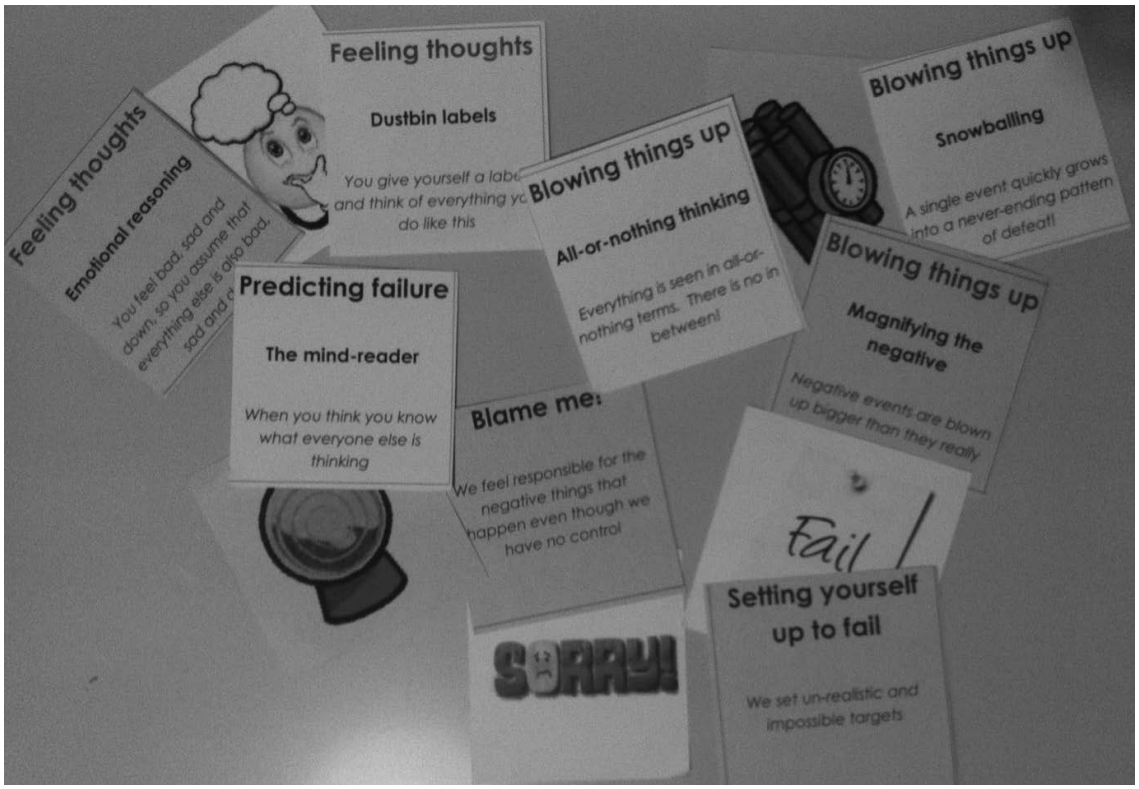


Figure 5: Visual materials for identifying thinking errors

Dear Pupil,

Thank you for meeting me on Tuesday. I hope you enjoyed the activities that we did. You spoke really well about what you think, what you feel, and what you do when you feel shy. Next week we will look a bit more about why you sometimes feel shy and look at ways of helping you not to be so shy. To help us do this together, remember to complete 'The thought experiment'.

To do 'The thought experiment' you need to try and write down some of the helpful and unhelpful things that you think. After you have written them down I want you to try and be scientist and test if what you think will happen comes true. Here are some questions you can ask:

- How can I tell that what I think is TRUE?
- How can I tell that what I think is NOT TRUE?
- What would somebody else, like my Dad or my favourite TV star say if they heard me think this way?

I really look forward to finding out what you have found, and I really look forward to seeing you next week.



Have a good week,

From Miss McDonald

Figure 6: Post-session 3 letter including reminder of between-session task

Appendix 4: Session 4 summary

The session began with a discussion as to how the pupil had felt over the preceding week. The pupil recounted a recent visit from their mother and her thoughts, feelings and behaviour were recorded on a shared A3 sheet of paper. The pupil could not remember the between-sessions task and had reported to not yet receiving the letter. Therefore, the session moved to consider other situations and the pupil's thoughts, feelings and behaviour in each. For example, the pupil recounted a situation when she was playing outside at home and she began to have unhelpful thoughts regarding another girl, thinking, "This one girl is so bossy" and "I want to slap her". In turn the pupil identified feeling angry and feeling their body heat up, and that in response they controlled their anger by looking in the window, telling their dad and finding out what had led to the girl being bossy that day. The fact that the pupil had been playing outside was noted as progress since the last meeting with parent, who reported that the pupil had stopped playing outside. The focus of the session then moved to how the people had been feeling that morning. They discussed being on the playground and thinking, "No one has bullied me for ages", "I have some friends", it turn feeling happy to a degree of 9, and then "Playing Tig".

From exploration of the pupil's thoughts, feelings and behaviour in a variety of situations it seemed apparent that they had understood the relationship between their thoughts, feelings and behaviour and was able to identify positive events. It was therefore decided to collaboratively explore why the pupil presented as shy using the onset formulation template from TGFG. The pupil

reported that they were no longer as shy and whilst this was praised, it was agreed as important to look at why the pupil used to be shy. Together the formulation presented in figure 2 was developed. In developing the formulation, it became apparent that when faced with a situation where they felt shy, the pupil often moved into a negative cycle of assumptions and thoughts, “That I will get it all wrong” (the specific situation used as discussion prompt was signing on a stage), and that others will say to her “I’m not that good and I will never be”. When these core beliefs were shared as a negative trap diagram to the pupil, she agreed that the thoughts, “I’m going to get it wrong” and “My family will say I’m no good and I will never be” arose from the core beliefs of “I’m not that good and I will never be”. To check the pupil’s understanding and agreement with the formulation, she was asked to what extent she believed it to be true on a scale of 1 to 10, to which she responded 8.

With the formulation that the pupil’s shyness related to the unhelpful thoughts such as “I’m going to get it wrong”, the session moved to focus on what the pupil could do to stop unhelpful thoughts. Using the TGFG controlling your thoughts resource, strategy cards were discussed as showcased in figure 7. The ideas on the cards were discussed with the pupil and the pupil selected 5 strategies that they thought they could try, these being 1) say helpful things, 2) tell yourself well done, 3) test your unhelpful thoughts, 4) put your unhelpful thoughts in the bin, and 5) turn down the volume. The session ended with encouragement for the pupil to try the strategies over the proceeding week and a rating of their shyness. Whilst the pupil had reported no longer being shy,

they rated movement towards the goal as 7. The letter sent home as a reminder of the session is pictured in figure 8.



Figure 7: Controlling your thoughts strategy cards

Tuesday 2nd July 2013

Dear Pupil,

Thank you for meeting me this week. I am really pleased to hear you do not really feel shy any more. I am also happy you are thinking helpful things.

This week we talked more about what you think, what you feel, and what you do when you feel shy.

When you think unhelpful things try and remember to:



1. Say helpful things like 'I can do it' or 'I am good at it!'
2. Tell yourself well done! 
3. Test your unhelpful thoughts 
4. Put your unhelpful thoughts in the bin! 
5. Turn down the volume 

Remember to have a try and I look forward to seeing you next week.

From *Miss McDonald*

Figure 8: Post-session 4 letter including reminder of between-session task

Appendix 5: Session 5 summary

The session commenced with the pupil opening her workbook and showing where she had written, “Am not shy anymore. I conquered my shyness.” Initial discussion focused on why the pupil believed they had conquered their shyness and whether any of the strategies discussed the week before had been helpful. The pupil reported that they had practiced ‘throwing unhelpful thoughts away’ and ‘turning down the volume’, and that she used them when she goes out to play. With recorded progress in relation to the pupil’s cognitions, the focus of the session moved towards exploring the pupil’s feelings to a greater extent. Using the feelings word search in TGFG, a range of feelings were discussed, with the focus being on situations where the pupil had felt that way. For example, she reported feeling happy when she sees her nan and granddad, unhappy when not allowed to play on her laptop, relaxed when sitting down on holiday, upset if someone is not her friend, and confused when she cannot do her work. During discussion of her feelings, the pupil was asked what they are thinking when they had certain feelings, and further examples of the core beliefs were revealed. For example, when not able to do the work, the pupil reported to thinking, “I’m no good”. Through further discussion, the pupil revealed their most common feelings to be happy, unhappy, scared, relaxed and calm, and they identified wanting to work on the feelings of unhappy and scared. The pupil was then introduced to strategies for addressing their feelings, which included the familiar strategy of throwing away unhelpful thoughts, and new suggested strategies of thinking about relaxing on holiday (the pupil identified which holiday) and relaxing their muscles and taking big breaths. The pupil was

encouraged to practice the strategies over the week and the letter in figure 9 was sent home. The pupil then rated their progress on the goal chart, rating it as 10 corroborating their belief that they no longer felt shy. The session ended with how positive it was to hear that they had conquered their shyness and achieved their goal.

Tuesday 9th July 2013

Dear Pupil,

Thank you for meeting me again. Next week will be our last meeting before the holidays. I am happy to hear you have conquered your shyness! **Well done!** I am also glad that you have found it helpful to throw away your unhelpful  thoughts and turn down the volume  .

This week we talked more about what you feel. Everyone has different feelings at different times. So do you.

When you feel unhappy or scared remember to try:

- Throwing away your unhelpful thoughts 
- Thinking about when you were relaxed in Spain 
- Relaxing your muscles and taking big breaths 

I look forward to seeing you next week.

From *Miss McDonald*

Figure 9: Post-session 5 letter including reminder of between-session task

Appendix 6: Session 6 summary

This was the final session before the end of the school term. As in previous sessions, the session commenced with a discussion as to how the pupil had felt over the previous week. They reported that they had thrown away unhelpful thoughts of other children being bossy and her siblings using her computer. The pupil also reported to having practiced the strategies of relaxing and on a 10-point scale rated finding it helpful to a degree of 8. The pupil reported that over the holidays they would be visiting their mother, however, that she was ill in hospital. Her thoughts, feelings and behaviour when again explored, indicating that the pupil's feelings of sad to a scale-point of 3 related to thinking, "Will mom want to see us", her feeling of disappointed to a scale-point of 4 related to her thinking, "It's a shame because I can't go into the swimming pool as she is in hospital and cannot take us" and happy to a scale-point of 10 as she, "Doesn't have to listen to her mom's partner shouting or his son". Also explored, was a recent occasion where the pupil did not go to a party due to the unhelpful thought that someone at the party "...will shout at me again for no apparent reason", and therefore felt sad and angry to a scale-point of 10 at the thought, and lonely to a scale-point of 5 as they stayed at home with their dad instead. It was discussed what evidence the pupil had for these thoughts, and whether they could have had a more helpful thought and then chosen another action. The discussion suggested that over the holidays the pupil would benefit from continuing to apply the strategies learnt. Therefore collaboratively all the strategies that the pupil had practiced were combined into a 'recipe card' with a stepped approach of 1) throw them away or turn the volume down, 2) think

about relaxing on holiday, 3) take big breaths, 4) do what I should do and 5) think helpful thoughts about what I did. The pupil wrote these in their workbook, and in addition to the letter sent home to the pupil, they were also sent the recipe card as a colourful poster (see figures 10 and 11). The session concluded with a final rating on the goal progress chart, to which the pupil confirmed the rating of 10 from the previous week and that they had achieved their goal of not being shy. Finally, the measures of the MFQ, SIP-C and Resiliency scales were re-administered.

Monday 5th August 2013

Dear Pupil,

I hope you are having a good summer holiday. Thank you for meeting me in the last week of school. I liked that you came into the meeting with your Dad and SENCo. It showed that you have really conquered your shyness! **Well done!**

In our last meeting before the holidays we **wrote 'Pupil's recipe for unhelpful thoughts'**. I have made a poster to help remind you. When you feel unhappy or scared remember to practice what is on the poster. There is also a word search on the back!

I hope you have a good summer and remember to practice. I look forward to seeing you in September.

From *Miss McDonald*





Figure 10: Post-session 6 letter

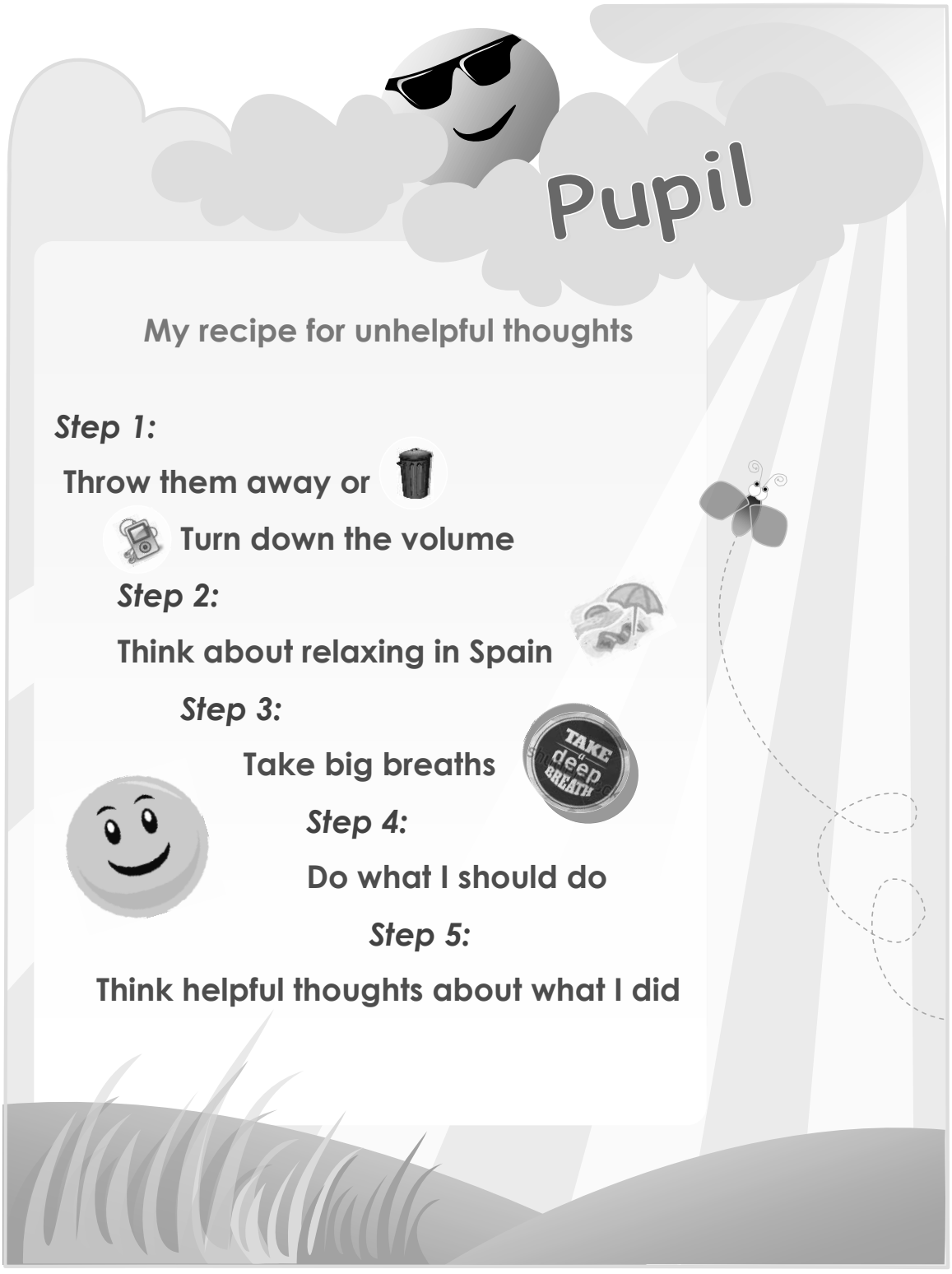


Figure 11: Session 6 recipe card

Appendix 7: Formulation

Throughout the intervention, the magic circle and negative trap materials were used to develop shared formulations of the pupil's presenting problem in specific situations. The formulations were discussed verbally and recorded on A3 paper, and used to guide the selection of intervention. Then in session 4, the onset formulation, also recorded on A3 paper, provided greater insight into important experiences and core beliefs relating to the presenting problem. During the intervention, the above techniques were the primary method of discussing and sharing formulations. However, whilst not considered in the intervention, the information discussed can be presented as a longitudinal formulation of the pupil's presenting problem, as presented below:

