PROFESSIONAL PRACTICE REPORTS

By

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This volume of work forms the second of two distinct volumes that combine to meet the assessed written requirements of the Doctorate in Applied Educational and Child Psychology. As part of this course, TEPs are asked to carry out four small-scale research projects within the professional practice in the Local Authority in which they work. Each project offers an account of an element of work of both interest and relevance to my day-to-day role and my developing professional practice over the last two years.

Professional Practice Report 1

The focus of this literature review was on social skills interventions suitable for use in the mainstream primary school. It sought to address two broad questions:

- How effective are social skills interventions in mainstream schools?
- What can evidence in the current research literature tell us about key mechanisms mediating successful outcomes of social skills interventions?

The purpose of this social skills intervention literature review was to investigate evidence-based interventions for children diagnosed with ASC in the mainstream education system. The review focuses specifically on peer-mediated learning, social stories, video self-modelling and LEGO therapy. Methodological limitations of research into social skills interventions were identified, along with implications for future research. Findings of the review suggest that there is no one social skills intervention that 'fits' all children with

ASC. Social skills interventions should take into account research about the theoretical perspectives of ASC: that is, deficits in Theory of Mind (ToM), deficits in executive functioning and weak central coherence. Teaching methods should take into account the type of skill deficit presented and plans should be implemented for adequate maintenance and generalisation of skills. In addition social skills interventions that are delivered in the child's naturalistic environment predict better outcomes for novel responding and maintenance effects. Furthermore findings suggest that fostering social engagement and motivation along with involvement of peers, should all be considered in the development of social skills interventions for children with ASC.

Professional Practice Report 2

This case reports the use of Cognitive Behavioural Therapy (CBT) to support a 12 year old male (Alfie; referred to by a pseudonym) presenting with high levels of anxiety. A review of the literature is presented which distinguishes between developmentally normal worries and fears and dysfunctional levels of anxiety. In addition the review explores the efficacy of CBT approaches in the treatment of anxiety. A multi-modal assessment of Alfie's anxiety symptoms was conducted with Alfie, his parents and school staff using measures such as the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), Beck Anxiety Inventory for Youth Scale (BAI-Y; Beck et al., 2005) and Children's Automatic Thoughts (CATS; Schniering and Rapee, 2002). Although the CBT component is the primary focus of this case, multiple interacting individual and systemic factors are also considered. Alfie engaged in eight sessions of CBT. His progress is

presented in this case study. Results provide support to the body of case studies attesting to the efficacy of CBT for use with young people with high levels of anxiety. My experiences as a trainee educational psychologist undertaking CBT casework during placement are reflected upon.

Professional Practice Report 3

This paper focuses on a small-scale mixed methods study of early psychological intervention (EPI) consultation sessions provided by EPs, school staff and parents in a small Local Authority (LA). The research aimed to evaluate the impact of these EPI sessions through a survey design with pre, post and follow-up data. Evaluation measures assessed the views of both participant school staff and parents before and after the EPI session. School staff were also asked to complete a follow-up questionnaire. Results were positive. Overall findings suggested that the EPI sessions were helpful and a good use of time for both school staff and parents. Findings suggested that the EPIs enabled both school staff and parents to feel supported and have time to reflect and problem solve effectively. Both school staff and parents noted that they thought that both parties had been more open in the EPI sessions. Findings also suggested that what school staff valued most from the EPs' involvement was their suggestion of practical strategies, the ability to help them problem solve effectively and plan a way forward.

Professional Practice Report 4

Socio-cultural activity theory is used as an analytic framework to explore the systems currently in place to support the identification and assessment of children and young people's special educational needs and disabilities (SEND) within a small local authority (LA). Focus group interviews were used to gather the perceptions of Special Educational Needs (SEN) managers, Educational Psychologists (EPs) and Special Educational Needs Co-orindators (SENCOs) in supporting them to the identify and manage children and young people's SEN within a small Local Authority (LA). Activity theory principles are applied as a framework to guide data generation and analysis.

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Social skills interventions in mainstream schools for children with autism spectrum condition: A critical literature review

Abstract

With the identification of Autism Spectrum Condition (ASC) on the rise and community resources limited, much of the responsibility for assessment, diagnosis and treatment has fallen upon the education system. Social skills interventions are one of the most widely used and recommended interventions for children with higher functioning ASC. Whereas the majority of children and young people learn and use skills across a range of different situations and contexts, and can acquire them incidentally, children with ASC regularly need to be taught the skills explicitly and then taught how to apply these skills across different situations.

The purpose of this social skills intervention literature review is to investigate evidence-based interventions for children diagnosed with ASC in the mainstream education system. Previous reviews of social skills interventions for ASC are discussed and the rationale for the present review explained, before describing the methods adopted for reviewing the literature. The review focuses specifically on peer-mediated learning, social stories, video self-modelling and LEGO therapy. Methodological limitations of research into social skills interventions are identified, along with implications for future research.

Finally, the necessary 'active ingredients' of a successful social skills intervention are considered. Findings of the review suggest that there is no one social skills intervention that 'fits' all children with ASC. Social skills

interventions should take into account research about the theoretical perspectives of ASC: that is, deficits in Theory of Mind (ToM), deficits in executive functioning and weak central coherence. Teaching methods should take into account the type of skill deficit presented and plans should be implemented for adequate maintenance and generalisation of skills. In addition social skills interventions that are delivered in the child's naturalistic environment predict better outcomes for novel responding and maintenance effects. Furthermore findings suggest that fostering social engagement and motivation along with involvement of peers, should all be considered in the development of social skills interventions for children with ASC.

Introduction

ASC is one of the most prominent areas of SEN in UK schools. The importance of the role of Educational Psychologists (EPs) in contributing to 'whole school' understanding of SEN has been highlighted in recent legislation (Department for Education, 2013). EPs are also well placed to bridge the gap between research and practice in the field of ASC and are able to deliver support at an individual, class and whole school level (Williams et al., 2005). The need for training in the field of ASC for teachers has been highlighted (Barnhill et al., 2011), as has the need for practical interventions to support progress, well-being and social skills of pupils with ASC (Machalicek et al., 2008).

Schools often have to take the responsibility for delivering social skills interventions to children with social skills deficits, because the presence of these deficits can significantly interfere with social relationships along with

having a detrimental impact on academic performance (Welsh et al., 2001). There have been a number of interventions developed over the years to address such deficits (Carter and Hughes, 2005; White et al., 2007) but most of these interventions do not meet the requirements for evidence-based practice. What evidence-based practice there is tends to be extended to the younger population rather than primary school aged children in addition to being carried out in clinical as opposed to naturalistic settings such as schools. Furthermore while there is some empirical evidence for the efficacy of social skills interventions (Attwood, 2010), there remains insufficient work on illuminating the key mechanisms of social skills interventions; the when, why, how, for whom along with under what conditions a social skills intervention may bring about change.

This report presents a review of the current literature about social skills interventions for primary aged children with ASC. Along with reviewing theoretical approaches to ASC, previous reviews of social skills interventions are examined and the rationale for the present review is justified, before describing the methods adopted for reviewing the literature. Following this, several applications of social skills interventions are explored, focusing specifically on school-based interventions such as peer mediated approaches, video self-modelling (VSM), social stories and LEGO therapy. Limitations and implications of social skills research are identified, followed by consideration of possible explanations and key mechanisms mediating successful outcomes of social skills interventions.

Prevalence

The number of children with ASC is hard to establish accurately due to the low reliability of methods to diagnose the condition (Attwood, 2010). Involved agencies can vary across Educational Psychologist Services, Child Adolescent and Mental Health Services (CAMHS) and between schools. The number diagnosed will also be dependent on the proficiency of those involved and the diagnostic criteria used (Attwood, 2010).

The known prevalence of ASC has steadily increased over the last forty years; a recent study of 5 – 9 year old children in Cambridgeshire found that roughly one percent (94 to 99 per 10,000) had a diagnosis of an ASC, whereas in 1978, the figure was 4 per 10,000 (Baron-Cohen et al., 2009).

The Department for Education (DfE; 2013) found that since 2012 the number of children whose Statement of Special Educational Needs (SEN) lists ASC as a primary need had increased by 6.5 percent to 47,225. The number of children placed at School Action Plus with ASC had risen by 8 percent to 23,560. While the total number of children identified as having SEN was falling, the number of children identified with ASC was increasing (DfE, 2013). Of those 216,030 children who have Statement of SEN, 22 percent list ASC as the primary need (DfE, 2013). Furthermore 71 percent of those children with ASC are being educated in mainstream schools, with the remainder educated in specialist provision.

Psychological theories of ASC

Individuals with ASC are considered to have neurobiologically-based developmental disabilities that are characterised by significant deficits in social interaction and social communication (Goldstein and Naglieri, 2014; Neuhaus et al., 2010). Until recently children with ASC were frequently referred to as having a triad of impairments (Wing and Gould, 1979). This triad consisted of difficulties with social communication, social imagination and social relationships. In the recently revised Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013) this triad of impairments has been replaced with a dyad of impairment, comprising of impairments in social communication and social interaction along with restricted, repetitive patterns of behaviour or interests, in addition to sensory difficulties. Whilst Frazier et al. (2012) argue that sensitivity and specificity of diagnosis has been increased due to this changing of the diagnostic criteria there have also been several criticisms to the new guidelines. These criticisms have centered around three main areas: whether the new criteria is too narrow, opting for a single spectrum disorder rather than a group of related disorders as well as questioning the validity of the transition from the triad to the dyad of symptoms (Walton, et al., 2014).

Three theoretical perspectives pertaining to cognitive functioning appear to explain the dyad of deficits displayed by individuals with ASC: deficits in Theory of Mind (ToM; Baron-Cohen and Swettenham, 1997); deficits in executive functioning (Solomon et al., 2004; McCloskey et al., 2009); in addition to weak

central coherence (Happe and Frith, 2006). Whilst these are not the only perspectives they do have a large research base and have dominated the field of thought in recent decades (Volkmar et al., 2004; Goldenstein and Naglieri, 2014). However they are not without criticism.

ToM is a term first used by Simon Baron-Cohen that refers to the skills necessary to interpret another person's perspective (Baron-Cohen et al.,1985; Baron-Cohen and Swettenham, 1997): that is, the ability to put oneself into someone else's shoes and to imagine their thoughts and feelings (Baron-Cohen et al., 1985; Meyer et al., 2006). Specifically children with ASC struggle with social attribution and with understanding the beliefs and intentions of others (Meyer et al., 2006). Researchers posit that the deficits observed in children with ASC result from a primary impairment in the ability to 'mind-read' (Happe, 1994; Leslie, 1987). Baron-Cohen et al. (1985) found that 80% of their sample of children with autism failed a theory of mind task requiring participants to report that a character in a scenario held a false belief regarding the location of an object (Wimmer and Perner, 1983). Therefore they concluded that the children had a ToM deficit. These findings were replicated using other assessments of false belief (Perner et al.,1989). However, the 'mind-blindness' theory was criticised for its lack of universality as 20% of children with autism passed tests of false belief (Happe, 1994). Baron-Cohen (1989) addressed this concern using a more complex second-order false belief task, which 90% of typically developing children passed. None of the children with autism passed this test. Baron-Cohen concluded that whilst a few children with autism could

pass a first-order ToM task, they did not demonstrate a fully representational ToM. He thus amended his theory to state that ToM was delayed in children with autism, and this amendment was supported by meta-analytic data showing a strong association between children with autism's verbal mental age and their ability to pass a false belief task (Happe, 1994).

In more recent years, the manner in which ToM is assessed has expanded to include an individual's ability to infer another's mental state from their eye expression, using the 'Eyes Task' (Baron-Cohen et al., 1997); and the ability to infer an emotion or intention from another's tone of voice (Golan et al., 2007). People with autism typically perform below the level achieved by typically developing individuals.

Whilst there is much evidence to support the mind-blindness theory of autism, it has been superseded by newer theories. This is mainly because whilst the theory explains many of the social difficulties people with ASC can experience, it does not explain several other aspects of autism, such as a need for routine or order in the environment; the local-processing of information bias; difficulty switching attention; or sensory hypo and hyper sensitivities (Tager-Flusberg, 2007). This theory is therefore limited in its predictive usefulness, and in the potential habilitating strategies it could suggest to help people with ASC navigate their environments and their lives.

Executive functioning meanwhile refers to a group of cognitive processes that include working memory, planning, mental flexibility, self-regulation and attention (Solomon et al., 2004). Research into the executive functioning of people with ASC has shown varied results. Whilst some research has shown that individuals with ASC tend to do poorly on measures of problem solving that involve planning, working memory and self-regulation (Baron-Cohen et al., 1997; McCloskey et al., 2009; Solomon et al., 2004). Other research has suffered from variability in experimental findings. Researchers have struggled to replicate the findings of others, even when using the same methods and tasks (Hill and Bird, 2006). Performance on executive functioning tasks have also been found to be mediated by verbal intelligence in several studies (Hill, 2004). Finally, executive functioning is not unique to ASC; it is present in other disorders, meaning that the executive functioning theory fails to uniquely describe or explain cognitive functioning in autism.

The presence of restricted, repetitive behaviours or interests in individuals with ASC has also often been linked to deficits in executive functioning. (Militerni et al., 2002). However, Boyd et al. (2010) argue that limited research has been carried out to verify if a shared mechanism, such as executive functioning, underlies repetitive behaviours, and furthermore Boyd et al. (2010) posit that it is questionable that executive dysfunction is the primary explanation behind these symptoms.

Another theoretical perspective is that individuals with ASC have weak central coherence. Weak central coherence may underlie the difficulties that individuals with autism have with non-literal communication and pragmatic language (Jolliffe and Baron-Cohen, 1999). Rather than incorporate contextual information, they may focus on a literal statement in a conversation and fail to understand the implied meaning of the speaker (Happe, 1994). In essence this weakness in central coherence makes it difficult for individuals with ASC to filter information and to process it in a meaningful 'big picture' way (Solomon et al., 2004).

Evidence for this weak central coherence comes from people with ASC showing both weaknesses in tests of global processing, but also strengths in local processing, when compared to typically developing individuals. Shah and Frith (1993) found that individuals with ASC could produce block designs (Wechsler, 1997) faster than typically developing individuals. People with ASC have also performed the 'Embedded Figures Test' faster than typically developing individuals, whilst retaining the same accuracy (Jolliffe and Baron-Cohen, 1997). Further evidence for a weak central coherence comes from studies of visual illusions, to which participants with autism have shown reduced susceptibility (Happe and Frith, 2006). However, this finding has not always been replicated (Ropar and Mitchell, 2001), which has led to a debate as to whether individuals with ASC can use attentional control to choose to process information at a global level, as opposed to typically developing individuals who would be expected to initially process information at a global level by default

(Mottron et al., 2006). In a similar manner to previous theories, the weak central coherence theory has been called into question because not all individuals with ASC show deficits in central coherence (Norbury, 2005). Over time this theory has evolved from attempting to explain all aspects of autism to explaining the processing of information in ASC (Happe and Frith, 2006).

The three theoretical approaches pertaining to cognitive functioning do appear to explain the typical abnormal behaviour seen in children with ASC. However, these approaches have their weakness in explaining the total picture of ASC. In addition to these theoretical approaches, considerable variability in the behaviours of individuals diagnosed with ASC should be noted. The heterogeneity spans the entire range of intellectual and language abilities, along with behavioural, communicative, and social functions (Unwin et al., 2013). Frith (2003) proposes that this can lead to a 'spiky' or uneven developmental and cognitive profile. In other words, a high level of skill or functioning in one area such as reading or fluent speech may not necessarily be matched by a correspondingly advanced level of competence in another area (Frith, 2003). Furthermore even for the most cognitively able children with ASC, difficulties with social and communication skills remain typically an area of great vulnerability for them (Shea and Mesibov 2005).

Why improve social skills in schools?

School is a social setting where children and young people are taught in groups and are expected to learn how to interact effectively with their peers and

teachers (Payton et al., 2000). Social competencies are the skills that are essential for positive social interactions and healthy emotional well-being (Payton et al., 2000). Furthermore White et al. (2007) argue these social skills enable academic achievement and are necessary in order to navigate life successfully.

Children with ASC who attend mainstream school frequently possess cognitive skills within the average range or above (Attwood, 2010). However their social skills deficits can impede their successful participation in the school environment (Attwood, 2010). Studies have indicated that social impairment may contribute to broader negative outcomes, such as social failure, peer rejection and poor academic achievement (Welsh et al., 2001, White al., 2007). Early social acceptance and frequent social interaction with the peer group appear to exert a major influence on social competence, development and learning during the school years (Odom et al., 2006). Conversely, individuals who lack this social competence are at risk of many problems that negatively affect overall quality of life (Maag, 2006).

Due to the significant negative impact that social skills difficulties may have on children with ASC, it is important to find effective ways to facilitate their development of social understanding and social functioning (Attwood, 2010). Consequently schools are often relied upon to deliver social skills interventions. Social skills training derived from the basis of social learning theory (Bandura, 1977) and operant conditioning (Liberman, 1972) allow children with ASC an

opportunity to practice their social skills with each other and/or typical peers on a regular basis. The social skills training can involve group or individual instruction designed to teach learners to appropriately interact with typically developing peers. The principles underlying social skills training emphasise the importance of setting clear expectations with specific instructions, coaching the children through the use of frequent prompts, using modelling or vicarious identification, engaging children in role playing or behavioural rehearsal, and offering abundant positive feedback or reinforcement for small improvements in social behaviour (Attwood, 2010).

Previous Reviews

There have been a number of previous reviews of social skills interventions for ASC published in peer-reviewed journals. Most of these have carried out searches up until 2008. White et al. (2007) conducted a systematic review of published research available from 1985 through to August 2006. This review summarised the research in group-based social skills training programmes for school-age children with ASC. Based on their review of social skills interventions, they reported a number of promising intervention strategies such as making social rules clear and concrete, modeling age appropriate initiation strategies and promoting skill generalisation. However the review was not without its limitations. Although fourteen studies were identified that addressed group intervention for children identified as having ASC, they all had a very small sample size of ten or less. Furthermore only two of the studies utilised a manualised approach specifically developed for children with ASC while other

studies used techniques developed for other populations. Several studies just gave descriptive accounts of their approaches.

Bellini et al. (2007) carried out a meta-analysis of 55 peer-reviewed studies published between 1986 and 2005 on school-based social skills intervention in order to determine effectiveness as indicated by the maintenance and generalisation of skills among children with ASC. Although the review concluded that social skills programmes for children with ASC were on the whole ineffective, Bellini et al. (2007) were able to identify elements that could lead to better outcomes. They found that children with ASC who had engaged in social skills training in their classrooms achieved better outcomes than those who were involved in programmes outside the classroom. Bellini et al. 2007 also concluded that many programmes lacked sufficient teaching time. As a result they recommend increasing the amount and frequency of instruction. In addition Bellini et al. (2007) found that the majority of the programmes they studied did not differentiate between skill and performance deficits (Bellini et al., 2007). A social skills deficit reflects an absence of the skill, but a performance deficit represents the presence of the skill, but a failure to perform the skill (Gresham et al., 2001). This distinction is important because the remediation of social skills acquisition deficits requires interventions different from the remediation of performance deficits (Gresham et al., 2001). An acquisition deficit will require direct instruction; a performance deficit requires more practice and opportunities for skill generalisation through environmental supports (Gresham et al., 2001). Therefore it is recommended that targeting interventions

to match skill deficits could lead to better outcomes (Bellini et al., 2007). ,

Although, Bellini et al. (2007) recommended that ensuring fidelity or proper implementation of social skills instruction is important to identify treatment effectiveness (Bellini et al., 2007) only 14 of the studies included in this review actually measured this. Failure of studies to provide intervention fidelity data makes it difficult to determine whether a social skills intervention was ineffective because of an ineffectual intervention strategy or because the strategy was poorly implemented. Furthermore, only 15 of the studies included in the review measured the generalisation effects of the social skills. As Gresham et al., (2010) argue the ability to generalise skills is a vital component of any social skills intervention.

Like Bellini et al. (2007), Koenig et al. (2009) also concluded that social skills interventions were largely ineffective in their evaluation of social skills groups with the overall outcome data being inconclusive. They ascribed challenges in researching of social skills with the ASC population to the complex constructs being targeted and assessed such as 'social reciprocity' and 'impaired social functioning', arguing that these constructs entail a multi-method and multi-dimensional approach to the intervention and to the measurement of gains. Koenig et al. (2009) posit that these challenges are further complicated by a number of factors, such as differences in children with ASC's levels of cognitive functioning, the presence of anxiety or co-morbid conditions, the presence of behavioural rigidity along with children's level of receptive and expressive

language (Volkmar et al., 2009). Koenig et al. (2009) argue that it is important to focus on one particular aspect of autism for intervention and then specify the skills within that domain to be addressed: in other words they advocate more closely tailored interventions based on assessment of each child's profile of strengths and difficulties.

The National Council for Special Education (2009; NCSE) concluded, after their international review of evidence in both the United Kingdom and Ireland of best practice provision in education with ASC between 2002 and 2008, that further evidence was needed on the impact of social skills interventions across a range of ages. Moreover the NCSE (2009) found that no single intervention for social skills was without criticism with regard to meeting the needs of all children with ASC. Therefore they proposed that a variety of social skills interventions should be accessible and chosen to fit the profile of the child as suggested by Koenig et al. (2009).

NCSE (2009) also found that research findings generally endorsed the value of social skills groups. However, NCSE (2009) also noted a number of limitations in some of the studies, such as not showing very strong effects, inconsistency in the reported results, along with limited maintenance of skills. In addition, some research examined solely the social skills group as the intervention (Kroeger et al., 2007; Owens et al., 2008), whilst others evaluated social skills interventions as a component of a multi-modal intervention package (Golan et al., 2008; Legoff and Sherman 2006).

Like Koenig et al., Gresham et al. (2008) argue that the identification of specific social skills deficits is the key to an effective social skills intervention. As a result, they concluded in their meta-analysis of social skills, that the weak treatment effects reported by several studies might reflect the poor assessment that had militated against the skill deficits with the training objectives. This conclusion was consistent with the research on effective social competency programs of Stitcher et al. in 2007. Furthermore, according to Bellini and Hopf (2007), there is 'a fundamental need that exists for a comprehensive social skills assessment tool to guide data-driven, systematic social programming and provide a reliable and valid measure of treatment outcomes' (p. 80).

Evaluating social skills interventions that are reliably effective whilst at the same time being valid is not without its limitations in these reviews. Inclusion and exclusion criteria for ASC are difficult to establish and not always clear in the reviews particularly the exclusion criteria. The relatively small number of studies included in the review prevents on the whole a thorough analysis of co-variation between participant characteristics such as age, specific diagnosis, cognitive level and language level along with intervention features such length of the intervention and whether outcomes associated with the social skills interventions have been achieved and are able to be generalised.

What this review adds

Given that general social skills interventions are frequently recommended, despite the varied results commonly found in these studies, a review

investigating the most effective methods of carrying out social skills interventions for children with ASC was judged timely.

There have been a number of interventions developed to enhance the social skills of children with ASC, such as peer-mediated approaches, video self-modelling (VSM), social stories and LEGO therapy as shown in Table 1 (Bass and Mulick, 2007). However, there is still a rising demand for empirical evidence of the effectiveness of these approaches. Parents need to know how to choose an effective intervention for their children with ASC; clinicians want to approve effective interventions for their evidence-based practice; and Local Authorities and schools are interested in funding interventions with a proven track record (Parsons, et al., 2011).

Table 1. Social skills interventions for children with ASC

Peer-mediated approaches	Peer-mediated approaches use peers to teach social skills by 'facilitating social interactions' (Chan et al., 2009, p.877).
Video self-modelling (VSM)	VSM aims to help children learn skills by observing themselves performing the targeted skill (Dowrick, 1999).
Social stories	Social stories aim to help the child understand a focus social situation (Gray and Garand, 2003).
LEGO Therapy	LEGO therapy (LeGoff, 2004) is an example of an endeavour to harness the child with ASC's natural interests to motivate learning and bring about behaviour change.

There are three main reasons why a further review of literature focusing on methods to enhance the social competence of children with ASC is warranted.

Firstly, more recent reviews have focused on a broad range of interventions. It is also several years since the last review that considered the breadth of social skills interventions. There is merit in looking again at the literature to see where there have been developments in the use of social skills training, and considering further evidence relating to its efficacy or otherwise. Secondly, as there are such mixed results on the effectiveness of social skills interventions, perhaps a useful approach is to focus on the specific and potential active ingredients within a successful programme. While there is some empirical support for the efficacy of social skills interventions, there is limited work around elucidating the key mechanisms of social skills interventions; that is the when, why, how, for whom, along with under what conditions an social skill intervention can bring about change. The third reason for conducting a new review is that previous reviews and studies reporting social skills interventions have focused upon and/or taken place in relatively clinical, rather than naturalistic settings.

The focus of this review of literature is on social skills interventions suitable for use in the mainstream primary school. It will seek to address two broad questions:

- How effective are social skills interventions in mainstream schools?
- What can evidence in the current research literature tell us about key mechanisms mediating successful outcomes of social skills interventions?

Method

The first approach to identifying research articles for the present review involved electronic searches of the ERIC, British Education Index and Pro Quest databases. Searches were carried out using a combination of the following descriptors: 'social skills', 'social skills interventions', 'social skills groups', 'autism', 'autistic spectrum disorder' and 'school' as keywords in the article title, from the period 2006 to 2014. These searches yielded 145 articles. In addition, the terms 'social stories', 'peer training' and 'video self-modelling' were also searched as these methods have garnered the most empirical support (Bellini and Akullian, 2007; Reichow and Volkmar, 2010). Furthermore the National Council of Education (2009) recommended these as interventions. 'LEGO therapy' was also searched as there is support for this being used in naturalistic settings such as schools in addition to it demonstrating generalisation (LeGoff 2004; LeGoff and Sherman 2006).

