

**PROFESSIONAL PRACTICE REPORTS ON THE FIELDWORK EXPERIENCE OF
A TRAINEE EDUCATIONAL PSYCHOLOGIST**

By

JAMES GILLUM

**A thesis submitted to the University of Birmingham for the degree of
DOCTOR OF APPLIED EDUCATIONAL AND CHILD PSYCHOLOGY**

Volume 2

**School of Education
College of Social Sciences
The University of Birmingham
June, 2010**

UNIVERSITY OF
BIRMINGHAM

University of Birmingham Research Archive

e-theses repository

This unpublished thesis/dissertation is copyright of the author and/or third parties. The intellectual property rights of the author or third parties in respect of this work are as defined by The Copyright Designs and Patents Act 1988 or as modified by any successor legislation.

Any use made of information contained in this thesis/dissertation must be in accordance with that legislation and must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the permission of the copyright holder.

For Rob, Theo and Phoebe

With thanks to Dr. Jane Leadbetter for her ongoing support; Jane Sowter and Mary Corry for their professional guidance and to the children, young people, parents and professionals of Colby City, without whom this research would not have been possible.

CONTENTS

Chapter One	1
1.1 Local Authority Influences.....	3
1.2 Summary of Professional Practice Reports.....	4
1.3 Contribution to knowledge.....	8
1.4 References.....	12
 Chapter Two	 13
2.1 The National Context.....	15
2.1.1 Multi-agency working.....	15
2.1.2 The assessment and identification of Autism and ASD.....	19
2.2 The Local Context.....	24
2.2.1 Other local assessment pathways	24
2.2.2 Drivers for the development of a new assessment protocol.....	27
2.2.3 Conston's new pilot protocol	30
2.3 Evaluation of the pilot protocol.....	34
2.3.1 The views of stakeholders: Data gathering.....	36
2.3.2 The Views of Stakeholders: Results.....	41
2.3.3 Referrals Data from CAMHS.....	48
2.4 Discussion	51
2.4.1 Adherence to the National Guidelines.....	52
2.4.2 Redistribution of workload.....	54
2.5 EPs' role in the Assessment of SCD.....	55
2.5.1 The national context.....	55
2.5.2 The local context.....	57
2.5.3 Discourse and Culture.....	58
2.6 Reflections on the evaluation process.....	59
2.7 References.....	61

2.8	Appendix 1.....	63
-----	-----------------	----

Chapter Three..... 65

3.1	Background to PRU Provision.....	67
3.1.1	PRUs and standards.....	68
3.1.2	PRUs and Inclusion.....	70
3.1.3	PRUs, Current Policy and Direction.....	71
3.1.4	PRU Provision: The Local Context.....	72
3.2	Social, Emotional and Behavioural Difficulties (SEBD) and Inclusion.....	73
3.3	Planning the enquiry	75
3.3.1	Epistemological stance.....	75
3.3.2	Student Voice in Research.....	76
3.3.3	Aims of the enquiry.....	78
3.3.4	Participants.....	80
3.3.5	Ethical Considerations.....	81
3.3.6	Data collection	84
3.3.7	Data analysis	89
3.4	Analysis of Students' Views.....	90
3.5	Critical Reflections on Outcomes and Process.....	98
3.5.1	Reflections on the Utility of the Enquiry.....	99
3.5.2	Reflections on the validity of reported student voice.....	99
3.5.3	Reflections on Ethical Issues.....	100
3.5.4	Reflections on Methodological Issues.....	101
3.5.5	Implications for future research.....	103
3.6	References.....	104
3.7	Appendices.....	107

Chapter Four..... 117

4.1	Evidence Based Practice.....	118
4.1.1	Evidence Based Practice and Reading.....	122

4.2	What problems might an EP be asked to support with?.....	123
4.3	What is the most appropriate psychological approach to intervening in literacy difficulties?.....	125
4.4	What research evidence is available to inform practice?.....	128
4.4.1	How are words decoded?.....	129
4.4.2	How is text comprehended?	139
4.4.3	What role does reading fluency play in reading comprehension?....	143
4.4.4	How are skills maintained and generalised?.....	148
4.5	Reflections on the literature review process	153
4.5.1	Conclusions.....	154
4.5.2	Limitations of the literature review process.....	155
4.5.3	Evidence based practice and post-modern epistemology.....	156
4.5.4	Linking research with practice.....	157
4.6	References.....	158
Chapter Five.....		163
5.1	Literature Review.....	164
5.2	Evidence-based Practice in a Local Authority Educational Psychology Service.....	169
5.2.1	Assessment.....	170
5.2.2	Consultation.....	171
5.2.3	Research.....	174
5.2.4	Intervention and Training.....	175
5.2.5	Conclusions.....	176
5.3	A case example of how a TEP can apply reading research in schools.....	177
5.3.1	Evidence Base.....	178
5.3.2	Project characteristics common to all four schools	185
5.3.3	Individual case examples.....	187
5.4	Implications for future EP Work.....	193
5.5	How can EP practice take account of the evidence base in relation to literacy difficulties?.....	198

5.6	References.....	200
5.7	Appendices.....	204
Chapter Six		219
6.1	Mental Health and Multi-agency Working: Current Policy.....	220
6.2	Mental Health and Multi-Agency Working: Current Practice.....	222
6.3	Perceptions of mental health, professional roles and implications for multi-agency working.....	223
6.3.1	Who is included in the children and young people's mental health workforce?.....	224
6.3.2	Why is it important to consider perceptions of mental health and professional roles?.....	226
6.3.3	How is mental health perceived?.....	228
6.4	Research Design.....	233
6.4.1	Research Aims and Epistemological Stance.....	233
6.4.2	Participants.....	234
6.4.3	Methodology.....	235
6.4.4	Interview Design.....	237
6.4.5	Data Collection.....	237
6.4.6	Ethical Considerations.....	241
6.5	Data analysis.....	243
6.5.1	Epistemological rationale.....	244
6.5.2	Methodological rationale.....	246
6.6	Results.....	249
6.6.1	Theme 1: differences in perceptions of mental health.....	252
6.6.2	Theme 2: Flexibility and constraints in EP Practice.....	255
6.7	Discussion.....	257
6.7.1	Use of Activity Theory.....	258
6.7.2	Use of Group Interviews.....	259
6.7.3	Use of Discourse Analysis	260
6.7.4	Next Steps.....	260

6.8	References.....	261
6.9	Appendices.....	264

LIST OF TABLES

Chapter 1

Table 1

Description of Professional Practice Reports.....	5
---	---

Chapter 2

Table 1

Levels of stakeholder involvement in the evaluation.....	37
--	----

Table 2

Methods of survey distribution.....	38
-------------------------------------	----

Table 3

Responses to survey.....	41
--------------------------	----

Table 4

Time taken between concerns being raised and action	43
---	----

Table 5

Views of CAMHS workers.....	44
-----------------------------	----

Table 6

Views of SENCos on ease of access to EP support.....	45
--	----

Table 7

Stakeholders' views of the new protocol.....	46
--	----

Table 8

Satisfaction with the new protocol.....	46
---	----

Table 9

Effect of the new protocol on CAMHS referral population.....	49
--	----

Table 10

Assessment outcomes.....	50
Table 11	
Impact of the new protocol on CAMHS workload.....	51

Chapter 3

Table 1	
Research aims and questions.....	79
Table 2	
Themes addressed by worksheets.....	86
Table 3	
Research questions and data collection methods.....	87

Chapter 4

Table 1	
EPs' roles in relation to the teaching and learning of reading.....	124
Table 2	
The four stages of the Instructional Hierarchy.....	149

Chapter 5

Table 1	
EPiP publications ordered according to primary area of EP work.....	166
Table 2;	
Data sources used to investigate EPs' work in relation to literacy, within a single Local Authority.....	169
Table 3	
Mean average EP agreement with statements relating to evidenced based practice, intervention and training.....	175
Table 4	
Some of the principals of Instructional Psychology	185

Table 5

Framework for delivering training on interventions in schools..... 197

LIST OF FIGURES

Chapter 2

Figure 1

Staged approach to the assessment of ASD..... 22

Figure 2

The new SCD Assessment Protocol..... 33

Chapter 4

Figure 1

Dual Route Cascaded (DRC) model for reading aloud 133

Figure 2

Connectionist Model for reading aloud..... 134

Figure 3

Multiple connections between multiple units in a connectionist model..... 136

Figure 4

The multi-dimensional view of reading fluency..... 146

Figure 5

Objectives, procedures and decisions for instructional intervention in reading..... 151

Chapter 6

Figure 1

The Child and Adolescent Mental Health Workforce..... 225

Figure 2

An example of a construct use to facilitate discussion about mental health..... 240

Figure 3

Themes extracted during analysis.....250

CHAPTER ONE

INTRODUCTION TO VOLUME TWO

Introduction to Volume Two

At the University of Birmingham, Trainee Educational Psychologists are required to complete a Thesis in two volumes. The first detailing an original piece of research undertaken by the trainee and the second comprising five smaller studies completed during fieldwork practice.

This second volume of the thesis is split into six chapters: an introduction to the volume followed by five professional practice reports (PPRs), each of which describes an enquiry into an aspect of Educational Psychologists' (EPs') practice. In addition to being an example of small-scale research in its own right, each PPR offers an account of my own personal critical reflection on the topics that they address and the methodological challenges that I faced as a new practitioner-researcher. Together they help illustrate my developing practice and thinking over the past two years.

This introductory chapter addresses three questions and is therefore split into three sections. Section One provides a brief description of the local authority in which I completed my research and discusses how local authority factors influenced my choice of research foci. Section Two provides a synopsis of the five PPRs and the context in which they were completed. Section Three summarises how this portfolio of reports contributes to knowledge and understanding.

1.1 Local Authority Influences

All five PPRs were undertaken in the Local Authority within which I completed my year two and three fieldwork placement, Colby City¹. Colby is a large, diverse and multi-ethnic midlands city with some areas of high social deprivation. Colby Educational Psychology Service (EPS) works to a consultative model of service delivery, which aims to provide a transparent and cooperative mechanism for EP work. The use of consultation by EPs in Conston provided the impetus for PPRs 3 and 4, which consider how a consultative model of service delivery can be reconciled with evidence-based practice.

EPs in Colby feel that there are strong links between their service, schools and services within Health. These links are, perhaps, visible in the inter-agency project work that is often on-going. PPR1 describes an evaluative research project undertaken by the EPS in collaboration with colleagues in the Child and Adolescent Mental Health Service (CAMHS) and Colby's Autism Support Service (CASS), whilst PPR2 details a piece of research commissioned by the senior management team of a Pupil Referral Unit. In PPR 5, I chose to extend my research into multi-agency working by considering how professionals from different agencies perceive and describe the phenomenon of 'mental health'.

Colby EPS regard the research of trainee educational psychologists as an integral part of their role within the service. They support trainees to build links with schools

¹ Colby City is a Pseudonym used to refer to the area serviced by my Local Authority.

and other agencies, but otherwise offer flexibility with regard to negotiating research briefs. Therefore, the PPRs reported in this volume, were planned by taking into account service priorities, university guidelines and my own professional interests.

1.2 Summary of the five Professional Practice Reports

Currie, as part of a review for the Scottish Executive (2001), suggests that EPs carry out five core functions: consultation, assessment, intervention, training and research, and that each of these functions can be undertaken at the level of the individual child and family, the level of the school or establishment or across a local authority. The PPRs included in this volume provide examples of my work as a trainee educational psychologist at each of the three levels and delivering all five of the core EP functions. Table 1 provides an overview of the contents of each PPR, along with the primary level of intervention and the core function(s) that they address.

The remainder of this section places the PPRs in the context of my two-year fieldwork placement and describes the contextual factors that lead me to choose the focus for each study.