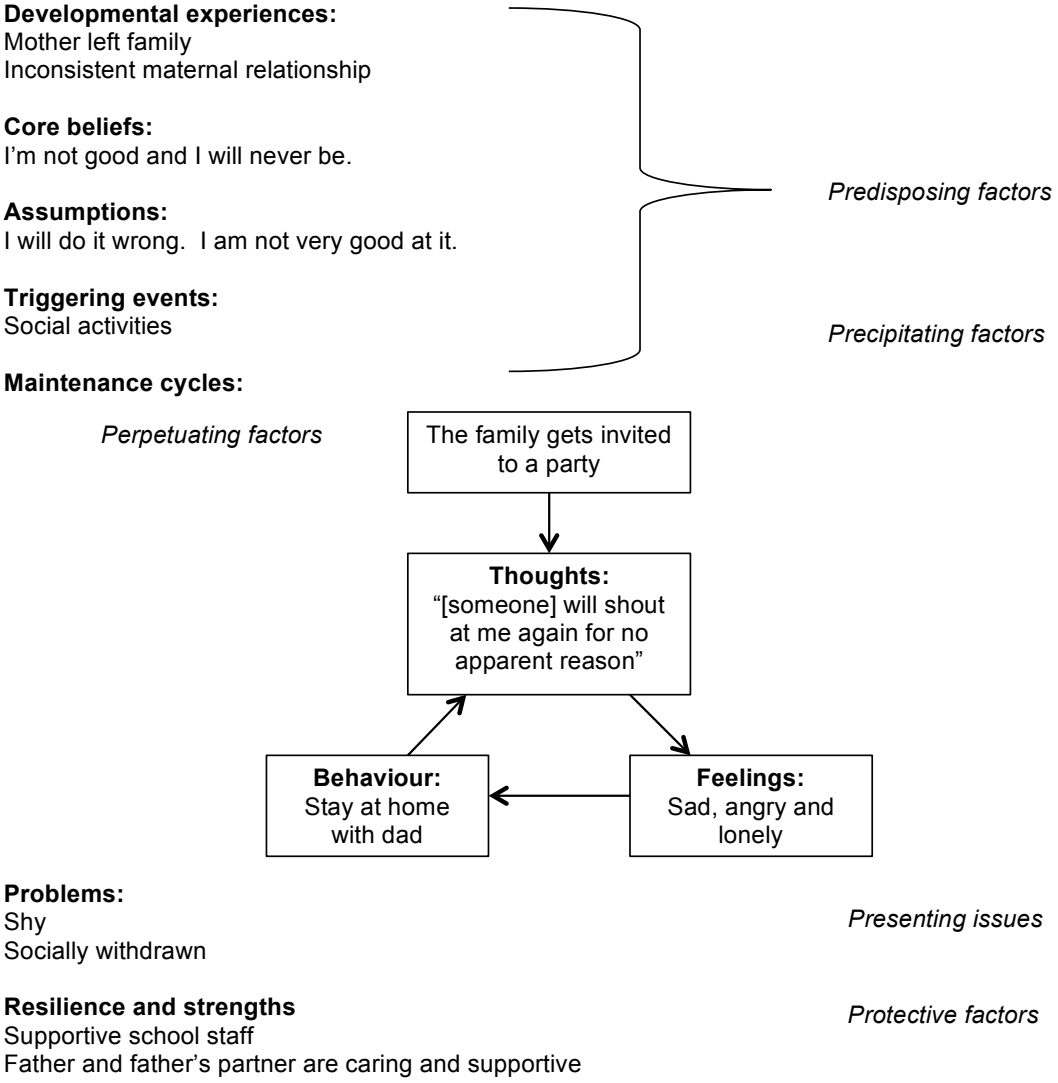


Figure 12: Longitudinal CBT formulation as guided by Johnstone and Dallos (2006).

Appendix 8: Weekly session evaluations

Sessions 3 to 6 were evaluated on a weekly basis using the Child Session Rating Scale (CSRS), which provides a line rating of the extent to which the pupil felt listened to, whether they viewed what was talked about as important, whether they liked what was completed, and overall, whether they hoped they would do the same kind of things the following time (Duncan et al., 2003). Session 1 was not rated due to the focus on assessment, and session 2 was not rated due to administrative difficulties. The pupil rated session 3 highly in all areas. However, for session 4 the ratings were mixed. They rated highly for feeling listened to and highly for it being important, however, they rated liking the session content to a lesser extent, and rated in the middle for whether they wanted to do the same things again. This session focused on the onset formulation and during was heavy in terms of verbal content and discussion, and on reflection was the possible reason for the low ratings. The pupil's ratings for session 5 were also marginally mixed. They again rated highly for the extent to which they felt listened to, and also for what was done. However, they rated to a slightly lesser extent how important they viewed what was talked about and overall whether they wanted to do the same thing again. Finally, the pupil rated session 6 highly in all areas.

Appendix 9: Pre- and post-measures

	Pre-CBT	Post-CBT
Moods and Feelings Questionnaire (Long version)	*Raw scores*	
	40	17

Table 1: Table of Moods and Feelings scores

		Pre-CBT	Post-CBT
Resiliency Scales		*Score Ranges*	
Sense of mastery	Optimism	Low	Average
	Self-efficacy	Low	Low
	Overall	Low	Low
Sense of relatedness	Sense of trust	Below Average	Below Average
	Perceived access to support	Below Average	Below Average
	Comfort	Low	Below Average
	Overall	Low	Low
Emotional reactivity	Sensitivity	Average	Average
	Recovery	Average	Average
	Impairment	Above Average	Average
	Overall	High	Average
Resiliency		Low	Low
Vulnerability		High	High

Table 2: Table of Resiliency score ranges

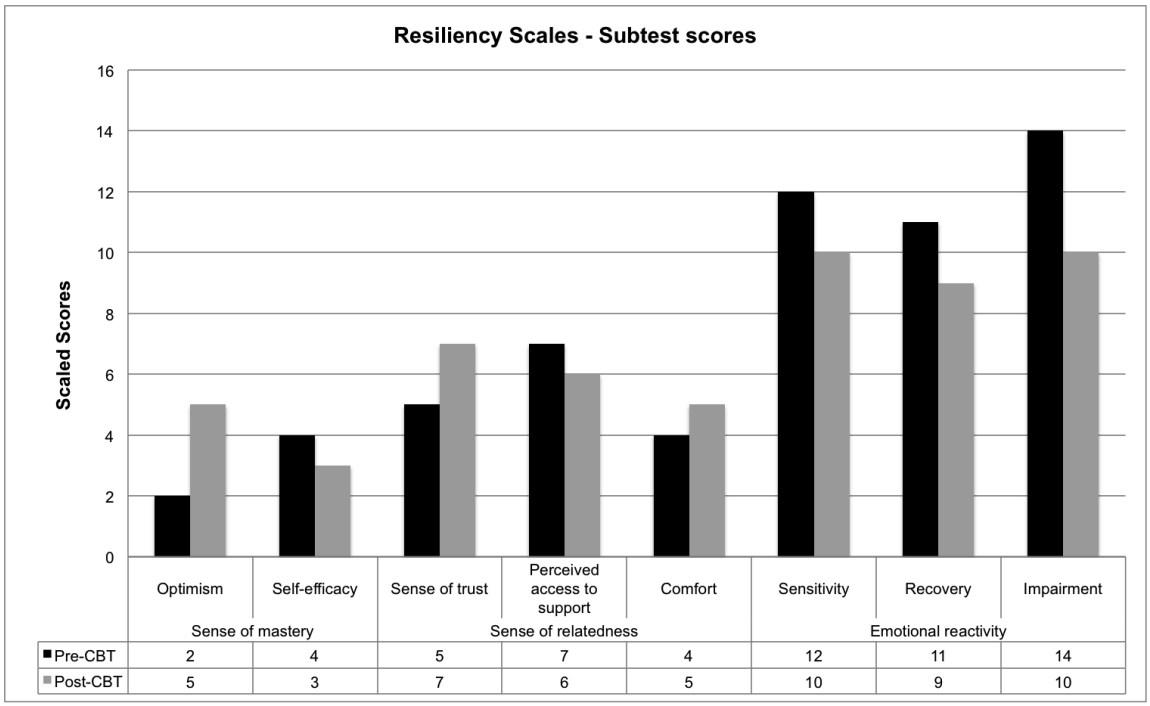


Figure 13: Bar chart of Resiliency Scales subtest scaled scores

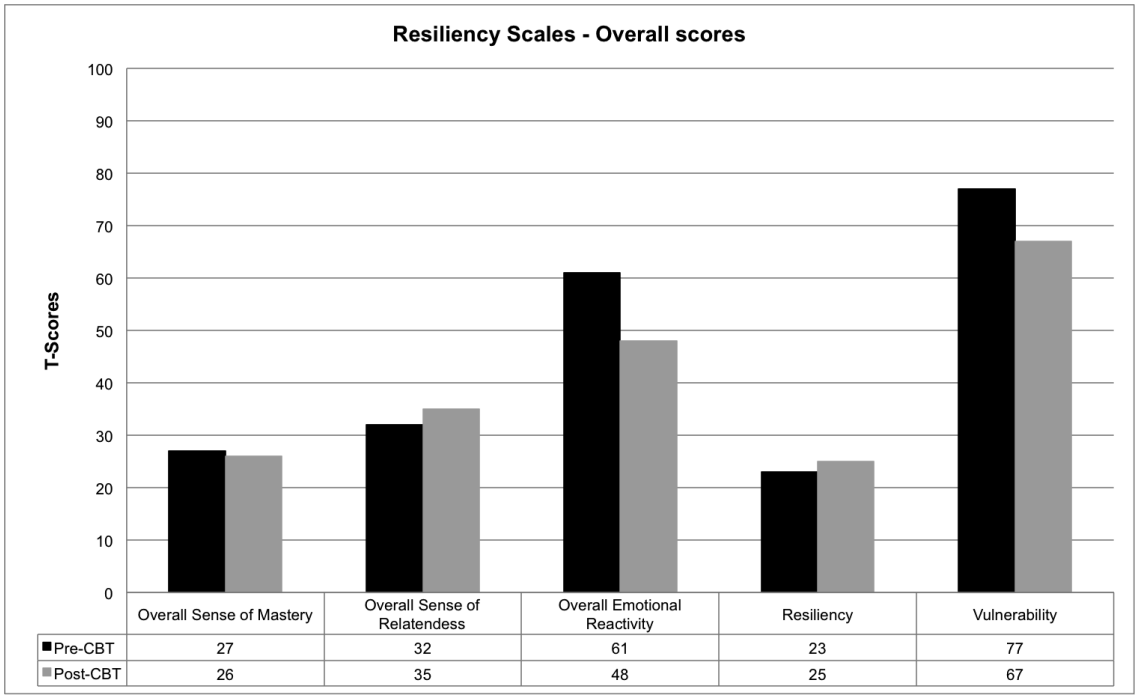


Figure 14: Bar chart of Resiliency Scales T-scores

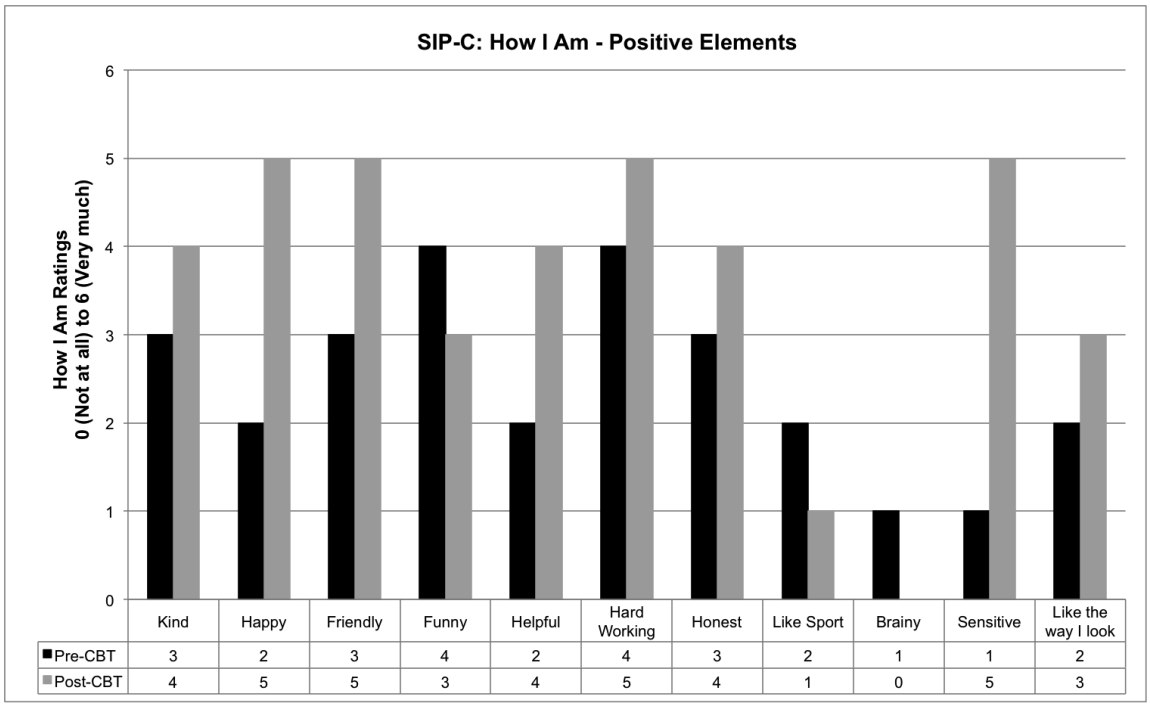


Figure 15: Bar chart of Self-image profile for children (SIP-C) ratings of 'How I am' on positive elements

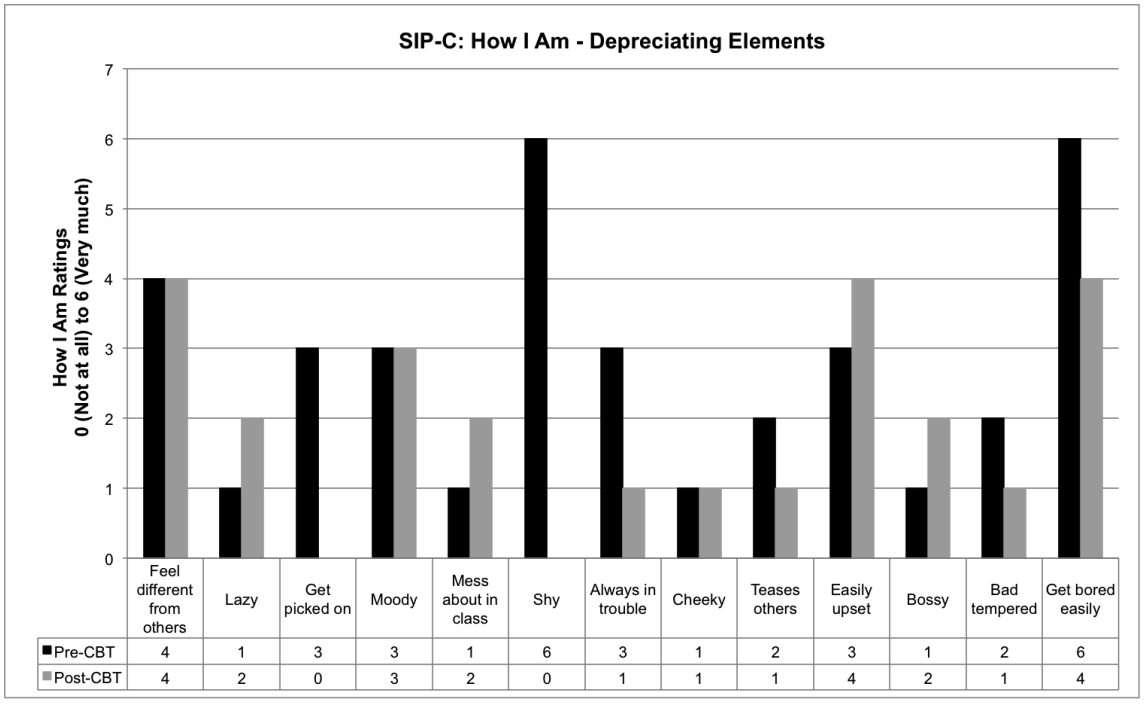


Figure 16: Bar chart of Self-image profile for children (SIP-C) ratings of 'How I am' on depreciating elements

PROFESSIONAL PRACTICE REPORT 3:

HOW SHOULD SCHOOLS SUPPORT THE WELL-BEING OF SCHOOL STAFF? A DISCUSSION OF FACTORS OF ORGANISATIONAL WELL-BEING AND A REVIEW OF SELECTED APPROACHES

Abstract

This paper explores how schools can support the occupational well-being of staff at an organisational level and is motivated by the Trainee Educational Psychologist's encounter of multiple situations relating to school staff well-being. By drawing on models of occupational well-being specific to the school context, the important factors of professional competency, community of social support and work demands are presented and related to key psychological theories. This is followed by a review of approaches designed to support staff well-being at an organisational level, and approaches that whilst not designed to address staff well-being, do so by addressing the three identified factors. The need to address all three factors through a combination of approaches is then presented, followed by a discussion of the role of Educational Psychologists within the topic area.