Following these electronic searches, additional ancestral searches using reference lists of obtained articles were conducted to obtain articles pertaining to the key focus domain addressed in this review (social skills interventions with children with ASC). Overviews and meta-analyses of social skills interventions were used to provide additional leads to relevant studies.

Four inclusion criteria were applied to the articles identified through these research procedures: peer reviewed, diagnosis of autism, school aged population and written in English.

Applications of social skills interventions

Peer-Mediated Interventions

While merely placing children with ASC in the same classroom as typically developing peers may not be enough to facilitate successful peer interactions, a number of peer-mediated approaches have been shown in research to increase successful social skills among children with ASC (Walton et al., 2014).

Peer-mediated approaches usually involve the use of socially competent peers to model and reinforce appropriate social behaviour for children with ASC (Chan et al., 2009; Koegel and Koegel, 2006). The peers either work individually with the child with ASC or work with them in small groups. Moreover, the social activities and interactions occur in natural settings such as during group work in a mainstream classroom (Chan et al., 2009). Peer-mediated approaches can be understood in the context of social learning theory, which argues that learning occurs when behaviour is modelled and reinforced, either directly or vicariously (Bandura, 1977). Furthermore, whilst Bandura (1977) proposed 'modelling' as a form of learning, he also posited that learning would only occur if the models are attended to and perceived accurately.

Overall, these peer-mediated approaches have been shown to increase the frequency of social interactions between children with ASC and typical peers (Goldstein et al., 1992; Kamps et al., 1998; Kashinath, 2012; McGee et al., 1992). Kasari et al. (2013) found that peer-mediated approaches led to better social outcomes for children with ASC such as being less isolated on the school

playground as well as teachers reporting that children with ASC showed significantly better social skills following the intervention. However, the focus has been mainly on the frequency of observed social interactions, rather than the actual quality of the interactions (Goldstein et al., 1992; Kamps et al., 1998; Kashinath, 2012; Morrison et al., 2001). Moreover some studies suggest that these increases in social interactions remain only temporary (Oke and Schreibman, 1990). When rates of peer initiation decreased, the rates of social responsiveness in the child with ASC also declined. Conversely, when the child with ASC was taught how to initiate to peers, social responding increased again without the need for peer training, along with simultaneous reductions in challenging behaviour were also evident. Additionally research indicates that a combination of teaching social skills to children with ASC and peer education and reinforcement for typically developing peers, may be advantageous in increasing the duration and frequency of overall social interactions (Gonzalez-Lopez and Kamps, 1997).

The number of trained peers has been shown to affect the level of skill generalisation. Increasing the number of trained 'typical' peers has been found to improve generalisation to non-trained peers (Kashinath, 2012). The use of artificial versus natural settings for the trained peers to initiate interactions with the children with ASC has also been shown to affect generalisation, with more naturalistic settings supporting generalisation (Owens et al., 2008). However this has been harder to implement, as this requires more extensive training for teachers (Owens et al., 2008). The use of adult versus peer partners to

practise social initiation skills has also been shown to affect the generalising of skills and the longevity of the increased number of interactions. Peers generated better responses than adults, with same age peers producing the best results (Koenig et al., 2010; Strain, 2009). When adults were used, the children with ASC did not generally transfer social initiations to interaction with peers without specific training (Koenig et al., 2010).

Peer mediation approaches identify the skills that need to be taught to individual children with ASC whilst teaching the skills in a meaningful way. Peers, social engagement and naturalistic environments all appear to be key mechanisms mediating successful outcomes of social skills interventions. Involving typically developing peers in socialisation interventions for children with ASC appears to aid facilitating successful interactions among peers that are more likely to generalise to new settings and maintain over time.

Video Self-Modelling

VSM is an intervention that aims to support children in acquiring skills by observing themselves performing the targeted skill. A video recording is made of the child demonstrating the pro-social skill and the recording is then played back to the child for review. The video concentrates on an event or problem situation for the child with ASC; for instance, a social interaction along with providing background information on it too (Williams et al., 1999).

VSM enables the child with ASC to learn through observation along with using their personal experience (much like role playing). Although observational

learning is referred to as forming the basis for the development of VSM (Dowrick, 1999; Hosford, 1981), observation alone is not sufficient. An observer needs to attend to the behaviour, retain the behaviour in memory and be motivated to reproduce the behaviour (Bandura, 1977): all of which a child with ASC may find difficult due to their deficits in executive functioning and lack of intrinsic interest and motivation. However, VSM appears to address Bandura's belief that children are more likely to attend to a model comparable to themselves. Furthermore, watching principally positive and/or successful behaviours of themselves, as opposed to negative and/or unsuccessful behaviours, is vital for effective modelling as it increases both attention and motivation to attend to the modelled behaviours (Dowrick, 1999).

VSM is said to be particularly suited to the population with ASC as it 'integrates a powerful learning modality for children with ASC (visually cued instruction) with a frequently studied intervention strategy (modelling)' (Bellini and Akullian, 2007, p. 266). Videos, as a visual stimuli, capitalise on the children with ASC's propensity toward visual learning (Bellini and Akullian, 2007; Bellini and Ehlers, 2010; Kasinath, 2012). For example, individuals with ASC can find it easier to learn through visual media, and can encounter difficulties in selectively attending to stimuli and filtering out unwanted information. Thus presenting information on a small screen, without relying on language skills as in VSM, is potentially beneficial for many children with ASC (Buggey, 2005; Bellini and Akullian, 2007). Moreover, given that individuals with ASC can frequently exhibit attentional, social and language difficulties, such individuals may find accessible

a procedure which demands minimal language or social interaction, and relies solely on attending to a small spatial area (a television screen) for a period of a few minutes (Sherer et al., 2001).

A number of other studies have supported the efficacy of VSM for increasing a range of social skills in children with ASC (Charlop-Christy and Daneshvar, 2008; Kroeger et al., 2007; McCoy and Hermansen, 2007; Shukla-Mehta et al., 2010). For example, Charlop-Christy and Daneshvar (2008) carried out VSM with three children with ASC between the ages of six and nine years who attended a mainstream primary school in order to teach perspective-taking which is a skill necessary to develop ToM. Charlop-Christy and Daneshvar (2008) concluded that VSM interventions were a quick and effective method for teaching perspective taking and promoting generalisation of newly acquired skills.

Several studies have attempted to identify specific elements of general video-instruction that enhance learning by comparing different models (self vs. other, peer vs. adult). McCoy and Hermansen (2007) found in their review of video modelling that self and peer models seem to have the most influence on the effectiveness of video modelling and that peer modelling studies made up the majority of studies in the ASC research literature.

However, Rayner et al. (2009) argue that whilst there is a growing body of evidence in favour of these techniques, more research is needed into the

boundaries of what makes the intervention effective. Some research has combined VSM with instructional prompts and reinforcers or additional components to the intervention (e.g., social stories, self-management, computerised instruction) and therefore it is not always easy to separate the two. Several studies posit that by itself VSM is not a powerful enough intervention to elicit desired changes in behaviour (Apple et al., 2005; Maione and Mirenda, 2006; Shukla-Mehta et al., 2010). Moreover Rayner et al. (2009) suggest that further research should aim to look more in depth at what behaviours actually change and who may be more susceptible to those changes.

Like peer-mediation approaches, VSM is a promising intervention strategy for children with ASC. However what a child with ASC learns from a VSM intervention, and how she/he learns it, is likely to vary depending on the individual and the nature of the intervention. However there appear to be a several key mechanisms that are important in mediating successful outcomes when carrying out a social skill intervention with children with ASC. The effectiveness of VSM in part, can be attributed to the fact that VSM integrates a successful learning modality for some children with ASC (visually cued instruction) along with a well-studied intervention technique (modelling)(Quill, 1997). However as Sherer et al. (2001) point out VSM is only effective for the children with ASC who enjoy watching themselves on video, and who demonstrate a prior preference for visual learning, such as video viewing and the use of visual support strategies. Furthermore videos can be played over and

over, thus the repetitive nature of which may be beneficial for children with ASC who learn through repetition.

Social stories

Social stories are another intervention which aims to help children with ASC understand social situations and learn to perform an appropriate response (Gray and Garand, 2003). School is an inherently social environment in which children with ASC need to learn to cope with situations that they may find difficult or stressful. Social stories are often used because they are easily implemented in the school day (Reynhout and Carter, 2007). The National Autistic Society (NAS) lists social stories among a range of support strategies recommended to schools (NAS, 2009). Reynhout and Carter (2007) found in a questionnaire given to teachers working with children with ASC, that 100 percent of the respondents had used social stories in the classroom and agreed that it was an acceptable intervention, which 93 percent also perceived to be effective (Reynhout and Carter, 2007).

As well as being easily implemented in schools, social stories address several of the theoretical perspectives underlying ASC. Deficits in ToM can be addressed by using social stories to explain potentially problematic social concepts in straight forward language along with a description of views, perspectives, and feelings of other persons (Karkhaneh et al., 2010; Kokina and Kern, 2010). Moreover, social stories can also be written to explain the meaning of problematic situations to children with ASC along with highlighting the relevant details, thus also addressing their weak central coherence (Kokina

and Kern, 2010). Furthermore, additional components of social stories make them particularly suitable for addressing areas of relative strength in children with ASC, such as a preference for visually cued instruction (Karkhaneh et al., 2010; Quill, 1997).

In reviewing published research Kokina and Kern (2010) concluded that targeting children with ASC as their own 'intervention agents' was more effective than use of methods implemented by adults such as teachers and parents. In other words children with ASC who were capable of taking ownership of their social story by reading their social stories themselves were more likely to have success with social stories. In addition, social stories read immediately prior to a targeted situation appeared to be more effective than those read at a time more distant from the targeted situation (Kokina and Kern, 2010; Karkhaneh et al., 2010). This would perhaps be consistent with the child with ASC's executive function deficit (Solomon et al., 2004). Furthermore, social stories that were presented to children with ASC with supplemented illustrations appeared to be more effective than those presented with just prose (Karkhaneh et al., 2010; Quill, 1997).

Sansosti et al. (2004) concluded in their research synthesis that while social stories appeared to afford a promising intervention, the research evidence contained a number of methodological weaknesses that needed to be addressed through further study. Several limitations were noted: lack of experimental control, weak treatment effects and poor maintenance of skills (Krasny et al., 2003; Karkhaneh et al., 2010; Reichow and Volkmar, 2010). The

weak treatment effects were additionally confounded by a range of treatment variables that made it difficult to verify whether social stories alone were responsible for changes observed in the targeted behaviours. Notwithstanding these limitations Sansosti (2010) suggested that social stories might be a more practical option for a number of children with ASC due to the small number of studies demonstrating a high rate of success across a variety of educational contexts. Subsequent reviews carried out by Ali and Frederickson (2006), Rust and Smith (2006) and Reynhout and Carter (2007) found similar rates of success across a variety of educational settings.

However, Styles (2011) argues more work is needed in order to identify any specific participant characteristics that may predict the success or failure of social stories. There remain insufficient data to ascertain whether positive outcomes are maintained following the withdrawal of the social stories. However, it could also be argued that this also depends on the programme design, how fading is managed and how the maintenance of skills is planned and supported. In addition, although the majority of researchers adhere to Gray's (2004) guidelines relating to social story construction, the emergence of numerous different presentation methods has restricted the potential for data comparison across studies. Subsequent research will need to achieve consistency in the construction and presentation of social stories (Karkhaneh et al., 2010; Kokina and Kern, 2010), if more sensitive analysis of optimal methods is to be viable.

Like peer mediation and VSM approaches, social stories focus on the individual child with ASC; they identify the skills that need to be taught whilst teaching them in a way the child is likely to understand. Like VSM, social stories appear to play to the strengths of many children with an ASC in visual processing. Furthermore, social stories tap into several theoretical perspectives of ASC, which are important in addressing the dyad of impairments. It is suggested that the use of social stories directly intervenes to improve the ability to see things from another's perspective (ToM) and helps to integrate information into a more meaningful 'whole' (weak central coherence). By allowing children with ASC to take ownership of their social stories would suggest that fostering independence and motivation appear to be the key mechanisms in mediating successful outcomes in social skills interventions.

Lego Therapy

Gains in social skills along with generalisation and long-term maintenance, have been noted in an activity-based intervention using LEGO blocks as the interactive medium (LeGoff, 2004; LeGoff and Sherman, 2006). This intervention is based on the premise of using the natural interests of many children with ASC to motivate their learning and bring about behaviour change. Greenspan and Wieder (1998) propose that by harnessing the ‘stereotyped’ interests or behaviours of the child with an ASC ways can be found to promote the development of her/his social and communication skills.

LEGO therapy sessions involve children with ASC building a LEGO model, importantly with the social division of labour (Owens et al., 2008). Research

into its use with children with ASC is promising, with significant improvements in social interaction reported. These studies are limited in number but have to date produced consistent results. LEGO therapy has been found to show significant improvements in comparison to other interventions and to no intervention at all (LeGoff, 2004; LeGoff & Sherman, 2006; Owens et al., 2008). Consideration has been given to the use of autism-specific outcome measures, with the Gillian Autism rating Scale (GARS; Gilliam, 1995) being used across studies (in conjunction with other measures), which enables the results to be compared. The magnitude of the improvements reported is small, but is consistent across studies.

In more recent research Andrews et al. (2012) found that, using LEGO Therapy and scripted prompts to elicit receptive and expressive use of prepositions, increased the use of communicative acts such as requesting more information or requesting help. Andras (2012) carried out a small-scale study that looked at the wider effect of ten weekly sessions of LEGO therapy on the social interaction skills of eight, primary-aged, children with ASC. Their behaviour was observed in the playground for a period before the sessions began, then immediately after the ten weeks of LEGO therapy and then again ten weeks after the therapy stopped. Findings show that there was more social interaction between the children after the sessions and that this effect was maintained when the therapy stopped.

Both of these studies use LEGO Therapy in the naturalistic setting of the school and both suggest that the children with ASC were able to generalise their skills

into other settings. Like peer mediation, fostering social engagement and motivation both seem to be key mechanisms of social skills interventions. Furthermore an activity-based intervention such as LEGO therapy builds on the interests of many children with ASCs by including them in a naturalistic setting with those who share the similar interests (Schrieber, 2009).

Methodological limitations in research on social skills interventions

There are a number of methodological limitations in the research reviewed that need to be considered when evaluating social skills interventions, as they make it more difficult to identify with confidence the key mediating outcomes of successful social interventions. The different methodologies adopted to measure the impact of these school-based interventions result in the lack of a consistent or potentially 'gold standard' approach that can reliably inform selection of 'the optimal intervention' (Goldstein and Naglieri, 2014). Many research studies have a limited sample size due to the relatively small population from which to recruit, in addition to limitations in design such as the absence of a control group. Many studies also do not directly measure fidelity of implementation and some researchers combine interventions, whereas others evaluate just one (Goldstein and Naglieri, 2014). Furthermore research tends to focus on the short term rather than longitudinal outcomes as long-term outcomes can have significant cost implications (Styles, 2011). Along with this is the inherent assumption that interventions exist which will be universally effective across the immense heterogeneity which exists within the population of children considered to express autism. The social skills interventions appear

to address general improvement of social skills rather than adequately targeting the specific social skills deficits of individual children with ASC (Rao et al., 2008).

Conclusion

There are a variety of approaches and interventions that have been designed to improve the social skills of children with ASC, alongside the social interventions that have been suggested. Furthermore children with ASC have been shown to be responsive to the interventions aimed at increasing social engagement with others: both adults and with typically developing peers (Koenig et al., 2010).

Despite methodological limitations of social skills research there appear to be number of key mechanisms mediating successful outcomes for social skills interventions. Identifying the skills that need to be taught as well as how best to teach these skills in a meaningful and developmentally appropriate way, based on cognitive theoretical perspectives appears to play a key role. In addition social skills interventions, offered in a school setting, enable children to learn needed skills within an environment where they are most likely to use them. Peer-mediation approaches within a class setting, can be practised and supported in naturally occurring contexts throughout the day (Walton, et al., 2014). Moreover it is clear that involving typically developing children in social skills interventions for children with ASC can aid in facilitating successful interactions among peers that are more likely to generalise to new settings and be maintained over time. Furthermore fostering social engagement and

motivation within naturalistic settings also appears to be important. These key mechanisms appear to play an important role in improving ability of children with ASC to generalise and maintain the skills learned, alongside their peers.

In conclusion, incorporating key mechanisms such as fostering social engagement and motivation, along with working using peers, in addition to considering the dyad of impairments, all contribute to successful outcomes for children with ASC. However research needs to continue to address methodological limitations on the capability of these social skills interventions to produce skill gains that generalise to new situations, with different interaction partners, and be maintained over time (Walton, et al., 2014).

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Case study: Using cognitive behavioural approaches with a secondary school aged boy with school-based anxieties

Abstract

This case reports the use of Cognitive Behavioural Therapy (CBT) to support a 12 year old male (Alfie; referred to by a pseudonym) presenting with high levels of anxiety. A review of the literature is presented which distinguishes between developmentally normal worries and fears and dysfunctional levels of anxiety. In addition the review explores the efficacy of CBT approaches in the treatment of anxiety. A multi-modal assessment of Alfie's anxiety symptoms was conducted with Alfie, his parents and school staff using measures such as the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), Beck Anxiety Inventory for Youth Scale (BAI-Y; Beck et al., 2005) and Children's Automatic Thoughts (CATS; Schniering and Rapee, 2002). Although the CBT component is the primary focus of this case, multiple interacting individual and systemic factors are also considered. Alfie engaged in eight sessions of CBT. His progress is presented in this case study. Results provide support to the body of case studies attesting to the efficacy of CBT for use with young people with high levels of anxiety. My experiences as a trainee educational psychologist undertaking CBT casework during placement are reflected upon.

Theoretical and research basis – anxiety

Anxiety is an emotion and children and young people might use words such as 'worry', 'nervousness', 'fear', 'panic', 'dread' and 'agitation' to describe how they feel. Anxiety is also a normative response designed to enable self-protection with the specific focus of the worry or fear changing according to the child or

young person's development and previous experiences (Stallard, 2009).

An important cognitive component of anxiety is worry, with community surveys indicating that worries among children and young people are commonplace (Muris et al., 1998; Rapee, 2012; Stallard, 2009). Stallard (2009) states it is common for school-age children to have worries about injury and natural events, just as it is typical for older children and young people to have worries and fears related to health, social competence and school performance. Muris et al. (1998) found that 70 percent of children between the ages of 8 to 13 years reported that they worried every now and then. These worries focused upon school performance, dying, health and social contacts, with the most intense worries occurring several times a week. Like Muris et al. (1998), similar findings were reported by the National Society for the Prevention of Cruelty to Children (NSPCC) (2004), which carried out a survey with 750 young people between the ages of 11 to 16 year olds in England, Wales and Northern Ireland. The NSPCC found that 34 percent of young people studied felt that that they were always worrying about something. Furthermore an additional 11 percent of young people felt they were extremely worried. However only 40 percent of young people surveyed were able to talk to their parents about their worries and girls were more likely than boys to talk to their mothers and fathers.

One of the challenges when working with children and young people is distinguishing between these normal, developmentally appropriate worries and fears and dysfunctional levels of anxiety. These fears and worries become

problematic for the child or young person if they become severe, persistent and interfere with their everyday life and functioning (Stallard, 2009; Weems et al., 2000). It is at this dysfunctional level that a child or young person would be considered to meet the threshold criteria for a psychiatric diagnosis such as anxiety disorder (Green et al., 2005) upon which research is often based.

Anxiety disorders are described and classified in diagnostic systems such as the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013). Anxiety diagnosed at clinical level is one of the most common and frequently occurring psychiatric disorders in children and young people (Stallard, 2009; Wood and McLeod, 2008). However, medicalising patterns of behaviour and mood such as anxiety in children and young people may not be beneficial and often children and young people with 'every day worries' are often misdiagnosed and needlessly treated medically rather than receiving more appropriate interventions such as CBT (Hollon et al., 2006).

Rates of diagnosed anxiety disorders in children and young people appear to have increased by 70 percent over the last 25 years (Rapee, 2012). Although diagnosed anxiety disorders are highly prevalent amongst children and young people, community studies demonstrate that numbers appear to be somewhat variable across countries and research. For example, James et al. (2005) posit that prevalence is around 5 to 19 percent whereas Rapee (2012), proposes that in total, approximately 5 percent of children and young people meet the criteria

for an anxiety disorder during a given time period in Western populations. Rapee (2012) also suggests that this variation is attributable to factors such as variations in criteria, assessment instruments and sampling. Additional data from the United Kingdom National Statistics Child and Mental Health survey (Green et al., 2005) found that 2.2 percent of 5 to 10 year olds and 4.4 percent of 11 to 16 year olds have an anxiety disorder. Moreover anxiety disorders occur more frequently in girls than boys (Rapee, 2012). Nevertheless, Rapee (2009) found that boys were more likely to have negative views of themselves and therefore experience anxiety and depression if they struggled academically in school.

This high prevalence of anxiety disorders in children and young people can present a major concern all professionals involved with children and young people. Notably the potential for significant, long-term negative consequences should not be underestimated. Negative consequences have been reported for cognitive development (Creswell and Cartwright-Hatton, 2007), social and family functioning (Messer and Biedel, 1994; Wood and McLeod, 2008; Verduin and Kendall, 2008) and school performance (Essau et al., 2002). Furthermore longitudinal studies have shown that by intervening early with children and young people with anxiety, mental health problems, drug or alcohol related misuse, risk of psychiatric hospitalisation (Copeland et al., 2011) and even suicide in later life can be prevented (Friedberg et al., 2009; Pine et al., 1998; Rapee, 2012).

Although the prevalence of anxiety disorders in children and young people is high (Essau et al., 2002), the number of children actually receiving mental health services in the United Kingdom is low (Stallard, 2009). In addition, as Kurtz (2004) posits waiting lists are long. Some children and young people experience anxiety symptoms at a lower level than those required for a diagnosis (Essau et al., 2002) and consequently 'lower level' mental health problems are often under-identified (Davidson, 2008), especially in the absence of externalising symptoms (Briesch, et al., 2010). This is particularly concerning given that anxiety often has detrimental effects for children and young people both socially and academically (Fuggle, et al., 2013). Furthermore anxiety disorders and anxiety symptoms can affect outcomes in the child or young person that are central to the work of the educational psychologist, hence programmes designed to tackle them such as CBT are of clear importance.

Theoretical and research basis – CBT and anxiety

With its roots in social learning theory, CBT addresses the relationships between thoughts (cognitions), feelings (emotions) and actions (behaviours). It is based on the premise that how we interpret experiences and situations has a profound effect on our emotions and behaviours. The core underlying assumption of CBT is that by addressing unhelpful patterns of thought, people can change how they feel, view themselves, behave, interact with other people and how they approach life in general thereby moving on from unhealthy to healthy cycles of reactions (Beck, 1976).

The National Institute of Clinical Excellence (NICE) has evaluated CBT with adults and concluded that CBT is an effective intervention for a variety of mental health needs, particularly anxiety and depression (NICE, 2009; 2011). However there has been less research conducted on the use of CBT with children and young people. NICE (2005; 2013) has found CBT to be an effective intervention for children and young people with depression as well as social anxiety and the evidence for its effectiveness is continuing to grow. There have been a number of reviews conducted that provide evidence for its effectiveness with children and young people (Cartwright-Hatton et al., 2004; Kazdin and Weisz, 1998; James et al., 2005; 2013; Rapee et al., 2009 and Weisz and Kazdin, 2010).

Cartwright-Hatton et al. (2004) completed a systematic review of the effectiveness of CBT for anxiety disorders and concluded that it was an effective psychological intervention. In addition, 57 percent of cases were reported no longer to meet the criteria for anxiety disorder, following a CBT intervention. It is however important to note the limitations of this review, as most of the trials carried out were efficacy trials. Therefore the CBT was carried out under ideal and controlled circumstances thus making generalisability limited. James et al. (2005) conducted a meta-analysis of 13 randomised controlled trials in order to determine whether CBT was an effective treatment for 6 to 18 year olds with mild to moderate anxiety disorders. Like Cartwright-Hatton et al. (2004), James et al. (2005) concluded that there was a strong evidence base for CBT being beneficial for anxiety disorders in children and young people. Notwithstanding these conclusions James et al. like Cartwright-

Hatton et al. (2004) found there was limited generalisability in addition to a lack of evidence to suggest that the benefits of CBT could be maintained over time.

James et al. (2013), in a further analysis of 41 studies comprising over 1,800 participants, found that not only had the research area grown, the generalisability of the benefits had improved. Additionally there was now research from inner-city schools as well as clinical settings carried out by both specialist and non-specialist therapists. However, as with their previous meta-analysis, there were several limitations; most studies concluded that, while positive short-term effects were apparent, long-term effects, although identified in some studies, were generally more modest or non-existent. Notwithstanding these limitations James et al. (2013) conclude that CBT can be recommended both clinically and within community settings.

Beinart et al. (2009) posit that the key difference between clinical trials and clinical practice is that clinical trials lack applicability to everyday clinical practice. For example clinical trials use rigorous inclusion and exclusion criteria; furthermore, the children and young people that take part tend to be volunteers rather than those referred through a General Practitioner. Therefore the sample tends to consist of children and young people with only mild to moderate anxiety disorders and therefore legitimate generalisation may be limited. Moreover clinical trials also tend to focus exclusively on one problem in addition to having specifically trained therapists that use a structured protocol. Rait et al. (2010) argue that a key problem with current CBT research is that it

has pursued these primarily clinical populations, rather than evaluating the efficacy of CBT in natural settings such as home and schools. Furthermore Ronen (1998) argues that children and young people function within systems such as families and schools (Ronen, 1998). As Ronen (1998) aptly notes, the 'focus of CBT lies with treating children within their own national environment whether referring to the family, school or peer group' (p.3).