PPR1

In October, 2008, shortly after commencing employment as a Trainee Educational Psychologist (TEP), I was asked to support with the evaluation of a new multi-agency protocol for the assessment of Social and Communication Difficulties (SCDs) in

PPR	Summary	level of input	Core Functions
1) Evaluation of a multi-agency protocol for the assessment of children experiencing social and communication difficulties	Includes: A critical review of literature relating to good practice in the assessment and identification of children's social and communication difficulties. Description of the design, implementation and analysis of a local-authority-wide stakeholder evaluation of a new pilot protocol for the assessment and identification of social and communicational difficulties.	Local Authority (cross agency)	Assessment
2) Eliciting the views of students at a Pupil Referral Unit regarding their educational experience and future, post compulsory education	Includes: A review of literature relating to Child Voice research, the current local and national contexts for PRU provision and the inclusion of children with behavioural, emotional and social difficulties. Description of the design, implementation and analysis of a small-scale study that used visual tools to help students to express their views in relation to their current provision. Critical reflection on the study's methodology.	Individual Children / school	Research
3) Reading Instruction: An evidence based approach: Part 1	Includes: Critical discussion of 'evidence-based practice' as a concept and consideration of its application by EPs. A critical review of published academic literature relevant to reading development and difficulties. Consideration of the implications of published research for practice.	School	Research Intervention
4) Reading Instruction: An evidence based approach: Part 2	Includes: A review of reading literature published in the Educational Psychology in Practice Journal. A small-scale enquiry into evidence based practice amongst EPs in a single Local Authority. Four case-study examples of how an evidence-base can be applied to deliver training in schools. Critical reflection on evidence-based practice amongst Educational Psychologists.	School / local authority	Consultation Intervention Training
5) Actions, Artefacts and Roles: A Discourse Analysis of EP's perceptions of Mental Health and their role in relation to it.	Includes: A critical review of mental health concepts and terminology. Description of the design, implementation and analysis of a pilot interview method for gathering the views of professionals, regarding their work in relation to mental health, using an Activity Theory framework.	EPS	Research

Table 1
Description of Professional Practice Reports

primary schools. I am still engaged in the ongoing pilot and children's SCDs are now, for me, an area of extended professional interest. PPR1 describes the work that I completed during my first few months of involvement and provides a critical review of the protocol and an account of its initial evaluation.

PPR2

Over the past five years, the nature of provision offered to students in Pupil Referral Units (PRUs) has become a topic of national and local interest. In Spring 2009, as part of a review of PRU provision undertaken by my local authority, I was asked to help sample the 'voice' of PRU students with regard to their current provision. I found this a challenging task, as it involved coordination with several stakeholders, each of whom provided a different research brief. PPR 2 provides an account of the work that I undertook in the PRU, with a particular focus on data gathering and ethical issues.

PPRs 3 and 4

Throughout my second year of training, my practice changed significantly. I became increasingly familiar with, and confident in applying, a consultative model of service delivery. My approach to work with schools progressed from one of 'expert' to one of consultant. This change, however, highlighted, for me, a tension between consultative and evidence-based models of practice; the first emphasised the importance of co-constructing problems and their solutions with stakeholders whilst the latter (I felt) required a practitioner to donate knowledge (evidence) to others. I

elected to address this tension through PPR 3, by focusing in-depth on EPs' evidence-based practice in relation to children's literacy development and difficulties.

PPR 3 begins by providing a definition of evidence-based practice and considering what it may look like for EPs working to support children's literacy development. It goes on to provide a critical review of published research relevant to literacy development and concludes by considering the implications of this research for EP practice. A short while after I began writing, however, it became apparent to me that a critical review of research relevant to literacy *and* a considered reflection on EPs' practice would be difficult to provide in a single PPR. I therefore gained agreement from my supervisor and extended the project over two reports. PPR 4 continues the enquiry by focusing on the 'practice' element of 'evidence-based practice' and, after reflecting on the work of EPs at a national and local level, provides three case examples of how I applied research evidence in schools.

PPR5

By my final year as a TEP, my extended involvement with development of the SCD protocol had helped me to build strong links with colleagues in the Child and Adolescent Mental Health Service. These links provided inspiration for my fifth PPR. I was aware from conversations with colleagues and visits to online Educational Psychology discussion fora, that some EPs felt that health professionals held rigidly to a 'medical model' of diagnosis and treatment and that this contrasted with the 'social model' that they favoured. I was interested to see whether or not this

dichotomous view was an accurate reflection of reality. PPR 5 provides a critical review of literature relevant to perceptions of mental health and a description of a data gathering technique for eliciting the views of professionals regarding mental health and their practice.

1.3 Contribution to Knowledge

The PPRs presented in this volume have contributed to educational knowledge at three levels: by aiding my own critical reflection and professional development; by developing knowledge, skills and systems in schools and Health & Education services and by extending the wider body of educational research. Examples of contributions at each level are provided below.

Critical reflection and professional development

- PPRs 1 and 2 involved negotiating a complex research brief with multiple stakeholders (in PPR 1, the agencies involved in the protocol; in PPR 2, the Local Authority, University and staff within the Pupil Referral Unit). As a beginner researcher, I found this process difficult to manage, as different stakeholders had different (and sometimes competing) objectives for research. I learnt the importance of being clear about the scope of what can be offered by a researcher (within the constraints imposed by resources); that it is necessary to synthesise views from all stakeholders before presenting a research proposal and that where possible, all stakeholders should be invited

to receive a proposal at the same time, so that competing objectives can be addressed through consultation.

- PPRs 1,2 and 5 involved gathering data through interview and survey. Through undertaking these PPRs and my original research study (presented in volume 1), I gained a greater appreciation of ethical considerations in research design and developed a set of materials for informing participants about research and their rights.
- Through PPRs 3 and 4, I was able to build upon an existing area of interest and develop my knowledge in relation to children's literacy development. The scope of the PPRs as practical studies also allowed me to consider ways in which EPs might support schools in developing children's literacy.

Schools and Health & Education services

- The evaluation of the new SCD protocol, reported in PPR 1, provided evidence of its effectiveness and suggestions for further development. The evaluation formed the basis for an ongoing process of adaptation and reflection and led to changes being made to the assessment process.
- PPRs 3 and 4 detail a longitudinal piece of work, linking research into children's literacy development to training and intervention in school. As part of this work, I visited four schools and worked with Special Educational Needs

Coordinators to develop existing support systems. Medium term evaluative work suggests that the changes that resulted from my involvement are still in place.

Educational Knowledge

- The assessment protocol, evaluated in PPR1, provides a novel way of assessing the needs of children with social and communication difficulties, as it involves, from the outset, collaboration between services from Health and Education and schools. I am currently working with colleagues from the EPS and from CAMHS, to plan ways of disseminating information about the protocol, beyond Colby City.
- PPRs 3 and 4 consider, in detail, how EPs can use an evidence base to inform their practice. In doing so, it questions the effectiveness of short term in-service training as a means of bringing about organisational change. This has implications for systems-level EP practice.
- PPR5 describes a pilot data collection method for eliciting the views of professionals regarding their practice and mental health. Although the limited sample size means that generalisations cannot be drawn beyond the immediate research context, I hope to continue this study, following completion of doctoral training and to provide insight into how mental health is perceived by different members of the children's workforce. The findings of

this research information may have implications for multi-agency working in this area.

1.4 References

Scottish Executive (2002) **Review of provision of educational psychology services in Scotland**, Edinburgh: Scottish Executive

CHAPTER TWO

PPR1

EVALUATION OF A MULTI-AGENCY PROTOCOL FOR THE ASSESSMENT OF CHILDREN EXPERIENCING SOCIAL AND COMMUNICATION DIFFICULTIES

Evaluation of a multi-agency protocol for the assessment of children experiencing social and communication difficulties

Since January 2008, a new protocol for the assessment of primary school aged children experiencing social and communication difficulties has been piloted across a local authority in the West Midlands (referred to, in this paper, using the pseudonym 'Conston').

The new protocol can be initiated by parents, professionals and school staff for any child about whom there is a concern regarding social interaction and communication. It initially involves the collection of data by the school in consultation with the child's parent(s) or carer(s) and their link educational psychologist (EP). In cases where the child's needs appear complex, this data is forwarded to the Child and Adolescent Mental Health Service (CAMHS) for further assessment. One outcome of this assessment could be that an autistic spectrum disorder (ASD) is identified. If this is the case, then information gathered through the protocol is used by Conston Autism Support Service (CASS) to provide outreach support to the school.

The purpose of this paper is to:

- Summarise the national context in relation to multi-agency working and good practice in the identification of Autism and ASD.

- Outline local drivers for the implementation of an authority-wide multi-agency assessment protocol.
- Provide a description of the assessment protocol.
- Describe the design and implementation of the pilot study and its evaluation.
- Discuss the findings of the evaluation and their implications for multi-agency working.

2.1 The National Context

2.1.1 Multi-agency working

Pettitt (2003) suggests that there are two forms of 'joint working'. The first takes place between workers who may belong to the same professional background but who work for different agencies. The second involves collaboration between workers from different professional backgrounds. Although Pettitt attaches a different term to each form of working, here both will be referred to as 'multi-agency working'.

The use of a single term reflects the complexities of organisation in modern services for children. Where, for example an (educational) psychologist may work for the same agency as a teacher, but in a different agency to a (child clinical) psychologist. It also conforms to the language used in recent government publications (e.g. DCSF 2008b).

Following the inquiry into the death of Victoria Climbié, Laming (2003) recommended a series of reforms in services for children, including the development of a framework

to promote a common language for use across all agencies to aid with the sharing of information. The centrality of information sharing and multi-agency working to child protection is summarised in the executive summary of the Every Child Matters Green Paper (DfES 2003):

'The common threads which led in each case to a failure to intervene early enough were poor co-ordination; a failure to share information; the absence of anyone with a strong sense of accountability...'

DfES 2003, pg.5

Five years on from its publication, the influence of Lord Laming's report has spread well beyond child protection. Multi-agency working is now viewed by the government as a model of good practice for all public services to adults (HM Treasury 2007) and for delivering assessment and support to children and their families, regardless of whether or not the child is considered to be 'at risk'. The newly formed Department for Children, Families and Schools (its title perhaps a reflection of the government's drive to soften the traditional boundaries between health, education and social care in services for children) make the following statement with regard to multi-agency working:

'...by building capacity to work across professional boundaries we can ensure that joining up services is not just about providing a safety net for the vulnerable – it is about unlocking the potential of every child.'

DCSF 2008a, pg. 13

The government's optimistic view of the potential for multi-agency working to improve outcomes for children is mirrored in the views expressed through some published

academic literature. For example, Barnes (2008), citing Stiff (2007) suggests that 'no one argues against the benefits of integrated services', and that

'Joint working is therefore unequivocally viewed as the means of providing a more cohesive and integrated approach to addressing the needs of the child and family...'

Barnes 2008, pg. 230

Despite this, Barnes concedes, there is a lack of published evidence relating to the effectiveness of multi-agency working and no single model to inform good practice. A view that is shared by others (for example: Cameron et al 2000 and Sloper, 2006).

There also appears to be limitations to some of the machinery implemented by government to facilitate joined up working. For example, Gilligan and Manby (2008) describe a discrepancy between 'rhetoric and reality' in relation to the Common Assessment Framework (CAF). They suggest that parents, particularly fathers, and children are not intuitively included in all aspects of the assessment process; that multi-agency discussions are often dominated by the concerns of the school and that boys with behavioural problems are disproportionately represented in CAF referrals.

Sloper (2008), in a meta-review of literature on multi-agency working, outlines some of the barriers to effective multi-agency work. According to Sloper, professionals' enthusiasm for joined up working can be quelled by: 'constant re-organisation'; 'frequent staff turnover'; 'financial uncertainty' and 'differing professional identities and ideologies'.

It is also questionable whether multi-agency working is anything new. Pettitt (2003), in a review of joint working between CAMHS and Schools suggests that there is a 'long tradition' of joint working in the UK public and voluntary sectors. She outlines a number of established links between CAMHS, Schools, Educational Psychology Services (EPSs), Behaviour Support Teams and Specialist Teachers.

Despite the enthusiasm and urgency conveyed through government rhetoric, it seems that the principles of multi-agency working may already be familiar to professionals working with children. Yet there remain challenges to implementing multi-agency practice in the way that it has most recently been described by the government and a lack of evidence relating to its effectiveness in terms of outcomes for service users. When planning new multi-agency initiatives, it may, therefore, be appropriate to consider the reasons why multi-agency working across all children's services was advocated in the first place. On this topic, Sloper (2008) writes:

"The demands placed on families by having to deal with many different professionals and agencies have been well documented... as have the difficulties in obtaining information about the roles of different services, the problems of conflicting advice, and the likelihood that children's and families' needs will fall into gaps between different agencies' provision."