Introduction

Supporting the well-being of school staff, in particular that of teachers, is a growing area of national attention and concern. A recent teaching association survey attracted national media attention, when it was reported that over half of the 900 staff surveyed considered their mental health to be negatively impacted by their work (ATL, 2014; BBC, 2014; Ratcliffe, 2014). Recent research suggests that the well-being of teachers is related to the academic performance of pupils, with Briner and Dewberry (2007) finding a significant correlation between staff well-being and external examination results. Nevertheless, teachers are not the only school staff working in schools. There is a growing number of support staff, including teaching assistants, learning mentors and technicians, who may all experience stressors associated with their work (Blatchford et al., 2009). As a result, whilst teacher well-being has attracted the most focus and research, it is important to consider how the well-being of staff across the entire school organisation may be supported. This is the focus of the current paper, to consider what factors are important when supporting staff well-being and what approaches are available.

The decision to focus on school staff well-being arose from my role as a Trainee Educational Psychologist (TEP) working in a local authority Educational Psychology Service (EPS), where the well-being of staff arose on a number of occasions. The first occasion was during a research project exploring the views of support staff in a special school, where staff identified their own well-being as

an area requiring further support. The second occasion arose whilst being involved in a project led by colleagues to support the well-being of secondary school support staff using a positive psychology approach of identifying personal strengths. The topic was further encountered during day-to-day involvement with a primary school, which following an Ofsted outcome of 'special measures', experienced inconsistent leadership and converted to academy status. During routine conversations, staff highlighted well-being as an area of need. Although preliminary work was agreed to initiate support from the EPS, circumstances beyond the control of interested parties resulted in the work being discontinued. Together, the encounters led to an interest in supporting staff-wellbeing through an approach grounded in psychological thought and research.

The relevance of staff-wellbeing to EP practice is identified in the professional literature. For example, a recent edition of Educational and Child Psychology was dedicated to topic, with the editors aiming to equip applied psychologists to support the well-being of school staff, by increasing understanding and raising awareness of relevant psychological factors (Lauchlan et al., 2012). EPs also have a history of exploring staff well-being (e.g. Partridge, 2012; Roffey, 2008; Salter-Jones, 2012) and are beginning to be involved in projects designed to improve staff well-being (e.g. Sharrocks, 2014; Simons and Wheeler, 2011).

Using professional interest as a platform, this paper aims to explore what is understood about supporting staff-wellbeing at an organisational level and to consider what approaches are available. To begin with, a definition and

dimensions of well-being are outlined, alongside a critical synthesis of models of occupational well-being specific to working in schools. On the basis of the models, factors of organisational well-being will be identified and then discussed in relation to examples of key psychological theory. In order to examine what is available to support staff well-being, previous literature reviews will be considered, after which, a range of approaches will be appraised with specific discussion as to how they address factors of organisational well-being.

Definition and dimensions of well-being

Well-being is an active area of theoretical and empirical exploration, however, studies often focus on the dimensions of well-being, and the term is lacking in a clear definition (Dodge et al., 2012; Warr, 2012). Dodge et al. (2012) recognised this, and proposed defining well-being as the balance point between an individual's psychological, social and physical resources and their psychological, social and physical challenges. The concepts, psychological, social and physical, can be considered to encompass the dimensions of well-being, which is now understood to be a multi-dimensional construct (e.g. Dodge et al., 2012; Keyes et al., 2002).

Within the research literature, the dimensions are typically divided into hedonic and eudaimonic well-being (Kafka and Kozma, 2002; Keyes et al., 2002). The former includes the dimensions positive affect, negative affect, and satisfaction in life, which often includes assessment of happiness (Dodge et al., 2012; Keyes et al., 2002; Keyes, 2006). Whereas the latter, often described as

psychological well-being, is formed of six dimensions: self-acceptance, positive interpersonal relationships, autonomy, mastery over one's environment, purpose in life, and personal growth (Ryff, 1989; Ryff and Singer, 2006; Keyes et al., 2002). The terms hedonic and eudaimonic arose out of different traditions and reflections on human nature and society, stretching back to Ancient Greek philosophy (Ryan and Deci, 2001). Hedonic well-being, stemming from hedonism, reflected the view that happiness and pleasure should be the central human pursuit (Ryan and Deci, 2001). In contrast, eudaimonic well-being arose out of the view that humans should seek to fulfil one's true nature in life, and the term psychological well-being was used in the 1980s to define the above six dimensions (Ryff, 1989; Ryan and Deci, 2001). Over time and as research has developed, the two perspectives converged to reflect the current multi-dimensional view of well-being. General well-being has been examined from a range of perspectives, and a variety of factors are known to influence an individual's level of well-being, or in Dodge's et al.'s (2012) terms, their balance between resources and challenges (Diener et al., 2003; Ryan and Deci, 2001). When considered in the context of work, research suggests that well-being at work should be viewed as connected to, but not as a simple mirror image of general well-being (Page and Vella-Brodrick, 2008). Termed occupational well-being, researchers suggest that both hedonic and eudaimonic dimensions are relevant in the specific context of work, in addition to distinct dimensions relating to the working environment (Page and Vella-Brodrick, 2008).

Models of occupational well-being

In the work environment of a school, there are a number of distinct well-being dimensions and well-being factors. Researchers have sought to develop multi-dimensional models of an individual's occupational well-being in schools, and others have sought to develop models of what specific school factors contribute to evaluations of well-being. Although the two types of models slightly vary in their focus, gaining an understanding of both will help develop a view of what is important when considering the well-being of school staff, and therefore the suitability of approaches that may support well-being. Three particular models of occupational well-being in the school context will be explored.

The five-dimensional model of occupational well-being in schools:

Van Horn et al. (2004) sought to develop a multidimensional structural model of occupational well-being. Building on pre-existing general and work-related models that included hedonic and eudaimonic dimensions (including Ryff, 1989), Van Horn et al. (2004) administered a questionnaire addressing health, well-being and work to approximately 1300 teachers. The results were analysed using confirmatory factor analysis and multiple models were analysed for fit. Van Horn et al. (2004) considered the following factors to form the structure of well-being in school staff:

- *Affective well-being:* Pleasurable affects felt in the job. Also in this dimension are emotional exhaustion, job satisfaction and commitment to the organisation.

- *Professional well-being:* How autonomous an individual feels, their aspiration in work, and their professional competence.
- *Social well-being:* Negative or indifferent attitudes towards others in the work place (both pupils and colleagues), and social relationships with others.
- *Cognitive well-being:* An individual's cognitive functioning in work, for example whether they are cognitively weary and therefore finding it difficult to concentrate.
- *Psychosomatic well-being:* Existence of complaints such as aches or pains.

The model was explored through a battery of questionnaires completed by over 1300 Dutch teachers from primary, secondary and vocational schools, and the researchers found each of the dimensions to be statistically related. Factor analysis led the authors to conclude that each dimension is able to stand-alone as an individual component of occupational well-being, however, as they also strongly relate together, they are likely to tap into a single construct. In particular, the dimensions of affective, professional and social are considered to feature most strongly in the single construct of occupational well-being in school staff.

Although the model provides an understanding of well-being, it can only provide limited insight into the factors that may contribute to promoting the well-being of school staff. For example, although the model suggests that addressing affective well-being is important, it does not provide a clear indication as to what factors in the working context may contribute to this dimension.

Content model for the promotion of school staff's occupational well-being:

Saaranen et al. (2006, 2007) developed a model of factors considered to promote the well-being of school staff. Developed through a research project focused on improving staff well-being in Finnish secondary schools, Saaranen et al. (2006, 2007) explored the well-being of all staff, including teaching staff and support staff such as cooks and cleaners. The factors were originally identified using data from group and telephone interviews that was analysed using inductive content analysis, and the factors were developed into a questionnaire. The questionnaire was then administered to approximately 480 staff from a different sample group and the results analysed using tests of structural equation models (Saaranen et al., 2006, 2007). The model is formed of four factors:

- *Working conditions:* The physical environment, including the suitability of the environment, comfort, posture and equipment.
- *Workload and health:* Personal health factors that directly relate to work, for example the physical or mental effort required to complete tasks.
- *Functioning of the organisational community:* Includes social support, organisation of work, and leadership. Open communication, a good working atmosphere, appreciation of each other's work and peer support, including the ability to discuss work-related problems, are all considered to contribute to well-being.

- *Professional competence:* Includes readiness to face problems, appropriate training and development, and ability to use skills and show competence in the role.

Over 400 staff completed questionnaires related to specific features of the factors, in addition to measures of subjective well-being and their perceived well-being of the school community. The results indicated that each of the factors related to each other yet stood as individual contributors to measures of individual and community well-being. Furthermore, the authors report that the greatest contributors were the functioning of the organisational community, workload and professional competence.

The authors define well-being as the interaction between resource and stress factors. Although this definition is similar to Dodge et al. (2012), there is little discussion of the dimensions of well-being. Therefore it is unclear how the factors relate to dimensional models, such as van Horn et al.'s (2004), and therefore how addressing these factors may contribute to improving particular dimensions of well-being.

Determinants of well-being in education model:

Lastly, Aalterman et al. (2007) developed a model of well-being factors based on discussion panels and questionnaires with approximately 2000 Belgian primary and secondary teachers. The data was analysed using a multilevel analysis, considering differences in the average and distribution of scores

between schools, teachers, type of school and other features specific to teachers and schools. Drawing a distinction between the stages of education, the authors identified the following factors to influence the well-being of the individual and the community.

At a community level (both primary and secondary):

- *Support from the head teacher:* The level of support and appreciation the head teacher gives, in addition to their capacity to make decisions and consult staff.
- *Professional development support:* The extent to which staff are encouraged to professionally develop and pursue training opportunities.
- *Colleague support*: How able staff feel to seek support from colleagues, and the sense of trust and cooperation between teachers.
- *Materials and school infrastructure:* The suitability of equipment and the physical building.

At an individual level:

- *Parental relationships (primary only):* The relationship between staff and parents.
- *Colleague support:* As detailed in relation to factors at a community level.
- *Self-efficacy:* How competent the teacher feels in the role.
- *Workload:* The pressure related to work.
- *Attitude towards innovations (direct relationship in primary only):* A positive attitude to innovations that the school implements.

(Support from the head teacher was also considered important to individual well-being, however, it was mediated by support from colleagues.)

The authors emphasise that to support the well-being of staff from an organisational level, schools should focus on optimising support from the head teacher, support from colleagues and support for professional development. They concluded that all the other factors could be addressed by supporting these three factors.

The authors define well-being as an emotional state that results from harmony between environmental factors, personal needs and expectations (Aelterman et al., 2007). As with Saaranen et al. (2006; 2007), there is little reference to dimensions, and therefore it is unclear as to what extent addressing these factors may contribute to particular dimensions of well-being.

Critical synthesis:

Each of the three models provides contrasting insight into the dimensions of occupational well-being and the factors that influence the well-being of school staff. Although it is unclear how specific factors in the school context may contribute to particular dimensions of well-being, together the models provide a useful insight into what schools need to consider when addressing well-being from an organisational perspective. However, a key limitation of all the studies is that the models are developed or analysed using participants from specific European countries. Whilst the statistical analysis lends credence to the validity

of the models, the sample draws into question generalisability outside the country of focus. Nevertheless, the parallels between each model, suggest that there are a number of common factors that influence the occupational well-being of school staff. Consolidation of the factors in Aelterman et al.'s (2007) and Saaranen at al.'s (2006; 2007) models indicate that the following factors are likely to be key contributors, with the first three having the most influence:

1) Professional competence including self-efficacy beliefs and professional development opportunities.
2) Community of social support, including support from management.
3) Work demands, including the workload, pressures in the job, and the effort needed in the role.
4) Working environment.

Links can also be made to dimensions of well-being in van Horn et al.'s model (2004). For example, it can be hypothesised that the professional competence factor will relate to 'professional well-being', that the community of social support factor will relate to 'social well-being' and that the workload factor will influence 'cognitive well-being'.

The importance of these factors is further evidenced when considered in relation to other literature on organisational well-being (the literature is also later discussed in relation to previous reviews). In particular, the Teacher Support Network review (Bricheno et al., 2009) identifies similar factors of wellbeing through discussion of empirical studies of teacher well-being, for example they identify that competence, self-efficacy and sense of accomplishment are

important for well-being. Protocol for a planned, but as yet not completed review by the Cochrane Collaboration (Naghieh et al., 2013) also identifies similar factors, for example though a discussion of literature relating to organisational change, they identify that communication, social support and a culture of recognition are important for well-being. Table 1 demonstrates how the factors identified from the critical synthesis of the models of occupational well-being relate to the factors identified by the Teacher Support Network and the Cochrane Collaboration. This demonstrates that the factors of well-being identified in the critical synthesis are also recognised by other researchers as important for the well-being of school staff.

Factors identified based on models of occupation well-being	**Factors identified by the Teacher Support Network (Bricheno et al., 2009)**	**Factors identified by the Cochrane Collaboration (Naghieh et al., 2013)**
Professional competence, including self-efficacy beliefs and professional development opportunities	• Competence, self-efficacy, and sense of accomplishment in relation to control over work • Self-efficacy and accomplishment in relation to emotional demands • Level of reward in the job, which includes career development opportunities	
Community of social support, including support from management	• Support from colleagues • Support from leadership and management	• Communication • Social support • Culture of recognition

Work demands, including workload, pressures in the job, and the effort needed in the role	• Workload demands • Pupil behaviour • Emotional demands	• Workload levels

Table 1: Factors of organisational well-being identified in the critical synthesis of models of occupation well-being, as they relate to factors identified in other literature published by the Teacher Support Network (Bricheno et al., 2009) and the Cochrane Collaboration (Naghieh et al., 2013).

Examples of key psychological theories underpinning the factors of occupational wellbeing

The factors identified above all relate to psychological theory and research regarding well-being. It would not be feasible to provide a comprehensive overview within this paper, however, attention can be drawn to key theories that relate to each factor of well-being. Attention will be given to the first three factors: professional competence, social support and work demands. The importance of the working environment should not be underrated (Vischer, 2007), however, as the models of well-being give greater weighting to the first three factors, they form the focus of discussion. The factors are briefly discussed individually, although there is a body of research evidencing the need to consider them all in relation to one another (Häusser et al., 2010; Santavirta et al., 2011).

How competent a staff member feels in their role is influenced by their self-efficacy and opportunities to take part in professional development. Indeed,

self-efficacy may be considered to mediate the effect of professional development, as research suggests that when staff take part in professional development activities, their self-efficacy beliefs improve (e.g. Ross and Bruce, 2007). Self-efficacy is defined as an individual's belief in their capability to control and function successfully in a situation (Bandura, 1977; 1993), and research has established that these beliefs are predictors of individual well-being (Bandura et al., 2003; Karademas, 2006, 2007). In the context of work, it has also been established that greater self-efficacy beliefs are related to better performance at work and better management of work stressors (e.g. Schwarzer and Hallum, 2008; Stajkovic and Luthans, 1998). This indicates that if the self-efficacy beliefs of staff are addressed, the effect of any improvement is likely to stretch beyond professional competence into other factors of well-being.

The influence of social support on well-being is also established in the literature (e.g. Karademas, 2006; Lakey and Orehek, 2011). Influential research by Cohen and Wills (1985) found that social support can influence overall levels of well-being regardless of stress (main effect), whilst also acting as a specific buffer during times of stress (stress-buffer). More recently, it has been argued that the main effect of social support is due to conversations and shared activities that support individuals to regulate their affect (Lakey and Orehek, 2011), and that the stress-buffer in the form of emotional sustenance and assistance in coping, helps to reduce emotional distress and physiological arousal (Thoits, 2011).

Regarding work demands, researchers have explored whether the seminal job demand-control model (Karasek, 1979) is relevant to teaching. The model proposes that individuals in highly demanding jobs with little control, experience a high amount of strain which leads to low well-being (Karasek, 1979; Van der Doef and Maes, 1999). The model does have some relevance to teaching, however, demands have been shown to have a much greater effect on teacher well-being, with prominent demands being high workloads and pupil behaviour (Bricheno et al., 2009; Griva and Joekes, 2003; Santavirta et al., 2011).

It is therefore apparent that any organisational approach that is to support the well-being of school staff should focus on supporting staff to feel professionally competent in their role, creating a community of social support, and addressing the demands of the job. Moreover, all the factors are based on a wide-evidence base of psychological theory and models of well-being.

Previous literature reviews

The well-being of teachers has been the focus of recent literature reviews, with two completed in the past decade and one currently in progress. In contrast, the well-being of other school staff or support staff as a discrete group has attracted minimal attention. The reviews are conducted by very different organisations for contrasting purposes, however, each provide a useful insight into the scope of the literature and the support available.