CBT with children: Assessment and formulation

For CBT with children and young people there is no single, standard intervention that can be applied to children across ages and presenting problems (Stallard, 2009). However, as with other forms of therapy, CBT begins with an assessment phase followed by an intervention phase which uses a range of change techniques to address the presenting problem. The assessment phase enables the therapist to develop description and explanation of the child's problem, which can be shared with the child and the parent. This is known as formulation. CBT formulation is devised collaboratively and is based upon developing a shared analysis of cause and maintaining factors (Fuggle et al., 2013).

There is growing evidence that systemic CBT formulation should be used when working with children and young people (Dummet, 2006, Dattilo, 2005). Dummett (2010) argues that there is a need to develop CBT formulation further by incorporating systemic and developmental factors.

The theoretical model that guides CBT needs to consider and incorporate both internal and external environments that surround the child (Krain and Kendall, 1999). In terms of external environment there are many potentially important influences including the child's family, peers, school, social and cultural context. Therefore, child-focused CBT needs to consider the wider systemic context, in particular, the potential role of parents in the onset, maintenance and treatment of their child's anxiety. The school is another important context where the active involvement of the teaching staff in the treatment programme is beneficial (Fuggle et al., 2013). Failure to appropriately involve teaching staff for example assessing their views about treatment programme, their commitment to supporting it and the child's goals can result in negative outcomes (Stallard, 2009). While these approaches have not yet been evaluated rigorously, what evidence there is suggests that systemic cognitive behavioural formulation can provide the foundations for understanding and addressing the problems of a child or young person. Furthermore, it enables a therapeutic package to be tailored to address these problems at multiple systemic levels, including, but not confined to individual therapy with the child (Dummet, 2006).

CBT with children: Intervention

While there are differences in the specific content and emphasis of CBT interventions, most tend to involve a number of common elements (Albano and Kendall, 2002; Kazdin and Weisz, 1998) as shown in Table 1. The specific

content and emphasis of the CBT programme will be informed by the assessment and formulation.

Table 1. Core components of a CBT programme for anxiety (Stallard, 2009)

Psycho-education	• Children and their parents are educated into the CBT model and learn about the relationship between thoughts, feelings and behaviour.
Emotional recognition and management	• Helps children become aware of their own unique anxiety response and to identify helpful in which their anxiety response can be managed.
Identification of anxiety-increasing and distorted cognitions	• Helps children to recognise their cognitions in anxiety-evoking situations and some of the biased and distorted processes that have been found to be associated with anxiety disorders.
Thought challenging and the development of anxiety-reducing cognitions	• Children learning to challenge and replace their anxiety increasing self-talk with positive coping and anxiety – reducing self-talk.
Exposure and practice	• Emphasis on practice and exposure, both imaginal and in vivo, during which children apply and practice their new cognitive and emotional skills.
Self-monitoring and reinforcement	• Development of self-monitoring techniques in order to acknowledge and celebrate postivie attempts at facing and overcoming worries.
Preparing for set backs	• Focus on relapse and prevention and preparing for furture challenges and set backs.

Evidenced based structured manualised programmes are often used with children and young people with anxiety as they are perceived to be effective and efficient. Mennuti and Christner (2012) suggest these programmes offer clearly defined procedures to use, step-by-step procedures to follow and specific activities to implement. McHugh et al. (2009) argue that adhering to the fidelity of the intervention is vital. Conversely Chorpita et al., (2005) argue that there are a number of limitations with this method of practice. Chorpita (2005) proposed a more flexible approach involving identifying the common practice elements found in manuals and matching these with specific identified needs of an individual (Chorpita et al., 2005). This allowing for the development of good interventions based on the specific child or young person's needs as well as

allowing for good judgment as to what skills and strategies are necessary. There have been a number of randomised controlled trials that have shown that CBT is an extremely effective intervention for childhood anxiety disorders, irrespective of the format in which it is presented (Breinholst et al., 2012; Hudson et al., 2009; Weisz and Kazdin, 2010).

Case introduction

Alfie is a 12-year old male who is in Year 8 at Secondary school. He lives with both of his biological parents and younger brother (aged 8 years), with whom both Alfie and his parents report that he gets along well. His father is a microbiologist who does shift work and his mother is currently completing her training award in National Qualified Teacher Status.

Alfie is currently at School Action Plus on the Special Educational Needs (SEN) Code of Practice (Department of Education and Skills, 2001). His individual education plan (IEP) identifies cognition and learning difficulties along with social and emotional difficulties as principal areas of need. Specifically Alfie has identified difficulties with literacy, in particular with his handwriting and organisational skills. In addition, Alfie presents high levels of anxiety that manifest in him being tearful and often withdrawn. Alfie has support from a key worker for 20 minutes every morning in tutorial, with an additional session of 50 minutes on a Friday. He attends one session a week in the Learning Support Service for 'homework catch up'. Alfie's school referred him to the Educational Psychology Service in order address his anxiety symptoms. Both parental and child consent was obtained prior to the start of the intervention described in this

report. Alfie's presenting concerns and history of concerns are presented in table 2 and 3 (Appendices 1 and 2).

Table. 2 Alfie's presenting concerns

	Presenting concerns
Alfie	• Worried about diverse areas of his life such as his academic performance, exams, planning and organisation, remembering things and working in a group. • Often felt tearful and not always sure why • Not wanting to go to school • Trouble sleeping
Parents	• Trouble sleeping – often awake when parents went to bed • Reluctance to attend school – struggle to get him to out the house in the mornings • Reduced engagement with school work and homework – often 'forgetting to do his homework'
School staff	• Experiencing strong emotions in school – often found in tears • Appeared to be having difficulties coping with the fast pace of his lessons and was struggling to step up to the level of work expected in Year 8. • Appeared afraid to answer questions in class, ask for help or work in a group. • Seldom initiated conversations with his peers or teachers in school. • At lunchtime, was often seen wandering around the school field or sitting by himself, rather than playing with his peers. • Presented as tired in school.

Table 3. History of Alfie's concerns

	History
Alfie	• 'He had been born miserable and a worrier'. Always worried for as long as he could remember. • Felt very particularly anxious when his mother started the Post Graduate Certificate in Education as this meant she was not around as much and he had to go to his aunt's after school.
Parents	• Reached and completed all his developmental milestones within normal age limits. • A 'clingy' baby, and as a toddler, of necessity, had attended nursery from two years of age due to the death of his maternal grandmother. Here he initially displayed separation anxiety, but he did subsequently adjust to the routine of pre-school, and later school. • Sensitive, shy and reserved child, except at home where he was quite animated. • 'Always been a little quirky' or 'different' • Worried about a range things for many years • Experiencing anxiety symptoms related to school since approximately 10 years of age. They were first made aware of this at a Year 5 parents' evening. His anxiety symptoms appear to have significantly increased after his mother started studying for her Post Graduate Certificate in Education.

Educational History

School staff reported that Alfie had not coped very well with the transition from primary school to secondary school. Therefore in the Spring term of Year 7 Alfie attended 'Mobex' one afternoon a week. This involved Alfie taking part in

activities such as kayaking, abseiling and rock climbing. In addition, Alfie attended several sessions in the Learning Support Service to work on his self-esteem and to offer him extra time to work on his general English skills. Throughout the Summer term Alfie completed the 'Resilience Doughnut' intervention. This intervention is based around building up resilience in adolescence. The Learning Support Service reported that there had been limited progress with this intervention.

At the beginning of Year 8, school staff requested educational psychology involvement in order to provide a profile of Alfie's strengths and weakness. At this time, school staff hypothesised that Alfie had a working memory deficit along with a slow processing speed. A selection of subtests from the British Ability Scales Third Edition (BAS-III; Elliot and Smith, 2011) was carried out with Alfie. This is a collection of individual tests that are used to assess the general thinking and reasoning skills of children aged 3 - 17 years. Alfie scored within the 'average' range for all three of the core skills: verbal ability, non-verbal reasoning and spatial ability. However the diagnostic tests supported the hypothesis that Alfie may to have a poor working memory with Aflie scoring in the 'below average range', coupled with a slow processing speed again scoring in the 'below average range'.

Furthermore, from information gathered from Alfie and Alfie's teachers along with my own observations, it appeared that Alfie found writing a challenge. He found copying from the board difficult. School assessment showed that his

literacy skills were all in the 'low average' range but his handwriting speed fell within the 'well below average' range. School staff also carried out a Movement Assessment Battery (Henderson et al., 2007) with Alfie's mother. This highlighted an area of need in the 'red zone' and therefore advice/input has been requested from Occupational Therapy.

Assessment

Multi-method assessment was conducted to provide a comprehensive assessment of Alfie's symptoms at the beginning of treatment. This involved both interview data and information gleaned from assessment instruments. Creed and Beck (2012) suggest that only information required to understand the problem sufficiently to develop an intervention plan should be collected. Additionally, wherever possible, initial information should be gathered from a variety of sources, including the child, their parents, teachers and key worker. Furthermore Fuggle et al. (2013) argue that it is essential that the child or young person contribute to the process of information gathering. Mindful of this, throughout the assessment I alternated between talking with Alfie and talking with his parents with the aim that everyone felt equal, valued and validated (Fuggle et al., 2013).

Alfie's voice

Recent examples of difficulties were discussed with Alfie, as well as exceptions where he felt had dealt with his anxiety. When Alfie was more relaxed he was

asked to provide specific examples of how his problems affected him. Alfie reported that he often became tearful whenever he felt anxious and the thought of working in a group often made him feel anxious. He worried his peers did not like him and therefore would not want to work with him. Alfie also expressed concerns about the teachers shouting in class. Alfie advised that he often thought it was his fault and that he had done something wrong. This would inevitably make him 'shut down' for the rest of the lesson and consequently he often struggled to get all his work done. In addition, Alfie reported that he worried about not doing well in school tests.

Assessment measures

Three measures were used to augment interview data in addition to providing a baseline against which to gauge the efficacy of the planned therapeutic work: Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997); Beck Anxiety Inventory for Youth (BAI-Y; Beck et al., 2005), and Children's Automatic Thoughts (CATS; Schniering and Rapee, 2002). These measures provided data on the presence of symptoms, as well as data on their frequency, intensity and duration. Moreover these measures contributed to a more standardised evaluation of change over time (Friedberg and McClure, 2002).

The SDQ and the BAI-Y are both recommended by the Child Outcomes Research Consortium (CORC). The SDQ was chosen as it provided useful comparative data between Alfie, his parents and school staff. Whilst the BAI-Y was used to tap into Alfie's specific worries about school, his future, his fears,

and the physiological symptoms associated with his anxiety. The CATS was carried out with Alfie as the interview with Alfie had indicated that he experienced a number of negative thoughts which I judged in need of needed of further exploration. Moreover Friedberg et al. (2009) suggest that the CATS is a good option for intervention planning as it examines four domains of thinking, namely: the degree to which they experience being threatened by external events; social situations; whether they see themselves as successful or as failures and how much hostile intent they attribute to others. It aslo is good evaluating the response to the intervention.

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)

The SDQ is a brief behavioural screening questionnaire for children and young people from 3 to 16 years old. There are several versions of the questionnaire available to elicit the perspectives of significant adults (parent and teacher), in addition to a self-report measure for young people aged 11 to 16 years old. The SDQ has been shown to be valid and reliable in several studies (Goodman, 1997; Goodman, 2001).

The questionnaire consists of 25 items covering five subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour. Each item is rated on a three-point scale: 'not true', 'somewhat true' or 'certainly true'. A total difficulties score is obtained by adding up the ratings across these five areas.

Alfie, his parents and his key worker in school completed the SDQ and their scores are shown in Tables 4 and 5. Alfie, his parents and his key worker all identified his emotional symptoms as being an area of significant difficulty for him; scoring him in the 'high' or 'very high' range. Furthermore they all perceived the difficulties to have a 'high' to 'very high' level of impact on Alfie. Moreover Alfie was identified as being at a 'high risk' of an emotional disorder such as anxiety. Piacentini et al. (1992) note that when both parents and child endorse similar scores on the same measure, one can be reasonably confident that the problem may be present.

Table 4. Alfie's pre-intervention scores for SDQ

SDQ subscales	***Parent***	***Teacher***	***Child***
Overall stress	*14 (slightly raised)*	*14* ***(slightly raised)***	*12 (close to average)*
Emotional symptoms	*7* ***(very high)***	*7* ***(very high)***	*6* ***(high)***
Behavioural difficulties	*0 (close to average)*	*0 (close to average)*	*0 (close to average)*
Hyperactivity	*2 (close to average)*	*3 (close to average)*	*1(close to average)*
Peer relations	*3* ***(slightly raised)***	*4* ***(high)***	*5* ***(very high)***
Prosocial behaviour	*9 (close to average)*	*9 (close to average)*	*10 (close to average)*
Impact of any difficulties	*2* ***(high)***	*3* ***(very high)***	*2* ***(high)***

Table 5. Diagnostic predictions for SDQ

Any disorder	***High risk***
Emotional disorder (anxiety, depression etc.)	***High risk***
Behavioural disorder	*Low risk*
Hyperactivity or concentration disorder	*Low risk*

Beck Anxiety Inventory for Youth (BAI-Y; Beck et al., 2005)

The BAI-Y is designed for children and young people aged 7 – 18 years. It measures a child or young person's specific worries about school performance, the future, negative reactions of others, fears including loss of control and physiological symptoms associated with his anxiety. Reliability and validity evidence for all ages is excellent, for example internal consistency ranges from .86 to .96 (Beck et al., 2005).

The self-report measure contains 20 statements where children and young people describe how frequently the statement has been true for them during the past two weeks, including the day of assessment. It has a 4-point frequency scale with anchors of 0: Never and 3: Always. The 0 – 3 scores are summed for the 20 items (range of total raw scores is 0-60). This raw score can be transformed into a t-score (M=50, SD=10) and a percentile rank based on a comparison with same sex peers. The higher the child or young person's t-score the higher the subjective distress they are considered to be experiencing.

Alfie answered the statements accordingly, sometimes giving reasons for his answer. For example for the statement 'I am afraid I might get hurt' he expressed concern for getting hurt emotionally rather than physically. In the statement 'I worry I might go crazy' he commented that people saw him as crazy including his mum: 'mum thinks I am a little weird'. He also commented that he worried about his grades in certain subjects in particular science, maths and english.

Alfie's baseline measure on the BAI-Y is shown in Table 6. Overall Alfie's responses for the BAI-Y indicated that he had moderately elevated levels of anxiety in the pre-intervention phase.

Table 6. BAI-Y pre-intervention scores

BAI-Y	***Raw Score***	***Pre-intervention T score***
Total	*30*	*66*

The Children's Automatic Thoughts Scale (CATS; Schniering and Rapee, 2002)

The CATS was developed from an Australian community study of approximately 1000 children aged between 7 and 16 years. The measure lists 40 different negative thoughts which may characterise a child or young person's thinking about themselves and their life circumstances. The CATS has high internal consistency as well as acceptable test-retest reliability (Schniering and Rapee, 2002).

The child or young person is asked to rate the frequency with which they have experienced the thought over the past week on a five-point scale ranging from 0

(not at all) to 4 (all the time). The scale yields four subscales: physical threat, social threat, personal loss and failure and hostile intent. The 0 - 4 rating for each item are summed to provide a total score for all 40 items (maximum 160). A high total score reflects a greater frequency of negative automatic thoughts.

This measure was used to assess Alfie for the presence (or otherwise) of significant negative thoughts. Alfie's responses for the CATS are shown below in Table 7 and show that he had a number of significant negative thoughts across three of the four domains (physical, social and personal) at the pre-intervention phase. Alfie's total score was 105, which indicated a high frequency of negative thoughts.

Table 7. Pre-intervention scores from the four domains of thinking from the CATS

Domain	***Examples of items for each domain***	***Pre-intervention score***
Physical Threat	*I'm going to get hurt.* *I'm scared someone might die.*	*31*
Social Threat	*I'm afraid of what other kids think of me.* *I look like an idiot.*	*28*
Personal Failure	*I hate myself.* *Life is not worth living.*	*35*
Hostile Intent	*People always try to get me in trouble.* *Some people deserve what they get.*	*11*
Total score		*105*

Case conceptualisation

An interactional perspective was used to conceptualise the development and maintenance of Alfie's presenting problems (Friedberg et al., 2009). In addition, Alfie's symptoms were considered in the context of environmental circumstances and personal dispositions that may have initiated, exacerbated and maintained his distress (Fuggle et al., 2013).

The reported, observed and elicited information suggested that Alfie had an anxious temperament and attachment style. The death of Alfie's maternal grandmother (when Alfie was three years old) was hypothesised to have led to changes within the family (increased expressions of distress by Alfie's mother in particular and less time with Alfie due to her looking after her father). In addition, Alfie's mother commencing her Post Graduate Certificate in Education was also hypothesised to have led to additional changes in the family. Alfie and his mother enjoyed a close and supportive relationship but during Alfie's mother's National Qualified Teacher training year (when Alfie was ten years old) they were able to spend far less time together.

Alfie's parents described him as shy and reserved, except when around immediate family. Alfie's teacher reported that he appeared reluctant to engage in group work with his peers and needed to be encouraged to interact with them. These descriptions presented appear to be consistent with an inhibited temperamental style, which has been identified as a risk factor for the development of anxiety disorders (Bierderman et al., 1995). In addition, school

tests also reportedly stimulated his anxiety. Beidel and Turner (1998) suggest that tests can be a common 'hot spot' for anxious children.

Furthermore it is not unusual for children with learning difficulties to experience self-consciousness and anxiety in the classroom (Dekker et al., 2002). While none of the variables (i.e. inhibited temperamental style, learning difficulties, test anxiety) may individually have led to elevated anxiety, I judged their combination and interaction likely to have contributed to Alfie's anxiety.

With regard to the maintenance of Alfie's anxiety, a behavioural reinforcement system appeared to exist in Alfie's environment at school that served to increase, rather than decrease his elevated levels of anxiety. For example, Alfie's teachers advised that at times they 'coerced' Alfie to work with a group in class perhaps thereby unintentionally creating aversive setting conditions. They had latterly just allowed him to work by himself: a contingency enabling Alfie to avoid anxiety-provoking situations likely comprising negative reinforcement (avoidance), so maintaining his anxiety and denying him the opportunity gradually to develop a sense of mastery in anxiety-provoking situations (Kuyken et al., 2009), through carefully supported graduated exposure.

I judged that maintaining cycles were apparent in Alfie's cognitive processing involving selective attention as well as 'thinking errors' such as jumping to conclusions, personalising and emotional reasoning. An important perpetuating mechanism in many CBT formulations is avoidance as the dominant safety

behaviour, which prevents the person finding out whether a feared consequence will occur (Kuyken et al., 2009). Avoiding working in a group may actually confirm automatic thoughts such as 'I am stupid; no one will want to work with me' and 'it is all my fault'. Furthermore Kuyken et al. (2009) suggest that avoiding situations can also lead to a loss of rewarding and pleasurable behaviours and thus help to maintain problems like anxiety. Padesky and Greenberger (1995) suggest using a common diagrammatic aid model for initial formulations. Cross-sectional or maintenance models emphasise the perpetuating features about how the problem is maintained by cognitive and behavioural factors (Stallard, 2009). The 'hot cross bun' approach (Padesky and Greenberger, 1995) was used to represent the relationship between Alfie's thoughts, feelings, body sensations and behaviour (Figures 1 and 2).

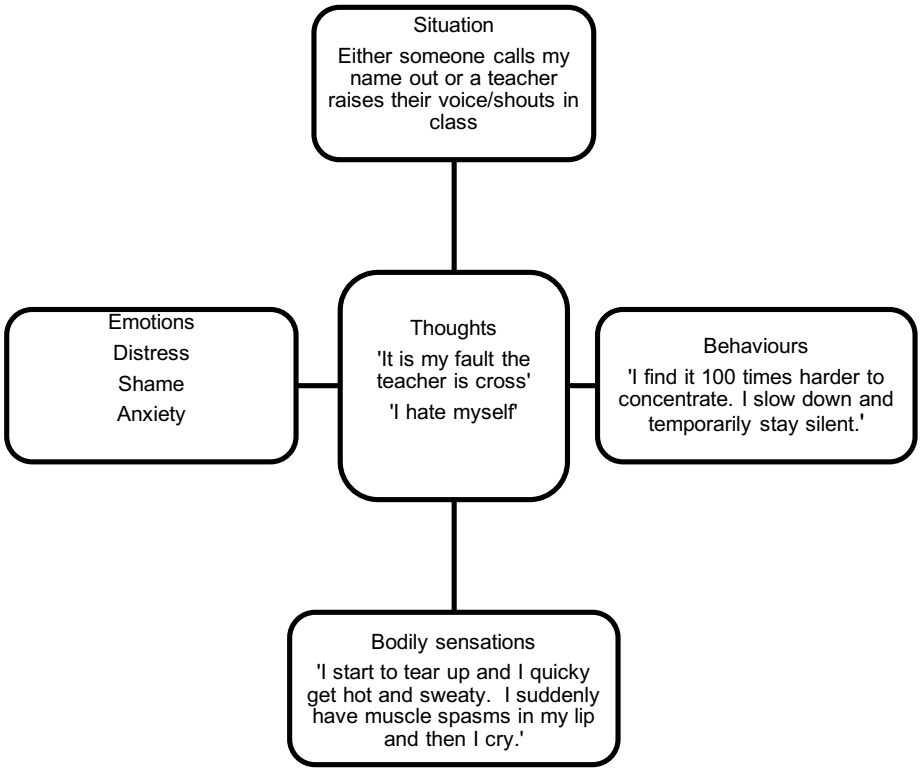


Figure 1. Alfie's anxiety perpetuating factors (i)

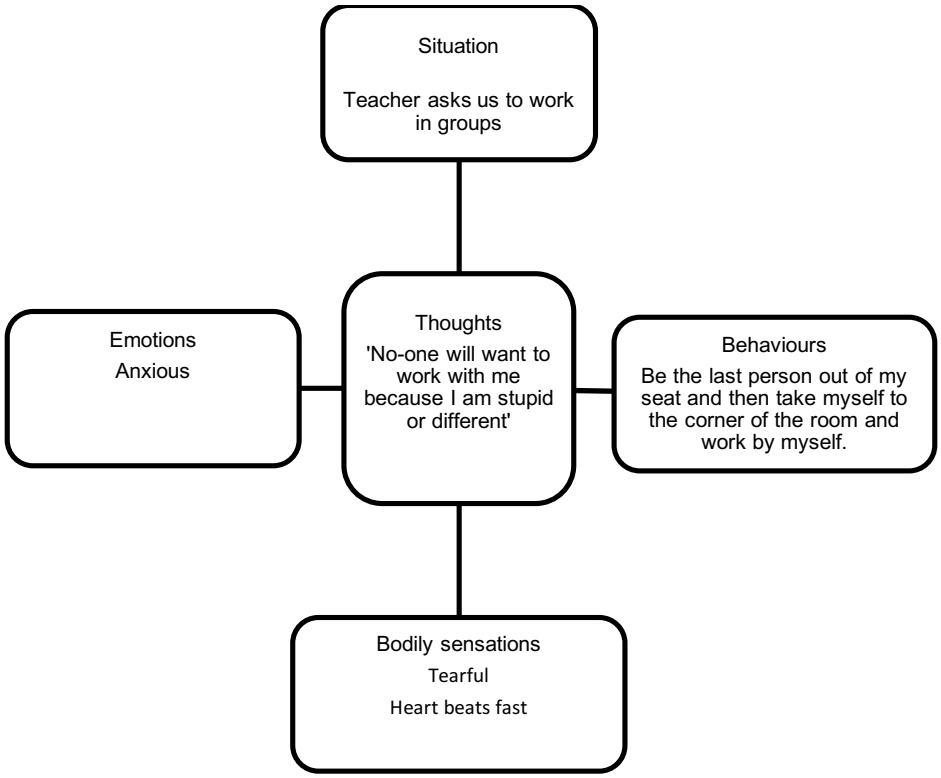


Figure 2. Alfie's anxiety perpetuating factors (ii)

Ethical considerations

I followed the British Psychological Society's Code of ethics and conduct (BPS, 2009) in order to ensure practice within the boundaries of competence (Dunsmuir and Iyadurai, 2007). I explained to Alfie what the CBT would involve and the purpose of it was described in terms of Alfie's individual goals (Fuggle et al., 2013). Information sharing was clearly explained to Alfie, his parents and school. It was agreed that his parents would not attend the sessions but that I would maintain email liaison if needed. Alfie was aware of this communication between his mother, school staff and myself. In addition the timing and sequencing of the therapy was made clear to all those involved. An appraisal of any risks to Alfie and others was undertaken and I was aware of the limits of my own competence and sought regular supervision accordingly.

Course of treatment and assessment of progress

Goal-Based Outcome (GBO) measures were designed collaboratively to identify what Alfie, parents and school wanted to achieve (Law and Wolpert, 2014). Most importantly these goals were elicited from Alfie (Law and Wolpert, 2014). This is a crucial component of an effective CBT intervention. Alfie's parents and school staff had implicit aims and intentions rather than goals such 'He is always worrying' and 'He won't work in a group' (Fuggle et al., 2013). However, these were reframed into 'what would make life better for Alfie in school'. The CORC protocols allow for up to three goals to be scored and rated each session. Alfie took ownership of his own goals along with considering what his parents and school had said. In Alfie's opinion as to what would make his life better in school for him, he came up with the following goals which were: to understand better what makes him get anxious in school; to understand his feelings better; and to be able to talk more in class and use this skill to work in a group.