Sloper, 2008, pg. 572

The potential for multi-agency work to provide children and their families with a clear and efficient mental health service is summarised in the CAMHS Review (Davidson, 2008). However, the review also suggests that consideration should be given to when multi-agency approaches are appropriate and when they are not; it suggests

that multi-agency initiatives can be 'time consuming and expensive' and should therefore be 'needs led', and aligned with good practice recommendations.

There is evidence to suggest that a multi-agency approach when undertaking the assessment and identification of social and communication difficulties, Autism and ASD *is* good practice. The following section will review this evidence.

2.1.2 The assessment and identification of Autism and ASD

In this paper, the term 'social and communication difficulty' is used to refer to the difficulties of any child who is encountering problems with social interaction and communication, regardless of whether or not they have a clinically recognised diagnosis. The terms ASD, Autism and Asperger Syndrome are used more specifically.

ASD is used synonymously with 'Pervasive Developmental Disorder' to refer to a broad group of disorders recognised in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (American Psychiatric Association, 1994). The core features of which are: impairments in social behaviour, impairments in verbal and non-verbal behaviour and restricted or repetitive behaviours. The terms Autism and Asperger Disorder are used in specific reference to the criteria for diagnosis set out in DSM-IV.

Howlin and Asgharian (1999) highlight some of the difficulties associated with the identification of ASD and the effect that these can have on children and their families. They suggest that, despite advances in our understanding, in the case of Asperger Disorder (a higher functioning ASD): diagnosis can often be deferred due to a lack of information; parents can be incorrectly told that there is 'no problem' or 'not to worry'; or they can be given an incorrect diagnostic label. In a survey of 770 parents, they found that parents of children with a label of Asperger disorder received an identification later (on average at age 11) and experienced more frustration with the assessment process than parents of children with an identification of Autism (who, on average received an identification at age 5).

Further information on the complexities of diagnosis is reported by Filipek et al (1999) in a meta-review of nearly two thousand published articles relating to the assessment of Autism and ASD. Their report recommends that a two-stage assessment process is used for identification. The first stage consists of a general developmental assessment and autism-specific screen administered to all children and the second comprises both clinical and field based assessments of: language development; cognitive functioning; adaptive behaviour and behavioural, academic and neuropsychological factors. They suggest that assessments are likely to be undertaken by a range of professionals, all of whom should have specific expertise in the field of Autism and ASD. Despite the rigour of the assessment process which they advocate, they remark that:

"Screening for autism may not identify children with milder variants of the disorder (without mental retardation or obvious language delay)...Their difficulties cause great stress for their families, who recognize the child's challenges but have difficulty convincing others that their child has a disability."

Fillipek et al 1999 pg. 450

These findings are perhaps unsurprising, due to the complexity and range of behaviour shown by children with ASD, who may have impairment in some areas of social interaction and communication but not in others and who can also have relative strengths which can mask difficulties. The findings do, however, provide impetus for a clear, co-ordinated assessment process which does not add to parental frustration and anxiety.

In the UK, guidance for the assessment of Autism is set out in the National Autism Care Plan (NIASA, 2003). The plan provides guidance on the type of information required in order to make a diagnosis and the processes through which information should be gathered. Like Fillipek et al (1999), NIASA advocate the use of a staged approach to assessment, which is summarised in figure 1, below.

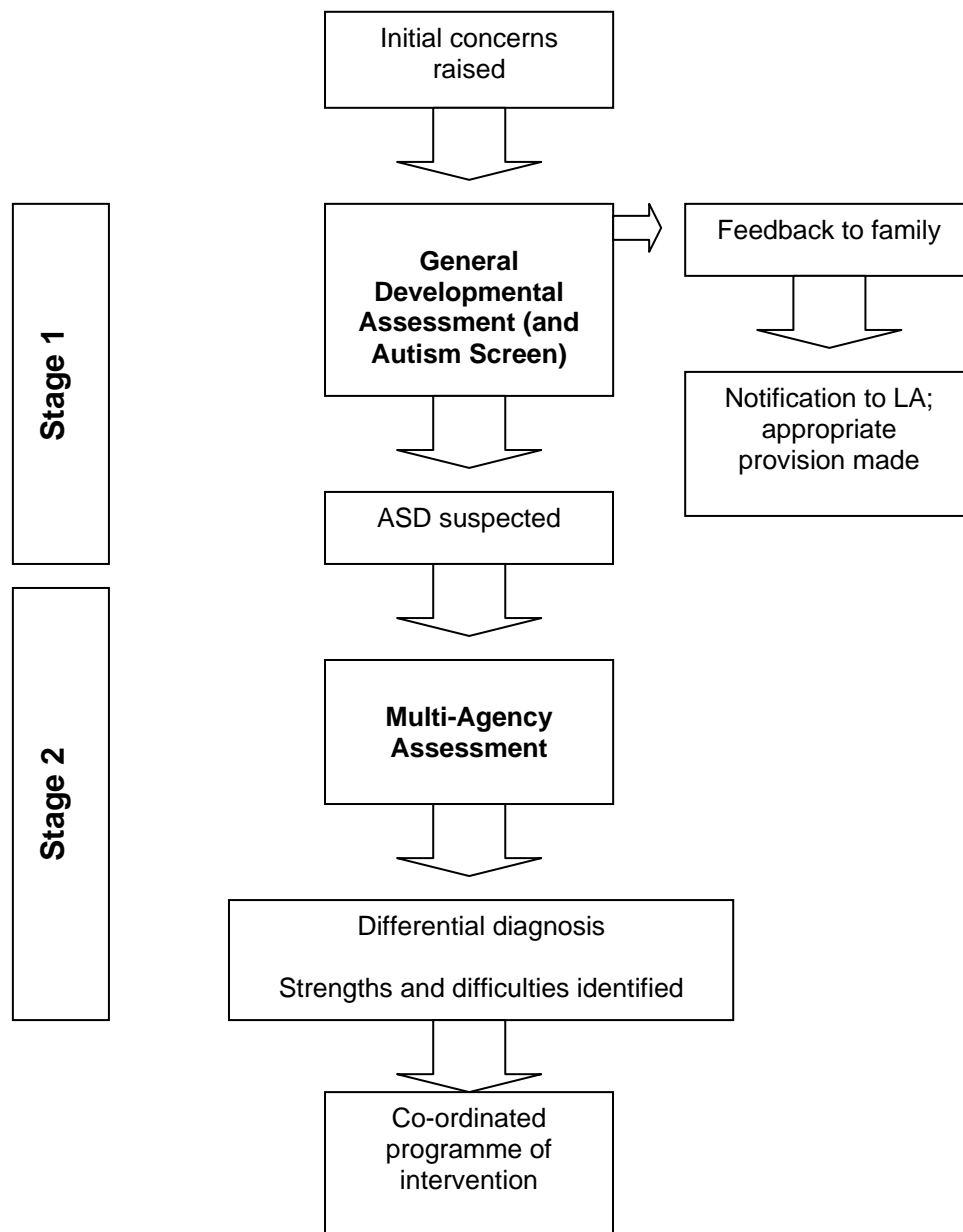


Figure 1
Staged approach to the assessment of ASD
adapted from NIASA (2003) pg 72-73

Although the diagram suggests that assessment is a linear process, it does not imply that information gathering should take place sequentially. For example, information gathered by a speech and language therapist, immediately prior to referral for

'general developmental assessment', could later be shared in the 'multi-agency assessment'. NAISA also recognise that assessment is an ongoing process; a child may not meet diagnostic criteria on the first occasion that an assessment is undertaken, but may do so in a subsequent assessment some years later.

The plan strongly advocates the use of multi-agency assessment and makes several recommendations for good practice, including:

- Avoiding a 'wait and see' approach. Information on the local assessment pathway should be freely available and referral to the pathway should be possible for parents, school staff and other front line workers.
- Assessment should lead to an identification of needs (with or without diagnosis) and a plan for meeting those needs.
- Multi-agency assessment involves an *interactive* and *collaborative* approach to assessment from all members of the team.
- Multi-agency teams should include psychological, educational, linguistic, and medical expertise; access to more specialist assessments, such as Occupational Therapy and Physiotherapy; and family support workers and social workers where appropriate.
- Multi-agency assessments should normally be completed within seventeen weeks.

Research into Autism and ASD is progressing quickly and has, in recent years produced new models for explaining difficulties and new frameworks for integrating

assessment information (Howlin and Asgharian, 1999; Baron-Cohen, 2008). However, there appears to be a high level of consensus over what constitutes good practice in terms of assessment *process*: Assessment should be staged, proceeding from a general screen, to specialist assessment; It should take place as soon after initial concerns are raised as is possible; It should be undertaken by a range of professionals all of whom have an understanding of ASD; and it should be clear, undertaken in partnership with children and families and not be a source of additional stress for them.

2.2 The Local Context¹

This paper reports an evaluation of Conston's pilot assessment protocol for primary-school-aged children with social and communicational difficulties. There are, however, assessment protocols for children of other age groups in operation in Conston. These are summarised below.

2.2.1 Other local assessment pathways

Early Years Children

Autism can be reliably diagnosed in children on or before the age of three years (NIASA, 2003; Fillipek et al, 1999; Cox et al 1999; Charman et al 1997). In Conston,

¹ Pseudonyms are used to refer to all professionals referenced in this paper.

the assessment of pre-school children for whom there are concerns regarding social and communicational development, involves four assessment activities:

- A discrete observation of the child in their home or school, undertaken by a consultant paediatrician.
- An extended clinical assessment of the child at the Child Development Unit (CDU). This involves the child and their parents attending five morning-only sessions at the CDU Nursery, during which time they are observed by two specialist nursery nurses and assessed by a multi-agency team.
- Discussion with parents, undertaken by a consultant paediatrician and a specialist nursery nurse.
- A multi-agency meeting, chaired by the consultant paediatrician, at which information is shared, the child's strengths and difficulties discussed and, if appropriate, a diagnosis is made.

Secondary School Age Children

The assessment of secondary school-aged children currently uses the 'old' assessment protocol, described below. As of February 2009, however, the new pilot protocol will be extended to include children of secondary school age.

Primary school aged children prior to the current pilot

Prior to January 2008, a different process was used to assess *all* school-aged children for whom there were concerns regarding social and communication development. The summary of this 'old' protocol, presented below, was drafted in consultation with Harriet Moses, Consultant Child Clinical Psychologist and clinical lead for ASD in CAMHS.

Referral to CAMHS was made by parents via their family GP. Referral letters from GPs typically provided a summary of information from parents and the views of the school, as reported by parents.

Upon receipt at CAMHS, referrals were taken to a referral management group, where they were prioritised for allocation to a professional. The prioritisation of referrals was made according to the level of risk the child presented to themselves and those around them. Referrals considered 'low risk' were placed on a waiting list. Children with social and communication difficulties were often considered 'low risk'.

The allocation of a case to a professional was made according to availability; those with capacity for new casework were given new cases. Specialist knowledge in the assessment of Autism was not considered.

Initial assessment was undertaken by either: one health professional working independently, or two health professionals working jointly. The team of professionals undertaking assessment for ASD included: mental health nurses, a psychologist, a psychiatrist, a non-specialist doctor, a clinical social worker and a psychotherapist.

The type and quality of the assessment undertaken was dependent upon the skills of the person(s) completing the assessment, and so varied across cases.

In cases where initial assessment did not result in a clear diagnosis or grounds for refuting a diagnosis, further assessments were undertaken. These included: placement in an observational group, during which the child's conversation, play and response to structured activities could be observed by professionals with experience of working with children with ASD, and specialist assessment by professionals with additional training and expertise in ASD.

If a diagnosis of ASD was made, a letter was returned to the referring GP and usually to the child's school, informing them of the outcome of the assessment. Although a rough template was used for the letter, detail varied depending on the author.