Scottish health and education agencies joined together to explore how services could support the well-being of teachers, and in doing so conducted a

systematic literature review to identify interventions (Dunlop and Macdonald, 2004). From an undisclosed amount of papers, the authors identified 23 interventions that they considered to be effective in addressing teachers' well-being. The majority focused on staff at an individual level, with interventions covering strategies such as health information, stress management courses and a telephone advice service. However, they identified little literature that included an organisational approach. The authors also considered the literature to be limited in the methods adopted, and concluded that the ubiquity of studies emphasising teacher stress (as opposed to other factors of well-being), hindered their attempts to consider whether the interventions led to positive outcomes for well-being. Overall, the study points towards a lack of published information regarding supporting the well-being of school staff, particularly approaches at an organisational level. Whilst the outcomes of the review are useful in considering the extent of past research, the literature review itself is lacking as there is an absence of detail regarding the systematic approach, and as a result it is difficult to judge the breadth of the studies identified. The robustness of the systematic process can therefore be questioned. What the paper does offer is an appraisal and discussion of the one intervention that took an organisational-level approach. The intervention, named the 'Well-being Programme' will be further considered in the discussion of approaches.

The Teacher Support Network completed a review in order to consider what promotes and diminishes staff well-being and the effectiveness of available support (Bricheno et al., 2009). The authors explored the intervention support currently available, and found only a few studies aimed at supporting the well-

being of school staff. Again, the majority of studies concerned approaches intervening at the individual level with a focus on treating and rehabilitating difficulties due to stress, rather than supporting well-being from an organisational perspective. The sole approach that focuses on school staff at an organisational level, is again the 'Well-being' programme, reflecting the findings of Dunlop and Macdonald (2004). The authors outline the literature review method, including the framework used to consider the characteristics of each study, however, due to the wide breath of literature and limitations in time and resources, the authors chose not to identify and consider the literature in a systematic way. Instead they added a sift criteria and sought details of additional papers from stakeholders and specialists (the sift criteria asked questions of each study, including does the paper contain relevant data, is the data relevant to the review questions, and does the paper meet minimum quality standards of peer-review). Whilst the addition of the sift criteria risked overlooking or disregarding potentially useful research, the addition of sources from those knowledgeable in the field strengthened the likelihood of identifying relevant and key studies. Furthermore, as the conclusions parallel that of Dunlop and Macdonald (2004), the findings of both studies can be said to support each other, providing strength to the conclusion that in recent years the 'Well-being' programme has been the only publicly available organisational approach for schools to implement.

The most recent study to explore the topic area is the Cochrane Collaboration's systematic literature review led by Naghieh et al. (2013). The study refers to Dunlop and Macdonald (2004) and Bricheno et al. (2009) being the only two

completed reviews, and aims to differ from them by avoiding their limitations and thus conducting a robust study addressing the gap in the literature. The findings of the study are yet to be published, and therefore the only current information available is the protocol that is to be adopted. The comprehensive and detailed protocol, which includes searching for unpublished research suggests that the study will offer a thorough and robust analysis of what is currently known regarding supporting the well-being of support staff.

Overall, the above reviews suggest that there are a limited number of studies that outline interventions to support school staff at an organisational level, with much of the literature focusing on individual support and focusing almost wholly on teachers. Naghieh et al. (2013) may uncover interventions that are as yet unpublished, however, the modest amount of current research indicates that the field is deserving of closer research and scrutiny.

Absent from the above reviews, including Naghiegh et al. (2013), is any consideration of approaches that may not be directed at staff well-being, but through their application may contribute to factors known to support well-being. Consideration of these may provide insight into alternative approaches. In addition, consideration from the perspective of supporting all staff, rather than solely teachers, will add to the current field of knowledge and draw to the forefront the importance of supporting the well-being of all staff across the school body.

A thorough systematic approach such as that offered by Naghieh et al. (2013) is beyond the scope and resources of this review, therefore, this review does not aim to be all encompassing. Instead, the review will focus on approaches made prominent through searches of relevant databases, references in prior literature, and educational psychology practice journals. There are limitations to this approach, primarily the potential neglect of important or relevant studies. However, whilst the selection of approaches may be critiqued for a lack of robustness, by providing an overview of prominent approaches and discussing them in relation to the earlier identified factors of organisational well-being, the study lays a foundation for further research and provides a starting point for EPs planning to introduce programmes of support to school settings.

Review of approaches

As outlined, there is a scarcity of approaches designed to support staff well-being at an organisational level. In addition to the 'Well-Being Programme', there is also a recently published study describing the 'Chill and Chat' project. Both approaches will be critically considered below, however, given the limited number, it is also important to consider other approaches that despite not being designed to support staff well-being, are no less targeted at the three identified factors of organisational well-being. Therefore, the following section begins with approaches designed to target well-being, followed by consideration of one type of alternative approach, grouped under the heading supportive staff groups.

Approaches designed to support staff-wellbeing

The Well-Being Programme:

The 'Well-Being Programme' (Worklife Support, 2010) was developed by 'Worklife Support' a branch of the Teacher Support Network and it claims wide implementation across the UK. It includes an individual and organisational strand, of which the organisational strand is based on a 'bottom-up solutions-focused' model. The approach includes the entire staff group (not solely teachers) and begins with a whole staff survey. Areas of need are then identified from the survey, and school staff develop strategies and an action plan in order to address the needs. This is followed by the creation of a school 'well-being team' who drive implementation. The areas of focus and the strategies developed are therefore dependent on the individual school. Published examples of the approach provide an insight into how implementation of the programme may address identified well-being factors (from Worklife Support, 2010; and Simons and Wheeler, 2011).

Professional competence: The survey includes questions on role, which can be related to professional competence. One school reported a greater focus on professional development, for example training courses for teaching assistants and shadowing opportunities for teachers who may want to take up a leadership role.

Community of social support: The staff survey includes questions on relationships, support and school culture, all of which relate to this factor. To

address support in one school the staff room facilities were improved, and the head teacher began to reward staff informally (e.g. cooked breakfast after meetings, chocolate in the staff room); in another, school staff were provided with opportunities to collaborate and socialise, and the head teacher moved his office to an accessible area with an open-door policy.

Work demands: The staff survey includes questions on demands and role. One school addressed this area by closing the school early on Friday's which facilitated professional collaboration, and another helped teachers manage SATs (Standard Attainment Tests) preparation workload by employing additional staff to run booster sessions.

Evaluations of the approach, primarily using repeated administration of the survey, suggest that the programme has had a positive impact on staff well-being, however, some evaluations have been inconclusive. For example, although staff have reported a positive change in school culture, systems of communication and opportunities for career development, there have also been reports of increased workload (Bricheno et al., 2009; Dunlop and Macdonald, 2004).

Chill and Chat:

The 'Chill and Chat' project was implemented by an EP, a behaviour support teacher, and a behaviour support Higher Learning Teaching Assistant (Sharrocks, 2014). Implemented in a UK primary school, the project developed out of discussions in the school regarding staff well-being. Over 8 weeks 'Chill

and Chat' sessions were held in a space adjacent to the school and staff throughout the school attended (e.g. teaching staff, lunchtime staff, and administrators). The sessions offered a selection of activities considered to help relaxation (e.g. hand massages, magazines, and comfortable chairs), a social area, a private space for staff to 'switch off', and leaflets from the occupational health service (Sharrocks, 2014).

Professional competence: The study provides no indication that this factor was addressed.

Community of social support: This area was addressed through the social space that encouraged interaction. Staff reported that the sessions had facilitated social conversations and provided opportunities to improve social relationships.

Work demands: This factor was not directly addressed. However, staff reported that following attendance at a session they felt more able to handle demanding situations.

The project evaluation indicated positive outcomes for developing social support. However, school staff reported that it would be increase in workload if they were to continue the sessions without external support. Therefore, long-term implementation of the approach could be contrary to supporting staff well-being.

Overall, from the two approaches, the Well-Being Programme is likely to be the most effective, as it can be used to support each factor of organisational well-being. In comparison, the Chill and Chat project only directly addresses one and had an indirect influence on another. The Well-Being Programme also engages staff in the change process and seeks to embed well-being within the culture of the school, therefore reflecting the development of a learning organisation and principles of effective organisational change (Argyris, 1995; Fauske and Raybould, 2005; Schechter and Qadach, 2012). The approach is therefore more likely to lead to long-lasting school-wide change than the Chill and Chat project, which relied on a single, externally-led and time-limited intervention.

Alternative approaches that address factors of staff well-being

Supportive staff groups:

There is a range of supportive staff group approaches. Six approaches will be focussed on (collaborative problem solving groups, teacher support teams (TSTs), work discussion groups (WDGs), staff sharing scheme and solution circles) and information on the groups is presented in table 2. None of the approaches were designed to specifically target staff-wellbeing at an organisational level, instead all were designed to support staff to effectively meet the needs of pupils and find solutions to work concerns. However, all the approaches encourage organisation-wide access or application, and all can be considered to address the three factors of school staff well-being.

Approach	Group membership and regularity of meetings
Collaborative Problem Solving Groups (Hanko, 1999)	Set group membership. The groups meet weekly, however can be held on a less regular basis (Bozic and Carter, 2002)
Teacher Support Teams (TSTs) (Creese et al., 1997)	The TST group remains consistent and other staff refer to attend meetings to present and seek support regarding specific concerns. The group meets weekly or fortnightly, and following an initial meeting with the staff member presenting the concern, a follow-up meeting is scheduled to review progress.
Work Discussion Groups (WDGs) (Jackson, 2008)	Set group membership. The groups meet weekly or fortnightly.
Staff Sharing Scheme (Gill and Monsen, 1996)	The groups only commence following an assessment of processes for managing pupil behaviour, and a series of whole-school development sessions focusing on collaborative problem-solving. Unclear as to whether the group membership is set. The groups meet fortnightly or monthly.
Solution Circles (Forest and Pearpoint, 1996)	No set group membership. Groups can meet occasionally or on a regular basis (as in Brown and Henderson, 2012).

Table 2: Overview of group membership and regularity of supportive staff group approaches

The approaches are all variations on the same structure, although they utilise different theoretical underpinnings and incorporate different stages. In all the approaches, a member of staff presents a specific concern and then the group collaboratively explore and consider solutions. However, some approaches utilise an external consultant (WDGs and Collaborative Problem Solving

Groups), whereas others train school staff prior to implementation of the groups (TSTs and Staff Sharing Scheme). Note that although called Teacher Support Teams, TSTs can include staff throughout the school (Norwich and Daniels, 1997). Due to these similarities, the approaches are considered together.

Professional competence: All the approaches support staff to share and develop skills, therefore developing professional competence. The skills may be specific to the presenting concern or generic skills such as greater reflective practice or problem-analysis. WDGs and TSTs incorporate training and therefore have a greater focus on professional competence. Evaluations of the approaches also report an increase in staff confidence, which is likely to support self-efficacy (Bozic and Carter, 2002; Creese et al., 2000; Jackson, 2002; Norwich and Daniels, 1997).

Community of social support: All the approaches provide a means for staff to support each other. Evaluations indicate that staff had reduced feelings of isolation, increased feelings of support, and considered the groups to be a helpful way of sharing concerns (Annan and Moore, 2012; Bozic and Carter, 2002; Creese et al., 2000; Jackson, 2002; Jones et al., 2013; Norwich and Daniels, 1997).

Work demands: All the approaches support staff to address a specific demand of the job, which for most of the approaches includes pupil behaviour (e.g. Annan and Moore, 2012; Hanko, 1999; Jackson, 2002). Available evaluations indicate that following group involvement, staff felt less stressed

and were 'functioning' more in relation to the job (Bozic and Carter, 2002; Jackson, 2002, 2011; Norwich and Daniels, 1997). This suggests that staff were more able to manage work demands.

Overall, each of the approaches has demonstrated positive outcomes in relation to all the factors of wellbeing. However, the groups do not always influence the community of support throughout the school, but instead may just influence those who attend the group. Moreover, a key discussion point in each of the approaches is the need for the groups to be embedded in a school that already has some level of community of support, particularly from management, as attempts to implement the approaches in schools without, has led to difficulties in the running of the groups (Annan and Moore, 2012, Brown and Henderson, 2012; Creese et al., 2000; Farouk, 2004; Norwich and Daniels, 1997).

Conclusions regarding approaches

There are a limited number of published approaches available. From those reviewed, the most all-encompassing approach is the 'Well-Being Programme', as it address all the factors and contributes to long-term change; however the effectiveness of the approach is inconclusive. Implementation of a supportive staff group can also be considered to support occupational well-being, as the various approaches all address the important factors and evaluations indicate positive outcomes. Nevertheless, as successful implementation may rely on the community of social support already in existence, the approach would benefit from being considered alongside additional methods. For example, a

supportive staff group such as TST or WDG would fit an action plan developed through the 'Well-Being Programme'.

Discussion

In closing, there is a scarcity of approaches designed to support the occupational well-being of all school staff, however, with a clear understanding of well-being factors, alternative approaches may contribute to providing support. Consideration of the well-being literature has established that organisational approaches should focus on supporting professional competency, developing a community of social support, and addressing work demands. Using these factors as a foundation, a range of alternative approaches may be applied to support staff well-being and new approaches may be developed based on different paradigms of psychological theory and research.

Positive psychology is one such example and approaches based on the paradigm are beginning to be applied by EPs. For example, Critchley and Gibbs (2012) report on a study where self-efficacy beliefs were improved by encouraging school staff to reflect on 'good things' in life. The approach was based on theories of positive psychology that increasing individual happiness can support well-being (Seligman et al., 2005). Similarly, a project recently implemented by colleagues to encourage school support staff to recognise their strengths (as mentioned in the introduction to this paper) was based on research that the use of strengths is related to well-being (Seligman et al.,

2005). Mindfulness is a further psychological model that can be applied, and studies are beginning to show that mindfulness methods can support staff to manage work demands (Gold et al., 2009). If individual interventions such as these are combined with organisational approaches and implemented alongside principles of organisational change, there is likely to be a positive effect on the occupational well-being of school staff.

Finally, although this paper has not specifically focused on the role of EPs, EPs are ideally placed to support schools to address occupational well-being. In addition to recognising need, EPs can recommend approaches based on psychological theory and research. Moreover, due to the unique position of EPs as practitioner-researchers working in schools, EPs can develop, trial and evaluate new organisational approaches suited to the school environment, in a way not always possible by other professions, which in Cameron's (2006) words, draws on the distinct contribution of EPs to promote innovation underpinned by psychology.

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PROFESSIONAL PRACTICE REPORT 4:

USING TARGET MONITORING AND EVALUATION (TME) TO EVALUATE THE OUTCOMES OF CONSULTATION: THE VIEWS OF EDUCATIONAL PSYCHOLOGISTS

Abstract

This study reports on the views of Educational Psychologists (EPs) regarding the suitability of Target Monitoring and Evaluation (TME) as a means of evaluating the outcomes of consultation in an Educational Psychology Service (EPS). The study takes a case study approach and considers the meaning of consultation in the focus EPS, before progressing to discuss approaches to evaluation. The methods of data collection, which included Nominal Group Technique (NGT), are then presented followed by the findings of the study. It is concluded that in the context of the focus EPS, EPs viewed TME as a useful measure of outcomes, however, the overall value of TME was questioned. There is lastly a discussion of the findings in relation to previous literature, the context of the focus EPS including the reported model of consultation, and my role as an insider in the evaluation process.

Introduction

Evaluating educational psychology services has been an area of consideration throughout the history of the profession (e.g. Griffey, 1989). More recently, educational psychologists (EPs) have focused on evaluating the results and outcomes of EP involvement (Dunsmuir et al., 2009; Farouk, 1999). This paper focuses on one Local Authority (LA) Educational Psychology Service (EPS) that trialled the Target Monitoring and Evaluation (TME) approach to evaluating the outcomes of actions agreed in consultation meetings. Following introduction to the rationale for this topic and the service context, the Literature Review focuses on the use of consultation by EPs and the literature relating to evaluating the outcomes of EP involvement. The pilot project is then introduced, which includes discussion of the steps taken to introduce TME, the methods used in the study and the findings. The findings are then discussed with particular attention to how they relate to the wider literature, how they relate to the focus EP and my role as an insider in the evaluation. The paper concludes with a discussion of implications for practice.

Rationale for the topic

The decision to focus this paper on the use of TME in consultation arose from my day-to-day involvement as a Trainee EP (TEP) in the focus EPS. The service managers had raised awareness that wider LA priorities called for LA services to demonstrate how the service contributes to improving outcomes

for children and young people (CYP). The drive to evidence outcomes is not new within Children's Services (e.g. Dickinson, 2000; Farrell et al., 2006); however, within the focus LA there appeared a greater call for services to demonstrate outcomes in a manner that could be quantified. The service was keen to address the LA priority and began to consider different ways to evaluate outcomes.