Alfie attended CBT sessions in school. The sessions took place every Monday in a small meeting room that was booked in advance. The intervention entailed eight sessions over a period of eight weeks. Each session lasted approximately 45 to 60 minutes. Breinholst et al. (2012) suggest child anxiety interventions need to be tailored to the specific case rather than strictly adhering to structured manuals. Therefore the intervention drew upon evidence-based anxiety programmes (Cartwright-Hatton et al., 2006) such as 'Think Good, Feel Good' (Stallard, 2002) and the 'CBT workbook' O'Reilly

(2004). A rapport between Alfie and myself had already been achieved through previous assessment work.

Stallard (2009) suggests core components of a CBT intervention (Figure 3). These were used to structure Alfie's intervention in addition to working systemically. Alfie's keyworker was invaluable in setting up opportunities for Alfie to carry out behavioural experiments in the school setting where school staff were able to provide exposure and practice particularly with Alfie's goal of talking more and working in a group. In addition Alfie's mother agreed to try and spend more quality time with Alfie. Parents and school staff emailed regularly to give up dates on the supported practice.

Figure 3 Components of Alfie's CBT programme (Stallard, 2009)



Each session began with a review of Alfie's goals and where Alfie rated his progress towards each of his goals. This involved exploring how the preceding week had gone, and specifically of times during the week when Alfie had been anxious – using a diary that he filled in at home. One reported incident was

chosen and I sought to amplify this by asking Alfie to show what happened. Then a specific activity with Alfie focusing on anxiety and understanding his feelings better was carried out. The session concluded with a discussion of how he might put these ideas into practice during the following week in addition to being given some homework to do.

Post intervention results

The same methods and measures were used at the post intervention and follow-up stage to enable direct comparisons to be made (Fuggle, et al., 2013). Evaluation of Alfie's progress was also structured through review of Alfie's goals. The SDQ post-intervention scores are shown in Tables 8, 9, 10 and 11. The results show that there was a decrease in levels of emotional distress across Alfie, his parents' and his keyworker's scores from the pre-intervention phase. Furthermore, Alfie was would no longer be at 'high risk' for an emotional disorder as shown in Table 8.

Table 8. Alfie's pre- and post-intervention scores for SDQ

SDQ subscales	*Pre-intervention*	*Post-intervention*
Overall stress	*14 (slightly raised)*	*11 (close to average)*
Emotional distress	*7* ***(very high)***	*4 (****slightly raised)***
Behavioural difficulties	*0 (close to average)*	*0 (close to average)*
Hyperactivity	*2 (close to average)*	*1 (close to average)*
Peer relations	*3* ***(slightly raised)***	*3* ***(slightly raised)***
Prosocial behaviour	*9 (close to average)*	*9 (close to average)*
Impact of any difficulties	*2* ***(high)***	*1* ***(slightly raised)***

Table 9. Alfie's parents' pre- and post-intervention scores for SDQ

SDQ subscales	*Pre-intervention*	*Post-intervention*
Overall stress	*14* ***(slightly raised)***	*12 (close to average)*
Emotional distress	*7* ***(very high)***	*5* ***(slightly raised)***
Behavioural difficulties	*0 (close to average)*	*0 (close to average)*
Hyperactivity	*3 (close to average)*	*2 (close to average)*
Peer relations	*4* ***(high)***	*3* ***(slightly raised)***
Prosocial behaviour	*9 (close to average)*	*9 (close to average)*
Impact of any difficulties	***2 (high)***	*1* ***(slightly raised)***

Table 10. Alfie's key worker's pre- and post-intervention scores for SDQ

SDQ subscales	***Pre-intervention***	***Post-intervention***
Overall stress	*12 (close to average)*	*12* ***(slightly raised)***
Emotional distress	*6* ***(high)***	*4 (****slightly raised)***
Behavioural difficulties	*0 (close to average)*	*0 (close to average)*
Hyperactivity	*1 (close to average)*	*3 (close to average)*
Peer relations	*5* ***(very high)***	*3 (****slightly raised)***
Prosocial behaviour	*10 (close to average)*	*9 (close to average)*
Impact of any difficulties	*3* ***(very high)***	*1* ***(slightly raised)***

Table 11. Pre- and post-intervention diagnostic predictions for SDQ

Any disorder	***Pre-intervention***	***Post-intervention***
Emotional disorder (anxiety, depression)	***High risk***	*Low risk*
Behavioural disorder	*Low risk*	*Low risk*
Hyperactivity or concentration disorder	*Low risk*	*Low risk*

Table 12. Pre and post intervention t scores for BAI-Y

BAI-Y	***Pre-intervention T score***	***Post-intervention T score***
Total	*66*	*53*

The post intervention scores on the BAI-Y are shown in Table 12, which shows that Alfie's level of anxiety had decreased from the pre-intervention phase. His post-intervention score was 53, which is considered to be within 'normal' levels of anxiety.

Table 13. Alfie's pre- and post-intervention scores for the CATS

Domain	***Pre-intervention score***	***Post-intervention score***
Physical Threat	*31*	*12*
Social Threat	*28*	*9*
Personal Failure	*35*	*9*
Hostile Intent	*11*	*8*
Total score	*105*	*38*

Alfie's post-intervention responses for the CATS show that his frequency of negative thoughts had decreased across all four domains. All were now considered to be within the 'average' range.

Overall, these data suggest that, over a period of the eight sessions over two months, Alfie made considerable changes. Prior to the intervention, he showed significant distress and impaired functioning and his parents and school staff were unsure how to overcome his anxiety problems. However, following the intervention, Alfie's anxiety symptoms were greatly reduced, his functioning improved markedly and his parents and teachers had become more confident in helping him address and overcome his anxiety problems. Aflie reported that he was also starting to engage more with group work and felt more able to deal with his emotions. Alfie said he felt 'happier'. Both teachers and parents also described 'a happier boy'. Alfie had started to initiate communication with his teachers, asking questions in class and having a short conversation with them at the start/end of the lesson. Teachers reported fewer, if any tearful incidents, while Alfie's parents reported that Alfie had less difficulty getting to sleep.

Follow-up results

The SDQ follow- up scores are shown in Tables 14, 15 and 16. The results show that after three months Alfie had not only maintained his post-intervention scores but his levels of emotional distress were now reported within the 'close to average' range.

Table 14. Alfie's pre- post- and follow-up intervention scores for SDQ

SDQ subscales	***Pre-intervention***	***Post-intervention***	***Follow-up***
Overall stress	*12 (close to average)*	*11 (close to average)*	*11 (close to average)*
Emotional distress	*6* ***(high)***	*4 (****slightly raised)***	*3 (close to average)*
Behavioural difficulties	*0 (close to average)*	*0 (close to average)*	*0 (close to average)*
Hyperactivity/	*1 (close to average)*	*1 (close to average)*	*1 (close to average)*
Peer relations	*5* ***(very high)***	*3* ***(slightly raised)***	*3* ***(slightly raised)***
Pro-social behaviour	*10 (close to average)*	*9 (close to average)*	*9 (close to average)*
Impact of difficulties	***2 (high)***	*1* ***(slightly raised)***	*1* ***(slightly raised)***

Table 15. Alfie's parents' pre-, post- and follow-up intervention scores for SDQ

SDQ subscales	***Pre-intervention***	***Post-intervention***	***Follow-up***
Overall stress	*12 (close to average)*	*12 (close to average)*	*12 (close to average)*
Emotional distress	*7* ***(very high)***	*5* ***(slightly raised)***	*3 (close to average)*
Behavioural difficulties	*0 (close to average)*	*0 (close to average)*	*0 (close to average)*
Hyperactivity	*2 (close to average)*	*2 (close to average)*	*2 (close to average)*
Peer relations	*3* ***(slightly raised)***	*3* ***(slightly raised)***	*3* ***(slightly raised)***
Pro-social behaviour	*10 (close to average)*	*9 (close to average)*	*9 (close to average)*
Impact of difficulties	*2* ***(high)***	*1 (****slightly raised)***	*1* ***(slightly raised)***

Table 16. Alfie's key worker's pre-, post- and follow-up intervention scores for SDQ

SDQ subscales	***Pre-intervention***	***Post-intervention***	***Follow-up***
Overall stress	*14 (slightly raised)*	*12* ***(slightly raised)***	*9 (close to average)*
Emotional distress	*7* ***(very high)***	*4 (****slightly raised)***	*3 (close to average)*
Behavioural difficulties	*0 (close to average)*	*0 (close to average)*	*0 (close to average)*
Hyperactivity	*3 (close to average)*	*3 (close to average)*	*3 (close to average)*
Peer relations	*4* ***(high)***	*3 (****slightly raised)***	*3 (****slightly raised)***
Pro-social behaviour	*9 (close to average)*	*9 (close to average)*	*9 (close to average)*
Impact of difficulties	*3* ***(very high)***	*1* ***(slightly raised)***	*0 (close to average)*

Table 17. Alfie's pre-, post- and follow-up interventions scores for the BAI-Y

BAI-Y	***Pre-intervention***	***Post-Intervention***	***Follow-up***
Total	*66*	*53*	*55*

The results for the follow-up scores on the BAI-Y are shown in Table 17, suggesting a marginal increase in the level of Alfie's anxiety. However his levels of anxiety were still within the 'normal' limits.

Table 18. Alfie's pre-, post- and follow-up interventions scores for the CATS

Domain	***Pre-intervention***	***Post-intervention***	***Follow-up***
Physical Threat	*31*	*12*	*9*
Social Threat	*28*	*9*	*6*
Personal Failure	*35*	*9*	*8*
Hostile Intent	*11*	*8*	*8*
Total Score	*105*	*38*	*31*

Alfie's follow-up intervention responses for the CATS are shown below in Table 18 and show that the frequency of his negative thoughts had continued to decrease across all four domains except 'hostile intent', (one area in which fewest negative thoughts had been indicated in the pre-intervention assessment) where the score was maintained. All were considered to be within the 'average' range.

Approximately 3 months after the intervention, Alfie and his parents returned for a review meeting held in the school, in preparation for which Alfie, his parents and his support worker completed updated forms. Triangulation of child self-report data is important, particularly when the intervention has a behavioural strand, in order to check whether others corroborate a child's perception of

behavioural change. Alfie had maintained his goals. Alfie identified times of anxiety that, in the past, may have lead to him crying and he articulated how he used CBT tactics to prevent the symptoms. Alfie reported that he was able to express how he was feeling now and felt 'more confident' in working in a group in class. Alfie's mother and teachers indicated that Alfie continued to be generally happier in school and that he was sleeping better. Teachers reported no incidents of tears.

Trainee Educational Psychologists reflections of using CBT in practice

Formulation

Systemic formulation was essential in the Alfie's case. As the difficulties appeared to be primarily school-based it was important I worked closely with school staff, who played an invaluable role in assessment, formulation and evaluation (Dunsmuir and Iyadurai, 2007). In addition I found that building a relationship with Alfie over a period of a couple of months and seeing him regularly was important in providing a certain amount of job satisfaction as well as the supporting the development of building my working relationship with school staff.

CBT intervention

As my Local Authority operates a central referral system I was under no time pressure to deliver an expected amount of service to different groups or 'patches'. Furthermore this allowed me time to put in action the theory I had learned from lectures and additional reading, without being pressurised by time

or other commitments. I found that to deliver CBT effectively required a lot of preparation time.

When researching materials to use, there appeared to be an abundance of material on which to base the therapy, which initially presented an overwhelming and daunting challenge. Therefore I narrowed my focus down to evidence-based anxiety programmes 'Think Good, Feel Good' (Stallard, 2002) and the 'CBT workbook' (O'Reilly, 2004). Alfie responded particularly well to Gary O'Reilly's materials, which appealed to his sense of humour. As Friedberg and McClure (2002) suggest incorporating enjoyable activities to facilitate a child or young person's engagement in treatment is important. Nonetheless McHugh et al. (2009) argue that adhering to the fidelity of the intervention is vital. Therefore I had a difficult task of drawing upon the vast range of resources available whilst retaining fidelity. At the same time I had to make sure I was attending to Alfie and engaging with understanding and helping him individually (Kuyken et al., 2009).

I was also concerned about homework with Alfie. Spiegler and Guevremont (1995) note that homework is a core component of cognitive behavioural therapies, which allows children to practise skills in real life context. I was worried Alfie would either get himself 'worked up' if he forgot to do the task set or that he would just not both to do it. I had try and make sure Alfie knew he would not get in trouble if he did not complete it. Additionally I had to make sure Alfie saw the relevance of the homework and that he understood exactly

what he had to do (Hudson and Kendall, 2002). Alfie engaged very well with the between session tasks. In particular he enjoyed the Gary O'Reilly worksheets to do with negative automatic thoughts (GNATS). In addition Alfie appeared to enjoy the positive feedback, which appeared to relax him for the rest of the session. After a couple of sessions, Alfie's mother emailed requesting a copy of his homework, as he had lost a sheet that I had given him the previous week. As it was, Alfie who had prompted his mother to email, I felt this was a positive step towards engaging with the CBT intervention and me. I feel that the success of the homework depends on its relevance, the step-size, how engaging it is and the support that the child or young person receives.

Role of Supervision

The importance of regular and close supervision is a requirement of carrying out CBT. However Squires and Dunsmuir (2011) found that supervisors differed in their knowledge, experience and confidence in supporting TEPs in engaging with CBT. Furthermore Squires and Dunsmuir (2011) suggest that this is not necessarily a problem as supervision tends to focus on general casework rather than the actual implementation of CBT itself so that 'normal supervision' is generally sufficient to address problems that may arise from delivering therapeutic interventions such as CBT.

My supervisor was not very confident or experienced with using CBT in her practice; although she believed she had the knowledge base, she had not used CBT with many children or young people. However I felt I needed regular

formal supervision due to my limited experience. Therefore due to our location and our small service I alternated supervision between my main supervisor and another EP who was skilled in CBT. I felt that access to formal supervision with a CBT practitioner was invaluable as it allowed me to reflect more deeply and further develop my skills. In addition I was also able to access CBT supervision from my university along with peer supervision from my fellow trainees.

Conclusion

CBT is a therapeutic and educational approach that can be used to address psychological problems of children and young people (Fuggle, et al., 2013). This current case study further supports the utilisation of CBT with young people with anxiety. It illustrates the importance of working systemically to develop a shared understanding of the problem with a child or young person, parents and the teachers in order to devise an intervention plan that addresses the child or young person's difficulties. If all parties had not been involved, then potentially valuable information would have been overlooked and maintenance along with generalisation of therapeutic gains would have been poor. In addition this case also illustrates the benefits of adopting a flexible, individualised approach rather than adhering to a therapy manual. From a TEP's perspective the role of supervision, along with working systemically and having the time to read about CBT were all found to be contributing factors in delivering CBT successfully.

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Appendix 1

Presenting concerns

Alfie's parents identified anxiety as a significant difficulty for Alfie across a number of domains. Alfie's parents and Alfie noted that he worried about diverse areas of his life including his academic performance, planning and organising himself and working in a group. Both Alfie's parents and Alfie himself described various anxiety problems that manifested as reluctance to attend school and when in school being very tearful, reduced engagement with schoolwork, as well as trouble sleeping.

School staff reported that Alfie seemed to be experiencing strong emotions in school that at times were difficult for him to manage and often resulted to him being found around school in tears. Alfie's teachers reported that they often did not have the time to see what was distressing him. Alfie's teachers advised that he appeared to be having difficulties coping with the fast pace of his lessons and was struggling to step up to the level of work expected in Year 8. Alfie's teachers reported that Alfie appeared afraid to answer questions in class, ask for help or work in a group.

Alfie's teachers also reported that he seldom initiated conversations with his peers or teachers in school. Alfie's teachers advised that they had to date attempted to 'coerce' him to work in groups. However latterly they had allowed him to work by himself. Both of these strategies were judged ineffective in decreasing Alfie's anxiety in the classroom. At lunchtime, he was often seen wandering around the school field or sitting by himself, rather than playing with

his peers. At home his parents indicated that his symptoms were affecting his sleep; he would worry about things and then had difficulty falling asleep and was often awake when his parents went to bed. Alfie's teachers reported that he often presented as tired in school.

Appendix 2

History

Alfie's parents reported that Alfie reached and completed all his developmental milestones within normal age limits. Alfie's mother advised that he was a 'clingy' baby, and as a toddler, of necessity, had attended nursery from two years of age due to the death of his maternal grandmother. Here he initially displayed separation anxiety, but he did subsequently adjust to the routine of pre-school, and later school.

Alfie's parents described Alfie as being a sensitive, shy and reserved child, except at home where he was quite animated. His mother reported that Alfie had 'always been a little quirky' or 'different', but that was 'just Alfie'. Alfie himself reported that 'he had been born miserable and a worrier'.

Both Alfie's parents reported that Alfie had worried about a range things for many years and that he had a very sensitive and anxious personality. His parents indicated that he had been experiencing anxiety symptoms related to school since approximately 10 years of age. They were first made aware of this at a Year 5 parents' evening. His anxiety symptoms appear to have significantly increased after his mother started studying for her Post Graduate Certificate in Education.

An evaluation of psychological consultation in a small Local Authority

Abstract

Consultation is an approach used by educational psychologists (EPs) and has become a widespread method of practice since the 1990s (Leadbetter, 2006). In addition, the response to the Green Paper (Department for Education, 2012) suggested that EPs' role should have a greater focus on early intervention and preventative work. This paper focuses on a small-scale mixed methods study of early psychological intervention (EPI) consultation sessions provided by EPs to school staff and parents in a small Local Authority (LA). The research aimed to evaluate the impact of these EPI sessions through a survey design with pre, post and follow-up data. Evaluation measures assessed the views of both participant school staff and parents before and after the EPI session. School staff were also asked to complete a follow-up questionnaire.

Results were positive. Overall findings suggested that the EPI sessions were helpful and a good use of time for both school staff and parents. Findings suggested that the EPIs enabled both school staff and parents to feel supported and have time to reflect and problem solve effectively. Both school staff and parents noted that they thought that both parties had been more open in the EPI sessions. Findings also suggested that what school staff valued most from the EPs' involvement was their suggestion of practical strategies, the ability to help them problem solve effectively and plan a way forward.

Participants reported several limitations to the EPI sessions, with both

administrative efficiency and the request for consolidation through a follow-up session being highlighted. Future research could obtain parents' views of the impact of the sessions in a follow-up, and to collect children's and young peoples' perspectives.

1. Introduction

Leadbetter (2006) identified that consultation is one of the fastest growing practices of EPs in the United Kingdom (UK), supported by the research conducted by Farrell et al. (2006) and Squires et al. (2007) who reported that consultation is an effective approach for early intervention and identification when working alongside both teachers and parents. It moves EPs away from the traditional assessment (testing) method and to an approach with a broader focus than the individual child (Squires et al., 2007).

The current study considered early psychological intervention consultation sessions (EPIs) held by the EPs in one small LA in the UK; sessions were based on principles and practices of contemporary consultee-centred consultation (Nolan and Moreland, 2014). The EPI consultation sessions were implemented as a means toward increasing accessibility to high quality early psychological intervention for school staff, parents, and where appropriate, the child or young person. The aim of this current research was to provide an evaluation of the EPI sessions and the role such a service might play in supporting school staff and parents.

Before discussing the study, a brief overview of the literature based around

definitions, models and processes of consultation will be explored. The main focus of the literature will be on studies that have considered the development and effectiveness of consultation in LAs from the perspectives of EPs, school staff and parents.

This paper will describe the EPI intervention along with its evaluation. It will outline the methodology used to explore school staff and parents' perceptions of the EPI sessions, specifically what difference they made for children/young people, their families and their school; to what extent respondents think the sessions were helpful and a good use of their time, as well as suggestions for improvements. The evaluation used questionnaires comprising rating scales augmented by additional comments. Within the limits of this professional practice report the views of neither the focus child nor the EP in the consultation were sought: the focus was on the school staff and parents who were the direct services users within this new development by the EPS.

The results and data analysis will be presented, followed by discussion of the findings and implications of the study.

2. What is consultation?

2.1 Definitions

Consultation has been defined many ways and used in many contexts, depending upon the profession, the service users and service needed or provided (Kennedy et al., 2008). Leadbetter (2006) suggests that as a profession, EPs invariably struggle to articulate what is meant by the term

consultation, as it has 'a multiplicity of meanings' (p. 20). For example, Wagner (2000) outlines the approach as a '… voluntary collaborative non-supervisory approach established to aid the functioning of a system and its inter-related systems …' (p.11). Sheridan et al. (1996) in contrast, provide a more transparent, working definition of consultation, where consultation is characterised as interpersonal actions involving '… an indirect problem-solving process between a consultant and one or more consultees to address concerns presented by a client …' (Sheridan et al., 1996, p. 341–342). While this definition is not without its limitations as it does not capture all forms of consultation, as Bergan and Kratochwill, (1990) posit, this definition encapsulates the triadic relationship of consultation: that is, the triadic relationship that involves the consultant (e.g. an EP), a consultee (e.g. a teacher) and a primary client (e.g. a child). Conoley and Conoley (1992) like Sheridan et al. (1996) note this triadic relationship, but argue that consultation should be seen as a 'problem solving relationship between professionals of differing fields' (p. 84). Conoley and Conoley (1992) also suggest that the purpose of consultation is to 'enhance the problem solving capacity of a consultee' (p. 85). However they also argue that this process is not just about providing advice; it is about providing the consultee 'empowerment' (p.85).

2.2 Models of consultation

In addition to the many definitions of consultation there are also a number of models of consultation that have been developed. Kennedy et al. (2008) identifies ten models of consultation, including mental health consultation

(Caplan, 1970), behavioural consultation (Bergan and Tombari, 1976) and process consultation (Schein, 1999). These three models might be considered to be the most influential and are explained more fully in Table 1 below.

Table 1. Overview of the three main models of consultation

Mental health consultation	A key feature of this model of consultation is the absence of power differentials in the consultation relationship (Caplan, 1970). The model deems that there should be a coordinating relationship between the consultant and consultee rather than one that involves hierarchical authority where tensions are more likely to arise. As in the case with process consultation the model also recognises the importance of social institutions and the environment in influencing behaviour.
Behavioural consultation	Behavioural consultation shares its scientific roots with behavioural psychology and is therefore similar in many ways. The consultation process reflects a systematic problem-solving paradigm common to behavioural approaches. In the context of an EPS, consultation aims to promote change at the three levels; individual child; group or class; and the organisational/whole school. This process should also enable concerns to be raised which initiate a collaborative and recursive process where there is a joint exploration, assessment, formulation, intervention and review (Kennedy et al., 2008).
Process consultation	In education, the model focuses on supporting teachers' skills in relation to the concerns they articulate in relation to children's developmental progress and/or learning, aiming to support teachers in conceptualising these difficulties in dynamic, interactionist terms, and identifying steps they may be able to take in order to facilitate pupil progress (Leadbetter, 2006). Leadbetter (2006) suggests that this model of consultation can work well enabling EPs to bring about change at a number of levels.

2.3 Perspectives of consultation

Whilst Kennedy et al. (2008) identify a number of models Leadbetter (2006) argues that in the role of an EP there are three main perspectives of consultation:

- can be a model of service delivery,
- a specific meeting which employs some principles of consultation; or
- a means of gathering or eliciting information about a specific child.

Consultation as the model of service delivery appears self-explanatory. It is reported to be 'the model by which an educational psychology service is delivered to schools', (Leadbetter, 2006, p.22). However, Leadbetter concludes that although a service is described as using consultation as a model of service delivery, the actual practice used by the EPs varies greatly.

Consultation as a defined task is where an EP sets up a 'consultation meeting' with a member of school staff or other consultee. The meeting will then use one of the principles of consultation aiming at problem-solving and working collaboratively with the consultee on a particular case or issue. The method used in the meeting can take various forms depending on the theoretical basis of the individual EP.

Finally, consultation as a specific activity describes the way EPs and others meet in order to gain and share information: that is, the general way in which EPs structure their conversations. This is on a regular and unplanned basis and

can be seen as a general skill EPs should possess. Leadbetter (2006) states that within this regular, unplanned activity there has to be some form of information-seeking or eliciting, and some sharing of information and advice. Leadbetter (2006) concludes that consultation as a specific activity is 'more fluid than a more structured consultation meeting' (p.23).

For the purpose of this research, the focus was on consultation as a defined task. The evaluation aimed to investigate the effectiveness of the 'EPI session' with an EP, school staff and parent. By working with the key consultees (school staff and parents) solutions can be suggested and discussed and a plan decided upon to try some of the suggested solutions, therefore giving the key people a way forward (Leadbetter, 2006).

3. Previous research evaluation of consultation

As definitions, models and perspectives of consultation have developed, so too has research into the effectiveness of these models in LAs. An outline of key studies will now be given, focusing on studies that have looked at the development and effectiveness of consultation in LAs from the perspectives of EPs, school staff and parents.

3.1 Consultation and EPs

Farouk (1999) examined whether teachers used the strategies or approaches discussed during a consultation, and defined this as a measure of the

effectiveness of the consultation. The research involved 120 EPs completing a questionnaire which investigated aspects of the consultation, for example, the number of sessions completed, whether the strategies were agreed by the EP and the teacher, whether parents were involved, identifying factors which the EPs felt influenced the uptake of the strategies by the teacher.

Findings were that 86.7% reported that the teacher and the EP agreed on the strategies following the consultation, and parents were described as 'often' or 'almost always' involved by 61.1% of the EPs (Farouk, 1999). The factor which EPs perceived to be most influential in affecting teachers' uptake of the strategies discussed was the 'teacher's degree of ownership and commitment', along with 'follow-up (in terms of reviews and frequency of follow-up contact)' (Farouk, 1999, p. 259). Finally, responses indicated that the EPs valued a joint problem-solving approach, and identified interpersonal factors, such as the relationship between the EP and the teacher, as affecting the consultation process and outcome (Farouk, 1999).