2.2.2 Drivers for the development of a new assessment protocol

The pathway described above was a source of dissatisfaction for professionals from both Health and Education and for parents. As a result of this dissatisfaction, a multi-disciplinary working group was set up which included representation from the local Autism Support Service, the Educational Psychology Service, the Learning and Behaviour Support Service, CAMHS and a local support group for parents of children with a diagnosis of ASD. The working group identified the following requirements for a new assessment pathway:

Quicker access to specialist assessment

The referral management system used in the old pathway resulted in some cases initially being allocated to CAMHS professionals with no specialist knowledge of ASD. As recommended in the National Autism Plan (NAISA, 2003), it was felt that the new system should allow quick access to specialist assessment.

It was also felt that the new system should reduce the time between initial referral and families being made aware of the outcome of the assessment.

Improved quality of referral information

The quality of information received by CAMHS using the old assessment process was variable and usually limited to that provided by the parent. This made the assessment of behaviour across settings difficult. It was felt that the new system should provide richer pre-referral information, taken from across a range of settings.

Integrated assessment and intervention

In most cases under the old system, schools had minimal involvement in the assessment process and received only limited information following a diagnosis.

As recommended in the National Autism Plan (NAISA, 2003), it was felt that the new system should provide relevant information to educational professionals in an

accessible format, and that in line with recent recommendations regarding the provision of services to children with mental health difficulties (Davidson, 2008), the new system should link assessment and intervention from the earliest possible stage.

An improved experience for children and their families

Under the old assessment process, it was not possible to provide children or their families with a clear timeline for assessment, information about how or by whom assessment would be undertaken, or an overview of the processes involved. In addition, the waiting lists generated under the previous arrangements, coupled with the time taken to receive specialist assessment within CAMHS meant that children and their families could be kept waiting for over twelve months before the outcome of assessment was made clear.

It was felt that the new system should be efficient, transparent and allow clear information to be given to parents at an early stage.

More representative referral population demographics

Under the previous assessment system, there was an under-representation of ethnic minority and looked after children. Published research on the representation of ethnic minorities amongst children with a diagnosis of ASD, is limited. However, there is evidence to suggest that children from ethnic minorities are underrepresented in the population of children accessing mental health care in general (Snowden and

Yamanda, 2005) and in one of the few ASD-specific studies, Berger et al (2008), suggest that this trend continues for children with a diagnosis of ASD.

It was felt that, equality of access to the protocol for children of all ethnic backgrounds should be promoted and therefore that the new protocol should provide easy access to assessment for parents and professionals and be located in a familiar context (such as the school).

2.2.3 Conston's new pilot protocol

Following discussion within the working group and consultation with stakeholders, a pilot assessment protocol was developed and implemented across all primary schools in Conston. Figure 2, below, provides a detailed overview of the new assessment protocol. For clarity, each action in the figure has been numbered, and is referenced in the description below.

The protocol permits concerns to be raised by the parent³, school staff¹ and professionals outside of the school². Regardless of by whom the concern is raised, in all cases the assessment protocol is initiated within the school SEN system^{4,5}.

Immediately after concerns are raised, they are shared between the parent, the school and the professional raising the concern⁶ (if they are not a member of school staff). A maintained observation is started⁷, which involves staff in school observing the child across a variety of settings, over two weeks. The information gained through

the maintained observation is shared with the educational psychologist⁸, and new IEP targets may be set. The IEP is then reviewed⁹ and the parent, school, EP and any other professionals involved with the child decide whether they are still concerned about the child's social and communicational development and whether the child's difficulties are causing impairment¹⁰. If concerns have subsided, or there is no sign of impairment, appropriate support for the child is planned and their progress is monitored¹¹; the protocol is stopped. If concerns persist, further information is collected by the school, and forwarded by the link EP to CAMHS¹².

Cases are reviewed by specialist staff in CAMHS, in the order in which paperwork is received from schools, and additional assessment is undertaken¹³. If, this assessment results in a diagnosis of ASD being ruled out, then a profile of the child's strengths and difficulties is forwarded to schools, who, in collaboration with other agencies, use the information to adapt the child's IEP¹⁶.

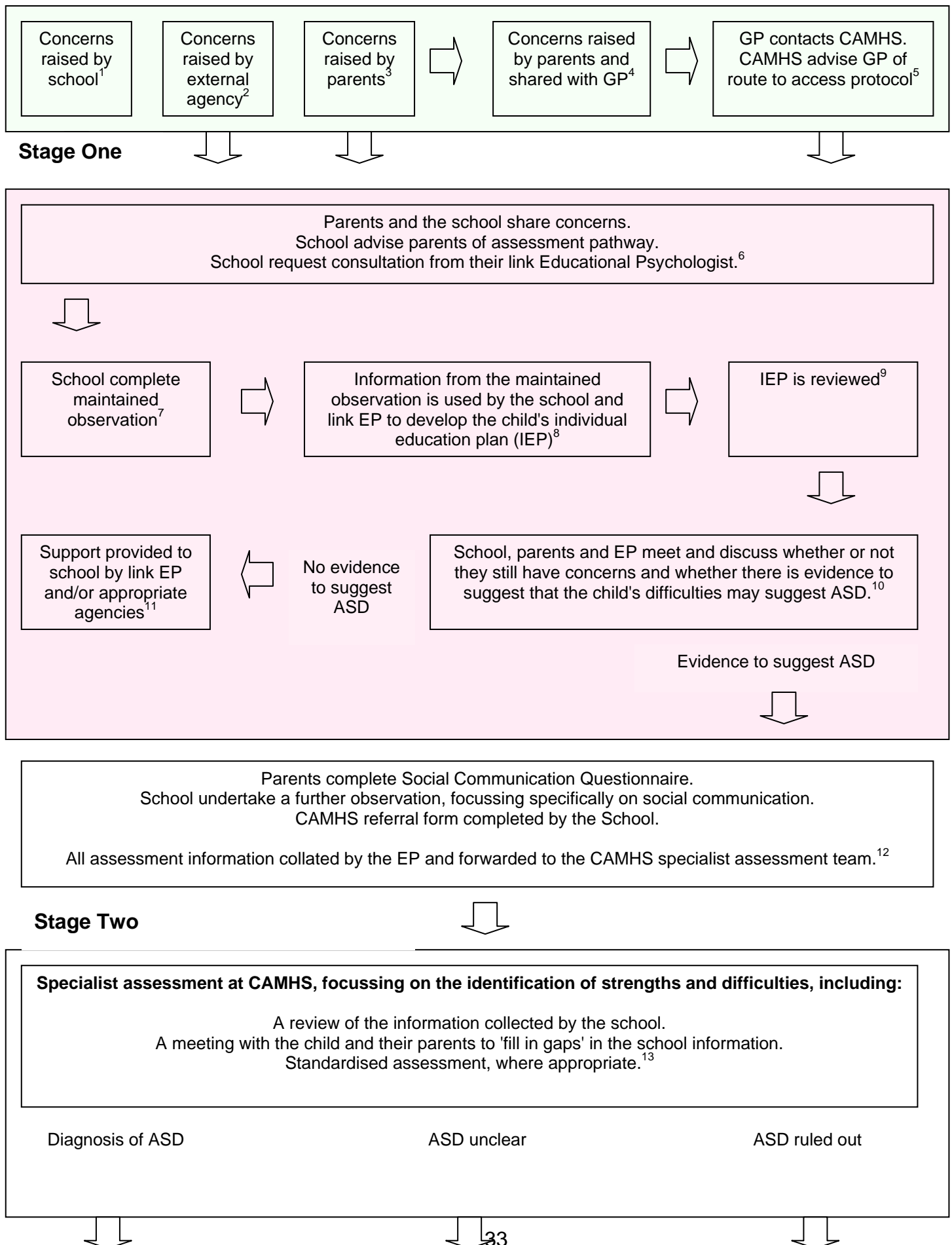
If it is unclear whether or not a diagnosis of ASD is appropriate, the child's case is forwarded to tier three assessment¹⁴. This begins with the completion of 3Di standardised diagnostic interviews with parents and the school and a referral being made to a community paediatrician. The child and their parent(s) are then invited to attend a clinical appointment, during which standardised assessments are completed. The clinical appointment is always undertaken by a speech and language therapist and another specialist CAMHS professional. Following the appointment, a meeting is held between a member of the CAMHS team, the community paediatrician

and the SENCo. This meeting may result in a diagnosis being made, ruled out, or deferred.

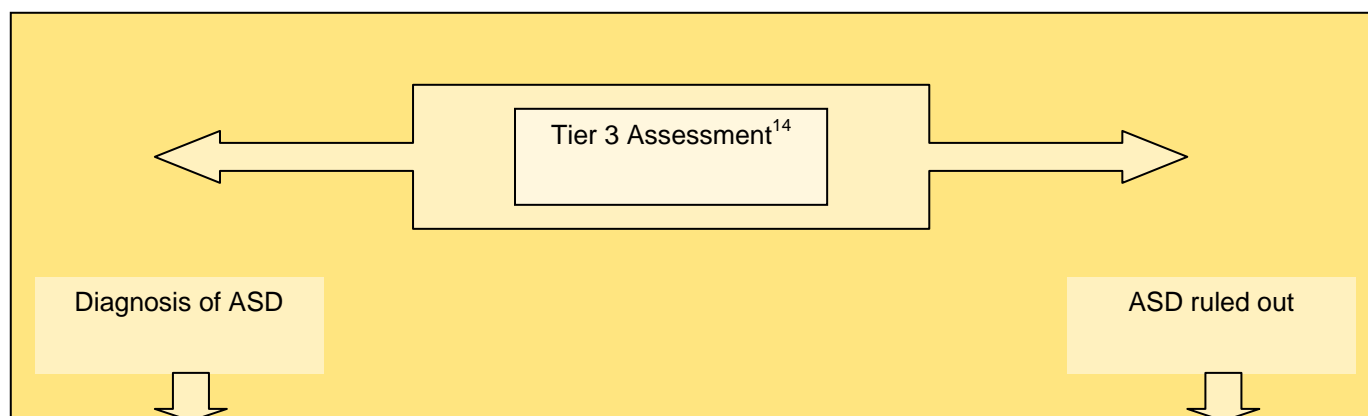
If a diagnosis is made¹⁵, either directly through CAMHS, or through tier three assessment, then it is discussed with the parent and a profile of strengths and difficulties is made available to them, the child's school, and to Conston Autism Support Service. A new IEP is drawn up.

Following diagnosis, an onwards referral is made to a community paediatrician, who screens for genetic disorders¹⁷. The diagnosis of autism may be still overturned at this point, if genetic tests provide contrary information.

Concerns Raised



Stage Three



- Diagnosis discussed with parent.
- Profile of child's strengths and difficulties drawn up (Assessment Summary Profile).
- New IEP is drawn up incorporating information from assessment.
- Letter to parents, referrer and SENCO.
- Internal or external referrals for any other significant difficulties as necessary (e.g. language, anxiety, co-ordination).¹⁵

- Assessment results discussed with parents and SENCo/teacher, if requested.
- IEP drawn up using information gathered during assessment.
- Profile of child's strengths and difficulties drawn up (Assessment Summary Profile).
- Letter to parents, refer and copy to SENCO.¹⁶

Stage Four

Referral made by CAMHS to Community Pediatricians to screen for genetic causes. (Diagnosis of Autism may be changed, if medical tests reveal a genetic etiology).¹⁷

Figure 2
The new SCD Assessment Protocol
adapted from Moran (2008) pg. 1-5.

2.3 Evaluation of the pilot protocol

Evaluation of the protocol was undertaken by Ms Moses, Clinical lead for ASD in CAMHS; Ms Hunter, Head of the Autism Support Service; Janet Wilmot, Educational Psychologist and James Gillum, Trainee Educational Psychologist (henceforth referred to collectively as the researchers).

The protocol ran for nine months before the evaluation began, to allow for a sample of children to pass through all stages of assessment. Data was collected through a survey distributed to all professionals involved in the assessment process and through the analysis of referrals data from CAMHS. The effectiveness of the protocol was assessed against four performance indicators (agreed by the initial multi-disciplinary working group):

1. The new protocol should provide a single, clear and efficient assessment pathway across the city.
2. The new protocol should allow assessment and intervention to be linked, throughout the pathway, leading to improved access to support.
3. The new protocol should facilitate joint working between Education and Health professionals during assessment.
4. The new protocol should facilitate joint working between Education and Health professionals after assessment.