My involvement developed from co-delivering a presentation on evaluation approaches. Following the presentation, all EPs decided that it would be useful to trial TME within casework consultations. My early involvement allowed me to take an active role in the process of introducing TME, and my position as a TEP granted time to evaluate the approach, culminating in the evaluation project that forms the focus of this paper.

Service context

The focus EPS is a mid-sized city service that has operated a consultation model of service delivery for over ten years. Approximately seven years ago, the service re-visited consultation and developed a whole service consultation agreement that is detailed in Table 1. The agreement has been shared with all EPs who have started at the service since. All EPs are expected to work to this agreement, although the procedural delivery of consultation differs between EPs.

Whole service agreement on consultation
• There is no point having a consultation model of service delivery unless every-one in the service is in agreement. • Consultation should include the people most concerned / involved with the child. • EP observation of the child / young person in context is an important part of the consultation process. • Parents should be part of the consultation process. • Consultation does involve direct work with pupil. • Consultation helps people examine issues and brings together psychological and other perspectives. • Recording consultation is the professional responsibility of the EP and a shared responsibility with the school. • The process of engaging in a consultation meeting is an integral part of the outcome. • A shared understanding of consultation is required in order for it to operate effectively. • A complete consultation process should include an in-built review.

Table 1: Whole service agreements on consultation in the focus EPS.

Literature Review

This paper focuses on evaluation approaches; however it is imperative that attention is first given to the model of practice in the focus EPS, i.e. consultation. The history of consultation and its use within educational psychology practice has been widely discussed and explored elsewhere (e.g. Gutkin, 1999; Leadbetter, 2006; Kennedy et al., 2010). Therefore, the following literature review provides a brief introduction to consultation and considers how the model operated in the focus EPS relates to wider literature. The focus of the review then turns to literature pertaining to evaluation.

To ensure a thorough literature search, combinations of the terms 'Consultation', 'Evaluation' and 'Outcomes' were searched for in the key professional practice journals of 'Educational Psychology in Practice', 'Educational and Child Psychology' and 'School Psychology International'. Consideration was also given to relevant articles in the 'Journal of Educational and Psychological Consultation'. The focus was placed on literature relating to the UK; however, where appropriate for context, international literature was considered. Other relevant articles and books were identified through a similar search strategy, but also including the term 'Educational Psychology' on a range of general and publisher databases (e.g. Taylor and Francis, Google Scholar). Articles referenced in relevant papers were also considered.

Consultation in educational psychology practice

The use of consultation in educational psychology originated in the United States (e.g. Gutkin, 1999; Sheridan et al., 1996) and soon grew in prominence across the United Kingdom (Farouk, 1999; Wagner, 2000). It is now viewed as a core function of EP practice, and in some services including the focus EPS, consultation is the advertised primary model of service delivery (Fallon et al., 2010). Nevertheless, consultation is not free of criticism. The description and practice of consultation can differ between LAs and individual EPs (e.g. Kennedy et al., 2008; Leadbetter, 2006), and questions have been asked regarding the effectiveness of consultation and whether it is merely a

fashionable tool used with little evidential support or clear understanding (e.g. Leadbetter, 2006; Witt, 1990). Over approximately the last 20 years, consultation has been a focus of research and exploration, all with the aim of considering what consultation is, how it is applied and whether the approach is effective (e.g. Larney, 2003; Sheridan et al., 1996).

Within the UK professional practice literature, there has been a particular focus on the procedural elements of consultation, including developing an approach to consultation in an EPS (e.g. Munro, 2000) and introducing consultation to service users (e.g. Gillies, 2000). There is less literature on the effectiveness of consultation on outcomes for CYP, although, it is not a neglected area of study (e.g. Dunsmuir et al., 2009). What the literature does provide is an indication of how consultation is understood in UK practice.

Defining consultation

Consultation can be described as a way of working with consultees to address concerns regarding a pupil or group of pupils. The emphasis is on the conversation, and the aim is often to work collaboratively with those involved to better understand the situation, re-conceptualise or re-construct the concern, and to develop a plan of support that can be implemented by those involved (Dickinson, 2000; Larney, 2003; Nolan and Moreland, 2014; Sheridan et al., 1996; Wagner, 2000). The precise definition of consultation and the psychological theories employed vary according to the model of consultation. The behavioural model of consultation draws on applied

behaviour analysis and social learning theory, and aims to work with the consultee to identify and make changes in the environment that will improve or eliminate difficulties (Kennedy et al., 2008; Larney, 2003). In contrast, the mental health model of consultation draws from psychodynamic theory and person-centred approaches and aims to understand why there are difficulties and how they may be overcome (Kennedy et al., 2008; Larney, 2003). EPs also apply Wagner's (2000) model of consultation, which is based on social constructionist and systems theories (Kennedy et al., 2008), and EPSs (Turner et al., 1996) have applied the process of model of consultation, which developed from theories of organisational change (Schein, 1990). Lastly, Hymer et al. (2002) developed a model of consultation that draws on dynamic assessment.

In the focus EPS, the process model of consultation as reported by Turner et al. (1996) is influential. Drawing from work applying psychology to problems in organisations, Schein (1990) emphasised the relationship between the consultant and consultee, and considered it essential that the consultee becomes a partner in the process and views the problem as their own. Schein's (1990) approach was to create a philosophy of helping, where the consultant adopts an inquisitive approach that supports the consultee to explore the problem, reach their own decisions, and use their own resources and skills to implement change (Turner et al., 1996). Schein (1990) emphasises the relationship between consultant and consultee. In Turner et al.'s (1996) discussion of using the approach in an EPS, the model is also aligned to taking a solution-focused perspective in consultation.

The prominence given to the relationship between consultee and consultant differs to other models of consultation. For example, the behavioural model of consultation involves the consultant guiding consultees through a structured approach to problem solving that includes the stages of problem identification, problem analysis, plan implementation and evaluating the plan (Larney, 2003; Sheridan et al., 1996). In the behavioural consultation model, the relationship between consultant and consultee is not considered an important feature (Larney, 2003). Wagner's (2000) model also contrasts with the process consultation model. Rather than focusing on the relationship, Wagner's (2000) model emphasises the psychological processes that the consultant EP should incorporate into the consultation. For example, the EP should utilise conversation that externalises the concern and examines connections in order to support the consultee to change their perspective (Wagner, 2000).

Detailed consideration of the strengths and limitations of models, particularly a comparison of how delivery of the process model may differ to that of other models is difficult due to the limited range of research studies. Research suggests that behavioural consultation is the most effective (Kennedy et al., 2010; Sheridan et al., 1996); however, comparisons have been limited by studies that do not detail the approach to consultation or are not rigorous in their design (Larney, 2003; Sheridan et al., 1996). There have also been no comparison studies in the UK literature. It would therefore be inappropriate to consider any one model of consultation as superior to another in UK educational psychology practice. Moreover, it is possible that EPs who report the use of a particular model may draw on an alternative model in practice.

For example, Kennedy et al. (2008) found that EPs who draw on problem-solving frameworks are likely to draw on a behavioural model of consultation without acknowledging it.

Identifying the client of consultation

A further way in which consultation varies in educational psychology practice, is with regard to who is the client. Sheridan et al. (1996) consider consultation to be a triadic service, where the client is a third-party, and the consultant works with consultees to address concerns regarding the third-party. Educational psychology practice in the UK reflects Sheridan et al.'s (1996) view, as consultation is often referred to as an indirect process where the child is the client of focus, and the school staff and parents are the consultees (e.g. Larney, 2003). There are variations in this view as it can be argued that the CYP may not be aware of or agree with the concerns, and therefore the client may be best described as school staff or parents. Indeed, as EPSs grow in the traded delivery of services, the client has also been regarded as any individual who interacts with an EP, this being predominately school staff and parents (BPS, 2013).

Perspectives regarding the client also relate to how involved a CYP may be in the consultation process. In particular, the indirect view of consultation can be viewed as conflicting with the move to engage CYP as active participants in decision affecting their lives (e.g. Aston and Lambert, 2010). Consultation does not prevent EPs working or involving CYP (Kennedy et al., 2010; Woods

and Farrell, 2006), however, different models of consultation vary in their view regarding how actively involved a CYP should be. For example, in Wagner's (2006) model of consultation and Turner et al.'s (1996) process model of consultation, the emphasis is on working with school staff and parents. In contrast, the staged problem solving approach in the behavioural consultation model may more easily allow the involvement of CYP as active partners in the consultation process. In recent decades, EPs also have explored alternative models of consultation that actively support CYP to be involved (Woolfson et al, 2008).

In the focus EPS, the whole service agreement implicitly suggests that the clients are school staff and parents. Although there is an expectation that direct work will be completed with the CYP, the CYP is not regarded as being an active client in the consultation.

Terminology of consultation

The terminology of consultation can also differ between LAs and individual EPs (e.g. Kennedy et al., 2008). Leadbetter (2006, pp.22-23) identified three ways in which EPs use the term consultation:

1. *Consultation as the model of service delivery:* When used in this way, EPSs describe consultation as the service that they offer to schools, or as the way the EPS operates.

2. *Consultation as a defined task, with agreed characteristics:* EPs hold consultation meetings, which may be founded on certain consultation principles or utilise a certain format.
3. *Consultation as a specific activity or skill:* EPs describe consultation as an occurrence where information is either shared or gained from others. Leadbetter (2006) defines this type of consultation activity as the 'bread and butter skill for EPs' (p.23). It is not considered a defined task and there are no agreed characteristics. Therefore consultation is considered to be a fluid rather than structured activity.

The description of consultation in different EPSs can be related to these terms, although the application of each term is dependant on the local context. In the focus EPS, consultation is predominately related to the first two terms. It is the advertised model of service delivery, and it is described as a defined task where the people most concerned or involved with the pupil meet together to engage in the consultation process (see Table 1). The emphasis is on structure and agreed characteristics, and there is less indication that consultation is viewed as a fluid activity or skill. This does not eliminate consultation being used or viewed in such a way; however, from an organisational perspective the emphasis is on formalising the process of consultation. In contrast, the model of consultation operated in Kensington and Chelsea EPS (Wagner, 2000), can be identified in relation to all three terms. Consultation is described as the model of service delivery, there is a description of EPs using agreed frameworks to provide structure to consultation meetings, and Wagner writes that everything an EP does is

consultation: 'Consultation is not a discrete item on a menu. All intentional interactions with others are consultation…' (Wagner, 2000, p.12).

Conclusions

It is clear that consultation is a term with diverse meanings, multiple definitions and a variety of applications. In the focus EPS consultation has a particular meaning as a defined task that draws from the process model of consultation. The model also suggests that school staff and parents are the clients, and CYP are not regarded as playing an active role in the consultation. It is in this specific context that an approach for evaluating the outcomes of consultation for CYP was introduced.

Evaluating the outcomes of consultation

Professional practice literature in the UK has typically focused on evaluating how well EP services are delivered by collecting the views of teaching staff, parents and CYP (e.g. Cuckle and Bamford, 2000). As argued by Dunsmuir et al. (2009), this form of evaluation measures the output of EP involvement and focuses on how service users feel about the work completed, rather than providing any data regarding the outcomes of the work for CYP.

The outcomes of work may be measured in a multitude of ways dependent on the psychological models and perspectives that are drawn upon by the EP. For example, EPs may draw upon scaling approaches, which are often

utilised when applying solution-focused theory or personal construct psychology (e.g. Redpath and Harker, 1999). EPs drawing on behavioural approaches may also utilise a quantitative measure of outcomes such as counting the incidences of a behavioural concern, target behaviour or measuring progress in relation to an academic skill (e.g. Chiesa and Robertson, 2000). A variety of approaches are used by EPs (Lowther, 2013), nevertheless, practitioners have sought to identify a single approach that can be applied within all forms of EP practice regardless of the theoretical perspective, model or intervention that is applied. Within recent professional practice literature, a number of approaches have been discussed, two of which are explored below as both were considered by the focus EPS: Goal Attainment Scaling (GAS), Target Monitoring and Evaluation (TME).

Goal Attainment Scaling (GAS)

GAS originated as a method of measuring the outcomes of mental health interventions in the United States (Kiresuk and Sherman, 1968), and since then it is has generated international use in a range of professions (Frederickson, 2002; Malec, 1999). Its first published use by UK EPs was by Imich and Roberts (1990) who utilised it to evaluate a behaviour support service. In the early 2000s Frederickson (2002) proposed GAS as a comprehensive approach that would provide a way of monitoring pupil progress, support EPs to work collaboratively with school staff, and allowing EPSs to collect data regarding the effectiveness of interventions and overall service delivery. GAS has also been described as a valuable way of ensuring

clear communication between all those involved, including clarifying perceptions, providing a structure to discussions and planning, and assuring that expectations are realistic (MacKay et al., 1996; MacKay and Lundie, 1998).

In order to use GAS, those involved are required to identify at least three goals, and then specify five levels of outcomes for each goal. Frederickson (2002) describes the levels as follows, with the number in brackets being the numerical rating: 'Much less than expected (-2)', 'Somewhat less than expected (-1)', 'Expected level of outcome (0)', 'Somewhat more than expected (+1)', and 'Much more than expected (+2)'.

GAS was originally devised to provide numerical data that could be transferred to a standardised score (T-Score; Kiresuk and Sherman, 1968). However, as emphasised by Mackay et al. (MacKay et al., 1996; MacKay and Lundie, 1998), the data that GAS produces do not meet the assumptions necessary for the use of parametric statistics. Therefore, the use of GAS in the manner suggested originally has been criticised as inappropriate, and Mackay et al. (MacKay et al., 1996; MacKay and Lundie, 1998) called for it to be used as a process tool rather than a statistical tool. Other authors have highlighted that the statistical use of GAS may falsely present it as a precise measurement tool, when in truth it is a subjective approach (Lowther, 2013; Malec, 1999). In particular, the use of numbers may lead users to view the ratings as objective and in turn an objective measure and assessment of outcome. In reality, the subjective descriptions of levels limit possible

outcomes to opinions when the levels were set, and judgements regarding progress are limited to the views of individuals at the time of the review. At most, GAS can only indicate the perception of progress. Therefore, utilising the numerical outcomes of GAS to draw conclusions regarding outcomes for CYP can be regarded as problematic.

Another criticism is that GAS is not often used in line with the method described by Kiresuk and Sherman (1968). In particular, Kiresuk and Sherman (1968) called for an independent reviewer to be involved in evaluating outcomes; however, as highlighted by a number of researchers, this criterion is not often met (Dunsmuir et al., 2009; MacKay et al., 1996; MacKay and Lundie, 1998).

Further limitations have been identified where GAS has been used in EP practice. Dunsmuir et al. (2009) report that it is difficult to define five clear levels, it can then be difficult to judge progress if the description levels are vague, completing GAS can be time-consuming, and often time is not allocated to reviewing progress using GAS.

Target Monitoring and Evaluation (TME)

TME was developed as an alternative to GAS by Dunsmuir et al. (2009). Based on the same conceptual framework, the developers sought to create an approach to evaluating outcomes that could be incorporated easily into EP practice, and which avoided the difficulties of GAS. TME was also designed

to fit well into a consultation, although it was also devised as a system that could fit into other models of practice. In relation to consultation, the developers claimed TME encouraged consultees to make an active contribution, and supported all those involved to agree and achieve clarity regarding the concern, targets for change and the contingent action plan (Dunsmuir et al., 2009).

Similar to GAS, TME requires that those involved develop descriptions of specific and measurable outcomes, and then utilise a scaling system in order to measure progress towards the outcomes (see Appendix 1). TME is based on a ten-point Likert scale, and at the initial setting of the target, the baseline level and the expected level of progress are rated and described. At the review, the actual achieved level is then rated and described, and the difference between the ratings provides a measure of progress and outcome.

In comparison to GAS, TME is not designed to translate into a standardised score and therefore avoids the criticisms of MacKay et al. (MacKay et al., 1996; MacKay and Lundie, 1998). Nevertheless, in a criticism of Dunsmuir et al. (2009), the authors do analyse their TME outcome data using parametric statistics, which suggests the data is regarded as reliable numerical information. This is a shortcoming of the original research paper also highlighted by Lowther (2013). Similar to GAS, the numerical data generated by TME can only be viewed as a subjective measure of progress. The numerical information cannot be considered as objective or reliable, as the meaning given to the numbers is decided upon in the context of setting the TME target, and the assessment of progress depends on perceptions at the

time of the review. For similar reasons, the validity of TME ratings can be questioned. As with GAS, TME can only indicate the perception of progress as viewed by those involved in the setting and rating of targets. It would therefore be erroneous to regard TME data as an objective assessment of outcome.