In this research the responses represent the perspective of the EPs, and not teachers or parents. When the EPs commented about teachers and EPs agreeing strategies, or parents being involved, it is not clear whether teachers or parents agreed with these statements. In addition, the research only examined factors affecting teachers' uptake of strategies from a consultation, whereas the study could have been extended to explore teachers' reasons for deciding, or not deciding, to implement the strategies.

Nevertheless, findings suggest that the EPs perceived consultation to be a collaborative process with the goal of building relationships with teachers and empowering teachers to develop, and then implement, strategies to support children. This research also focused attention on interpersonal aspects of consultation, particularly the relationship between the EP and the teacher, and the importance of follow-up support for the teacher.

3.2 Consultation and school staff

Consultation with school staff has been the focus of several key studies. Dennis (2004) conducted research reviewing how consultation had been received in schools since its implementation in her LA. A total of 12 special educational needs coordinators (SENCos) agreed to give feedback about the implementation of consultation. A potential methodological weakness in the selection of participants was that EPs in the service were asked to recommend schools where the EP judged consultation had been positively received. This may have biased responses as the participants involved may have been more likely to give positive, rather than negative, feedback. This research may have benefitted from approaching schools where consultation had not been perceived by EPs to be so positively received, and exploring factors contributing to this. However, the findings showed that SENCos valued the EP when they were an 'enabler' rather than an 'expert'. Furthermore the SENCos also believed in the importance of early intervention rather than solely focusing on one-to-one support.

Further research conducted by Timmins et al. (2006) focused on school staff perceptions regarding the consultation process to determine if consultation had any impact on teacher behaviour (that is, the actions teachers took following consultation). Interviews were conducted via telephone with 16 teachers, two SENCos and one head teacher (19 altogether) who had been identified in the EPS records as having taken part in a consultation. Unlike Dennis (2004), EPs identified records of consultations they judged successful and not so successful. The study concluded all participants had felt involved in the consultation and were satisfied with the agreed actions. Furthermore twelve participants reported that 'the consultation had enabled them to think differently about the problem' (Timmins et al., 2006).

MacHardy et al. (1997) evaluated the effects of their model of service in Aberdeen Psychology Service on teachers' perceptions, attitudes and beliefs about the contribution of EPs. Teachers completed pre and post consultation questionnaires. In addition, some teachers were chosen via random sampling to take part in a structured interview to supplement the questionnaire data. Parents 'participated in consultation meetings' (p. 17) although this statement is not elaborated with regard to the parents' level of involvement in the meetings. Views of a random sample of parents who participated in the consultation meetings were also sought through structured interviews.

MacHardy et al. (1997) concluded that teachers understood EPs were available to discuss concerns at an earlier stage; were more aware of the range of work

which EPs could carry out; appreciated that EPs could help develop strategies for solving a problem; and understood that EPs could analyse problems objectively. Furthermore, teachers felt that talking to the EP enabled them to clarify their thoughts about the concern. The results from the structured interviews with teachers appear to support these statements. However the results are less conclusive for the structured interviews with the small sample of parents: nine of eleven sets of parents reported that after consultation, their views about the problem had not changed.

3.3 Consultation and parents

Wolfendale (2008) outlined key principles of the process of consultation and how consultation could be used to work more closely with parents:

- There should be mutual ownership of the issues being explored.
- The role of the parent should extend beyond merely giving information.
- All those present in the consultation need to contribute to negotiating and agreeing the outcomes resulting from the consultation.

This description of parental involvement emphasises that parents should be empowered to contribute to the consultation in a meaningful way, rather than merely being present at the meeting. However, much research suggests the contrary, attesting to the low profile of parental involvement in consultation.

The research conducted by Farouk (1999), described previously, made reference to EPs' perceptions of involving parents in the consultation process

as, when EPs were asked to consider how often parents were involved in consultation, 61.1% reported that parents were often or almost always involved. In addition, the researcher reported that 'several EPs commented on the importance of involving parents in the consultation process' (Farouk, 1999, p. 258). However, there were no additional data clarifying what the EPs regarded as 'involvement', or whether the parents felt they had been adequately involved in the consultation.

Annan (2005) noted that one particular worrying aspect of the new consultative model of service delivery in her LA was the assertion that it was not necessary for EPs to have contact with parents and essentially it was the school's role to liaise with the parents (Annan, 2005). Furthermore, Annan (2005) highlighted that the lack of involvement of parents risked neglecting the interaction between systemic factors, specifically between the home and school systems, that are affecting the child (Annan, 2005). However, in contrast Convery (2010) carried out a small-scale study in a LA exploring parents' perceptions of consultation through a postal questionnaire. Although on the basis of a low response rate, Convery (2012) concluded that the collaborative aspect of consultation was regarded by parents as an important dimension of consultation, as they highlighted the value of working together and the emotional support this could provide.

Overall the majority of studies I have come across in my search for literature have been accounts of how consultation has been developed by EPs in local

authorities, and/or which contain very little evaluation, but rather comprise and accounts of the author's experiences and what they have learned. In addition there is a lack of parent voice. Leadbetter (2004, p. 134) argues that, 'research into consultative practices is very sparse both in terms of evidence of outcomes but also in terms of illuminative studies that could further understanding of how consultation is structured and managed.' Therefore, this study seeks to extend existing research by evaluating the use of consultation in a small LA and the experiences of the school staff and parents involved.

4. Methodology

4.1 Rationale

The EPS has contended with significant uncertainty and turbulence over recent years, due to a reduction in staffing across services in response to financial constraints. Furthermore, due to long-term sickness and subsequent early retirement of a Senior EP, the EPS was understaffed, putting pressure on the remaining two EPs (one main scale and one senior), along with the trainee EP (myself), to take on additional work.

To help with this casework burden, the EPS determined to trial 'Early Psychological Intervention' consultation sessions, with the aim of reducing the demand for low-level casework. The aim was to provide opportunities for school staff and parents to take part in joint problem-solving sessions with two EPs.

Increasing the expectation for accountability in all public sector services including EPS had led to a need critically to assess the worth and value of

aspects of service delivery, to ensure services are meeting the needs of 'service users'. Evaluation of the EPI sessions aimed to assess their 'effects and effectiveness' (Robson, 2011, p. 202).

4.2 Research aims and questions

The purposes of evaluating the EPI sessions were:

- to find out the extent to which stakeholders' needs were being met
- to gain information about the impact of the sessions on school staff, parents and child or young person; and
- to indicate if any changes were required with the EPI process in order to make it more effective (Robson, 2011).

In order to determine how effective the EPI sessions are from the perspective of school staff and parents, the current study addressed the following four research questions:

- Do consultees believe that EPI sessions make a difference for children/young people, their families and the participating member of school staff?
- To what extent do all stakeholders who take part in the EPI sessions judge that these have been helpful and a good use of their time?
- Are there any improvements that could be made to the sessions?
- What do school staff value about the contribution and involvement of the EP in the consultation session?

4.3 Research design

This research subscribes to social constructionist epistemological orientation, eliciting subjective perspectives, rather than any form of 'outcome data' capable of independent validation; this clearly has implications for the knowledge claims that can be drawn from this study. A mixed methods survey design was employed.

5. Methods: Intervention

5.1 Intervention

The intervention reported in this paper is based upon contemporary consultee-centred consultative working (Nolan and Neil, 2014). This involves a combination of all three of the models summarised in Table 1 (Nolan and Neil, 2014). Originally aligned with mental health consultation (Caplan, 1970), this model of consultation shares structural elements of behavioural consultation (Bergan and Tombari, 1976) along with relying upon interpersonal skills emphasised in process consultation (Schein, 1999). The ultimate goal of this consultee-centred consultation is jointly to develop a new way of conceptualising the focus issue, in order that the ‘repertoire of the consultee is expanded and the professional relationships restored or improved’ (Knotek and Sandoval, 2003, p. 245).

Table 2 Outline of structure of the consultation session

Outline of structure	Process features derived from literature review
EPI session Key areas to be asked to both parent and participating school staff: • What has brought you here today? • How will you know that this session has been useful? • What would you like to take from this session today? • What are your hopes for this meeting?	Mental health consultation: absence of power differentials in the consultation relationship (Caplan, 1970). The process of consultation is seen as a problem solving relationship with the purpose to enhance the problem solving capacity of the consultee in this case both the parent and the school staff (Conoley and Conoley,1992). Process consultation: supporting both parents and participating school staff's skills in relation to the concerns they articulate in relation to children's developmental progress and/or learning.
Summarise/hypotheses: • Check understanding of key facts • Discuss possible interpretations of the information	Behavioural consultation enable concerns to be raised which initiate a collaborative and recursive process where there is a joint exploration, assessment, formulation, intervention and review (Kennedy et al., 2008). Process consultation aim to support in conceptualising the difficulties in dynamic, interactionist terms, and identifying steps they may be able to take in order to facilitate pupil progress (Leadbetter, 2006).

5.2 Procedure

An email was sent out with a flyer to all head teachers and SENCos in the LA, inviting them to attend an EPI session (Appendix 1). School staff were asked to approach any parents they felt would benefit from attending one of these sessions, along with advertising the EPI sessions in their school newsletter and school website. Both school staff and parents were encouraged to attend the session together, and school staff were encouraged to take the lead in booking the actual sessions. This could be done by emailing or telephoning the administrative staff. Participation was therefore entirely voluntary.

The EPI sessions were carried out weekly by pairs of EPs (where possible) in local schools in five geographical cluster areas. Each geographical cluster area had a named school that had previously volunteered to act as host for these EPI sessions (as noted on the EPI flyer: Appendix 1). Each school was offered session(s) in their area once every five weeks. Three sessions were available each week.

An EPI session normally lasted for approximately one hour. The focus of the session was typically a school-aged child where there were concerns regarding the progress or well-being of the child, whether social, emotional, behavioural or learning. From the beginning, the EPs had tried to establish the expectation that the sessions should be used jointly by schools and families; therefore an EPI session typically involved two EPs (where possible), a SENCo and/or class

teacher, one or two parents. Sometimes the child or young person also attended.

The outline of the session followed a script (Appendix 2). Safeguards on confidentiality were explained in the introduction. In addition, the collaborative nature of the session was explained to both school staff and parents, along with the clarification that the EPI session was not a formal referral to the EPS and that the EPs would not be taking detailed notes. The purpose of the session was explained as to provide time to develop an understanding and/or shared plans. Finally the EPI session moved from the parent(s), school staff and where relevant, the child or young person sharing a 'pen picture of the child/young person', to the joint problem-solving process.

6. Methods: Evaluation

6.1 Participants and setting

There are 32 primary schools and five secondary schools in the LA. All the schools were invited to book EPI sessions in one of their five geographical cluster areas. Therefore a purposive sample was used. Of the 32 primary schools and five secondary schools, 18 primary schools and two secondary schools took up the option of booking one or more EPI session(s). Administration staff collected demographic information at the time of booking; name, parent's name, school, year group, area of difficulty and parental telephone number.

Over three quarters of the children or young people who were discussed or attended were male (33 of 43 or 76.6%). As Table 3 shows, children in Key Stage 1, 18 of 43 (41.9%) formed a disproportionate number with just over a quarter of all EPI sessions focused on children in Year 1 (12 of 43, 27.9%) (Table 4).

Table 3. Key Stage of child/young person

	Frequency
Early Years and Foundation Stage (EYFS)	5
Key Stage 1	18
Key Stage 2	16
Key Stage 3	4
Key Stage 4	0

Table 4. Year group of the focus child/young person

	Frequency
Reception	5
Year 1	12
Year 2	6
Year 3	0
Year 4	3
Year 5	5
Year 6	8
Year 7	2
Year 8	2

The most frequent area of need was behaviour management, as shown in Table 5, with 13 of 43 (30.2%). Only 13 of 43 (30.2%) of the EPI sessions involved children and young people previously known to the EPS whilst 30 of 43 (69.8%) were new to the Service.

Table 5. Area(s) of need

	Frequency
Behaviour management	13
Emotional well-being of the child	10
Communication and interaction	7
Cognition and learning	10

Note: Some consultations addressed more than one topic

In total there were 43 EPI sessions undertaken in this period. Table 6 gives a breakdown of who attended each of the sessions. Due to technical problems at several of the earlier sessions, there is only questionnaire response data for 35 of the sessions from both school staff and parents.

Table 6. Frequency of attendees at the consultation

	Frequency
School staff and parent (s)	34
School staff only	2
Parent(s) only	7

Over half the school staff (22 of 35 or 63%) who attended the EPI sessions were either the child's class teacher or the child's class teacher and SENCo. A

further 11 (31%) were the SENCo for the school. The remaining two (6%) comprised one Special Educational Needs advisor and one health visitor. There were also ten children and young people (23%) who attended the sessions either with just their parents or with school staff and parents. Four of these children were secondary school aged.

6.2 Data collection methods: Questionnaire

Larney (2003) suugests that a combination of quantitative and qualitative data are required for evaluations of consultation. Larney (2003) points out that this has not been the case with most of the research on consultation.

The EPI sessions were evaluated using quantitative techniques augmented by qualitative data elicited through a questionnaire. I judged that the qualitative data could 'clarify and illustrate the results' of the descriptive statistics (McQueen and Knussen, 1999, p. 222). Questionnaire items were developed to gather data that would answer the four main research questions. Questionnaires are included as Appendices 3 and 4.

Questionnaires comprised two parts. Each session began with all adults who attended the session being invited to complete a self-report questionnaire using Survey Monkey on an iPad. School staff and parents were asked to independently to rate their level of concern and understanding about the issues they brought to the session, as well as their ability to manage the issue. School staff and parents rated these again at the end of the session. All ratings were

made on a ten-point scale ranging from one (low level of concern/understanding/ability to manage the issue) to ten (high level of concern/understanding/ability to manage the issue).

Following the EPI session, both the school staff and parents were also invited to rate how helpful the session had been and whether it had been a good use of the participant's time, along with more open questions that sought participants' views about their next steps following the EPI sessions and any suggestions for improving the sessions. There was a further open question to elicit further information or effects. Open-ended question responses and additional comments can sometimes contain 'gems' of information that may not otherwise be caught with closed questions (Cohen, 2010).

Apart from one question for school staff to identify their role in relation to the child or young person, the same questionnaire was given to both school staff and parents. This ensured that both the school staff and parent's view of the EPI sessions were gathered rather than in previous research where only the view of one stakeholder was obtained (Farouk, 1999, Dennis, 2004, Timmons et al., 2006). The same questionnaire was also given to obtain consistency within the two groups, school staff and parents.

6.3 Follow-up questionnaire for school staff

Participating school staff were also invited via email to take part in the follow-up study one month after their EPI session (Appendix 5). An email with the link to

the questionnaire on Survey Monkey was sent out to the SENCo of each of the 20 schools from which a staff member had attended the EPI session. The SENCo was asked to forward the questionnaire to any staff who had attended EPI sessions.

The questionnaire contained a number of rating questions that allowed for further comments to be added along with several open questions. One question contained tick boxes with items developed from the literature review (Farrouk, 1999; Dennis, 2004), with regard to what school staff valued from EP input and involvement in the EPI session. This question also allowed for additional comments.

6.4 Ethical Considerations

The British Psychological Society (BPS) Code of Conduct provides guidelines on issues regarding respect, confidentiality, safeguarding and informed consent (BPS, 2009), which were considered during all aspects of this study (Table 7).

Table 7. Ethical considerations

Informed consent	The beginning of the session participants were informed that an evaluation of the EPI sessions was to be carried out in order to evaluate the service that the EPs were providing to both school staff and parents. Verbal consent to take part in this evaluation was sought at the start of the EPI session. Participants were informed that completing the questionnaire indicated consent to participats.
Anonymity	All questions in the questionnaire could be answered anonymously. Both parents and school staff were assured that although administration staff had collected

	demographic information at the time of booking; name, parent's name, school, year group, area of difficulty and telephone number their answers to the questionnaire would not be attributed to any one individual and as they did not include any identifiable data on Survey Monkey. Therefore, I was unable to identify who completed the questionnaires.

7. Results and data analysis for each research question

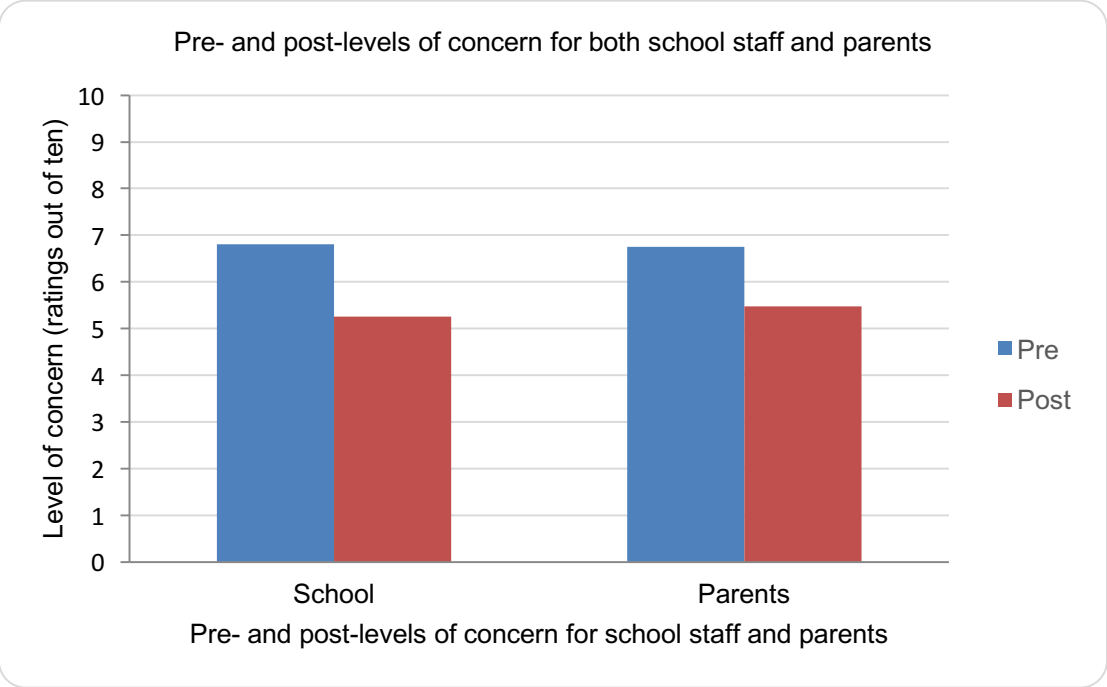
The results and data analysis are presented in relation to each research question. Data analysis focused on descriptive statistics along with qualitative analysis of additional comments and responses to open questions. Each question was reviewed individually and core themes abstracted from the response set. This was carried out for both the school staff and the parents' questionnaires. Examples of some of the coding of themes are shown in Appendices 6 – 11.

7.1 **Research Question 1:** *Do consultees believe the EPI sessions make a difference for children/young people, their families and the participating school staff?*

7.1.1 Level of concern across both school staff and parents

Pre- and post- consultation data about school staff and parents' level of concern are shown in Figure 1. Both school staff and parents' level of concern decreased after the session.

Figure 1. Pre- and post- consultation levels of concern



As Table 8 shows the average rating for level of concern about the issues was initially quite high for both school staff and parents. However, this reduced by an average of 1.54 points for school staff following the consultation session and by 1.2 for parents.

Table 8. School staff and parents' self-rated level of concern before and after consultation

	Frequency		**Range**		**Mean**		**SD**	
	School	Parent	School	Parent	School	Parent	School	Parent
Pre	7	7	1-10	3-10	6.80	6.71	2.24	2.17
Post	5	6	1-10	1-10	5.26	5.51	2.33	2.44

Table 9 shows within sample data for both school staff and parents. Twenty-four school staff reported that their level of concern had reduced after the EPI session whilst 11 did not, of whom three reported an increase in their level of concern. In comparison, 18 parents reported a reduction in their level of concern whilst 17 did not, of whom six reported having a higher level of concern than before.

Table 9. Frequency of school staff and parents' level of concern (range and mean)

	Frequency		**Range**		**Mean**	
	School	Parent	School	Parent	School	Parent
Reduced	24	18	2 - 9	1 - 7	4.04	3.61
Increased	3	6	4 - 8	6 - 10	6.33	7.16
No change	8	11	3 - 10	3 - 10	7.75	7.09

7.1.2 Level of understanding across both school staff and parents

Pre- and post- consultation data about school staff and parents' level of understanding of the issue discussed are shown in Figure 2. Overall both school staff and parents' level of understanding of the issue discussed increased after the session.

Figure 2. Pre- and post-consultation levels of understanding of the issue

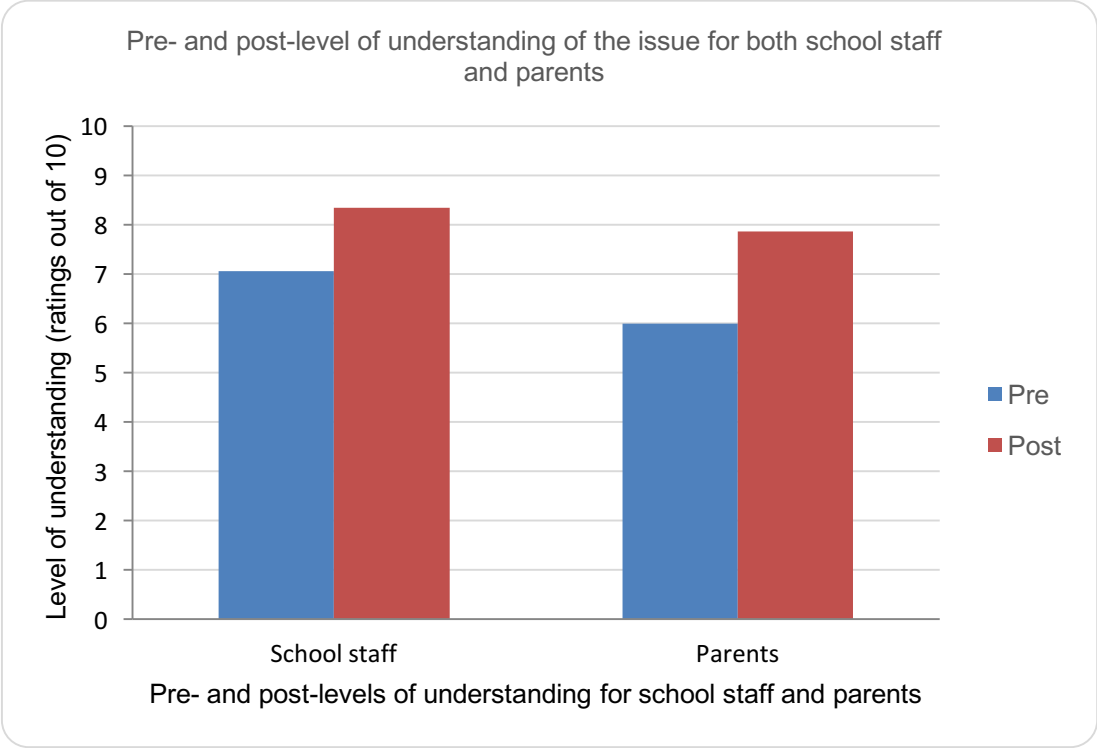


Table 10 shows that the average rating for understanding for both school staff and parents increased after the consultation session. It increased by an average of 1.28 points for school staff following the consultation session and by 1.83 points for parents.

Table 10 School staff and parents' self rated level of understanding before and after consultation

	Median		**Range**		**Mean**		**SD**	
	School	Parent	School	Parent	School	Parent	School	Parents
Pre	7	7	4-10	1-10	7.06	6.03	1.69	2.48
Post	8	8	5-10	3-10	8.34	7.86	1.26	1.74

Table 11 shows within sample data for both school staff and parents. Twenty-two school staff reported that their level of understanding of the issue discussed had increased after the EPI session whilst 13 did not, of whom six reported having less understanding than before. In contrast 27 parents reported an increase in their level of understanding of the difficulty discussed after the EPI session whilst eight did not, of whom four reported that their level of understanding had reduced after the EPI session.

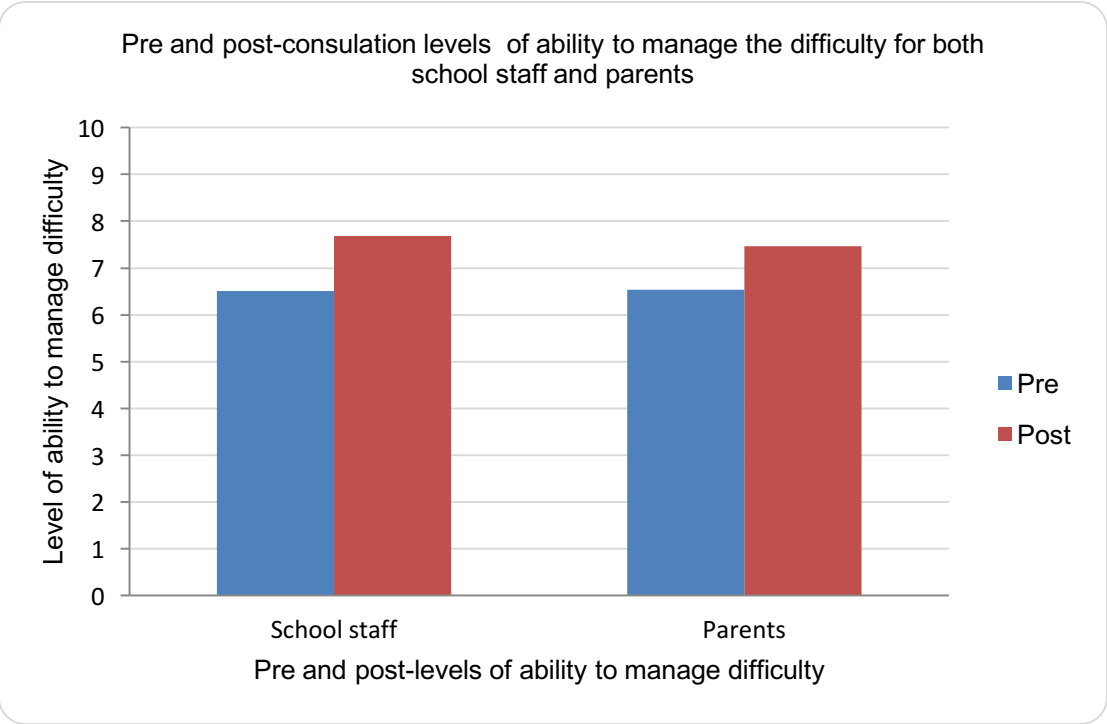
Table 11. Frequency of school staff and parents' level of understanding (range and mean)

	Frequency		**Range**		**Mean**	
	School	Parent	School	Parent	School	Parent
Reduced	22	27	6 - 10	5 - 10	8.72	8.11
Increased	6	4	5 - 8	3 - 9	5.83	5.25
No change	7	4	6 -10	8 - 10	8.29	8.75

7.1.3 Ability to manage the difficulty discussed

Pre- and post- data about school staff and parents' ability to manage the difficulty are shown in Figure 3. Overall both school staff and parents' ability to manage the area of concern discussed increased after the session.