Roles and responsibilities in the evaluation

Four broad evaluation areas were agreed at a consultation meeting held between the researchers. The construction and piloting of questionnaires was undertaken by Mr Gillum, as was the analysis of the data generated. Referrals data from CAMHS were analysed by Ms Moses. Following the evaluation, all four researchers participated in discussion regarding the further development of the protocol.

The findings of the evaluation were shared: with SENCOs, at an authority wide meeting, by Ms Moses, Ms Wilmot and Mr Gillum; with CASS workers, by Ms Hunter; with CAMHS workers, by Ms Moses; with EPs by Ms Wilmot and Mr Gillum and with the local authority's strategic planning group by Ms Moses, Ms Wilmot and Mr Gillum.

The remaining sections of this paper summarise the design and conclusions of the evaluation.

2.3.1 The views of stakeholders: Data gathering

Identification of stakeholders

A total of four professional stakeholder groups were identified (along with children and their parents). Each of whom provided information on different stages of the protocol and different performance indicators. Their varying contributions to the evaluation are summarised in table 1, below.

Group	Stages of the protocol	Performance indicators
SENCOs	Stage 1 Post assessment	<ul style="list-style-type: none"> • A single, clear and efficient assessment pathway across the city. • Assessment and intervention linked, throughout the pathway, leading to improved access to support. • Education and Health professionals working together during assessment. • Education and Health professionals working together after diagnosis.
EPs	Stage 1 Post assessment	<ul style="list-style-type: none"> • A single, clear and efficient assessment pathway across the city. • Assessment and intervention linked, throughout the pathway. leading to improved access to support. • Education and Health professionals working together during assessment.
CAMHS Workers	Stage 2 Stage 3	<ul style="list-style-type: none"> • Education and Health professionals working together during assessment.
CASS Workers	Post diagnosis	<ul style="list-style-type: none"> • Education and Health professionals working together after diagnosis.

Table 1
Levels of stakeholder involvement in the evaluation

Data collection methods

The primary data collection tool chosen for the four professional groups was the questionnaire. It allowed the views of a large sample of stakeholders to be sought; placed relatively low requirements on the limited time of the researcher co-ordinating the evaluation; allowed both quantitative and qualitative information to be gathered; and could be designed to facilitate a structured analysis of a large amount of data.

The methods of distribution for the questionnaire to the four professional groups are detailed in table 2, below. A copy of the questionnaire given to each of the stakeholder groups is included as an appendix to this paper.

Group	Distribution method
SENCOs	Sent, electronically to all SENCOs via head teachers. Paper copies presented to all SENCOs (who had not submitted an electronic form) at the Local Authority's SENCo Conference
EPs	Questionnaire introduced and handed out at a whole service meeting.
CAMHS Workers	Sent electronically to all workers via the clinical lead for ASD in CAMHS.
CASS Workers	Sent electronically to all workers via the head of CASS and introduced at a CASS team meeting.

Table 2
Methods of survey distribution

Data gathered through questionnaires must be interpreted with care in order to avoid compromising the validity of the conclusions drawn from it. Two issues are particularly salient when analysing data from questionnaires; 'response bias' and the 'questionnaire fallacy'.

According to Hayes (2000), response bias is present when participants respond to items in a way that does not reflect their true beliefs. They may, for example, want to 'please' the researcher by providing the answers they think the researchers are

looking for, or they may answer questions regarding their own behaviour according to what they believe is morally right, rather than what they, in reality, do.

The 'questionnaire fallacy', is an (incorrect) assumption that can sometimes be made by the researcher. According to Hayes, researchers approach investigations with some pre-conception of what they are going to find. This influences the items they select for their questionnaire and how they are worded. Because of this, the data gathered from questionnaires only describes participants' views *on the items with which they were presented*, and is skewed by the item wording. When researchers claim that their questionnaire data relates to the research object independently of these considerations, they are guilty of the questionnaire fallacy.

To account for these limitations, data from questionnaires was triangulated between the four stakeholder groups and considered in parallel to the referrals data from CAMHS.

Questionnaire Design

Questionnaire items were derived from the four performance indicators described above. For each indicator, the researchers agreed a number of measurable evidences and, from these, questionnaire items were constructed. A small number of additional performance indicators were also agreed. Performance indicators, evidences, data sources and methods of data collection (including questionnaire items) are detailed in Appendix 3.

Ethical Considerations

The purpose of the evaluation was to consider whether or not the new protocol had lead to improved outcomes for the identified stakeholder groups, it was anticipated from the outset that the views of these groups would vary. It was also acknowledged that the data gathered through the evaluation would be interpreted by members from three of the stakeholder groups (The EPS, CAMHS and CASS) but that SENCos would not be involved in the interpretation of data. The importance of objective data analysis in maintaining a balance of power between the views of the four stakeholder groups was therefore emphasised.

Issues of confidentiality were also considered. All responders were given the opportunity to answer anonymously, although a space was provided on the questionnaire for SENCos to enter their school details, in case they wished to further discuss any issues relating to the evaluation. Once returned to Mr Gillum, data was entered into a spreadsheet anonymously. Maintaining anonymity was particularly important in the case of data returned by SENCos; as because data was analysed within the EPS there was a possibility that EPs could view comments from SENCos made confidentially. Once analysed, data was stored in the EPS file system, using the same security protocol used for children's case files.

The findings of the evaluation were regularly disseminated to responders both informally and formally through the feedback sessions detailed above.

Responses

Responses to the questionnaire were invited from all members of the identified stakeholder groups, regardless of whether or not they had been involved in the assessment of a child with social and communication difficulties using the new protocol.

Table 3, below, summarises the total number of questionnaires received from each of the stakeholder groups, and the total number from within each group that were completed by professionals who *had* used the protocol. Only the latter were included in this evaluation.

Group	Total questionnaires received	Total questionnaires included in the evaluation
SENCOs	16	12
EPs	9	8
CAMHS workers	3	3
CASS workers	8	3

Table 3
Responses to survey

2.3.2 The Views of Stakeholders: Results

The findings of the questionnaire research are organised below using the headings of the four performance indicators.

A single, clear and efficient assessment pathway across the city

In all, the twelve completed questionnaires received from SENCos provided information on twenty seven children for whom there were concerns regarding social and communication development. For twenty five of these cases, the new protocol was used to co-ordinate the assessment process. In the remaining two cases, the SENCos suggested that assessment was undertaken through a referral to the speech and language therapy service and through a community paediatrician.

SENCos' understanding of the new protocol, prior to starting it, was varied. Responses to the item 'What training did you receive to prepare you to use the new protocol?' ranged from 'a quick five minutes' to 'the SENCO conference; paperwork and one-one work with the EP', reflecting a range of experiences. When asked whether or not they felt prepared to begin using the new protocol, six out of nine SENCos said that they did, the remaining three suggested that they felt unable to use it to its full potential or would have benefited from further training; the remaining SENCos did not answer.

Assessment and intervention linked, throughout the pathway

Data from the evaluation suggests that in all cases, except for one, intervention to support the child was begun within two months of an initial concern being raised (see table 4, below). This support most frequently took the form of adaptations being made to the child's IEP. In five out of nine cases, however, it took longer than two months for schools to share their concerns with their link EP.

The length of time taken for schools to share concerns with parents varied significantly. This may reflect a tendency by schools to undertake intervention at the 'school action' level of the code of practice before formally initiating the protocol. It should also be noted, however, that the phrase 'initial concerns being raised' can be interpreted in a number of ways. For example, it may mean: the point at which the class teacher first had concerns, the point at which these concerns were shared with the SENCo, or the point at which the concerns were considered 'serious'.

	Length of time between initial concerns being raised and:		
	Concerns being shared with parents	Concerns being shared with the link EP	The implementation/ adaptation of an IEP or support plan
Less than 1 week	2	1	1
1 week- 1 month	4	3	6
1 - 2 months	3	2	4
Over 2 months	3	5	1

Table 4
Time taken between concerns being raised and action

Education and Health professionals working together during assessment

Table five, below, shows data gathered from Health practitioners, relating to the effect of the new protocol on the assessment process in CAMHS. The data suggests that the new protocol has resulted, in the majority of cases, in diagnoses being made following the initial CAMHS appointment, further assessment in CAMHS is only undertaken in a minority of cases.

All respondents felt that, in some cases at least, the information provided by schools was more relevant to the assessment of ASD than the information they received with referrals under the previous arrangements.

This provides some evidence to suggest that the new protocol has led to improved information sharing between health and education which has, in turn, led to a more efficient assessment process within CAMHS.

	Total number completed	Number for which a diagnosis of ASD was not made	Number requiring further assessment in CAMHS	Number discharged following assessment
Practitioner 1	7	2	1	1
Practitioner 2	8	2	0	-
Practitioner 3	7	1	2	0

Table 5
Views of CAMHS workers

The evaluation also revealed a potential barrier to joint working prior to assessment at CAMHS. Table 6, below, illustrates a substantial variation in SENCo's views regarding ease of access to EP support. This variation in opinion is perhaps summarised by a SENCO who suggested that access to *informal* EP support was relatively easy, but access to *formal* support was very difficult.

	Very easy	Quite easy	Quite difficult	Very difficult
Number of SENCos	3	1	2	3

Table 6
Views of SENCos on ease of access to EP support

Analysis of data collected from questionnaires completed by EPs re-enforces this view.

Education and Health professionals working together after diagnosis

Out of the three CASS support teachers who responded to the questionnaire, all felt that the information yielded by the protocol was 'much better' than the information they received under the previous arrangements. All three found the 'assessment summary profile' of children's strengths and difficulties 'very useful', and two of the three respondees felt that the new protocol had resulted in them being able to put support for children in place quicker than under the old arrangements.

Strengths, limitations and suggested improvements

As illustrated in table 7, a total of nineteen respondees felt that the new protocol was an improvement over the previous system; this included all CASS workers and all EPs. One SENCo felt that the protocol was not an improvement over the previous system and two did not respond to the question.

	Do you consider the new protocol to be an improvement over previous arrangements?			
	Yes	No	Unsure	No response
SENCos	6	1	1	2
EPs	10	0	0	0
CASS workers	3	0	0	0

Table 7
Stakeholders' views of the new protocol

The majority of CASS workers and EPs were either satisfied or very satisfied with the new system. The level of satisfaction amongst SENCos was more varied; three reported being either satisfied or very satisfied and three reported being dissatisfied.

	Level of satisfaction with the new SCD protocol			
	Very dissatisfied	dissatisfied	Satisfied	Very Satisfied
SENCos	0	3	1	2
EPs	1	0	7	2
CASS workers	0	0	3	0

Table 8
Satisfaction with the new protocol

Responses to open questions

In addition to the questionnaire items relating directly to the performance indicators, respondents were invited to comment on the positive and negative changes that they had noticed since the introduction of the new protocol. The responses of professionals from each of the stakeholder groups are summarised below, grouped under themes. A list of the responses included in each theme is included as an appendix.

Theme 1: Efficiency

Some SENCOs suggested that the new protocol had resulted in a faster assessment process, with children being seen sooner. Some EPs suggested that support to pupils was being implemented earlier by schools, and that in some cases onward referral to CAMHS has not been necessary.

Theme 2: Quality of Information

Some SENCOs indicated that they felt their views were 'taken into account' by the assessment process. Both SENCOs and CASS workers spoke positively of the quality of post diagnosis information provided by CAMHS, and some EPs referenced an improved evidence base for assessment.

Theme 3: Capacity building in school

Several EPs and one SENCO described a process of capacity building amongst school professionals. This included increased understanding of the strengths and difficulties faced by children with social and communicational difficulties, and an increase in skill at carrying out observations.

Theme 4: Access to EPs

Although one EP felt that the protocol was an efficient use of EP time, several comments from SENCOs, CASS Workers and EPs focussed on the difficulties faced by schools in accessing support from their Link EPs, due to Conston's time allocation system.

Theme 5: Workload

The majority of SENCOs who responded to the questionnaire, and some EPs commented on the increased workload placed on schools by the new protocol. Some comments from SENCOs used emotive language, reflecting the high level of concern in this area.