To date, only two published studies have reported on the use of TME in EP practice, including Dunsmuir et al. (2009). Dunsmuir et al. (2009) piloted TME in two LAs where EPs and Assistant EPs used TME for individual casework and project work. The authors do not describe the EPS's model of consultation; however, TME is described as an approach suited to all forms of practice. To consider the appropriateness of TME, the authors collected data on the TME targets (from 13 EPs), and found that EPs used TME to set targets to meet a range of individual pupil needs. However, there was variability in how targets were described, with some being clear and others ambiguous. The authors also collected the views of EPs and assistant EPs regarding the implementation of TME (through a focus group). However it is difficult to draw out findings specific to EPs due to the data being grouped together, and the authors only report feedback regarding the issues and constraints of using TME. Constraints included lack of time to review, difficulties ensuring school staff are available for review, and access to TME paperwork. There is little reference to how EPs found the process of using TME, although interviews with teachers found that the approach is considered simple to use, and a useful way of creating clear targets and generating data on pupil progress.

The second study, reported by Monsen et al. (2009) used TME to evaluate the work of Assistant EPs. Although the study provides a useful worked example of the application of TME, the focus on Assistant EPs limits the relevance of the research to the present study. Primarily, the different professional roles and demands on Assistant EPs and EPs render the study unsuitable for consideration of EPs' use of TME. What can be gained is that TME can be embedded within different areas of practice and the authors considered it a suitable way of measuring outcomes.

In an unpublished study, Henderson (2013) used TME to explore the impact of consultation in a large rural EPS. Henderson (2013) describes how EPs throughout the service use a range of consultation models and theoretical approaches. TME was used by three EPs on a total of five pieces of casework in order to gather feedback on the consultation process and its outcomes. Henderson (2013) found that the majority of teaching staff spoke positively about the approach, and EPs viewed TME as enhancing the consultation process due to its simplicity, its usefulness in clarifying concerns and expectations, and its structure. In addition, teachers and EPs considered TME to be a useful way of demonstrating progress to those outside of the consultation process. Henderson's (2013) findings support the views expressed in Dunsmuir et al. (2009), particularly regarding the ease of the approach.

Overall, TME is described as an appropriate way of evaluating outcomes, which fits well with a consultation model of EP practice. Nevertheless, the use of TME has been criticised. In particular, recent studies have argued that TME provides a reductionist measure of outcomes, and that it is unsuitable for use as a comprehensive evaluation method of EP involvement (Lowther, 2013; Turner et al., 2010). Turner et al. (2010) consider Dunsmuir et al.'s (2009) study to be a robust attempt to evaluate EP casework, but viewed the focus on measurable outcomes as only one element of EP practice. Likewise, Lowther (2013) questioned whether the use of TME can lead to a shared agreement as to what is an outcome, and drew attention to how TME appears to prioritise quantitative data over other forms of evidence.

Conclusions and challenges of evaluating outcomes

Evaluating the outcomes of EP involvement is more complex than it may initially appear. The challenges are recognised nationally as many EPSs have highlighted the difficulties of measuring the less tangible elements of EP work and defining indicators of success (Hampshire EPS, 2010). The numerical ratings in GAS and TME suggest that it is possible to provide a clear assessment and measurement of outcomes; however, they are subjective and it would be erroneous to consider the ratings as a reliable or valid measure.

The model of consultation may also influence how the outcomes of EP involvement may be regarded. If an EP conducts consultation with the goal of

supporting school staff or families to re-construct their view of the 'problem' (e.g. Wagner's model), or support the adults to recognise their role in the concern (e.g. the Process model) the outcomes for CYP may not be measurable in a way suited to a rating approach. For example, in the above example, the outcome of a consultation may be that school staff alter their perspective of the concern and the CYP is supported to remain in a setting. This may be regarded as a positive outcome; however, it would not require or be suited to measurement using GAS or TME. As argued by Turner et al. (2010), what may be achieved through EP involvement may be far greater than what can be measured. This is also the argument of Lowther (2013), which is used as a platform to call for EPs to move away from a single approach or type of data for evaluating the outcomes of EP involvement, to instead appreciating the variety of approaches and methods available to EPs.

Despite these challenges, both approaches have been applied to evaluating outcomes for CYP. Each one has its limitations and requires further evaluation in services in different local contexts and with different practices.

The purpose of the current study is to report on the use of TME in the focus EPS. Doing so will add an additional perspective to the literature regarding the approach. It is also noticeable that none of the above approaches was evaluated in an EPS where consultation was a defined task. Therefore, in addition to evaluating TME in a different local context, the evaluation can address the claim that TME is suitable to all forms of EP practice.

Illuminative Study

Implementing TME in the focus EPS

As discussed in the Introduction, the focus EPS decided to trial TME. A task group was convened which included an Assistant Principal EP, an EP and myself as a TEP, the purpose of the group being to develop written guidance and paperwork to support the use of TME (see Appendix 1). In addition, the task group provided formative feedback regarding plans for the formal evaluation of TME and decided the parameters of the pilot period.

The study can be described as a form of illuminative evaluation (Parlett and Hamilton, 1972), as the overall goal was to develop an understanding of the use of TME in order to inform its future use within the service. This differs to traditional evaluation studies where the aim is to measure performance or quality of a programme against a pre-determined goal (Patton, 2002). Illuminative evaluation developed as a flexible approach to analysing educational programmes in a manner that recognised the complexity of teaching and learning (Parlett and Hamilton, 1972). Rather than measuring performance, illuminative evaluation emphasises description and interpretation (Burden, 2008; Parlett and Hamilton, 1972). When adopting an illuminative evaluation approach, evaluators are encouraged to familiarise themselves with setting, select a number of topics for sustained inquiry, and then consider the findings within the broader context of that being evaluated

(Parlett and Hamilton, 1972). The approach emphasises the fluid nature of evaluation and can be utilised with any evaluation methodology.

Original design

The original purpose of the evaluation was to consider the effectiveness of TME for monitoring the outcomes of consultation for CYP, and the evaluation was designed to provide a comprehensive description. Utilising a flexible case study design (Robson, 2011; Thomas, 2011), data from a variety of sources were to be collected using a range of methods, as doing so would have facilitated the triangulation of evaluation findings; this is in line with an illuminative evaluation approach (Parlett and Hamilton, 1972). The design was also chosen to provide a comprehensive and rich picture of TME within the EPS of focus (Thomas, 2011).

All EPs were formally re-introduced to TME at the start of an academic year, and each was provided with an individual copy of the written guidance and paperwork. EPs were asked to implement TME into one piece of school action plus casework (DfES, 2001; see Appendix 2), where the review would be held either during that same term or at the start of the following term. EPs were asked to complete a questionnaire following the initial consultation meeting and the consultation review meeting, focusing on how they found the process of TME and their views on its effectiveness. They were also asked to share an anonymised copy of the TME form. The plans included a second stage where it was requested that two volunteer EPs should each put forward

a case where all those involved would be willing to talk about the use of TME in consultation. The plan was to gather the views of teaching staff and parents/carers after the review meeting had taken place, and then again up to half a term after the first review. The purpose was to consider the role of TME in pupil outcomes over a longer period of time.

The evaluation plans, however, changed. Despite regular reminders during the first term of the pilot, only one initial consultation questionnaire had been returned. The pilot period was extended for another term; nevertheless, the number of returns only increased by two. Informal discussion with colleagues indicated that a number of EPs had either not implemented TME, while some had implemented it but had not held a review or completed a questionnaire. It was therefore apparent that the original evaluation design was not suitable and following discussion with members of the task group, an alternative design was developed, which is reported as follows.

Evaluation aims

Following the difficulties encountered in collecting evaluation data, the aims of the evaluation changed. Rather than considering the effectiveness of TME, the purpose of the evaluation changed to consider the views of EPs regarding the suitability of TME for use in consultation, and to consider how the views of those who had used TME differed to those who had not. The study asked the following questions:

1. What do EPs view as facilitating the use of TME in consultation meetings?

2. What do EPs view as hindering or presenting as a barrier to the use of TME in consultation meetings?
3. What do EPs view as the strengths of using TME in consultation meetings?
4. What do EPs view as the limitations of using TME in consultation meetings?

Methodology

Epistemology

The study took a social constructionist view of the topic being explored. Social constructionists consider there to be multiple constructed meanings of reality, and that research explores meanings that are constructed in relation to the context of the study (Burr, 2003; Guba and Lincoln, 1994). This can be contrasted with a positivist view where there is a true reality that can be known objectively, and a post-positivist view where there is a true reality that can only be known or measured approximately (Guba and Lincoln, 1994; della Porta and Keating, 2008).

The study could have been positioned in a post-positivist paradigm, as it can be argued that there is a true reality regarding evaluating outcomes for CYP and in how EPs use evaluation approaches, and that it is possible to measure and approximate that reality. However, this study adopts the view that outcomes and how an EP uses an evaluation approach are social

constructions. In particular, approaches such as TME, which draw on the subjective ratings of a number of people, are viewed as constructions formed within the specific context of the case and the consultation meeting. The TME ratings are not regarded as an attempt to define an objective or approximate measure of outcome (as with a post-positivist paradigm).

By adopting a social constructionist perspective, the data and conclusions drawn from the study are considered to be a version of reality constructed within the context of the focus EPS. The context includes local constructions regarding the practice of consultation.

Design

The design was a flexible single case study (Robson, 2011; Thomas, 2011). As mentioned in relation to the original design, a case study design supports the collection of data through a number of methods and is used to provide a rich picture of the case being considered (Thomas, 2011). The case was the focus EPS, and the units of analysis were groups of EPs (EPs who had tried TME and EPs who had not). The purpose of the case study was to explore the implementation of TME in the focus EPS.

The difficulties encountered in the original research design reduced the amount of time available for data to be collected. Therefore, the scope of the case study altered to focusing on EPs in the focus EPS, rather than incorporating teaching staff and parents/carers. This limited the

comprehensiveness and richness of the study as a form of illuminative evaluation. However, a case study design was still considered appropriate as it allowed the study to be adapted to accommodate the local context, and data to be collected using multiple methods.

Data collection

The data were collected in a team meeting, during a time allocated for specific activities such as presentations. Therefore, the majority of EPs in the service were available to contribute to the data. In addition, all EPs were made aware of the evaluation questions a week in advance in order to allow time to consider their response.

The sampling procedure can be described as opportunistic as the final sample depended on who attended on the day (Robson, 2011). In total 10 EPs contributed to the data, including senior managers and the EPs who had contributed to the task group. The total sample formed the majority of the EPS (only 3 EPs were unavailable).

The time available for data collection was limited to approximately 30 minutes. At the start of the allocated time, the purpose of the pilot project was re-introduced, the procedure for the collection of data was described, and participants were encouraged to be honest in their perspectives. The data were collected using two methods. The methods were administered within the same meeting and utilised a single response sheet (Appendix 3). To

facilitate comparison of data between those who had used TME and those who had not, EPs were asked to write at the top of their response sheet whether or not they had used TME.

The data for the first two evaluation questions were collected using a shortened Nominal Group Technique (NGT). NGT was originally designed as a group approach to decision making (Delbecq et al. 1975, cited in Macphail, 2001). However, its use as a research tool is developing (e.g. Connor et al., 2013; Jefferson et al., 2010; Macphail, 2001). The stages of NGT are outlined in Table 2. The decision to use NGT was based on the method being highly structured, which supports all involved to make an equal contribution to the data. In comparison to a focus group, this avoided the limitation where individuals can dominate the discussion and so bias the data collected (Robson, 2011). NGT was also chosen as the structure facilitated the collection of the responses to a number of questions from a large group of people, in a limited period of time. If time was not a constraint, a focus group method may have been used instead. A further benefit of NGT is that the structure limited the need for later transcription of any discussion as the responses were recorded in writing during the session (Connor et al., 2013; Jefferson et al., 2010).

To support participants to record their responses, they were provided with a response sheet and a ranking sheet (see Appendix 3).

Stage	Description
1	Participants spent 5 minutes writing down responses to the questions.
2	In a 'round robin' format, participants read out one of their ideas. The round robin continued until all participants had exhausted their ideas. The ideas were recorded and projected on a computer screen (the method typically uses a flipchart or whiteboard).
3	Ideas were clarified or discussed, and duplicate ideas were combined.
4	Participants were asked to rank up to five of the collective ideas in order of most importance. A ranking of 1 indicated the greatest importance.
5	Typically at this stage, the individual rankings are shared and tabulated, in order to inform further stages of the NGT session. However, for the purpose of this evaluation the participants' individual rankings were collected for later analysis.

Table 2: Stages of Nominal Group Technique (NGT) adapted from O'Connor et al. (2013), and Scottish Health Council (2014).

The data for the third and fourth question were collected from written responses to open questions regarding strengths and limitations (see Appendix 6). This method was chosen as the open question allowed participants to be free in how they responded to the question, which supported the collection of a range of possible views (Gillham, 2008). Due to restrictions in time, it was not feasible for the responses to be considered using NGT. The data were gathered using a written response sheet (see Appendix 3).

The raw data to be collected were considered to be the socially constructed views of EPs, which were formed in the context of how each EP practiced consultation.

Data analysis

The NGT data collected in answer to the first and second evaluation question were analysed using the following steps:

- The ranking given to each response by each participant was recorded.
- The number of participants who had ranked each question was summed.
- The rating that each participant had given to each comment was summed, and then the mean ranking calculated.
- The responses were re-ranked according to the total number of participants, and then the mean ranking (the lower the mean, the higher the ranking). Therefore, the greatest weighting was given to the total number of EPs in agreement with a response.

The above steps were applied to all responses. Then to consider differences between those who had used TME and those who had not, the same steps were completed on the two groups (see Appendix 5 for data analysis).

The data collected in answer the third and fourth question were analysed using thematic analysis (Braun and Clarke, 2006):

- The written responses were transferred to a single document, which supported familiarisation with the data.
- The responses were read and initial codes identified.
- The codes were sorted into different themes.
- These themes were reviewed and refined in relation to the original comments.
- The final themes were named.

The process was completed in relation to the questions answered, i.e. in relation to the strengths of TME and the limitations of TME (see Appendix 6 for data set and themes).

Ethical considerations

To ensure the evaluation was conducted with regard to ethical guidelines (BPS, 2010; BERA, 2011), it was ensured that all EPs were fully aware of the purpose and aims of the evaluation prior to being asked to contribute, therefore allowing for informed consent. EPs were also assured that the information shared would remain confidential, particularly in any reporting of the evaluation. EPs were also assured that they did not have to take part in the evaluation and could withdraw at any point.

Trustworthiness of the data

To ensure the data were collected in a manner that supported the trustworthiness of findings, close attention was paid to Guba's (1981) four criteria for trustworthiness of qualitative data, as more recently discussed by Shenton (2004). See Table 3 for the specific provisions made.

Criterion	Provisions made to meet criterion
Credibility	• Use of appropriate methods for the topic being explored and the questions asked. • The evaluator was part of the organisational culture, which likely supported participants to trust the evaluator and be honest in their response. • The sample was formed from the majority of the EPS.

	• NGT allowed discussion and therefore corroboration of views amongst participants.
Transferability	• There is a detailed description of the context of the EPS, which supports later comparisons.
Dependability	• Original and final research design discussed. • Detail of data collection presented, which supports repetition of the evaluation. • Reflective discussion of the study included (see Discussion section).
Confirmability	• At all stages of the study, reasons are given for the decisions made and the methods adopted. • Limitations of the evaluation are acknowledged and discussed (see Discussion).

Table 3: Provisions made to support the trustworthiness of the study

Findings

Six EPs reported that they had used TME at least once and four EPs said they had not. The data are reported as an overall data set and according to use of TME.

What do EPs view as facilitating the use of TME in consultation meetings?

A range of responses was received. The following data focus only on those responses that received the highest mean ranking. Please see Appendix 4 for the full range of responses ranked.

Table 4 outlines the highest ranked responses from all participants, which was the perspective that TME is able to provide a quantitative measure of outcomes.

All participants			Response
Rank	**No. of EPs**	**Mean rank**	
1st	8	3.5	TME provides a quantitative measure.
2nd	6	2.3	The rationale for using TME, i.e. the structure and framework of TME.
3rd	5	2.8	It is easy to integrate into a consultation meeting.
4th	5	3.6	Service and LA priorities regarding monitoring and evaluating outcomes.
5th	4	2.25	Positive attitude of the SENCo and teacher.
6th	4	3.25	Face-to-face consultation reviews.

Table 4: Highest ranked facilitators of the use of TME, according to all participants.

A distinction can be drawn between those who tried TME and those who did not (Table 5). The highest ranked responses for both participant groups were found amongst the highest ranked responses in the overall data. Those who had tried TME ranked the consultation meeting and the people involved as the greatest facilitator. Those who had not tried TME only viewed the service rationale for implementing TME as facilitating any potential use.