Figure 3. Pre and post-consultation levels of ability to manage the difficulty



As Table 12 shows the average rating for the ability to manage the difficulty before and after consultation increased for both school staff and parent. This was by 1.18 points for school staff and by less than one point, 0.89 for parents.

Table 12. School staff and parents' self rated level of ability to manage the difficulty before and after consultation

	Frequency		**Range**		**Mean**		**SD**	
	School	Parent	School	Parent	School	Parent	School	Parent
Pre	7	6	2-10	3-10	6:51	6.57	1.98	2.14
Post	8	8	4-10	2-10	7.69	7.46	1.43	1.70

Table 13 shows within sample data. Twenty-four school staff reported that their ability to manage the issue discussed had increased after the EPI session whilst

11 did not, of whom only five reported having less ability to manage the difficulty than before. Similarly 26 parents reported an increase in their ability to manage the issue discussed after the EPI session whilst nine did not, of whom three reported having less ability to manage the difficulty than before.

Table 13. Frequency of school staff and parents' ability to manage (range and mean)

	Frequency		**Range**		**Mean**	
	School	Parent	School	Parent	School	Parent
Reduced	24	26	4 - 10	5 - 9	7.75	9.53
Increased	5	3	6 - 8	2 - 6	7	4.66
No change	6	6	8 - 10	5 -10	8	8.83

Descriptive statistics show that the EPI sessions do make a difference for school staff and parents. This is shown in that immediately after the session, both school staff and parents felt less concerned and had a higher level of understanding and an increased ability to manage the issue discussed.

7.1.4 Follow-up data

In addition, in the follow-up evaluation with school staff, participants were asked to rate what impact they felt the EPI sessions had had for themselves, the child and the parents on a ten point rating scale from 'very little impact' (point one) to 'a lot of impact' (point ten). Sixteen of the 20 school staff (80%) who responded reported that the EPI sessions had had a lot of impact on themselves (scoring seven or above). Similarly, school staff perceived that the EPI sessions had had

a lot of impact for parents with (17 of 20, 85%). Fourteen of the 20 (70%) school staff reported that the EPI sessions had had a lot of impact for the child (scoring seven or above).

Table 14. Themes for RQ 1

Themes		
School staff	*Parents*	*Child*
more openness time and space more confidence improving relationships	improving relationships normalising behaviour happier parental anxieties	more openness relationships behaviour improvements happier

School staff reported that for them, the biggest impact was the ability for everyone involved to be more open with one-another, thus improving relationships, as shown in Table 14. School staff perceived that the biggest impact for both parents and themselves was improving relationships with each other. For the child, for those staff who added additional comments, school staff perceived that their child appeared *'happier',* there had been *'behaviour improvements'*, and that *'parents have become much more involved and there is a shared understanding of concerns and therefore things have improved for the child.'*

7.2 Research Question 2: *To what extent do all stakeholders who take part in the EPI sessions feel that they have been helpful and a good use of their time?*

Figure 4 and Table 15 show school staff and parents' self-rated level of how helpful they found the EPI session, whether the EPI session was a good use of their time and how helpful they found having a joint discussion.

Figure 4. Mean rating for school staff and parents' self rated level of how helpful they found the EPI session, whether the EPI session was a good use of their time and how helpful they found having a joint discussion

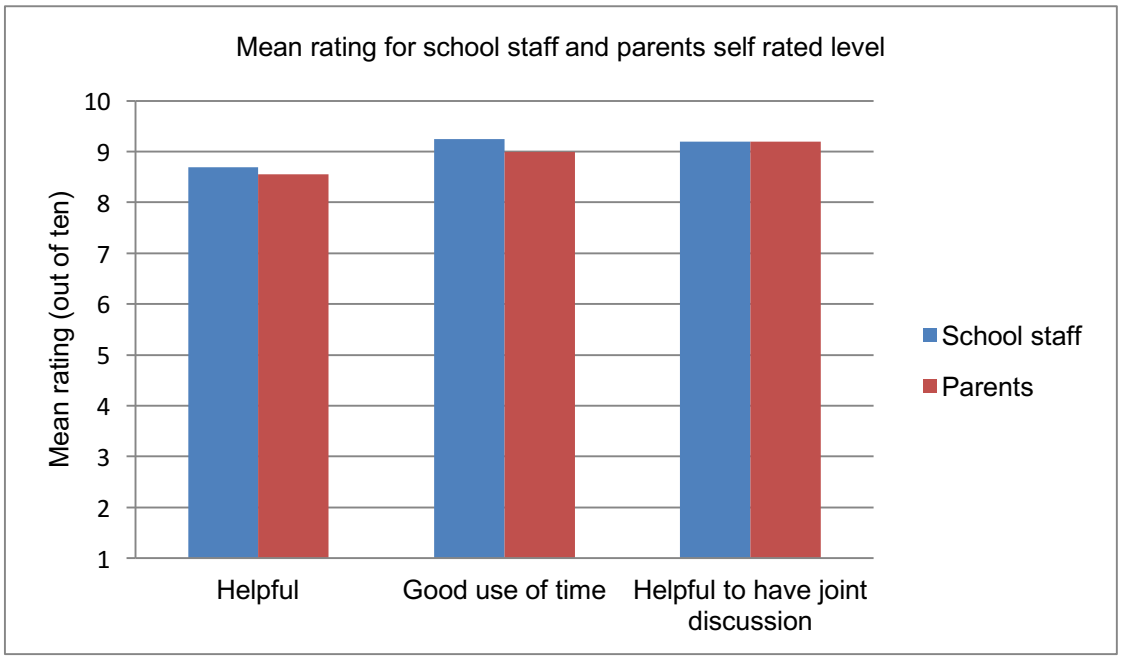


Table 15. School staff and parents' self rated level of how helpful they found the EPI session, whether it was a good use of their time and how helpful it was to have a joint discussion

	Frequency		**Range**		**Mean**		**SD**	
	School	Parent	School	Parent	School	Parent	School	Parent
Helpful	9	8	5 - 10	6 -10	8.69	8.56	1.28	1.22
Good use of time	10	10	5 - 10	6 - 10	9.20	9.20	1.21	1.09
Joint discussion	10	9	5 - 10	4 -10	9.25	8.91	1.17	1.38

Participants were asked to rate the extent to which attending the EPI sessions had been helpful on a ten point rating scale from 'not at all helpful' (point one) to 'very helpful' (point ten). 33 of the 35 school staff (94.2%) reported attending the EPI sessions had been helpful (scoring seven or above). A similar proportion of parents 31 of 35 (88.6%) also found the EPI sessions helpful.

One of the main themes to emerge from additional comments about how helpful the school staff had found the session was that it '*eased parental anxieties'* (Table 16). This is also reflected in the parents' comments about '*feeling more positive'* due to be being able to '*talk through their concerns'*. Both school staff and parents valued the time to problem solve together. Another recurrent theme for school staff was that the session had provided reassurance, building confidence that the school staff were '*doing the right thing'*.

Table 16. Themes for RQ 2

	Themes	
	School staff	*Parents*
How helpful did you find the EPI session today?	•Eased parental anxieties •Problem solving •Improved relationships •Reassurance	•Eased parental anxieties •Problem solving •Time and space
Do you think coming here today has been a good use of your time?	•Time and space •Improved relationships •More openness •Problem solving	•Value of EP •Time and space •Improved relationships
How helpful has it been to have a joint discussion with school?	•Time and space •Problem solving •More openness	•Time and space •Problem solving •Improved relationships •More openness

Participants were asked to rate whether attending the EPI sessions had been a good use of their time ('not a good use of my time': 1 to 'a really good use of my time': 10). Both school staff 34 of 35 (97%) and parents, 34 of 35 (97%) found attending the EPI sessions a good use of their time (scoring seven or above). There was only one parent and one school staff member who rated the session at only six out of ten with regard to it being a good use of their time.

Identical results were found when participants were asked to rate how helpful it was to have a joint discussion with both school staff and parents ('not at all helpful': 1 to 'very helpful': 10). Both school staff 34 of 35 (97%) and parents, 34 of 35 (97%)(scoring seven or above) found it was helpful to attend a joint session. One staff member rated the session at only five out of ten whilst one parent rated the session at six out of ten with regard to it being helpful to have a joint discussion.

One main theme was abstracted from the additional comments about how helpful it was to have a joint discussion about the child's difficulties question: both school staff and parents appreciated the '*time to reflect and problem solve'* without this having to be a '*rushed, snatched conversation'* with each other. This theme also recurred in comments about whether the EPI session had been a good use of their time. Again, both school staff and parents appreciated the opportunity to get to know each other's views on the difficulty; the session allowed more openness between them along with the reoccurring theme of '*appreciation of the time for us all to come together'*. In addition parents

appreciated the EP input.

In addition, in the staff follow-up questionnaire nineteen (95%) participants reported that they would use the EPI session with one participant reporting s/he would not attend the session again due to there being *'no useful suggestions beyond what we already doing. Felt we were going around in circles.'*

7.3 Research Question 3: *Are there any improvements that could be made to the sessions?*

Forty-one percent of school staff felt that the EPI sessions could be improved whereas only 22% of parents felt that the EPI sessions could be improved. Both school staff and parents were invited to offer any improvements that would make the session more effective. Themes that emerged from this question related to efficiency of administration, the offer of holding a follow-up session to discuss progress, and that both school staff and parents felt that the child or young person should have been invited along to the session (Table 17). A further theme to abstracted from the follow-up data from the school staff was that they wanted the offer of more frequent EPI sessions.

Table 17. Themes for RQ 3

	Themes	
	School staff	*Parents*
Do you think the EPIs could be improved?	•More EPI sessions •Involve the child •Efficiency of administration •Prior information sharing •Follow-up sessions	•Involve the child

7.4 Research Question 4: *What do school staff value about the contribution and involvement of an EP?*

Table 18. What school staff valued about EP input

	Frequency
Empowering	12
Empowering for the parent	11
Empowering for child	5
Questioning style	9
Listening skills	12
Ability to apply a problem solving approach	14
Ability to suggest practical strategies	17
Ability to plan a way forward	13

In the follow-up questionnaire with school staff, participants were asked about what they valued about the EP involvement/contribution (Table 18), and asked to tick all those that were applicable, offering additional comments where necessary.

Seventeen of the 20 participants (85%) found that 'suggesting practical strategies' was what they valued the most along with the 'ability to problem solve' (14: 70%) and 'plan a way forward' (13: 65%). Furthermore 'practical strategies' was an overwhelming theme in the 'next steps' for both the school staff and parents. Additional comments also made reference to how much the EPs' interpersonal skills were valued.

8. Discussion

As a starting point, the evaluation provides promising evidence that the EPI sessions offer a useful way for EPs in the LA to support both school staff and parents, and one that indicates that the EPIs were helpful and a good use of school staff and parents' time. Moreover, immediately after the session, both school staff and parents felt less concerned and had a higher level of understanding and an increased ability to manage the issue discussed. These results are more encouraging than those reported by MacHardy et al., (1997) who reported that even after consultation, parents felt the 'problem' had not changed.

Qualitative analysis suggests that the EPI sessions provide time and space for school staff and parents who have concerns about children to have reflective conversations that make a difference. Furthermore both school staff and parents valued being able to jointly problem solve and in some cases think differently about the problem (Timmins, et al., 2006). In addition, supporting the definitions of consultation put forward by Conoley and Conoley (1992) and Sheridan et al. (1996), this study also supports the findings of Farouk (1999) and Dennis (2004). Farouk (1999) highlighted the importance of a joint problem solving approach rather than EPs being directive, whilst Dennis (2004) identified that SENCos found consultation more effective when the consultant was an 'enabler', rather than an expert.

However, this current study also highlighted the value school staff and parents placed upon EPs offering more practical advice. This was not mentioned in any of the previous research studies as an important aspect, and slightly differs in the idea of a 'joint problem' solving approach. It suggests that at times, school staff and parents would like or need a more direct approach. Equally, however both school staff and parents valued the emotional support provided, with several highlighting the importance of simply gaining reassurance that the current strategies and approaches they were using were appropriate (Convery, 2012).

Both school staff and parents noted that they thought that the sessions had improved relationships, and that both parties had been more open in the EPI session. This adds another dimension to Farouk (1999) who highlighted the value of EPs building relationships with teachers. It suggests that the role of relationships between EP, school staff and parents are important. This triadic relationship (Conoley and Conoley, 1992) appears to encourage a shift in the dynamics between home and school and the capacity to think differently and work together effectively (Timmins et al., 2006). School staff raised the importance of the individual EP's interpersonal skills in the success of the EPI session. Again this is in line with previous research (Farouk, 1999).

School staff reported wanting availability of more EPI sessions, which suggests that they perceived the sessions to be useful. Furthermore both school staff and parents suggested that follow-up sessions would be useful, even though this

was initially discussed in the 'script' (Appendix 2) at the beginning of the session. The fact that both school staff and parents were keen to have multiple sessions, suggests that they perceived the current arrangements to be helpful but that there is a need to restate the offer of a follow-up session at the end of each EPI session. Commitment from school staff and the amount of follow-up support has been shown to influence teachers' implementation of consultation strategies (Farouk, 1999). Therefore, it seems likely that follow-up support would be just as beneficial for parents too.

8.1 Limitations

Whilst the current results are promising, it is nevertheless important to acknowledge the limitations of the current study, particularly in the lack of voice of the child or young person. Furthermore in the absence of long-term follow-up measures with parents, it is not possible to conclude whether the consultation sessions have a lasting impact on parents in terms of their levels of concern, understanding and ability to manage the difficulty with their child. Equally, it is unclear whether the sessions ultimately have a long-term impact on the issues raised by the parents; or, more specifically, on the children and young people themselves. Furthermore the longer-term impact for all stakeholders could be explored through a six month follow-up.

In terms of the methods used, although some demographic information was collected at the booking of the EPI session, no further demographic information was collected from the actual questionnaire. If additional information had been

available, it would have allowed further analysis in order to find out why some of the EPI sessions were more successful than others in their impact for school staff and/or parents.

Another potential limitation was that the questionnaire was completed immediately after the EPI session; therefore participants might have felt pressured by having to answer immediately, and therefore may have felt rushed and so unable to reflect with care prior to responding.

9. Conclusion

In conclusion, the current study aimed to provide information which would help a small LA EPS evaluate what school staff and parents felt about the EPI sessions and how this information could be used to improve EPI sessions. The feedback provided by the school staff and parents converged to suggest that the EPI sessions led to a number of important benefits in most cases. The EPI sessions offered were helpful and a good use of time for all participants, as well as having an immediate impact on most consultees' perceptions of their ability to the concerns they had raised. Child voice and more long-term follow-up data from parents would be useful in giving a more holistic view of all stakeholders' perceptions of the EPI sessions. A number of improvements were suggested, which the LA can take on board with a view toward improving administrative efficiency and considering follow-up sessions, as well as offering more EPI sessions.

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11. Appendices

Appendix 1: Early psychological intervention (EPI) flyer for schools

For SENCOs, teachers, learning support assistants, parents and young people

We would like to offer opportunities for school staff and parents to take part in joint problem-solving sessions with Educational Psychologists to discuss concerns such as; coping with feelings, understanding behaviour, difficulties with learning, ways to support students experiencing problems with attention or with making friendships.

The educational psychologists will work together with you to clarify issues and generate possible courses of action. The process is a form of early intervention and aims to tackle concerns before they become more complex and resistant to change.

These sessions will be confidential but in order for the problem solving process to be as effective as possible, it is important that representatives from both home and school attend for a booking to be confirmed.

Each session will last for approximately one hour and there will be three slots available during the afternoons set below (1.30pm to 2.30pm, 2.45pm to 3.45pm, and 4.00pm to 5.00pm).

The sessions will take place at various locations in the LA throughout the year. In order to arrange an EPI session, please contact [redacted]

It would be helpful to have the following details available when making a booking:

- ✓ Young person's name, date of birth, and address.
- ✓ Parents names and contact details.
- ✓ Name, role and contact details of school representative attending the meeting.
- ✓ Brief summary of the concerns to be discussed.

Once you have made a booking with the Office staff, you will receive a letter or email confirming the date, time and location of the EPI session.

The following dates have been set for the sessions to take place during 2014 – 2015:

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
22.9.14	20.10.14	6.10.14	13.10.14	30.9.14
3.11.14	1.12.14	17.11.14	24.11.14	10.11.14
12.1.15	6.2.15	26.1.15	2.2.15	19.1.15
16.2.15	16.3.15	2.3.15	9.3.15	23.2.15
23.3.15	18.5.15	27.4.15.	11.5.15	20.4.15
15.6.15	20.7.15	29.6.15	13.7.15	22.6.15

Appendix 2: Early psychological intervention script/overview of session

Introductions
What is an EPI about… • It is an early intervention • One 45 minute session • A one-off piece of work • Can book in for a review if needed
Confidentiality • What is said here will be confidential, unless we hear something that has to be reported, such as issues to do with child protection. • Therefore, if we want to share information, we will need to have your consent before we do this.
Recording the session (give some paper for them to take notes on) • We will not be writing up notes to send out from this session. You are welcome to take notes to remind you of what was said. • We will make process notes and share action points arising at the end of the session.
Questionnaire • We are surveying people's thoughts about the EPI sessions so that we can monitor the success/satisfaction of these sessions. Before we begin would you please fill in the 3 or 4 questions in the questionnaire on the ipad related to your current level of concern, level of understanding and ability to manage the difficulty/issue that you bring here today. • You will be asked to fill in the remaining questions at the end of the EPI session.
EPI session • What has brought you here today? • How will you know that this session has been useful? • What would you like to take from this session today? • What are your hopes for this meeting? • Reminder about time factor if this goes on for too long
Summarise/hypotheses • Check understanding of key facts • Discuss possible interpretations of the information
Action plan • Make a note of what attendees would like to gain from the meeting • Agree actions and make a note of these
Questionnaire/debrief

A Socio-Cultural Activity theory analysis of identification and assessment of children and young people's special educational needs and disabilities (SEND) within a small local authority (LA).

Abstract

Socio-cultural activity theory is used as an analytic framework to explore the systems currently in place to support the identification and assessment of children and young people's special educational needs and disabilities (SEND) within a small local authority (LA). Focus group interviews were used to gather the perceptions of Special Educational Needs (SEN) managers, Educational Psychologists (EPs) and Special Educational Needs Co-ordindators (SENCOs) to support them in identifying and managing children and young people's SEND within the LA. Activity theory principles are applied as a framework to guide data generation and analysis.

Broad themes were identified, indicative of the principal factors considered either to constrain or support effective practice. The main supports appear to be the positive relationships that professionals have within and across their teams. The main constraints focused on the financial and political climate, along with lack of time, high workloads and perceptions of a lack of professional autonomy.

1. Introduction

In the United Kingdom, a new structure for supporting children and young people with special educational needs and disability (SEND) is now in place. It represents a very different system from that which was outlined in the previous two Codes of Practice for special educational needs (Pearson, 2008). The new

Special Educational Needs and Disability (SEND) Code of Practice, and related statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities (DfE, 2014), leaves much more to the discretion of schools and the very structured approach detailed in 1994 and 2001 is replaced by a locally-driven model.

The LA in this study is in the unique position of being self-governing and having judicial autonomy: it is not required therefore to follow or implement English or Welsh policies. Etkins (2010) argues that all too often, changes in practice and policy are made without clearly examining and understanding how effective the existing practice was, and changes are imposed regardless of whether they are either necessary or desirable. In contrast, some practices become so deeply embedded within the culture of practice within the education system or any other organisational system that they come to be accepted without question. It was judged by the LA that the changes to the UK SEND policy afforded a timely impetus for review of the LA's policy, custom and practice.

Real, meaningful, radical reform will not be achieved by 'tinkering at the edges' of system (Etkins, 2010), nor will it be achieved through the introduction or implementation of prescriptive 'one size fits all' models of practice (Lamb, 2009). Rather, change will only be effectively secured through detailed discussions based on consideration of 'enhanced rights and a cultural shift in the way in which schools, local authorities and other professionals work with parents and children' (DCSF, 2009, p. 1).

However, SEND policy should not be considered to develop separately from policies and practices to support pupils in education generally. For a long time, SEN policies have been sidelined and not considered within the bigger picture, influencing education more widely. Thus, it is acknowledged that the SEND system is often deliberated as if it were a separate system that operates outside the broader education sector, although it is widely accepted that this is not the case: SEN policy needs to be considered as fully integral to the broader educational context (House of Commons, 2006, p. 18).

It is with this 'cultural shift' that this study is concerned; through the use of Activity Theory (Engeström, 1987; Activity theory is explained more fully in Section 2.2). The aim was to support the development of meaningful review and reflection about existing practices, which would then inform action planning for the development of practices to improve experiences and outcomes for all children and young people, including those with SEND within the school context.

The study aimed to explore the systems currently in place to support the identification and management of children and young people's SEND within my placement LA, in order to inform their further development. A particular focus of the review was those aspects of professionals' work that were considered to support or constrain them in identifying and managing the SEND experienced by children and young people. In-depth analysis of this activity system was

judged to provide a means through which the interaction between the individual (with their thoughts, feelings, behaviours and experiences) and society (with its dynamic social, cultural and historical features) could be researched and understood (Engeström, 1999a).

This report briefly examines research about multi-agency working and the application of activity theory, prior to its main focus on exploring the systems currently in place to support the identification and management of children and young people's SEN within my placement LA from the perspectives of SEN managers, EPs and SENCOs.

2.0 Literature Review

2.1 Expectations for multi-agency working

In the last two decades, there has been a wealth of UK governmental documentation (e.g. Department of Health, 1997; Children Act, 2004) and policy reforms supporting expectations for agencies to work together to support vulnerable children (Barnes, 2008). Implementation of the agenda Green Paper, Every Child Matters (ECM, Department for Education and Skills, 2003) cemented the previous Labour government's focus on 'joined-up working' and was the catalyst for comprehensive change in the way services provided to children and their families were delivered. Marks (2006) asserts: 'teams represent the critical unit that 'get things done in today's world' (p. i). The focus on a joined-up approach requires new ways of working (Leadbetter, 2006b) to deliver improved services for children, young people and their families.

One of the challenges facing professionals engaged in multi-agency working is developing skills required for collaborative working. A review of interagency work by Atkinson et al. (2002) identified different forms of collaborative working, ranging from shared meetings, geographically located teams to inter-agency teams working together to deliver services. However, factors such as the levels and forms of communication between professionals, funding and resources, (lack of shared) understanding of roles, responsibilities and professional cultures are all cited as potential difficulties and barriers (Atkinson and Hornby, 2002). Furthermore, Milbourne et al. (2003) argued that policy approaches set out by government departments do not support the diverse models of collaboration that are needed to support professionals nor take realistic account of external factors which may also compromise effective collaboration.

Public policy has placed increasing emphasis upon effective 'joined up' inter-disciplinary and multi-agency working, in line with growing appreciation of the complexities of human behaviour and the similarly complex systems which no single professional discipline nor agency can be considered competent to address, other than in partnership with colleagues who bring knowledge and resources from their different parent disciplines and agencies. Whilst the potential benefits of co-ordinated multi-disciplinary/multi-agency working are widely acknowledged, studies have consistently noted that these benefits are rarely fully realised (Atkinson et al., 2005; Cheminais, 2009; Leadbetter, 2006).

Cultural-historical, and socio-cultural activity theory (C-HAT; S-CAT) comprises a broad theoretical model /conceptual framework which has been applied within a range of work settings to explore and develop working practices which can better facilitate realisation of personal/professional and organisational goals through improved understanding, communication and collaboration within the complex work environments which depend on effective multi-agency working.