Theme 6: Parental involvement

A small number of comments from EPs and SENCOs related to parental involvement in the assessment process. They suggested that although the new protocol involved parents, a large amount of paperwork made it difficult for parents with EAL to access.

1.3.3 Referrals Data from CAMHS

In addition to the referrals made to CAMHS team through the new protocol, internal referrals from paediatricians and from non-specialist CAMHS are also accepted. The

data presented below shows how referrals from schools through the new protocol have impacted on the CAMHS caseload and how they compare to internal referrals in terms of the time needed for assessment and assessment outcome.

Effect of the new protocol on the referral population

Prior to the introduction of the new assessment protocol, there was a fear amongst the professionals working within the CAMHS that it would result in an increased assessment caseload. This does not appear to have happened, table 9 shows that the increase in referrals from schools was accompanied by a decrease in internal referrals from within CAMHS.

Source	January-June 2008	July-December 2008
CAMHS	12	3
Paediatricians	13	17
Schools	2	11
Total	27	31

Table 9
Effect of the new protocol on CAMHS referral population

Appropriateness of referrals made by schools

Another concern held by professionals within CAMHS was that the new protocol would result in a large number of inappropriate referrals being made by schools. Table 10 below shows the total number of cases, assessed by the ASD team, originating from within CAMHS, from Paediatricians and from Schools. It also shows the percentage of cases for which a diagnosis of ASD was given.

Although a high diagnostic rate is not a performance indicator for the new protocol, Ms Moses, suggested that a diagnostic rate of '87%' indicates schools are referring 'the right sort of child'.

	Diagnosis Given	No Diagnosis Given	Total Cases	Percentage diagnosed
CAMHS	13	8	21	62%
Paediatricians	5	2	7	71%
Schools	20	3	23	87%

Table 10
Assessment outcomes

The impact of the new protocol on clinical and administrative time in CAMHS

There is some evidence to suggest that the new protocol has resulted in a reduction in the amount of clinical and administrative time spent by CAMHS in the assessment of children with social and communicational difficulties.

The minimal and average time taken to complete the assessment of a case referred using the old protocol and the average time taken to complete the assessment of a case referred under the new protocol are shown in table 11 below. The total hours required to assess a 'new protocol case' is less than the total hours required to assess an average 'old protocol case'. It should be noted, however, that CAMHS referrals are typically older and more complex than the cases referred by schools.

	Administrative Hours	Clinical Hours	Total Hours
Minimal 'Old' Protocol	1hr 50m	3hr 40m	5hr 30m
Average 'Old' Protocol	5hr 50m	22hr	27hr 50m
New Protocol	1	5hr 5m	6hr 5m

Table 11
Impact of the new protocol on CAMHS workload

2.4 Discussion

Evidence from the evaluation suggests that the new protocol has resulted in a more efficient assessment system in which families attend fewer appointments and spend less time waiting for a diagnosis. It appears that intervention and assessment are linked soon after initial concerns are raised and that the quality of the information shared between agencies has improved, before during and after assessment at CAMHS. Some stakeholders suggested that the protocol has also resulted in

capacity building within schools, with staff developing their understanding of social and communicational difficulties and their skills in classroom observation.

The protocol has, however, raised a number of issues pertinent to multi-agency working, which should to be considered in the continued development of the social and communicational difficulties protocol and any future multi-agency assessment protocol.

2.4.1 Adherence to the National Guidelines

The National Autism Plan recommends that a staged approach is used for assessment, which should include: an initial screen, a multi-agency assessment and tier-3 assessment where appropriate.

Multi-agency assessment, in the context of the pilot protocol does not refer to a discrete stage of assessment and the number and type of professionals involved in any one case varies. In all cases, assessments will be made on information gathered by both health and education professionals (i.e. the School SENCo, supported by the link EP and a Specialist CAMHS worker), however input from other agencies is varied, for example, specific input from speech and language therapy, occupational therapy, or social services will not be accessed by the child as a matter of course, but only as part of tier three assessment. Assessment by medical professionals (e.g. community paediatricians) is postponed until after diagnosis, and is undertaken for the purpose of differential diagnosis.

This practice is in line with the recommendation of the CAMHS review (Davidson, 2008), that the decision to undertake multi-agency work should be 'needs led', and tailored to individual case requirements. It also allows the length of the assessment process and the number of professionals with whom the child and their parent(s) come into contact to be kept to a minimum.

It could be suggested, however, that the protocol limits interaction between professionals. In cases which are not forwarded to tier-3 assessment, information is passed from the SENCo, Parent and EP to the specialist CAMHS worker, who analyses information, undertakes a clinical assessment and then makes or refutes a diagnosis. There is limited opportunity for professionals from different backgrounds to consider assessment information jointly, and challenge each other's formulations.

The protocol perhaps represents a pragmatic approach to assessment, in 'clear-cut' cases, diagnoses are made based on information from a small group of professionals, in more complex cases, a wider range of professional opinions are sought and a forum for discussion is provided. The degree to which national guidelines are appropriate to local contexts should be considered when planning further multi-agency protocols.

2.4.2 Redistribution of workload

SENCos are the stakeholder group for whom the new protocol has brought about the most change. Prior to its introduction, schools were not asked to undertake a systematic observation of behaviour and only formally considered adapting provision *following* diagnosis. Under the new protocol, SENCos are required to co-ordinate the maintained observation, set targets, review progress and complete an array of forms. The concerns of SENCos with regard to their increased workload were voiced in the survey research and perhaps contributed to some SENCos' dissatisfaction with the new protocol. In contrast, the new protocol has resulted in a significant reduction in clinical and administrative workload within CAMHS.

Whilst the overall impact of the new protocol may be positive, the redistribution of workload should not be ignored. In the early stages of the protocol's development, it was planned that CAMHS and CASS workers would undertake joint visits to schools following assessment to discuss the child's needs. This idea was not implemented in the pilot due to anticipated logistical difficulties in co-ordinating multiple diaries. Given the reduced workload for CAMHS, it may be appropriate to reconsider whether a proportion of CAMHS time could be allocated to this type of activity. In future protocol design, consideration should be given to possible redistribution of workload so that difficulties can be anticipated.

The evaluation also revealed inconsistency amongst the views of SENCos with regard to the quantity and quality of training prior to the introduction of the new

protocol. Although the new protocol was introduced at the local authority's SENCo conference, qualitative feedback from SENCos suggests that this introduction may have been insufficient. Furthermore, written instructions for completing the new protocol were not provided. The ensuing confusion may have itself contributed to the workload of SENCos.

In addition to the introduction at the SENCo conference, EPs were asked to provide additional training to schools by co-working with SENCos during their initial use of the new protocol. The extent to which this happened, however, depended on the EP's own understanding of the new protocol and their ability to provide time to schools.

It may be appropriate, in the development of future multi-agency assessment protocols to provide consistent written guidance to all professionals involved, and to consider how best 'on the job' training can be provided to professionals for whom the protocol brings about significant change.

2.5 EPs' role in the Assessment of SCD

2.5.1 The national context

Educational Psychologists' ability to provide both educational and psychological perspectives means that they are frequently involved in the multi-agency assessment of autism (Waite and Woods, 1999). NAISA (2003) outline the minimal competencies for practicing educational psychologists in relation to ASD, which include:

- Knowledge of the core characteristics of ASD and their varied expression across individuals.
- Strategies for supporting schools and families in their work with children with ASD, both emotionally and through consultation around individualised pedagogy.
- The ability to work collaboratively with professionals from both health and education.
- The ability to evaluate the effectiveness of interventions designed to support children with ASD.

Waite and Woods (1999) asked 21 Principal Educational Psychologists (PEPs) and 12 main grade EPs about the role of the educational psychologist in the assessment of Autism. They found that the majority of respondents were in favour of a multi-professional approach to assessment and that most believed the EP had a unique contribution to make to multi-disciplinary assessment. However, they also identified an inconsistency in knowledge and confidence amongst EPs; when asked to rate their knowledge of autism on a scale of one to ten (with ten being the highest) the modal response of main grade EPs was six.

The data upon which Waite and Wood's conclusions are drawn is now nearly ten years old. Since they published their report, EP training has undergone major changes (see CWDC, 2009) and national guidance for the assessment of ASD has been published (providing clearer guidance on the roles that EPs may play in assessment). EP's level of knowledge in relation to ASD may, therefore, have

changed. As is suggested by Waite and Woods, however, it is also possible that the diagnosis of ASD is viewed by some EPs as the domain of health professionals or ASD 'specialists'.

2.5.2 The local context

EPs in Conston did not express concern regarding their involvement in the new protocol. They have, however, questioned the specifics of their role, reflecting a disparity amongst the ways in which EPs are contributing to the assessment protocol. Data gathered through the evaluation, together with discussions at full team meetings suggest that EP practice varies according to two factors. Firstly, whether or not EPs attend meetings to set targets and review the progress of children being assessed using the protocol and secondly whether, when forwarding referral information to CAMHS, EPs use their professional judgement to consider the appropriateness of the referral or merely check that all elements of the school assessment have been completed, leaving assessment to specialist CAMHS workers.

The role of the EP was also an area of concern for SENCOs, many of whom described accessing support from their link EP as 'difficult'. These difficulties largely arose from the time allocation model used by Conston's Educational Psychology Service, according to which schools are allocated a number of EP hours based on their level of 'need'. In schools to which only a small number of hours are allocated, SENCOs are required to prioritise cases for EP involvement. If children with social and communicational difficulties are not considered a priority for EP involvement, it

may result in access to assessment at CAMHS being delayed. Some SENCo's have attempted to circumvent this difficulty by asking parents to access CAMHS through their family GP. GPs have signposted these requests back through the SEN system, resulting in EPs being viewed by some as a barrier to assessment.

Two solutions to this difficulty have been proposed. The first is for EPs to work flexibly; by engaging in informal consultation with schools and offering advice on procedure 'free of charge' alongside scheduled visits to schools. The second is for the local authority to consider protecting a proportion of EP service time to undertake SCD assessments. Whilst the former solution has worked for some EPs, others have expressed a preference for more formal arrangements.

2.5.3 Discourse and Culture

Any form of multi-disciplinary work brings together workers from different professional backgrounds, each of whom may assess and formulate according to their own professional paradigms, communicate using different discourses and belong to different professional cultures.

A variation in professional practice was illustrated in the new protocol by the discourses of EPs and CAMHS professionals. EPs referred to 'social and communicational difficulties', rather than autism, to avoid prematurely labelling a child. For CAMHS professionals, however, the purpose of assessment in CAMHS is to determine whether or not a child can be diagnosed with an ASD. The assessment

protocol took the name 'social and communicational difficulties protocol' to acknowledge that not all cases are forwarded to CAMHS and that in the early stages the purpose of assessment is to look at pupil's strengths and difficulties rather than compare their presentation to a set of diagnostic criteria. Nevertheless, some difficulties emerged from the disparity in discourse.

The terms Autism and ASD are more widely used than the term 'social and communicational difficulties' and some EPs reported the former term being used by SENCOs in initial discussions with parents. In addition, the term ASD was used by CAMHS professionals in training for SENCOs. This perhaps indicates the subtle complexities of working across professional boundaries; both terms are appropriate within their own professional contexts, but in this instance created difficulties for EPs, who were required to explain their choice of terminology to parents and SENCOs.

2.6 Reflections on the evaluation process

Perhaps the greatest limitation of the evaluation is the response rate from SENCOs. SENCOs formed the largest of the identified stakeholder groups, yet the proportion returning completed questionnaires was less than for any other group. Three factors may have contributed to this. Firstly, the timing of the evaluation. Questionnaires were sent out in the Autumn term, before a significant proportion of SENCOs had had the opportunity to trial all stages of the protocol. Secondly, the questionnaire for SENCOs was four pages long, whilst its length meant that it comprehensively

addressed all of the performance indicators, it is also possible that it put some SENCOs off responding.

Finally, the response rate may have been reduced by way in which the questionnaire was distributed. In order to limit the environmental impact of the evaluation, questionnaires were sent electronically to all primary school head teachers with a covering email asking for them to be forwarded to SENCOs. It is possible that some emails were not read and some questionnaires were not forwarded.