Response	Used TME			Not used TME		
	Rank	**No. of EPs**	**Mean rank**	**Rank**	**No. of EPs**	**Mean rank**
TME provides a quantitative measure.	3rd	4	3.25	1st	4	3.75
The rationale for using TME, i.e. the structure and framework of TME.				2nd	3	1.67
It is easy to integrate into a consultation meeting.	2nd	4	3			

Service and LA priorities regarding monitoring and evaluating outcomes.						
Positive attitude of the SENCo and teacher.	1st	4	2.25			
Face-to-face consultation reviews.						

Table 5: Highest ranked facilitators of the use of TME, grouped according to use of TME.

What do EPs view as hindering or presenting as a barrier to the use of TME in consultation meetings?

A range of responses was received in the nomination of hindrances and barriers. All participants considered the greatest hindrances and barriers to be the process of the consultation meeting (Table 6). Either EPs felt that a particular consultation meeting was not suited to the use of TME, or the consultation meeting ran over time. EPs also considered TME to be a further additional factor amongst other pressuring factors and elements to consider in consultation and EP practice in the local context.

All participants			**Response**
Rank	**No. of EPs**	**Mean rank**	
1st	7	2.57	Consultation meeting did not lend itself to TME. For example the meeting was more family focussed or just 'did not feel right' for the use of TME.
2nd	7	3.14	'Additionality factor': TME is an additional element to add to practice.
3rd	6	3.5	Lengthy consultations: Ran out of time to focus on shaping the TME target.
4th	5	3.8	Remembering the TME sheet.

5th	4	3.25	The consultation process being new to other people involved. Therefore, the use of TME depends on the other people in the consultation meeting and the dynamics between those involved.
6th	4	4.25	The need to record TME in the written consultation record.

Table 6: Highest ranked hindrances and barriers to the use of TME, according to all participants.

Similar conclusions can be made in regard to those who had used TME and those who had not (Table 7). For those EPs who had tried it, the length of the consultation meeting was viewed as the greatest hindrance. EPs who had not tried it ranked the 'feeling' of the meeting, and TME being an additional element to incorporate into consultation as the highest.

Response	Used TME			Not used TME		
	Rank	No. of EPs	Mean rank	Rank	No. of EPs	Mean rank
Consultation meeting did not lend itself to TME. For example the meeting was more family focussed or just 'did not feel right' for the use of TME.	2nd	4	2.5	= 1st	3	2.67
'Additionality factor': TME is an additional element to add to practice.	3rd	4	3.5	= 1st	3	2.67
Lengthy consultations: Ran out of time to focus on shaping the TME target.	1st	5	3.6			
Remembering the TME sheet.	4th	4	3.75			
The consultation process being new to other people involved. Therefore, the use of TME depends on the other people in the consultation meeting and the dynamics between those involved.				3rd	3	4
The need to record TME in the written consultation record.				4th	3	4.33

Table 7: Highest ranked hindrances and barriers to the use of TME, grouped according to use of TME.

What do EPs view as the strengths of using TME in consultation meetings?

All ten EPs were provided with the opportunity to respond to the strengths of using TME, whether or not they had used it. All but two EPs provided an answer to the strengths of TME, one of whom had tried TME and one who had not. The following themes were identified in the data (see Appendix 6 for the responses coded to each theme).

- *TME provides a quantitative measure of change:*

Participants responded that TME can add a quantitative measure to the actions agreed, and that any change can then be tracked over time. One participant also responded that the data could be used at a service level in order to consider how the EPS contributes to outcomes for CYP.

- *TME helps all involved to be specific throughout the consultation process:*

Participants responded that TME can help all those involved in consultation, particular school staff, to be specific in how the problem is conceptualised, the intervention plan that is to be implemented, and the type of improvement and goal that is to be worked towards.

- *TME supports collaboration and agreement between all those involved in the consultation:*

Participants considered TME to support all those involved to collaborate and come to an agreement regarding the problem being discussed and the

outcome that is to be targeted. Participants also responded that TME is clear to parents and staff, and can help EPs to include the views of all involved, doing so in a way that is solution-focused.

- *TME supports those involved to focus on supporting progress for CYP:*

Lastly, participants responded that TME can help those involved to focus on supporting the pupil to make progress. Specifically, participants responded that TME can help those involved to consider whether strategies are working and to focus on progress, in addition to supporting those involved to work towards improving standards and the quality of support.

What do EPs view as the limitations of using TME in consultation meetings?

All but three participants provided an answer to the limitations. One of these participants had tried TME, and two had not. The following themes were identified (see Appendix 6 for responses coded to each theme).

- *Not every consultation is suited to the use of TME:*

The participants did not view every consultation as suited to using TME. In particular, some participants found that there was not sufficient time to use TME in some consultations. Others did not consider TME as a useful approach to measure certain areas or types of progress in the time period between the consultation and the consultation review meeting. Some participants responded that a limitation was that TME could not be used in all

cases (e.g. pre-school); however, this limitation was only a feature of the boundaries set for the piloting of TME.

- *The overall utility of TME is questionable:*

Lastly, participants questioned the overall utility of TME. There were questions as to whether TME added anything to consultation, and comments that the process of scaling can be very subjective and the meaning given to ratings may vary between those involved. There were also questions regarding difficulties that may arise if school staff do not report progress, or do not implement actions.

Discussion

Overall, the findings indicate that EPs held a mixed view of TME. Although the participants were able to offer reasons to use TME and viewed the approach as offering a number of strengths to the evaluation of outcomes for CYP, many questioned the use and appropriateness of TME. The findings for each research question can be combined to present a picture of the views of EPs regarding the positives and shortcomings of TME. In the following section, both are discussed in relation to the previous literature.

The views of the EPs cannot be considered outside of the context of the focus EPS. Following discussion of the positives and shortcomings, there is a discussion of what the findings may mean with regard to the local context,

including how the level of engagement with TME relates to the findings, and how the reported model of consultation may relate to the views of EPs.

Lastly, it is important to discuss the study itself. Including the approach taken in relation to the evaluation, the influence of the data collection methods on the findings, and my role as lead in the evaluation study whilst also being a member of the EPS.

The views of EPs regarding the positives of using TME

EPs considered it a positive that TME is able to provide a numerical, albeit subjective, measure of outcomes, which can support the EPS to meet the call from LAs to provide such data. This also reflects the views of teachers in Dunsmuir et al. (2009) and Henderson (2013) that TME produces progress data that can be useful to those outside the consultation process such as LA officers. However, as those involved in the consultation meeting define the meaning of the TME ratings, it is arguably inappropriate for individuals outside of the specific consultation meeting to use the information as an indicator of outcome, as doing so may erroneously present the ratings as objective and reliable measurements. This also relates to a later discussed shortcoming of TME.

The structure of TME is viewed in a positive light. This reflects the views of EPs and school staff in Dunsmuir et al. (2009) and Henderson (2013), that the approach is simple to use and user-friendly.

TME is considered a useful way of helping those involved in the consultation process to be specific about targets. Again, this mirrors the views of the staff in Dunsmuir et al. (2009) and Henderson (2013), who viewed TME as helping to focus discussion, and identify clear targets. This also reflects the views of MacKay et al. (MacKay et al., 1996; MacKay and Lundie, 1998) regarding GAS, the precursor to TME. MacKay et al. (MacKay et al., 1996; MacKay and Lundie, 1998) championed the process strengths of GAS, describing how it can help clarify perceptions and expectations. This suggests that TME retains some of the strengths of GAS, as Dunsmuir et al. (2009) had aimed to do.

Lastly TME is viewed as a useful approach to support those involved to work together. This reflects Frederickson's (2002) view that GAS supports collaboration, which again indicates that TME retains the strengths of GAS. However, the extent to which this positive interaction arises from the use of TME can be questioned. In this evaluation, EPs used TME in consultation; however as discussed in the literature review, consultation is described as approach that supports professionals and families to work together (e.g. Gutkin, 1999). If TME were removed it is questionable as to whether the level of collaboration or agreement would be any different, as EPs can draw on systems theory to support those involved to work together (Kennedy et al., 2008).

A shortcoming of TME is perhaps that EPs did not view it as suitable for all consultations. This perspective must be considered in relation to the model of consultation within the focus EPS, where consultation is viewed as a specific activity with particular structures, and is based on a process model of consultation. In a service with a different perspective of consultation, TME may be considered suitable for all consultations. Nevertheless, the finding indicates that TME is not judged suited to all forms of EP practice as Dunsmuir et al. (2009) suggests. A possible reason is that consultations are varied and multifaceted, and require the EP to utilise a variety of subtle and skilful techniques to support the consultation process (Nolan and Moreland, 2014). If the consultation is a particularly complex concern, it is possible that it may not lend itself to actions that support TME. Instead, the consultation may lead to those involved shifting their perspective regarding the concern, which in itself is an outcome that is difficult to measure (Nolan et al., 2014).

A further shortcoming of using TME relates to the subjectivity of the approach, although TME does not claim to be an objective approach. In the focus EPS, one rationale for using TME was to identify a numerical or quantitative measure of outcomes. EPs judged it a difficulty that those involved in setting TME targets may hold different perspectives as to the meaning of individual numbers, which suggests that EPs expected a numerical tool that would provide an objective measure. This difficulty relates to criticisms discussed in the Literature Review, that the use of numerical scales falsely presents

approaches such as TME as providing precise measurements (e.g. Lowther, 2013).

Lastly, EP colleagues questioned whether TME adds anything to consultation. The use of numerical scaling in consultation does not require a specific approach, but can be employed using other psychological methods, for example solution-focussed scaling (Kennedy et al., 2008), or other methods discussed in the Literature Review. It can also be argued that the approach supports collaboration, but again, this can be achieved by drawing on the principles of consultation (Gutkin, 1999).

Reflection on the use of TME in the context of the focus EPS

The findings must be considered in the context of the EPS. The fact that after two full terms only a proportion of the participants had tried TME suggests that there were contextual factors that influenced how EPs engaged in using the approach. It may have been that EPs did not feel that they received the necessary support or training to implement TME, they may have resented the request to incorporate the approach, or there may have been other individual professional demands that restricted any impetus to try TME.

The service rationale for introducing TME may have influenced how EPs engaged with TME. In particular, the view that the numerical measure is too subjective likely conflicted with the rationale for introducing TME, which was to

explore the quantification of outcomes. This conflict may have reduced any initial motivation to engage with TME.

The reported model of consultation can also be viewed as a factor. The process model of consultation emphasises the relationship between consultant and consultee in the consultation meeting. For EPs in the focus EPS, the use of TME may have been viewed as less important to working to support the consultee to recognise their role in the concern. Although targets and actions may have been set, the use of TME may have been viewed as a supplementary process.

Reflections on the overall study including strengths and limitations

The study itself can also be reflected upon in relation to the findings. A strength of this study is that it is founded in the local context of the focus EPS and can therefore be viewed as an ecologically valid study of the subject matter. To support the implementation of TME as described by Dunsmuir et al. (2009), all EPs were introduced to TME through a training session, they were made aware of the expectations of TME use, and they were also supported to communicate TME with service users (see Appendix 1). The paperwork was made clear and accessible, and the in-built review process supported EPs to review TME without the need for arranging additional meetings. This suggests that EPs were supported to implement of TME.

Nevertheless, the implementation of TME is also a limitation, as it is not clear whether all EPs held a thorough understanding of the approach or its use, and no further steps were taken to check understanding or provide further support to EPs during the pilot period. In addition, the prescriptive nature of the implementation may have led to some EPs viewing TME as an inflexible process and as a negative addition to consultation; these EPs may have resisted its use.

The study is also limited as the final design restricted a comprehensive discussion of views, and the collection of further data using alternative methods such as observation of practice. In addition, it is difficult to draw conclusions as to how EPs truly felt about utilising TME in consultation. It may have been that some EPs decided not to utilise the approach for reasons they felt unable to share in the data collection session. Therefore the true trustworthiness of the findings can be questioned.

Finally, it must be recognised that I completed this study whilst being a member of the focus EPS. This can be viewed as a strength of the study, as my insider role enabled me to work flexibly within the organisational culture, and it may have supported participants to trust the evaluation process and be honest in their response. However, it can also be regarded as a limitation, as participants may have assumed I understood the nuances of their responses, or they may have been less candid than if I were an outsider. In addition, my role as an insider may have influenced my analysis and interpretation of the data. For example, my involvement in the service may have hindered my

ability to consider comprehensively and critically the implementation of TME, or how the views of EPs relate to consultation practices or other professional elements of the EPS.

Conclusions and Implications for EP practice

Overall, it is apparent that EP colleagues view TME as a useful approach to providing a numerical, albeit subjective, measure of outcomes for CYP, which is user-friendly and can support target setting and collaboration. Nevertheless, EPs viewed TME as being unsuitable to all consultations, the subjective nature of the ratings is judged as a shortcoming, and the value of TME was questioned. As discussed, the views of EPs regarding the shortcomings can be explained in the context of the focus EPS. Therefore, it is likely that if TME was introduced without the rationale to provide quantified outcomes, or if TME was introduced in a different EPS operating an alternative model of consultation, EPs may have voiced different views regarding TME.

Therefore, when an EPS considers an evaluation approach, it is important to consider the model of educational psychology practiced and the purpose for introducing a single approach service-wide. Such a conclusion may lead to viewing a variety of approaches as suitable as argued by Lowther (2013), or the use of an alternative approach such as Casework Evaluation (Turner et al., 2010). In brief, Casework Evaluation is a way of collecting information from pupil, school staff, parents/carers and the EPs professional reflections

following the conclusion EP involvement, in order to evidence outcome and impact.

For the focus EPS this study has supported the service to implement TME to evaluating outcomes for CYP. In the future, service members will reflect on the findings and consider next steps regarding the use of TME and whether an alternative approach that utilises a range of methods is more suited.

The findings also contribute additional knowledge to a limited research-base regarding evaluating outcomes, and in particular the use of TME. To build on this study, it would be beneficial for other EPSs to consider their own practice and trial different evaluation approaches. Doing so would provide further information regarding what forms of practice are suited to TME and other evaluation approaches.

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Appendices

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Appendix 1: TME guidance for EPs (including a worked example)

A fresh approach to evaluating outcomes for children and young people

The EPS is consistently seeking new ways to develop the delivery of educational psychology services. Evaluating the outcomes and impact of service delivery is one such area of focus. In light of the growing emphasis on accountability and evidence-based practice, evaluation is also becoming increasingly important in our joint working with schools. In view of this the EPS is introducing the Target Monitoring and Evaluation (TME) system to evaluate outcomes for children and young people (CYP), in terms of some of the interventions agreed with staff and parents/carers during consultation meetings.

TME is a method of evaluation that links agreed targets and outcomes for the CYP and incorporates a scale for reviewing the success of an intervention. Developed by educational psychologists, TME was designed to embed efficiently into a consultation model of service delivery (Dunsmuir et al., 2009). In addition to providing evidence of individual pupil progress, Dunsmuir et al.'s (2009) pilot suggests that when used in target setting meetings the method can help focus discussions, it can help to conceptualise observable markers of progress particularly for social, emotional and behavioural targets, and the data can be of use to head teachers and local authority officers.

The model will be introduced by all EPs working in the EPS during the Autumn Term 2013. It will be applied to a minimum of one piece of casework and casework review in one of their link schools.

The model is based on setting specific, measurable, achievable, realistic and time-limited (SMART) targets, which are agreed by all present at the consultation meeting and could include the child/young person. The targets are set and reviewed on a 10-point scale, which provide a means of monitoring and evaluating progress. During the consultation meeting all those present will agree a baseline measure describing the CYP's current level of functioning, and a rating and description of the expected level of functioning achieved in a given timescale. At the consultation review, the actual achieved level of functioning is recorded against the original scale.

How do you set a TME target?

TME targets should be set at the initial consultation meeting. When setting a target, the following steps should be followed:

1. Agree the baseline level (○). This is the individual's current level of functioning, skill or attainment.
2. Provide a description of the baseline level.
3. Agree the level that represents what the individual is expected to achieve by the time the target is reviewed (□).
4. Provide a description of the expected level.
5. Note the focus of the target (i.e. behaviour, emotional wellbeing, social skills, basic learning skills. Please see appendix A for further details).

How do you review a TME target?

The TME target and scale is reviewed at the consultation review meeting. To do so, the following steps should be followed:

1. Remind all attendees about the target, the baseline level, the expected levels and the description of each.

2. Discuss whether the target has been implemented, and if so discuss the individual's progress against the scale. Agree what level has been achieved (△) and provide a description.