2.2 Activity theory

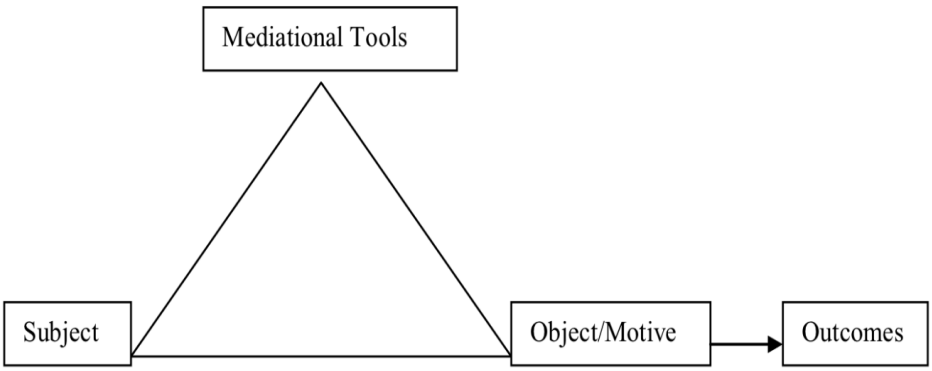
Activity theory draws upon a range of disciplines including psychology, sociology, political theory and communication studies; its use within educational psychology practice remains recent and innovative (Leadbetter, 2008). Activity theory has developed over the past 70 years from the original ideas of Vygotsky and other Soviet psychologists. Vygotsky explored the links between individual processes of learning and development and the impact of cultural and social contexts on these (Leadbetter, 2008). Vygotsky stressed the importance of mediation in the process of learning and development and emphasised that human interactions are always mediated in some way.

2.2.1 (i) First-generation activity theory

Activity theories are considered by Engeström (1987) to be based on understanding of the triadic relationship between subject (individual or group), mediating artefacts or tools, and object (the thing being worked on) and the subject's motive for the activity. Daniels (2001) pointed out that this approach stemmed from very early developments of Vygotskian theory to develop a

methodology for understanding the tools/artefacts that mediate between the subject and the object of their activity and its outcome, on the assumption that the signs, symbols and tools used are imbued with previous cultural and historical tradition of the activity. The approach further assumes that experienced 'actors' use these signs and symbols to mediate learning by others new to the object of the activity. These 'first-generation' activity theories and are represented by Figure 1 below.

Figure 1. Model of first generation activity theory (adapted from Daniels, 2001, p. 86)

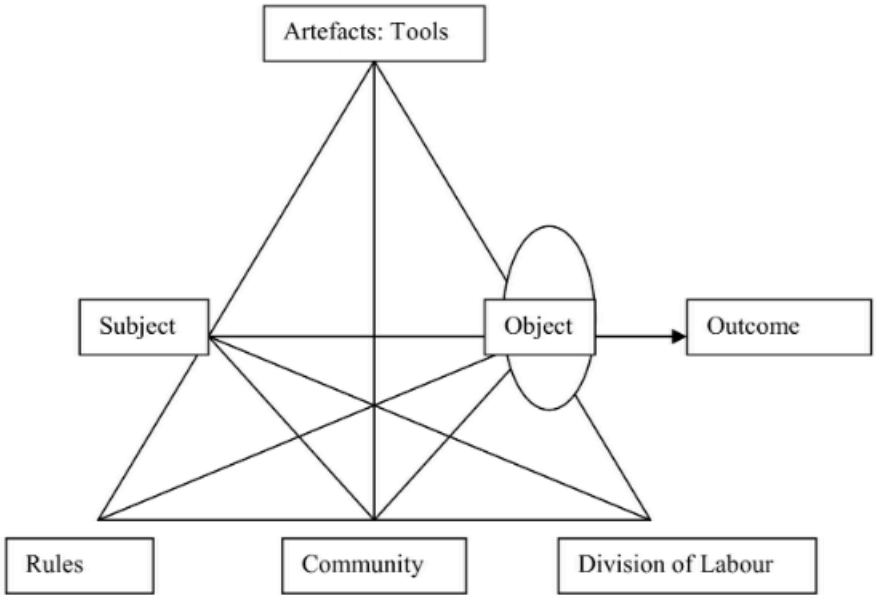


2.2.2 (ii) Second generation activity theory

Engeström (1987) proposed an expansion of this triadic relationship to take greater account of the community and social context in which an activity occurs. He introduced the idea that subject – object relationships were not only mediated by cultural-historical artefacts, but by the sociocultural context and community within which and with whom they take place. This led Engeström

(1987) to propose a Second Generation Activity Theory, represented in Figure 2, showing the increased complexity of the interrelationships and interactions within an activity system. Furthermore, Engeström proposed that invetsigation of the interactions within and between each of these elements may reveal contradictions: points of tension, or potential for change which can be harnessed to enable an activity system to learn and evolve.

Figure 2 Model of second-generation activity theory (Engeström, 1987)

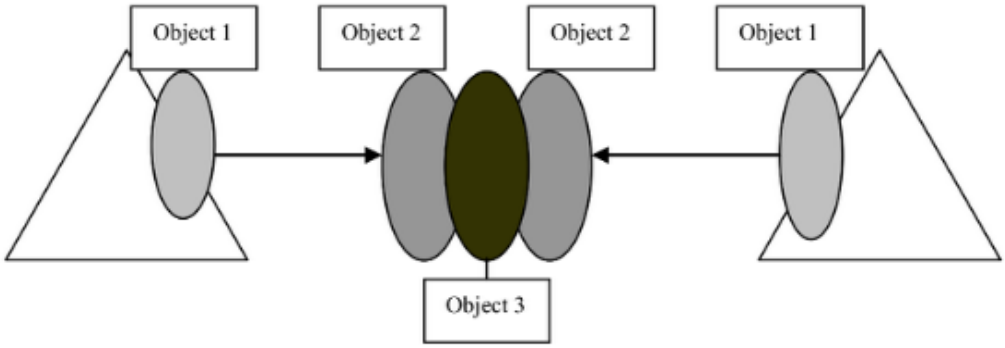


2.2.3 (iii) Third generation activity theory

In further expansion of his second-generation theory, Engeström (1999b) proposed that an activity system does not occur in isolation of other activity systems in the community and that there is not only a dialectic interaction *within*

an activity system, but also *between* activity systems (Figure 3), and that it is this dialectic interaction that leads to the formation of new and evolving objects for people to work on. Engeström (1999b) again proposed that it is the *contradictions* between two interrelated activity systems that offer the space for development and growth. Furthermore, he pointed to the tension that can exist between existing and newly formed objects of an activity system that also creates further opportunity for development through 'expansive learning'. Engeström has described expansive learning in the following way: '(it) begins with individual subjects questioning accepted practices, and it gradually expands into a collective movement or institution' (Engeström, 2008, p.130).

Figure 3. Third-generation activity model (Engeström, 1999b)



2.3 Applications of activity theory in work settings

Engeström (1999a) has led the way in applying his theories in workplace activity systems and has illustrated the application of his theories and approaches to a range of different settings, including medical practice (Engeström, 1999a). The

theory has since been applied to a number of different work settings by other researchers. Daniels et al., (2007), for example has applied the approach to consideration of the socio-cultural influences on the activity that surrounds children with emotional and behavioural difficulties. Using socio-cultural activity theory he explored the processes involved in the identification and provision of support for children with emotional and behavioural difficulties and highlighted how different school cultures and activity systems mediated different outcomes for children.

2.4 Applications of activity theory

Two relevant applications of activity theory principles in previous research are summarised below.

2.4.1(i) Learning in and for Interagency Working (LIW) Project

This research focused on professional learning in 'multiagency' children's services settings (Warmington and Leadbetter, 2010). In the LIW Project, research interventions were conducted in UK Children's Services workplace settings where professionals were engaged in 'joined up', multi-agency practices, which aimed to develop greater responsiveness, flexibility and coordination in meeting the needs of children and families. The political climate in which this project was developed was focused on the Every Child Matters Green Paper (DfES, 2003) and the Children Act (2004): policies which sought to address the needs of young people and their families identified as at risk of social exclusion. Both policies called for qualitatively different ways of joined up

multi-agency working to operate across traditional service and team boundaries (Middleton, 2010; Warmington and Leadbetter, 2010).

Local authorities included in the LIW Project were addressing the recommendations set out in new policy by the creation of multi-professional teams, extended schools, and common assessment frameworks. The focus of the LIW Project centred on the *labour-power* aspect of Activity Theory, rooted in Marxist thinking which considers labour-power as a constellation of skills, knowledge and dispositions that constitutes the capacity of individuals and collectives for productive labouring action (Daniels et al., 2007). This application of activity theory principles reflects the 'expansion' of learning in practice that Engeström (1999b) promotes.

2.4.2(ii) Developmental Work Research (DWR)

This approach is derived from cultural historical activity theory (CHAT; Engeström, 1999b). In this project, professionals were asked to explore and identify the challenges they faced in learning to work in a multi-agency way using analytic resources of CHAT. This is an interventionist approach, over time (Edwards and Fox, 2005), which enables activity theory to become part of a structured and coherent developmental process as well as a tool for analysis (Leadbetter, 2008). This process involves a cycle of ethnographic investigation and organised feedback through a series of what Engeström terms 'change laboratories'. These labs or workshops are established to explore data gathered, which reflect various elements of the activity theory framework; focus

is placed on contradictions that exist between elements of the framework (e.g. tools / strategies in place). The labs provide a learning forum where past, present and future systems can be analysed and contradictions within these explored and resolved.

Within this professional practice report, activity theory principles are applied to provide a 'snap-shot' of what is currently happening in the systems that identify and manage children and young people's SEND. Future phases of this work will employ DWR or LIW approaches, so that learning and development opportunities are provided for those working within the small LA.

3. Methodology and design

3.1 Local Context

The total children and young people population (0-18 years) in the LA is 17,090, of whom there are 6262 primary school-aged children and 4513 secondary school-aged young people (LA, 2014 – 2019). In 2013-2014, 20% of children were identified with SEND, of whom 195 children and young people with disabilities were experiencing Special Unit provision in schools.

Within the LA, there is a comprehensive range of specialist educational provision and services as shown in Table 1. In addition there are 15 Special Units (10 attached to primary schools and five attached to secondary schools).

Table 1. Overview of the range of specialist educational provision and services within the LA

Service	Number of staff	Additional information
Sensory team **Visual support** **Hearing support**	1 head of support/teacher 1 support staff 1 head of support 2 teachers 4 support staff	All with mandatory specialist qualifications All with mandatory specialist qualifications
Educational Psychology Service	2 Senior Educational Psychologists 1 main scale 1 Trainee Educational Psychologist	
Pre-School Assessment Centre	1 head teacher 3 teachers 3 Nursery Nurses	Work with different children and family throughout the year onsite and in nurseries/pre-schools
Education Support Centre supporting children with social, emotional and behavioural difficulties).	1 head teacher 1 deputy head/teacher 2 teachers 3 primary trained support staff 4 secondary trained support staff	Combination of outreach and consultancy directed work with children and young people onsite, in schools and within homes.

The LA has recently developed a strategy informed by a vision for the LA's children and young people aged 0 – 18 years: a vision shared by all the partner agencies providing services for children, young people and their families (LA, 2014 – 2019). It sets out joint priorities for the next five years, in line with the

objectives of the Policy for Children (LA, 2015) and seeks to address key areas for action following an independent review of children's services in 2013, including improving early identification and intervention, improving support for children with complex needs, and 'developing creativity and innovation through strong collaborative leadership'. Figure 4 offers a detailed overview of the strategy, from which the LA will develop a Policy for Children which incorporates SEND.

3.2 Aims

The overarching aim of this inquiry was to explore the systems currently in place to support the identification and management of children and young people's SEND within my placement local authority, in order to inform these systems' further development. This process of review and development was confined to consideration of the perspectives of service providers (SEN managers, EPs and SENCOs); the viewpoints and experiences of other core stakeholder groups (notably parents and children with SEND and typically developing peers and their parents / carers; and teachers / other early years and school staff) were not canvassed for the purposes of this initial inquiry.

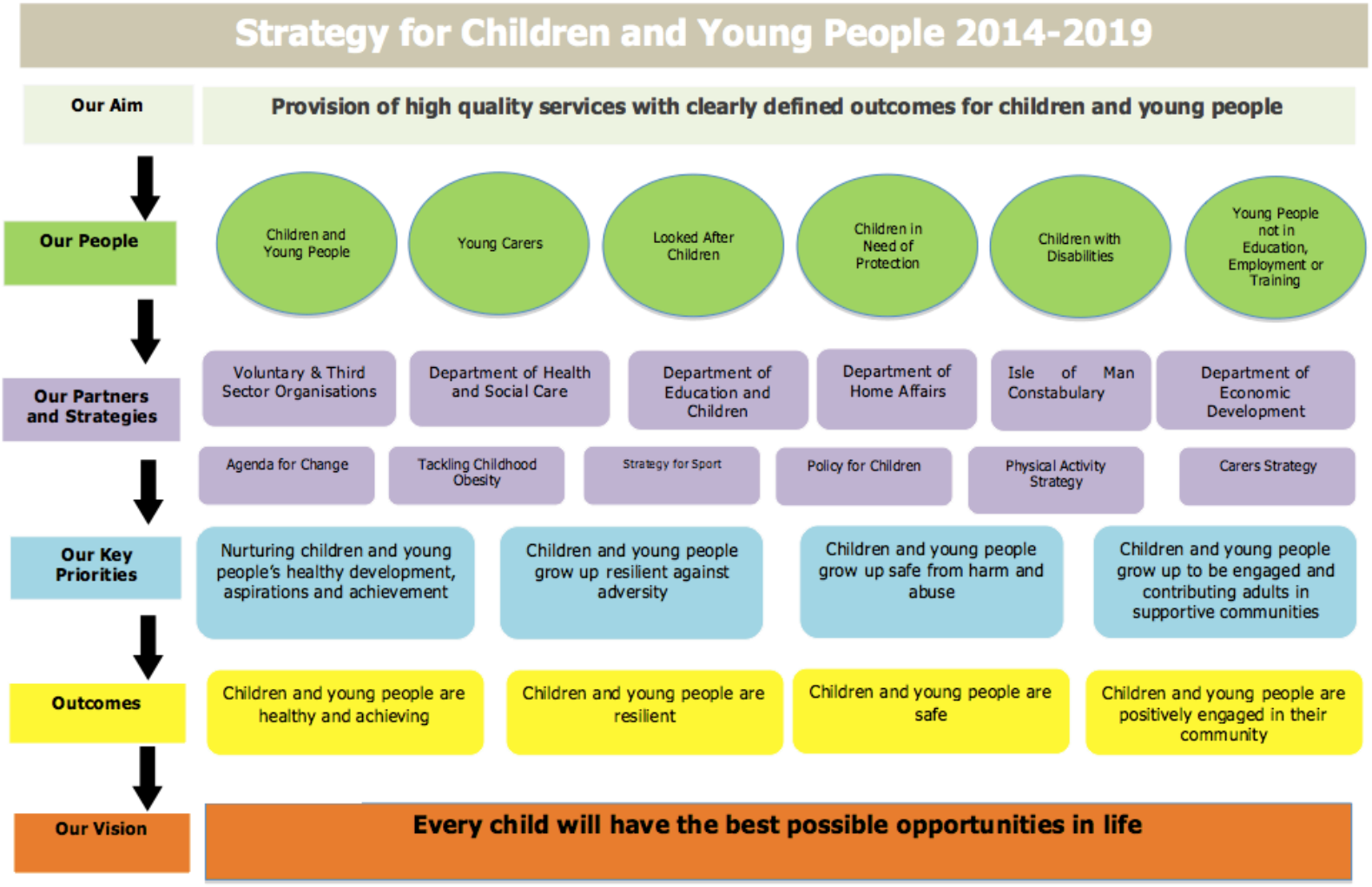


Figure 4. Overview of LA strategy for children and young people, 2014

Applying activity theory to investigate how SEN managers, EPs and SENCOs report that they work allows a comparison between professionals' understanding of how they identify and manage SEND. In addition, it explores how these perspectives differ from those of other colleagues within and between disciplines accounts of current working practices ('activity systems') and how resolution of these perspectives may inform the development of improved ways of working (Daniels, et al., 2007).

This first phase of inquiry sought to illuminate:

- how current systems are considered to support the identification and management of children and young peoples' SEN; and
- what SEN managers, EPs and SENCOs perceive to support or constrain them in identifying and managing children and young people's SEND.

3.3 Methodology

3.3.1(i) Activity theory

This approach, with its emphasis on socio-cultural and historical development of an activity system, was judged well-suited to the aims of this initiative. Socio-cultural activity theory was selected as a suitable analytical framework to structure data collection and analysis. Furthermore, activity theory affords an analytical framework that provides a contextually-specific understanding of workplace learning and development (Edwards, 2011) alongside evaluating their strengths and weaknesses (Leadbetter, 2008).

3.3.2(ii) Epistemology

A social constructionist epistemological position was adopted for this study. Vygotsky, who is considered to be the founder of activity theory (Leadbetter, 2008), has been acknowledged as 'the source of inspiration for constructionists' (Holzman, 2006, p. 6). Moreover, Engeström (1987, p. 301) asserts that 'activity theory has an original and potentially powerful approach to the social construction of knowledge'.

3.3.3(iii) Research Design

A case study design was chosen as a suitable way in which to capture the complexity and multiple voices (Yin, 2014) denoted in this study. This current study seeks to consider the perceptions of SEN managers, EPs and SENCOs and explore their views of the systems currently in place to support the identification and management of children and young people's special educational needs. 'The case' comprised the Local Authority 'core' SEND support service.

3.4 Method

3.4.1(i) Focus groups

Since activity systems typically encompass a community of multiple viewpoints (Leadbetter, 2008), focus groups were chosen to allow for a particular or specified group of people to come together to talk about a particular issue or theme; in this case all EPs, SEN managers and SENCOs within the LA were invited to contribute, and focus groups were used to elicit

and explore their perspectives. A convenience sample was utilised and participation in the focus group was voluntary.

Braun and Clarke (2013) suggest that small groups of between three and eight participants work best in generating a rich discussion and are easy to manage. Four focus groups were conducted which were made up of fifteen participants, two of whom were male. More information is provided about each focus group in Appendix 1.

- Focus group 1: SEN managers (two participants)
- Focus group 2: EPs (three participants)
- Focus groups 3: SENCOs (five participants)
- Focus group 4: SENCOs (five participants)

All focus groups had between three and five participants except one group whose small size (n=2) resulted from there being only two SEN Managers within the service. The focus groups were discipline-specific: therefore homogeneity was favoured over heterogeneity (Braun and Clarke, 2013). Liamputtong (2011) proposes that homogeneity is preferable as it creates an easy and familiar social environment, meaning participants feel comfortable and start from a similar place. In addition, I judged that there would be enough diversity in the discipline-specific groups to ensure an interesting discussion (Barbour, 2005).

The strength of using focus groups can be that they are time-efficient and can produce rich group-level data as well as facilitate particular insights (Robson, 2010). However, I was mindful that the discussion generated would be

influenced by group dynamics and either promote or hinder discussion (Leong and Austin, 2006).

Consistent with the application of activity theory principles (Leadbetter, et al., 2007), data were collected from participants using the second-generation activity theory framework, which was used to structure the focus group interview questions. The focus group interview schedule is presented in Figure 5.

All of the focus groups were recorded using a Dictaphone. For the SEN managers and EPs the focus groups were held in the participants' workplace, in a quiet room. The SENCOs were attending a workshop day when they were invited to participate in the study. The focus groups took place in a quiet room in the workshop venue. All participants were assured that ensured that individual views expressed would remain confidential to the group and to myself as the group facilitator/researcher.

Ground rules were established for each focus groups (Braun and Clarke, 2013). Participants were asked to try to talk to each other rather than just the moderator and that there were no right or wrong answers. In addition they were told that they could disagree with each other and offer alternative view-points as long as they did so in a respectful manner. Participants were also advised to try not to talk over the top of each other as it made transcription of the interview almost impossible.

The SENCOs were attending a workshop day when they were invited to participate in the study. The focus groups took place in a quiet room in the workshop venue.

The outcomes, rules, roles and division of labour nodes of the activity system were prioritised for analysis and discussion within this report: these nodes were privileged over the remaining four nodes due to their relevance to the research aims.

“Outcomes’ were considered important in order to explore the multiple activities, process and intended outcomes which existed to identify and manage children and young people’s SEND, whilst, ‘division of labour’ was deemed relevant as this refers to how tasks, power and status are shared between members of the community within an activity.

‘Rules’ are the implicit and explicit regulations, norms and conventions that constrain and promote action and interaction (Russell, 1997). I judged the ‘rules’ node particularly pertinent because it relates directly to the opportunities and challenges that SEN managers, EPs and SENCOs perceive to exist within the activity systems.

To identify/clarify what supports or constrains SEN managers, EPs and SENCOs in their identification and effective management of children and young people’s SEND, comprised the second research question.

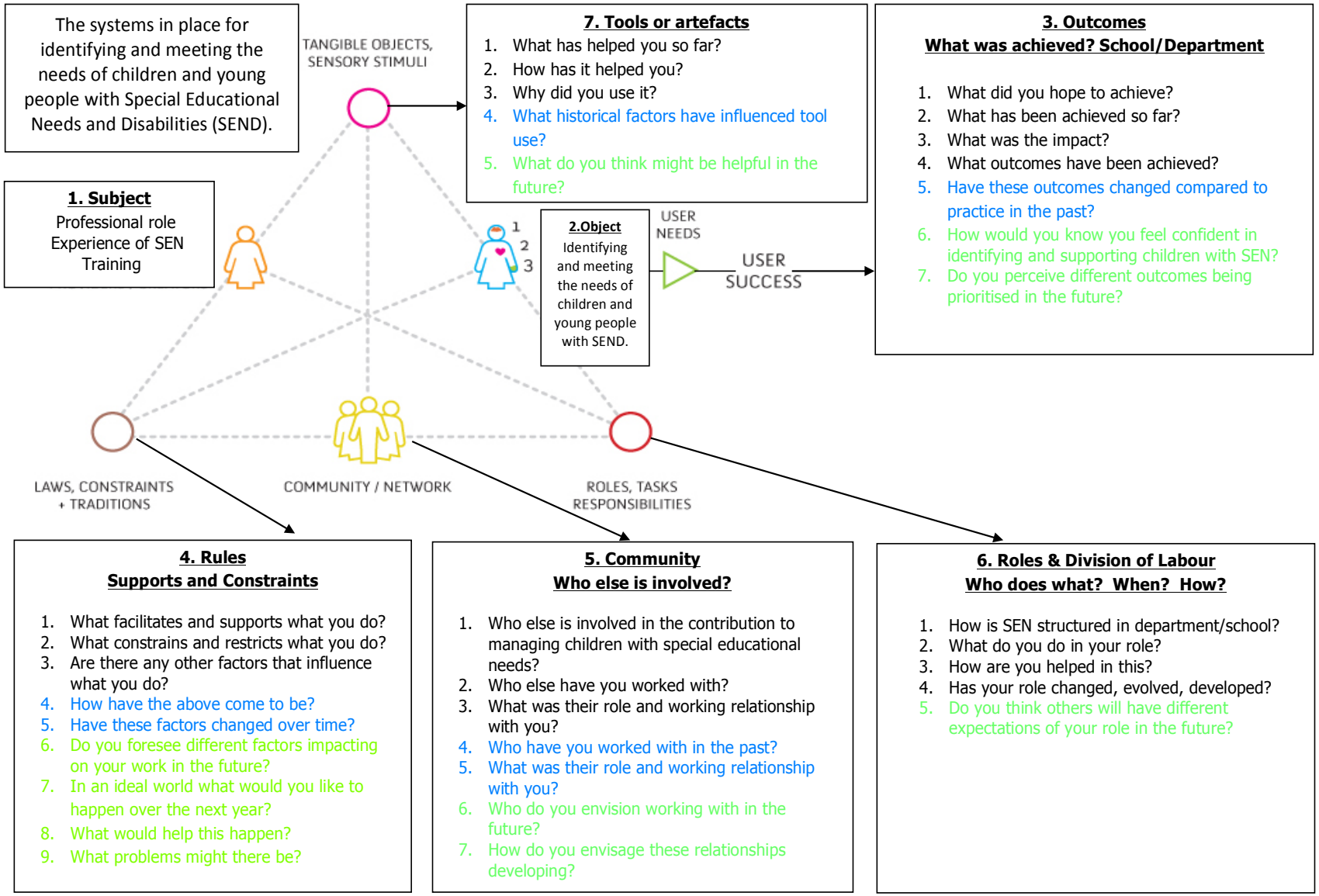


Figure 5. Overview of focus group schedule

I judged elicitation of participants' perceptions of the cultural rules a useful method to gain an insight into how service delivery may be improved, and to harness such insights to inform policy development. Furthermore, Daniels (2008, p.135) asserts that organisational change is possible when professionals re-conceptualise the 'rules' and 'tools' that they use in practice.

3.4.2(ii) Ethical considerations

The British Psychological Society (BPS) Code of Ethics and Conduct provides guidelines on core considerations regarding respect, confidentiality, safeguarding and informed consent (BPS, 2009), which were considered during all aspects of this study as shown in Table 2

Table 2. Ethical considerations

Ethical consideration	**How the consideration was resolved**
Informed consent	All participants and managers were provided with a written briefing providing details of the research including information about confidentiality, terms of involvement and the voluntary nature of participation prior to giving consent. The briefing covered their right to withdraw, and clarified data ownership and access to the report and findings.
To maintain security, anonymity and confidentiality	All responses and information were kept securely and all identifying subject or participant details were removed from records. Individual data were treated as confidential to the participant and researcher. Participants were given the opportunity to review the written record of their interview and to check and confirm its accuracy. Electronic records, including tape recording were kept in accordance with Data Protection Act (1998) requirements.

Terms of involvement and right of withdrawal	Terms of involvement and right to withdraw were made explicit in the briefing. It further explained the nature, extent and level of involvement and the time required to all participants, who were informed of their right of access to further information, advice and support from me should this be necessary.

3.5 Data analysis

Using activity theory, with its pre-defined categories, as an analytic device affords the use of a typological analysis (Cohen et al., 2007), in which data is coded and classified. Thematic analysis (Braun and Clarke, 2013) was selected to summarise key features and highlight similarities and differences across the SEN managers, EPs and SENCOs.