In February, 2009, the pilot protocol will be extended to cover secondary-school-aged children and another evaluation will be undertaken. In order to improve the response rate, the following adaptations could be made to the questionnaire study:

- The evaluation could be started in the spring rather than autumn term, to allow for a larger number of SENCOs to gain experience using the new protocol.
- Initial discussions regarding questionnaire design could be more focussed and a smaller number of questionnaire items selected.
- Questionnaire items could be distributed to SENCOs, in person, at planning meetings, through link EPs.

A further limitation of the present evaluation was its failure to collect data from parents and children. This shortcoming is now being addressed through a study coordinated by another Trainee Educational Psychologist.

2.7 References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (4th ed.)*. Washington, DC: American Psychiatric Association.
- Barnes, P. (2008) Multi-agency working: what are the perspectives of SENCOs and parents regarding its development and implementation? *British Journal of Special Education*, 35, 4, 230-240.
- Baron-Cohen, S. (2008) Theories of the Autistic Mind, *The Psychologist*, 21,2, 112-116.
- Cameron, A., Lart, R., Harrison, L., MacDonald, G. & Smith, R. (2000) *Factors Promoting and Obstacles Hindering Joint Working: a Systematic Review*. School for Policy Studies, University of Bristol, Bristol.
- Charman, T., Swettenham, J., Baron-Cohen, S., Cox, A., Baird, G., & Drew, A. (1997). Infants with autism: An investigation of empathy, pretend play, joint attention, and imitation. *Developmental Psychology*, 33, 781-789.
- Cox, A., Klein, K., Charman, T., Baird, G., Baron-Cohen, S., Swettenham, J., Drew, A., Wheelwright, S., & Nightengale, N. (1999). The early diagnosis of autism spectrum disorders: Use of the Autism Diagnostic Interview- Revised at 20 months and 42 months of age. *Journal of Child Psychology and Psychiatry*,
- CWDC (2009) <http://www.cwdcouncil.org.uk/educational-psychology> Accessed on 2nd January, 2009.
- Davidson, J. (2008) Children and young people in mind: The final report of the national CAMHS review, CAMHS.
- DfES (2003) Every Child Matters: Green Paper. Norwich: TSO
- DCFS (2008a) The Children's plan: Building Brighter Futures. Norwich: TSO.
- DCFS (2008b) Making it Happen: Working together for children, young people and families. London: DCFS Publications.
- Filipek, P.A., Accardo, P.J., Baranek, G.T., Cook, E.H., Dawson, G., Gordon, B., Gravel, J.S., Johnson, C.P., Kallen, R.J., Levy, S.E., Minshew, N.J., Prizant, B.M., Rapin, I., Rogers S.J., Stone, W.L., Teplin, S. Tuchman, R.F. and Volkmar F.R (1999) The Screening and Diagnosis of Autistic Spectrum Disorders. *Journal of Autism and Developmental Disorders*, 29, 6, 439-484.
- Gilligan, P. and Manby, M. (2008) The common assessment framework: Does the reality match the rhetoric? *Child and Family Social Work*, 13, 177-187.

HM Treasury (2007) Service Transformation Agreement. London: HM Treasury.

Howlin, P. and Asgharian, A. (1999) The diagnosis of autism and Asperger syndrome: findings from a survey of 770 families. *Developmental Medicine and Child Neurology*, 41, 834-839.

Laming (2003) The Victoria Climbié Inquiry: Report of an inquiry by Lord Laming. London: HMSO.

Moran, H. (2008) Protocol for pilot of assessment of primary school age children with social and communication difficulties (for children without significant learning difficulties). Conston Autism Working Group Internal Working Document.

NIASA (2003) National Autism Plan for Children, London: National Autistic Society.

Pettitt, B. (2003) Effective joint working between Child and Adolescent Mental Health Services (CAMHS) and Schools. Nottingham: DfES Publications

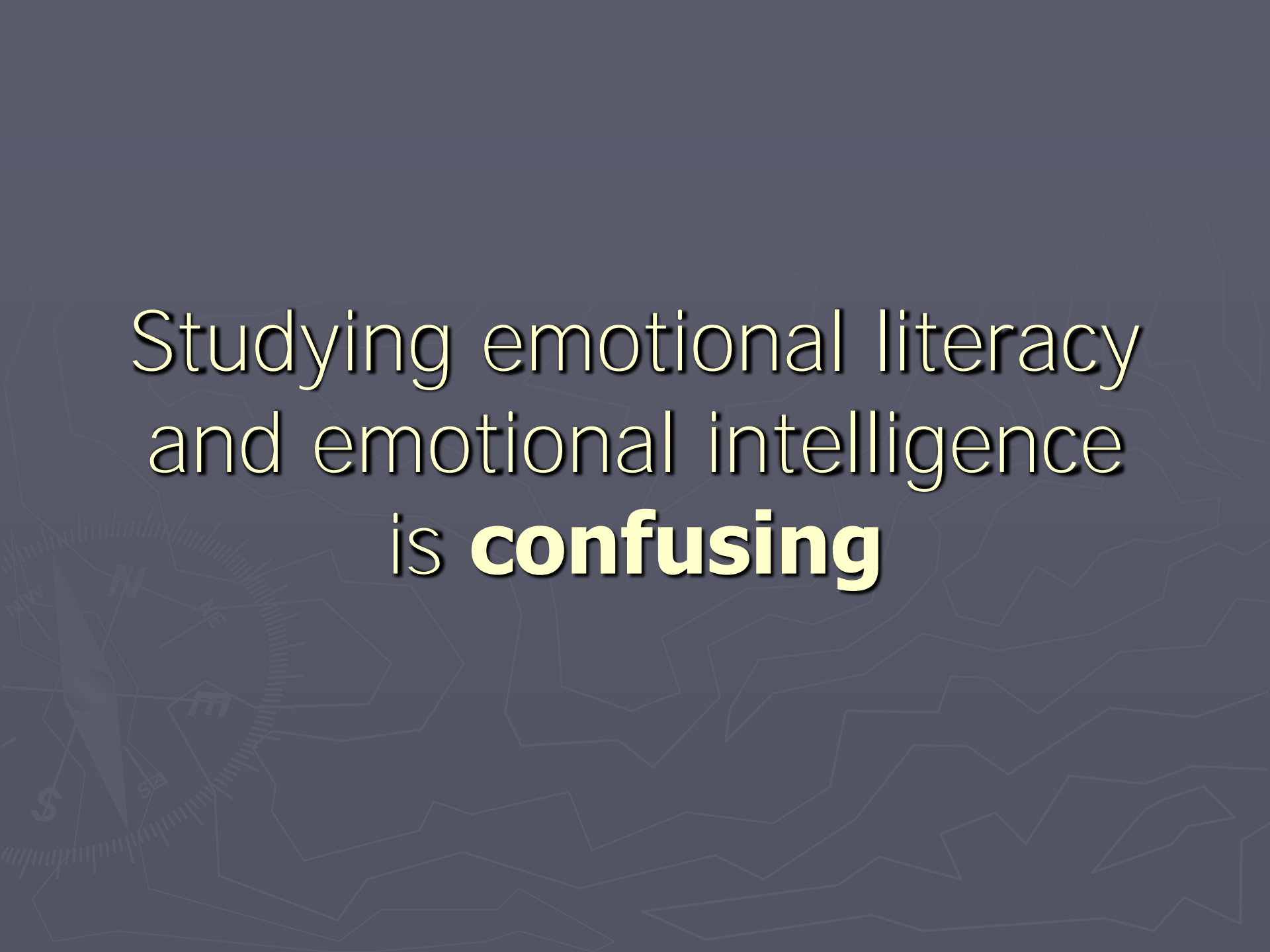
Sloper, P. (2008) Facilitators and Barriers for co-ordinated multi-agency services. *Child: Care, Health and Development*, 30, 6, 571-580

Snowden, L. R., & Yamada, A. M. (2005). Cultural differences in access to care. *Annual Review of Clinical Psychology*, 1, 143– 166.

Stiff (2007) 'The way forward', *Special!*, September, 44–47.

Waite, V. and Woods, K. (1999) Educational Psychologists' Assessments of Autism, *Educational Psychology in Practice*, 15, 3, 167-173.

Studying emotional literacy
and emotional intelligence
is **confusing**

The background of the slide is a dark blue-grey color. On the left side, there is a faint, light-colored graphic of a compass rose with a needle pointing towards the top-left. To the right of the compass, there are faint, light-colored lines representing a topographic map or contour lines.

ability vs trait

Emotional **intelligence**

The key premise of ability theory is that internal emotional processes are, at least in part, examples of a type of **intelligence**; they are examples of **mental performance** rather than **personal dispositions** or **patterns of responding**. They can be measured through the use of **standardised assessment** and, rather than being fixed, can be **developed through training**.

Mayer and Salovey's Ability model of EI

Dimension	Descriptor
Perceiving emotions	Involves accurately identifying emotions shown in face pictures and cultural artefacts and within oneself
Using emotions	Involves making use of emotional states to facilitate cognitive functioning
Understanding emotions	Involves understanding emotional language and the complex interactions between emotions, (for example knowing the difference between sadness and sorrow
Managing emotions	Involves regulating the emotional states of oneself and other people.

Measuring EI: How many beans in the jar?

'...EQ, on the other hand, can't be measured. True, researchers are pursuing the goal of measuring EQ, but no valid and reliable instruments exist at this time. So far, trying to rate somebody's EQ is like guessing how many beans there are in a jar: You can get a rough idea, but you can't be sure.'

Steiner (2002)

Must social and emotional factors lead to improved learning outcomes?

EI and SEAL: Without Criticism?

Relativist

Value-based

Emotional Literacy: A different way?

Qualitative

Systemic

EL and Collaborative Action Research

A bottom-up approach

Howes' EL Project

- ▶ Multi-method design
 - ▶ Exploratory case study
 - ▶ Action Research
 - ▶ Interviews and Thematic Analysis
-
- ▶ Whole staff consultation
 - ▶ Shared understanding
 - ▶ Linked to school development
 - ▶ Longitudinal
 - ▶ Consultative
 - ▶ Lunchtimes
 - ▶ Student Council
 - ▶ Staff collaboration
 - ▶ Informed SEAL

?'S



2.8 Appendix 1

Efficiency

- Children 'seen' sooner. (*SENCo*)
- Faster assessment process. (*SENCo*)
- Schools putting something in place. (*EP*)
- Support in school at an earlier stage (*EP*)
- In some cases a change in support has lead to a change in behaviour – the protocol has not been needed to be taken further. (*EP*)

Information

- Schools are able to make the referral. (*SENCo*)
- Thorough assessment, schools' views taken into account. Lots of excess forms from CAMHS. (*SENCo*)
- Info from CAMHS – post diagnosis. (*SENCo*)
- More confident and coherent means of collecting relevant information. (*EP*)
- Most schools aware of new protocol. Using information, with CASS for target setting. (*CASS Worker*)
- Schools pleased to have accurate information fed back to then following the assessment process. (*CASS Worker*)
- Support is focussed on rich data (*EP*)

Capacity building in school

- Teachers more aware of need to be specific and rigorous in obs. Paperwork etc. (*SENCo*)
- School developing understanding of range of strengths and difficulties that pupils with SCD may be experiencing. (*EP*)
- Have enjoyed building capacity with schools (*EP*)
- Schools becoming more skilled at carrying out obs. (*EP*)
- Schools' attitudes and willingness to change. (*EP*)

EPs

- Efficient use of EP time. (*EP*)
- Like the EP role on monitoring the process. Got to see all the information. (*EP*)
- Sometimes difficult to contact EP. (*SENCo*)
- Increased demand on limited EP time. (*SENCo*)
- Request for additional time to help support schools through the documentation. (*EP*)
- EP time. (*EP*)
- Sometimes there is pressure on the EP to rubber stamp. (*EP*)
- Schools commenting on having to use EP time (*CASS Worker*)

- EPS time. (*CASS Worker*)

Workload

- Paperwork, Jargon, very parent unfriendly. (*SENCo*)
- Time taken to complete forms. (*SENCo*)
- Loads more paperwork, just when you think you have completed it, more arrives! (*SENCo*)
- Increased workload (*SENCo*)
- Paperwork OVERLOAD for staff (*SENCo*)
- Forms to be completed hard for staff, for EAL parents efficiently. (*SENCo*)
- Amount of paperwork for schools. (*EP*)
- Some schools have expressed concern about the time it takes to undertake a maintained obs. (*EP*)

Parental involvement

- Parent involvement. (*EP*)
- Parents not necessarily understanding the protocol. (*SENCo*)

Other

- Equal ops – not dependent on parent/EP for referral. (*EP*)
- Protocol feels safe – everyone has a shared understanding of the process. (*EP*)
- Checklist is very useful (*EP*)
- Some schools attempting to skip parts of the protocol. (*EP*)

CHAPTER THREE

PPR2

ELICITING THE VIEWS OF STUDENTS AT A PUPIL REFERRAL UNIT REGARDING THEIR EDUCATIONAL EXPERIENCE AND FUTURE, POST COMPULSORY EDUCATION

Eliciting the views of students at a Pupil Referral Unit regarding their educational experience and future, post compulsory education

Over the past ten years, there has been a steady move by researchers, educators, policy makers and other education professionals, towards eliciting the views of children and young people when conducting research and evaluations (Curtis et al, 2004; Gunter and Thompson, 2007). The decision to involve children and young people as active participants in research; to regard them as 'co-researchers' rather than research objects is aptly summarised in the now oft used phrases '[eliciting] 'the voice of the child' and 'student voice'".