3. Record the corresponding level of progress from the selected options:
   - NI: Not implemented
   - R: Regression (actual outcomes rating is below baseline)
   - NP: No progress (baseline maintained)
   - SP: Some progress (outcome is rated less than expected rating but above baseline)
   - EP: Expected level of progress (actual rating matches expected rating)
   - BEP: Better than expected progress (actual outcome exceeds expected rating)

4. If the target was not implemented or progress is lower than expected, there will need to be discussion as to whether the target is continued, amended or removed.
   - If the target is continued, retain it in its current form and review it again at a second consultation review meeting. If at the second review the target remains unimplemented or achievement is lower than expected, the target should be reconsidered.
   - If the target is amended, consider it a new target and follow the steps in 'how do you set a TME target'.

How do you record TME in consultation notes?

<table>
<tr><td colspan="10">Target 1:
To support Bart's skills of letter formation, he will receive additional targeted and TA-supported activities approximately 4 times a week at school. At home, Bart's parents will also complete daily short (3-minute) letter-formation activities with Bart.</td></tr>
<tr><td>1</td><td>2
◯</td><td>3</td><td>4</td><td>5
□
△</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr>
<tr><td colspan="2">Description of baseline level:
◯</td><td colspan="8">Bart can hold a pencil, he can make marks and he has an emerging pincer grip. Sometimes there is meaning to his marks; however, they are currently large and inaccurate.</td></tr>
<tr><td colspan="2">Description of expected level:
□</td><td colspan="8">Bart can form shapes that are correct in size, are formed in the right way, and which look recognisable.</td></tr>
<tr><td colspan="2">Description of level achieved:
△</td><td colspan="8">Bart is able to form recognisable shapes. They look the right way and are recognisable.</td></tr>
<tr><td colspan="10">Target focus:</td></tr>
<tr><td colspan="10">Review outcome: ☐ NI ☐ R ☐ NP ☐ SP ☑ EP ☐ BEP</td></tr>
</table>

TME will be recorded on a distinct TME target setting and review form, printed onto lilac coloured paper. The specific target and numerical aspects of TME can be recorded as prose within the standard consultation and consultation review notes. Below is an example of how a TME target as it appears on the target setting and review form.

It is not expected that TME sheets be appended to formal consultation records. It is also not expected that EPs or business support staff formally type TME targets. It may therefore be helpful to leave a photocopy of the handwritten TME target setting and review form with the parents/carer and school. However, in cases where multiple actions, strategies and recommendations are agreed, it should be made clear to school staff and parents/carers that the TME targets are only a proportion of a wider set of actions, and should not be followed in isolation. It will be the responsibility of the school to photocopy the sheet at the conclusion of the consultation meeting.

Frequently asked questions (FAQ):

How do record timed targets on the TME scale?
It could become quite confusing to record timed targets on a TME scale, as during discussion the number of minutes could become muddled with the 1-10 scale. Therefore, to aid understanding during the pilot period, we are asking that timed targets are recorded separately from the TME scale.

Can TME be used for early years cases?
TME is an evaluation tool for all types of targets. However, for the duration of the pilot, we are asking that only school action plus or post-statutory targets utilise the TME approach, as this will help to consider the value of TME within the majority of our casework. The pilot project therefore includes primary, secondary and special schools.

References:

Dunsmuir, S., Brown, E., Iyadurai, S. and Monsen, J. (2009) Evidence-based Practice and Evaluation: from insight to impact. ***Educational Psychology in Practice*, 25** (1), 53-70.

Areas of focus

Targets can be categorised into various areas of development. Initial categories are presented below.

Attention and Concentration

- Helping CYP to understand that attention/concentration is an active process
- Developing the period of time and individual is able to attend/concentrate (see note. regarding timed targets)

Behavioural skills
- Acceptance of authority
- Listening
- Accepting and following rules

Emotional health wellbeing
- Anxiety, depression
- Confidence, self-esteem, self-concept
- Emotional regulation

Learning: Basic skills
- Reading
- Spelling
- Number work/maths
- Handwriting

Learning: Approach to learning
- Motivation
- Understanding of their role in the learning process
- Independence (e.g. completing tasks independently, having equipment, remembering homework, wearing glasses, accessing information independently, researching)
- Period of time remaining on task (see note. regarding timed targets)
- Metacognition skills (supporting a CYP to understand their own thinking and learning processes)
- Self-regulation in learning (e.g. regulating feelings related to learning, setting goals, monitoring performance, using resources effectively)

Social communication
- Understanding of social rules, situations and nuances
- Social interaction
- Expected boundaries of communication
- Different modes of communication

Social skills
- Relationships with peers / friendships
- Relationships with adults
- Social phobia

Speech and Language
- Vocabulary/naming objects/naming colours
- Understanding of verbs/prepositions
- Understanding of concepts e.g. hot/cold, wet/dry, big/little, long/short, up/down
- Expressive language

Script to introduce Target Monitoring and Evaluation (TME) to service users

The EPS is consistently seeking new ways to develop the delivery of educational psychology services. Evaluating the outcomes and impact of service delivery is one such area of focus. In light of the growing emphasis on accountability and evidence-based practice, evaluation is also becoming increasingly important in our joint working with schools. In view of this the EPS is introducing a Target Monitoring and Evaluation (TME) system to evaluate outcomes for children and young people, in terms of some of the interventions agreed with staff and parents/carers during consultation meetings. This is a method of evaluation that links agreed targets and outcomes for the child/young person and incorporates a scale for reviewing the success of an intervention.

The model will be introduced by all EPs working in EPS during the Autumn Term 2013. It will be applied to a minimum of one piece of casework and casework review in one of their link schools.

The model is based on setting Specific, Measurable, Achievable, Realistic and Time-limited (SMART) targets, which are agreed by all present at the consultation meeting and could include the child/young person. The targets are set and reviewed on a 10-point likert scale, which provide a means of monitoring and evaluating progress. During consultation meetings, all those present agree a baseline measure describing the child/young person's current level of functioning, and a rating and description of the expected level of functioning to be achieved in a given timescale. At the consultation review, the actual achieved level of functioning will be recorded against the original scale.

Appendix 2: Introduction to TME Pilot for focus EPS

Aims

The evaluation aims to consider the following:

- To what extent is TME an effective measure of outcomes within educational psychology casework?
- How well does TME fit into the service delivery model of consultation and review?
- What is the perspective of service users regarding the usefulness of TME?

Project outline

The project will be formed of two parts. Part one will involve all EPs within the team, and part two will involve a voluntary selection of EPs.

Service wide evaluation

It is requested that all EPs identify a single piece of school action plus or post-statutory casework to pilot the implementation of TME. To correspond with the timescale of the pilot, the targets should be set during the Autumn term 2013 and then reviewed early Spring term 2014.

- Immediately following the initial target setting, it is requested that EPs complete questionnaire A, which explores EPs perspectives regarding evaluating casework, and the ease and efficiency of using TME.
- Following the consultation review, EPs should complete questionnaire B, which explores perspectives regarding the value of TME, and the ease of reviewing targets.

Case evaluation

In order to gain a deeper understanding of the effectiveness of TME, two EPs are invited to take part in a further case evaluation. The evaluation will involve school staff and parents/carers who took part in the initial consultation and consultation review, and consent should be gained by the volunteer EPs.

Stage 1: Immediately following the consultation review, there will be a short face-to-face interview with the EP, and short telephone interviews with the parent/carer, and the school staff in attendance at the consultation review (SENCO or class teacher).

Stage 2: Up to half a term following the consultation review, the longer-term impact of the actions set with TME will be explored. This will involve short telephone interviews with the parent/carer, and the school staff in attendance at the consultation review.

Appendix 3: Evaluation response sheet and NGT ranking sheet

TME Pilot Project Evaluation

1. What has facilitated your use of TME?	2. What has hindered or presented as a barrier to your use of TME?
3. What are the strengths of using TME?	4. What are the limitations of using TME?

TME Pilot Project Evaluation

1. **What has facilitated your use of TME?**

Rank	Response
1	
2	
3	
4	
5	

2. **What has hindered or presented as a barrier to your use of TME?**

Rank	Response
1	
2	
3	
4	
5	

Appendix 4: NGT data

What has facilitated your use of TME?

	Response
A	Paperwork
B	So it can evaluate the impact of consultations: Motivation & Need
C	Rationale – structure & framework
D	Positive attitude of Senco & teacher
E	Task group involvement – understanding, ownership & implementation
F	Behaviour type difficulty – measure of progress (seem easier)
G	Easy to record
H	Easy to integrate into consultation meeting
I	Face to face reviews
J	Service & LA priorities re. monitoring and evaluating outcomes
K	SENCo & others already used to thinking about targets & arrangements
L	Provides a quantitative measure

What has hindered or presented as a barrier to your use of TME?

	Response
A	Hidden agendas re. youngsters progress
B	Lengthy consultations – ran out of time to focus on shaping TME target
C	Consultation did not lend itself to TME: E.g. More family focussed or just didn't feel right
D	Child left school out of the city – did not review
E	First consultation seemed the wrong time to introduce – EP leading and facilitating – V.busy meeting
F	All SENCos brand new – did not seem appropriate
G	Limited understanding of process
H	Frequent use hindered by a consultation process that is new to all other participants: Depends on others in consultation meeting – how on board. Consultation dynamics
I	EP Familiarity with school
J	Child placed elsewhere within the city
K	Difficult to measure progress through TME in a learning case compared to a behaviour cases
L	Additionality factor
M	Recording in a consultation record
N	Remembering the sheet

Appendix 5: NGT data analysis

1. What has facilitated your use of TME?

			Response and ranking (see corresponding response in NGT data appendix)											
	Used TME: Yes or No	Participant	A	B	C	D	E	F	G	H	I	J	K	L
	Y	1		2	3					5		4		1
	Y	2	2			3			4	1				5
	N	3		1				5				2	4	3
	Y	4		1		3					2			
	N	5	1		2		3				4			5
	N	6	5		1					2		3		4
	Y	7				2					5	4	1	3
	N	8			2		1		5				4	3
	Y	9			1				4	3	2	5		
	Y	10			5	1	2			3				4
All-Count			3.00	3.00	6.00	4.00	3.00	1.00	3.00	5.00	4.00	5.00	3.00	8.00
All-Mean			2.67	1.33	2.33	2.25	2.00	5.00	4.33	2.80	3.25	3.60	3.00	3.50
All-Sum			8.00	4.00	14.00	9.00	6.00	5.00	13.00	14.00	13.00	18.00	9.00	28.00
All-Mode				1.00	2.00	3.00			4.00	3.00	2.00	4.00	4.00	3.00
Yes-Count	6		1.00	2.00	3.00	4.00	1.00	0.00	2.00	4.00	3.00	3.00	1.00	4.00
Yes-Mean			2.00	1.50	3.00	2.25	2.00	0.00	4.00	3.00	3.00	4.33	1.00	3.25
Yes-Sum			2.00	3.00	9.00	9.00	2.00	0.00	8.00	12.00	9.00	13.00	1.00	13.00
Yes-Mode						3.00			4.00	3.00	2.00	4.00		
No-Count	4		2.00	1.00	3.00	0.00	2.00	1.00	1.00	1.00	1.00	2.00	2.00	4.00
No-Mean			3.00	1.00	1.67	0.00	2.00	5.00	5.00	2.00	4.00	2.50	4.00	3.75
No-Sum			6.00	1.00	5.00	0.00	4.00	5.00	5.00	2.00	4.00	5.00	8.00	15.00
No-Mode														

2. What has hindered or presented as a barrier to your use of TME?

			Response and ranking (see corresponding response in NGT data appendix)													
	Used TME: Yes or No	Participant	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Y	1		1	2								3		4	5
	Y	2		5								2	4	3		1
	N	3		3	1									2	5	4
	Y	4	1	3	4				5					2		
	N	5	5				1	2		3				4		
	N	6			3			2		4	1				5	
	Y	7				2	1				3			4		5
	N	8			4				1	5				2	3	
	Y	9		4	3					1	2			5		
	Y	10	3	5	1								2			4
All-Count			3.00	6.00	7.00	1.00	2.00	2.00	2.00	4.00	3.00	1.00	3.00	7.00	4.00	5.00
All-Mean			3.00	3.50	2.57	2.00	1.00	2.00	3.00	3.25	2.00	2.00	3.00	3.14	4.25	3.80
All-Sum			9.00	21.00	18.00	2.00	2.00	4.00	6.00	13.00	6.00	2.00	9.00	22.00	17.00	19.00
All-Mode				5.00	1.00		1.00	2.00						2.00	5.00	5.00
Yes-Count	6		2.00	5.00	4.00	1.00	1.00	0.00	1.00	1.00	2.00	1.00	3.00	4.00	1.00	4.00
Yes-Mean			2.00	3.60	2.50	2.00	1.00	0.00	5.00	1.00	2.50	2.00	3.00	3.50	4.00	3.75
Yes-Sum			4.00	18.00	10.00	2.00	1.00	0.00	5.00	1.00	5.00	2.00	9.00	14.00	4.00	15.00
Yes-Mode						3.00			4.00	3.00	2.00	4.00				
No-Count	4		1.00	1.00	3.00	0.00	1.00	2.00	1.00	3.00	1.00	0.00	0.00	3.00	3.00	1.00
No-Mean			5.00	3.00	2.67	0.00	1.00	2.00	1.00	4.00	1.00	0.00	0.00	2.67	4.33	4.00
No-Sum			5.00	3.00	8.00	0.00	1.00	4.00	1.00	12.00	1.00	0.00	0.00	8.00	13.00	4.00
No-Mode																

Appendix 6: Thematic data analysis

Responses to the strengths of TME	Initial codes	Themes (following review)
Provides a 'measurable' quality to actions	Measure	TME provides a quantitative measure of change
Provides quantitative measures	Measure	TME provides a quantitative measure of change
There is a measure to track change	Measure	TME provides a quantitative measure of change
Measurable / observable changes planned with arrangements agreed	Measure	TME provides a quantitative measure of change
Can be applied to ensure we use this approach to gather quantitative data re. EPS service delivery and outcomes for CYP	Measure	TME provides a quantitative measure of change
Can add detail to consultation	Specificity	TME helps all involved to be specific throughout the consultation process
Really seemed to focus school staff on the specifics of what they were going to do.	Specificity	TME helps all involved to be specific throughout the consultation process
Good at conceptualising the extent of outward problem through agreeing to where it's at currently	Specificity	TME helps all involved to be specific throughout the consultation process
Better at trying to look into the future and to describe what an improvement would look like	Specificity	TME helps all involved to be specific throughout the consultation process
Seems 'objective' to describe what an improvement would look like ahead of time	Specificity	TME helps all involved to be specific throughout the consultation process
Clarity with focus	Clarity	TME supports collaboration and agreement between all those involved in consultation
Clarity of concerns	Clarity	TME supports collaboration and agreement between all those involved in consultation
Clarity of intervention	Clarity	TME supports collaboration and agreement between all those involved in consultation
Helps all in consultation to focus specifically on joint target setting and the outcomes measures	Collaboration and agreement	TME supports collaboration and agreement between all those involved in consultation

Clear to both EP and school	Collaboration and agreement	TME supports collaboration and agreement between all those involved in consultation
Able to use solution-focussed approaches to agree what an agreed target looks like	Collaboration and agreement	TME supports collaboration and agreement between all those involved in consultation
Shared view of a target which is then easy to evaluate	Collaboration and agreement	TME supports collaboration and agreement between all those involved in consultation
Parent and teacher friendly: Inclusive of views and social constructions	Constructionist	TME supports collaboration and agreement between all those involved in consultation
Keeping people focused on whether strategies work / don't work	Monitoring inteventions	TME supports those involved to focus on supporting progress for CYP
Keeping people focused on progress children are making	Monitoring progress	TME supports those involved to focus on supporting progress for CYP
Quality assurance	Quality	TME supports those involved to focus on supporting progress for CYP
Reminds me of the subject of the exercise, i.e. to raise standards	Standards	TME supports those involved to focus on supporting progress for CYP

Responses to the limitations of TME	**Initial codes**	**Themes (following review)**
Difficult to measure academic progress within 6/10 week period?	Not suitable to all targets	Not every consultation is suited to the use of TME
Not for behaviour	Not suitable to all targets	Not every consultation is suited to the use of TME
Not for pre-school	Not suitable for all pupils	Not every consultation is suited to the use of TME
May not be appropriate for a number of cases	Not suitable for all	Not every consultation is suited to the use of TME
Finding time to do it in some consultations (especially where PMC is a visitor)	Needs time	Not every consultation is suited to the use of TME
Very subjective (a '1' to one person is very to a '1' to another person)	Subjective	The overall utility of TME is questionable

It can be difficult when school do not sense any progress, or have not implemented actions. In that instance it can feel quite negative.	School may not implement actions / Negative if no progress is identified	The overall utility of TME is questionable
Sometimes, I was not sure whether it added anything.	Questionable value	The overall utility of TME is questionable
Some concern that it may limit aspirations	Limits aspirations	The overall utility of TME is questionable
Fast psychology limiting the 'additional' (i.e.. Context is a limitation maybe)	Additional work	Additional work