A primarily deductive process was used to analyse the data: analysis focused firstly on each discipline-specific focus group transcript, from which themes and exemplar quotations were abstracted. A second stage of analysis involved collation and comparison of findings between focus groups, to identify common/core themes.

A summary of the research findings applying the activity theory framework for SEN managers', EPs' and SENCOs' perceptions of current, past and future practice are presented in Figures 6, 7 and 8. Quotations are cited to support the main themes identified in the outcomes, division of labour and rules nodes.

4.0 Findings and discussion

The findings are discussed in relation to the two research aims:

- exploration of how systems currently in place support the identification and management of children and young peoples' SEN; and
- identification of what SEN managers, EPs and SENCOs perceive to support or constrain them in identifying and managing children's and young people's SEND.

7. Tools or artefacts

SEN managers
- Resource Assessment Pack guidance and assessments
- HLN UNIT placement guidelines
- Uniform SEN register across primary

EPs
- Training
- Resource Assessment Pack - guidance and assessments
- Dynamic assessment
- Cognitive assessments
- Video Interaction Guidance
- Cognitive Behavioural Therapy
- Consultation

SENCos
- Resource Assessment Pack - guidance and assessments
- Guidelines for transition
- Dyslexia Policy

2. Objects

SEN managers
- Pre-school assessment Centre
- Primary schools – SENCos
- Ten UNIT provisions
- Secondary schools – all individual
- Variability of ESOs

EPs
- Central referral system
- Consultation – Assessment/systemic work
- Advice and guidance

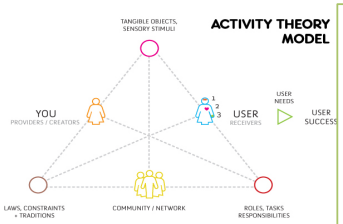
SENCos
- Graduated Response
- Resource Assessment Pack – look at area of needs
- Monitor with observation/RAP assessments
- Work with class teacher
- Monitor progress and put in place interventions
- Refer to outside agencies if no progress after parental permission

1.Subjects

SEN Managers
- SEN Advisor
- SEN Manager
- Role evolves depending on needs
- 'mopping up'

EPs
- Application of psychology
- Consultation
- Assessment
- Intervention
- 'fire fighting'

SENCos
- 'Jack of all trades'
- Assessment
- Intervention
- Class teacher



3. Outcomes

SEN managers
- Meeting the needs of children with SEN in mainstream wherever possible – inclusion of the vulnerable in education
- More cohesive working/collaboration within department
- Provision is fair and equitable

EPs
- Meeting the needs of children with SEN in mainstream wherever possible – inclusion of the vulnerable in education
- Helping others (parents, workforce) to identify and meet the needs
- Training has been provided and skill set of SENCos/schools developed
- SENCos supported

SENCos
- Guidance to identify and assess children
- Meeting the needs of children with SEN in mainstream wherever possible – inclusion of the vulnerable in education

4. Rules

Supports

SEN managers
- **Cohesive team within SfC**
- Schools have moved forward
- ***Empowerment by higher powers***
- ***Professional autonomy***

EPs
- Budget is now held by EPS giving more flexibility and cohesion in what training is needed.
- Recently, it has been supportive having the opportunity to develop a more robust framework within which to work.
- Code of Ethics
- BPS Good practice guidelines
- **Support from other EPs**
- **Early Psychological Interventions**

(Conflict within EPs – central referral system v patch/time allocation model)

SENCos
- **SENCo Circles**
- **Educational Psychologists**
- **Other fellow SENCos**
- **Early Psychological Interventions**

(Conflict within SENCos – several members were on SLT)

(Conflict within SENCos – value of ESOs)

Constraints

SEN managers
- **Time and workload**
- **Lack of policy/legislation**
- **Financial climate**
- Lack of a 'joined up' approach by other services
- No clarity between divisions
- Internal divisions within service – EIS
- Pastoral role in Secondary schools
- Variation in teaching in secondary schools
- **Easy access to higher powers**
- 'Game playing' with some schools due to lack of 'joined up approach

EPs
- **Time and workload – no time for Supervision**
- **Lack of framework/structure/policy – inconsistency of HLN across schools**
- Lack of responsibility by school for SEN
- **Financial climate**
- Lack of administrative support
- ***Lack of respect and voice within department***
- Perceptions of EP role
- **Other service cuts across SALT/OT**
- Line Manager not being an Educational Psychologist
- ***Undermining nature of job – easy access to higher powers***

SENCos
- **Time and workload – blanket time allocation unfair for larger schools**
- **Lack of framework/structure – inconsistency of HLN across schools**
- Lack of resources – losing staff that are already trained up/poor ESOs
- ***Lack of status/voice as SENCO – not part of SLT team/TLRs***
- ***Lack of understanding of our role by colleagues within school and by SLT/heads/department***
- ***Lack of support from department – no middle tier to go to***
- **Other service cuts across EPs/SALT/OT – 'Jack of all trades'**
- EPs (caseload, waiting list)
- Lack of skill set/training
- **Undermining by parents – easy access to MHKs etc/historical expectations**
- Rise of emotional needs in schools across both primary and secondary – time consuming/ not skilled enough to deal with issues such as anxiety and self-harm
- CAMHs reports

5. Community
Who else is involved?

SEN managers
- OT/SALT
- Paedrictians
- Head teachers/SENCos/teachers
- Social workers
- Crossroads Care
- Autism Initiatives
- GPs
- CAMHS
- Lunchtime ancillary
- EPs
- Parents

EPs
- Schools/SENCos
- Parents/families
- Joint work with CAMHS
- Health service – SALT/OT
- Social Workers
- Education Liaison Officers
- SEN Advisor
- Team Around the Child – any professional that can offer a service to a child
- Isle of Man Children's Centre

SENCos
- Teachers
- ESOs
- Parents
- EPs/SALT/OT
- Department
- SALT/OT

6. Roles & Division of Labour
Who does what? When? How?

SEN managers
- **Professional roles and knowledge**
- Negotiation
- **Time**
- Graduated response/RAP

EPs
- **Professional roles and knowledge**
- **Time availability**
- Joint working with CAMHS
- Negotiation

SENCos
- **Professional roles and knowledge**
- Little support from colleagues – have to do a lot
- Little time to support colleagues
- **Time availability – lack of time to do anything**
- Referrals to EPs
- **'Jack of all trades'**

Figure 6: *Overview of findings relating to SEN managers', EPs' and SENCOs' perceptions of current practice*

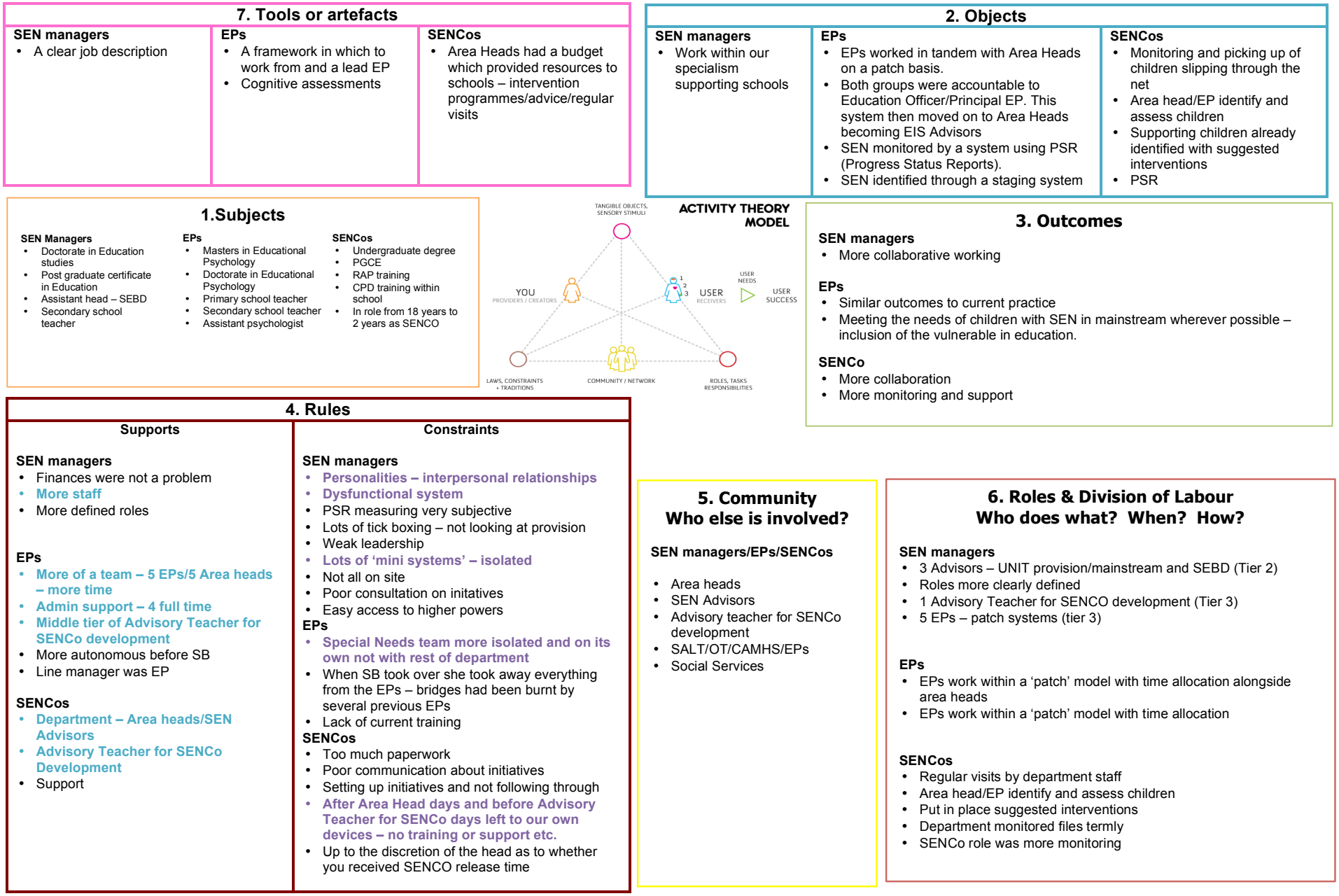


Figure 7: *Overview of findings relating to SEN managers', EPs' and SENCOs' perceptions of past practice*

7. Tools or artefacts

SEN managers
- Legislation
- Tools to promote collaborative working
- Other profressionals

EPs
- A policy and structures in place
- Up to date knowledge of psychology/CPD
- Tools to promote collaborative working
- Other profressionals/team framework

SENCos
- Policy
- Higher Level Needs Panel – consistency across school
- Evidence based interventions

2. Objects

SEN managers
- Similar to current practice

EPs
- EP's contributing to the professional development of others: systemic work - training, working with families, supervision, collaborative practice
- More therapeutic work
- Similar focus to currently

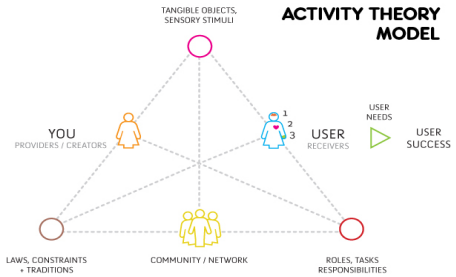
SENCos
- Early intervention
- Continued professional development - training
- Senior Leadership team
- Fairly distributed time allocation to SENCos
- Middle tier
- Consistency of identification of HLN across school

Activity theory: SEN managers, EPs and SENCos for future practice

The systems in place for identifying and meeting the needs of children and young people with Special Educational Needs and Disabilities (SEND).

1.Subject

SEN managers
EPs
SENCos



3. Outcomes

SEN managers
- Meeting the needs of children and young people in a fair and equitable way
- Clarity and consistency

EPs
- EPs developing others' awareness of their roles
- Increased systemic work - family etc.
- SEN being integral to a school rather than an add on
- Time bound outcomes

SENCos
- Confident identifying and meeting the needs of children with SEN
- Supported
- Consistency across schools
- SEN being integral to a school rather than an add on

4. Rules
What factors will influence future activity?

SEN managers
- Financial cuts across department
- Government initiatives
- Collaboration with multi-agencies
- New framework/legislation

EPs
- Financial cuts across department
- Policy - administration of new policy will be huge and there is not capacity or infrastructure to carry it out.
- Collaborative working with multi-agencies
- Barrier to working with multi-agency working is sharing information/confidentiality
- A more robust administration backup
- Better relationships with EIS and SMT within department
- Care pathways and project initiatives are the way forward – ASC pathway with CAMHS, TAS with SCS, PATHS with schools etc.

It would be helpful to have a better system of locating and managing tests and resources

SENCos
- Budget
- Department policy
- Status of SENCos in school
- Consistency across schools of HLN

5. Community
Who else is involved?

SEN managers/EPs/SENCos
- Professionals already identified but more joint working within and with outside agencies
- Working with EIS (EPs)

6. Roles & Division of Labour
Who does what? When? How?

SEN managers
- Increase in work load – having to prioritise
- Professional roles and knowledge

EPs
- Increase in time for EPs to support the professional development of others
- Increase in work load – having to prioritise
- Varied work

Sencos
- Have the skill set to be able to identify and assess the needs of children with SEN and be able to put in place evidence based interventions.
- Increase in workload due to budget cuts – 'Jack of all trades'

Figure 8: *Overview of findings relating to SEN managers', EPs' and SENCos' perceptions of future practice*

4.1 Outcomes and division of labour

The first area the study investigated how the systems currently in place supported the identification and management of children and young people's SEND.

A number of key themes were identified, which participants considered to be pertinent in the outcomes and division of labour nodes.

4.1.1(i) Evolving roles

There was a clear message about how professionals' roles had evolved due to financial cuts and having to carry out varied roles in order to be able to achieve the outcome of identifying and managing children and young people's SEND. This had clear implications for all participants.

SEN managers

I think our roles are evolving and changing to respond to need and as time goes on there are things I was doing in the past that have changed and more things I am picking up that might be someone else's role or continue to be my role ... Pick up bits. Depends on the gap in system and we have to compensate. There is an immense impact on us due to the gaps or people leaving and not being replaced. We have all suffered terribly.

EPs

Other services have all been cut back which make life difficult as there is no-one to pass the referral too. So you end up stretching your skill set!

SENCOs

Let's face it we are a 'Jack of all trades' trying to compensate for the service cuts of EPS, SALT and OTs.

The role has changed hugely as at one time you did the overall monitoring and picking up of children that were slipping through the net and maybe down on their levels, supporting children that already had an identified need whereas all of a sudden we are expected to assess and identify the need.

Etkins (2010) argues that 'the modern SENCO' has to be 'Jack of all trades' and this requires knowledge, skill and confidence, and generates a range of training needs. In addition Pearson's (2008) research found that SENCOs held core responsibilities for assessment, line management, safeguarding, and pastoral support for both staff and students, while SENCOS also identified a further 86 additional responsibilities.

4.1.2 (ii) Senior leadership

There was a clear discrepancy between where some of the SENCOs were positioned within school and where they wished to position themselves. Where SENCOs operated as members of the school leadership team, they were able to adopt the pivotal consultative role to achieve their aims of supporting the identification and assessment of children and young people's SEND. Other SENCOs had clear coordinating roles and were perceived by themselves and others as middle managers, but lacked any role in whole school collaborative working, which they judged to be a barrier to their supporting the identification and assessment of children and young people's SEND. These findings support previous research where Tissott (2013), for

example, explored the role of the SENCO through a survey and found that 48% 'do not have the formal authority to lead' (p. 37).

SENCOs

I think there is a need to be on the senior leadership team as a TLR 2b[1] When you are dealing with SEND and EAL and LAC and ESOs it impacts on the whole school how it runs and a lot of us are still on the low level of the TLR 2a and are not involved with senior leadership which means we are not party to a lot of things that are going on in school and there is a lack of respect then by other members of staff.

Cole (2005) argued that despite the importance of the SENCO role, the position is typically perceived as 'low status and operational rather than as senior, strategic management role' (p. 299). EPs also acknowledged this along with their concerns about the recruitment and retention of the SENCOs.

EPs

The status of the SENCO role is not good enough.

Recruitment of SENCO is a big problem. Some are just told to do the job which isn't helpful as you need someone who is interested in the job as it is initially a steep learning curve.

4.2 Rules: supports and constraints

The second area of the study explored what SEN managers, EPs and SENCOs perceived to support or constrain them in identifying and managing children and young people's SEND.

[1] TLR Teaching and Learning Responsibility are payable to teachers in England and Wales who fulfill specific roles within the school.

A number of key themes were identified, which participants considered to support or constrain them in identifying and managing children and young people's SEND within the LA.

4.2.1(i) Relationships

All professionals described the relationships they had with each other as supportive of their role and perceived this as being helpful in their role of identifying and managing children and young people's SEND within their LA.

SEN Managers reported that all the teams had become more cohesive and this had lead to better ways of working. EPs identified good information sharing and communication between the SENCOs and themselves as being supportive to their role. Furthermore the SENCOs identified the ability of the EPs to give advice, answer emails and offer recommendations as supportive.

EPs *Relationships with SENCOs reasonable receptive feedback positive value you anything we do.*

EPs *Maybe we need better relationships with the heads relationship Is needed with SMT (Senior Management Team) here. At the moment we are an add on or forgotten about a bit.*

SENCOs *SENCO circles are invaluable for advice, guidance and support and general off loading!*

SENCOs

Sometimes it feels like no-one is listening and no-one cares. We are just expected to get on with it! Good job we have the SENCO circles

In addition to identifying supportive aspects of each other's roles, both the EPs and SENCOs considered the lack of relationships with others within the department as constraining.

EPs

We lack a voice and a respect. We are having a lack of impact in our organisational structure and we don't have a voice ourselves. I feel we are hobbled.

Maybe we need better relationships with the headteacher. and the SLT within the department. At the moment we are an add-on or forgotten about a bit.

SENCOs

It can be a lonely existence. Always trying to get teachers onside. No-one fighting your corner, particularly the department.

4.2.2(ii) Political system and funding

There was an acknowledgement by all participants that many issues were out of their control, due to the way the government worked, along with the financial constraints. Respondents also reported feeling particularly dissatisfied with the lack of a coherent LA framework and policy offering direction or guidance about how the macro-political requirements should be mediated.

SEN managers

Political system makes life difficult. Parents and colleagues in school have got a very direct access to ministers and the political system. We need a very robust structure in place to deal with this as it is laying us wide open.

EPs

We can say one thing and ministers within the political system can come in and lean on the Director of Children's Services. I am not precious, but the undermining nature of our job in this current system is so infuriating. We just don't have the rules or frameworks in place and that makes it all very precarious really.

Needs to be backing from the department and a willingness to change in attitude really that SEN is pivotal to a school rather than a add on.

SENCOs

Let's face it parents have far too easy access to the someone in the department.

Parents get annoyed and they go above us and make a phone call to the powers in the department and then it makes it look as if we haven't been bothering. That's a shame really as all of us are trying our best.

All participants gave a clear message that budget cuts had constrained their work, using words like 'frustration', 'unfairness' 'lack of foresight'. Atkinson et al. (2005) argues that lack of funding available for individual agencies has been perceived as a barrier to effective working (Atkinson et al., 2005).

SEN Managers

Concern about the deteriorisation in services due to the centralisation of the budget. Everybody is being watered down and there is not the understanding around what is needed for children and young people with SEND.

EPs

Other services have all been cut back, which make life difficult, as there is no-one to pass the referral too. There is an element of not being able to work out what worked well in the past and compare and contrast because the environment is very different.

SENCOs

As the time has gone on with the financial constraints lots of schools have lost staff.

4.2.3 (iii) Professional autonomy

SEN managers valued their professional autonomy. Atkinson et al. (2002) proposed that drive and leadership are important when working collaboratively and that positive working relationships are vital in order to feel valued.

SEN managers

We are empowered to get on with the work that needs to be done and there is a great deal of trust between colleagues to get the job done; to go and liaise when appropriate at the right time on the right issues. It is empowering and you can get on and things can get done and without getting dragged into someone overseeing it - everything you do or every decision you make. We are allowed to have that professional discretion as long as she (Director of Children's Services) is kept in the loop.

However this contrasts with how EPs felt about their role; EPs reported their lack of professional autonomy as a factor constraining effective working.

EPs

We had budget before - and then when - came along, she took everything away from us and that was pretty grim. All our decision-making was taken and in the past we were so much more of an autonomous group.

I wonder whether there is an element of lack of trust… that bridges that have been burnt by others and whether there is the attitude towards EPs is based on a couple of characters which were particularly damaging. If we can win back some trust from those involved without causing chaos, then that might be a significant fact which might shape our impact more and stop us being on such an outside limb.

4.2.4 (iv) Time and workload

All professionals identified 'time and workload' as constraints upon their effective identification and management of children's and young people's SEND (Milbourne, 2005). Argyris (1990) argues that there is a risk of professionals becoming increasingly 'time-constrained' and so lacking time for reflection.

Time constraints prompted EPs' concern regarding their restricted ability to do their job effectively and feeling that they were *'fire fighting'* all the time. In addition EPs were also concerned their time-limited capacity to support the professional development of others, (such as SENCOs) undermined their capacity to fulfill the HCPC (2010, p. 21) expectation for EPs to use 'formulation to assist multi-professional communication and learning'

EPs also viewed variations in the time SENCOs were able to invest in their own coordinating role as a constraint or enabling influence upon their (EPs') own capacity to work effectively.

EPs

Some of the schools have enough time and are doing it very well and there are others who don't seem to have the time to do anything. When you ask them to do something they produce very little evidence. Some are fantastic though!

Meanwhile, some SENCos felt they just did not have enough time to do their job properly, with inadequate time to fulfil (SENCO) role demands often cited as the most pressing problem they face (Crowther, et al., 2013, p. 88), and the ongoing 'battle with lack of time' noted by Cole in 2005, still evident.

Oldham and Radford (2011) question whether the SENCO's should be a universal role, thereby highlighting the tension between the SENCOs as 'change agents for whole school inclusion' (Hallett and Hallett, 2010) as opposed to a SEN specialist using advanced knowledge and skills to promote the learning of specific students.

SENCos

When they decided on SENCO release[2] it is like a blanket across the island and you might have only 15 or 20 kids on the register but you might have 80 to 100 kids in another school, but you still have those two hours. When I questioned the two hours I was told I was doing very well because the allocation isn't for every week. I think it works out for 30 weeks a year. Some SENCos are more highly regarded within the school they work so any extra time is down to the discretion of the head.

Before there was no consistency amongst time given. Some schools gave you time as a SENCO and some didn't so although a blanket at least everyone gets something!

[2] In 2012, all SENCOs in the LA were given SENCO release time. All SENCOs received two hours a week for 30 weeks of the year irrespective of school size or number of children with SEN.

5. Conclusion

Within this professional practice report, activity theory principles were applied to provide a 'snap-shot' of what is currently happening in the systems that identify and manage children and young people's SEND in a small LA. By examining the process of identifying and managing SEND through the activity theory lens, a clearer understanding of the processes supporting outcomes for the identification and management of children and young people's SEND has been gained.

SEN Managers, EPs and SENCOs value the relationships within and between their teams as supporting them with the identification and management of children and young people's SEND. There was also a perceived sense of cohesion in their way of working together. Both EPs and SENCOs viewed their communication and working practices as facilitating their working. However, relationships outside of these teams and within the general department and government EPs and SENCOs perceived to be constraining. In addition the political system, lack of funding, time pressures and workload were identified by SEN managers, EPs and SENCOs as the key constraining factors for inter-agency working.

The use of activity theory as a methodology and framework supported the collection of rich in-depth data. It provided a useful analytic framework to understanding the processes involved in the identification and management of children and young people's SEND. The adoption of activity theory emphasised the importance of establishing a contextualised understanding of

the social practices and culture of an organisation by exploring past, current and future practice. The research highlights the value of involving members of the organisation as active participants in organisational development. The study also endorses the assertion that the members of an organisation represent a potential central force for authentic change and development (Engeström, 1999b).

Future study concerned with a more developmental aspect would be helpful to allow for dissemination of findings. Activity theory could be used as a developmental tool (Leadbetter et al., 2007). This would involve the application of DWR methods to work with staff over time using a series of workshops to reflect and discuss data gathered from the interviews.

In addition the research would be further enriched by the inclusion of all service user perspectives. The perceptions of SEN Managers, EPs and SENCOs could be triangulated with the perspectives of families, school staff and other professionals, to reflect the multivoicedness and the interacting nature of the multiple activity systems involved in the identification and assessment of children and young people's SEND. Furthermore, Engeström highlighted that it is "important to extend beyond the singular activity system and to examine and work towards transformation of networks of activity" (Daniels, 2008, p.122).

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Appendix 1

Focus Group 1 - Information regarding SEN managers

	Number of years in SEND	Previous experience
Manager 1	20 years	• Class teacher in UK, abroad and LA • Area head of Inclusion support in LA - 9 ears • SEN Advisor - 6 years (currently)
Manager 2	15 years	• Worked with outreach in UK • Assistant Head for Inclusion support in UK in SEBD school • SEN manager – 4 years (currently)

Focus Group 2 - Information regarding EPs

	Number of years as EP	Previous experience
EP 1	10 years	• Secondary school teacher
EP 2	23 years	• Secondary school teacher • EP in Scotland
EP 3	4 years	• Assistant psychologist • EP in UK for 2 years

Focus Groups 3 and 4 - Information regarding SENCOs

	Senior Leadership team	Number of years as SENCO
SENCO 1	Yes	18 years
SENCO 2	No	3 years
SENCO 3	No	3 years
SENCO 4	Yes	10 years
SENCO 5	No	5 years
SENCO 6	No	8 years
SENCO 7	Yes	2 years
SENCO 8	Yes	2 years (Deputy Head)

SENCO 9	No	4 years
SENCO 10	Yes	10 years (Deputy Head)