This paper describes an enquiry, carried out by a Trainee Educational Psychologist, (TEP) which attempted to elicit and report the views of eight Year Ten students in a Pupil Referral Unit (PRU) regarding their educational experience and perceived futures, post compulsory education. The enquiry was undertaken within a constructivist framework, to provide socially relevant information to the PRU's Director and senior management team, as part of an internal review of provision. The enquiry is not presented as a piece of rigorous scientific research, but as an example of reflexive professional practice. Nevertheless, the paper describes the design of the enquiry and concludes with a critical reflection on methodology.

The PRU, which will be referred to throughout the remainder of this paper using the Pseudonym 'Brooklands', is located in a large Midlands city, which has been given the pseudonym 'Colby'.

The paper is divided into four sections. The first discusses national and local issues relating to PRUs; the second describes the design of the enquiry; the third provides a narrative account of the data gathered and the fourth provides a critical reflection on the enquiry process.

3.1 Background to PRU Provision

The Education Act (1996) requires local authorities to make arrangements to support any child, who due to reasons of medical need, exclusion from school or otherwise, may not have their needs met without such arrangements being made. Local authorities may meet this obligation by commissioning the services of voluntary or private organisations, enrolling children at independent schools, or through the use of PRUs.

PRUs are defined by the Education Act (1996) as any school established and maintained by a local authority to provide education to the children identified in the paragraph above. They can be established to meet the needs of specific groups of children (for example, children excluded from school, teenage mothers, or children with medical needs) or, as is the case in some rural authorities, they can cater for a broader spectrum of need. Approximately fifty percent of the pupils attending PRU

provision have been excluded, or are at risk of being excluded from their mainstream school (DCFS, 2008).

3.1.1 PRUs and standards

The 2004 Youth Cohort Study (DfES 2004) described poor educational outcomes for pupils who have been excluded from school, compared to those who have not. Fifty two percent of whom left school with no formal qualification, twenty one percent of whom were considered NEET (not in education, employment or training) at age sixteen (compared to six percent of non-excluded pupils) and only 3% of whom achieved one or more GCSEs. These statistics illustrate the magnitude of the task facing local authorities and alternative education providers; to improve positive outcomes for vulnerable children in PRUs.

At present, the effectiveness of provision for children not attending school is at best mixed. A report by OfSTED (2004) linked poor outcomes to deficiencies in local authority provision. Although it identified 'pockets of exemplary provision', the report surmised that:

'Overall, the quality of provision for children and young people out of school, their low attainment, the targeting and monitoring of provision, and the tracking of their progress are unsatisfactory.'

OfSTED, 2004, pg. 5

The remit of this OfSTED report was to examine the systems in place within local authorities, and the relationship between mainstream schools, local authority

agencies and alternative education providers. A subsequent report (OfSTED, 2007) focussed specifically on the quality of academic and pastoral support provided within PRUs.

OfSTED (2007) collected data from twenty eight PRUs across twenty two local authorities, all of whom had been previously inspected by OfSTED and rated as good or excellent. The report made the following key points:

- Overall, the quality of curriculum planning and delivery was good.
- Within-setting assessment of pupils tended to focus on behavioural, rather than academic progress and was hampered by a lack of consistency in the information passed to PRUs from mainstream schools.
- In many cases, there were good links between PRUs and mainstream schools, training providers, and voluntary organisations. Despite this, re-integration to mainstream school remained an area of difficulty unless determinedly pursued by the local authority.
- Students tended to stay in PRUs for 'too long' and often the criteria for referral were unclear or inconsistent within local authorities.
- Local authority monitoring of PRU effectiveness was often insufficient.

Against this background of poor outcomes and inconsistent standards, some have questioned the inclusiveness of the PRU model.

3.1.2 PRUs and Inclusion

Pearcey (2005) suggests that current SEN legislature has led to a lack of inclusive practice *within* mainstream secondary schools for children with social emotional and behavioural difficulties. He suggests that the current trend for school independence and parental choice could lead to further non-egalitarian practice, through selective admissions policies and higher exclusion rates. He recommends a shift in focus from assessment and planning, towards the provision of accomodatory teaching to pupils with additional needs *in* their mainstream settings.

Achieving this shift of focus would require a change of role for PRUs, from providing off-site education to acting as bases for outreach. This type of model was adopted in some local authorities during the 1990's. Hill (1997) conducted a survey of the views of Special Educational Needs Co-ordinators (SENCOs) in one authority where this initiative was adopted. Although the surveyed SENCO's rated the service provided by the PRU as good, Hill questions whether the motivation for moving to an outreach model was to develop inclusive provision, or 'save money' and highlights the difficulties associated with meeting the needs of all pupils in mainstream settings:

'Ultimately it is schools which have to meet the needs of pupils with emotional and behavioural difficulties and ensure that all pupils have an equal access to a safe environment, a culture of respect and the opportunity to learn.'

Hill (1997) pg. 36

3.1.3 PRUs, Current Policy and Direction

More recently, the focus of government policy (DCSF 2008a, 2008b) has broadened to consider how PRU's can be integrated into a 'spectrum of provision'. The government's strategy for modernising alternative provision ('Back on Track') (DCSF 2008c) highlights the need for PRUs to provide preventative outreach support to mainstream schools *and* to intervene early by delivering alternative provision to children who are at risk of, or have been, excluded. These suggestions were made concurrently with those of the Children's Plan (DCSF, 2008), which recommended that a market-forces approach be used to improve the quality of alternative provision in general, with:

- more demanding commissioning by Local Authorities, taking account of the cost effectiveness of available provision;
- tailored, planned and monitored provision;
- stronger accountability, through the measurement and publication of educational outcomes for children attending PRUs; and
- new legislation granting the Secretary of State the power to force local authorities to close down 'failing' PRUs.

Whether, given the varied and complex needs of the students attending PRU provision and the potentially high level of student turn-over (if PRUs are indeed used as a form of temporary provision, with students ultimately returning to mainstream schools), a market forces approach will result in an increase in standards, remains to

be seen. The renewed interest in PRUs by the government and by academics, has, however, resulted in local authorities reviewing their portfolio of alternative provision, and seeking strategies for further development.

3.1.4 PRU Provision: The Local Context

In each of the past two school years, approximately 170 Key Stage Four students, who have been excluded or are at risk of exclusion, have been placed at Brooklands PRU. The centre, one of two in Colby City, provides a mixture of on-site education and off-site work-related learning. In 2008, Colby Local Authority (LA) began a review of the provision offered in Brooklands. A 2008 internal working document notes the following:

'In 2007/08 the average points score for students attending Brooklands PRU was 51.4. The target for 2008/09 is 100. This will be achieved by ensuring that all students are offered a full-time, personalised and accredited learning programme, and by providing multi-disciplinary support to minimise the impact on learning of risk factors in students' lives at the individual, family and/or community levels'

Colby City LA (2008) pg. 1.

As part of the local authority's drive to improve standards at Brooklands, the PRU's Director undertook an internal review of provision, to which the enquiry described below contributed.

3.2 Social, Emotional and Behavioural Difficulties (SEBD) and Inclusion

Inclusion has existed as a legislative term since the late 1970s, as a direct result of the work carried out by Mary Warnock and her colleagues (Warnock, 1978). At the time of publication, the 'Warnock Report' introduced the then radical idea that it would be possible to support the needs of a range of pupils with SEN, within mainstream schools. 'Statements' were introduced as ways of safeguarding the needs of these pupils *within mainstream schools* and the current pro-inclusion discourse began.

In order to consider inclusion relative to social, emotional and behavioural difficulties, it is necessary to consider what is meant by the term. Mowat (2009), however, suggests that it may not be desirable to provide too tight a definition, as doing so often results in the location of SEBD within students. For the purpose of this paper, SEBD are therefore defined as a characteristic of a situation in which students may find themselves which is characterised by difficulties in interactions between the student, their peers or the adults around them. Students may, therefore be described as experiencing or encountering SEBD, but not as having or being SEBD.

There is evidence to suggest that some mainstream schools are effective in including students experiencing SEBD, for example, Visser, Cole and Daniels (2002) suggests that where schools have strong leadership, a caring attitude and a climate in which difficulties can be openly discussed with staff, they are likely to be inclusive institutions. However, other authors have highlighted the difficulties encountered by students and institutions in situations where SEBD is evident. Wedell (2005), for

example, suggests that rigidity in school systems and national policy drivers serves to hinder truly inclusive practice in which students' individual needs are addressed. Shearman (2003) in a psycho-analytic review of three case studies, suggests that resource limitations often mean that schools are ineffective in containing students' emotions.

For some students encountering SEBD even serves to increase the likelihood that they are excluded from mainstream school. Jull (2008) aptly summarises this situation in the following terms:

'EBD is perhaps the only category of SEN that exposes a child to increased risk of exclusion as a function of the very SEN identified as requiring special provision in the first instance.'

p. 13

Visser and Stokes (2003) concur with this view and suggest that in many local authorities, pupils experiencing SEBD are placed in specialist and PRU provision.

The current pro-inclusion discourse suggests that 'all students have an equal entitlement to education' (Visser and Stokes 2003) and frequently equates this premise with one that 'all students should be educated in mainstream settings'; specialist and alternative provision is often viewed, by inference, as exclusionary (Warnock, 2005). Some authors, however, have begun to challenge this way of thinking. McLeod, for example questions whether practice in specialist settings is, in some ways, reactionary to the inclusion discourse, but perhaps more significantly, Mary Warnock, in many ways architect of the current SEN system, has begun to

question the inclusive ideal as interpreted by successive governments, since the publication of her committee's report:

"Governments must come to recognise that, even if inclusion is an ideal for society in general, it may not always be an ideal for school."

She has suggests that we should reconceptualise our thinking about specialist provision and seek to support a range of small but specialist institutions to deliver high quality provision to a range of pupils. Given this, it seems even more appropriate to consider students own needs when planning and adapting provision.

3.3 Planning the enquiry

3.3.1 Epistemological stance

The enquiry used semi-structured interviewing to elicit the views of eight students on their experiences of education and their future prospects. It was commissioned by the PRU's Director as part of a broader project to adapt and improve PRU provision by taking into account student voice. The enquiry took a constructivist stance acknowledging that social realities may be experienced in different ways by different people. The validity of the data presented later in this paper, is therefore limited to the social, cultural and temporal context of Brooklands PRU.

A criticism of constructivist research (together with other forms of relativist and positivist research), is that it is undertaken by "relatively powerful experts researching relatively powerless people" (Robson, 2002, p.28). Oliver (1997) reflects on his

research with people who have a disability and concludes that "the person who had benefited most from my research on disabled people's lives was undoubtedly me." (p. 15). He goes on to outline a new paradigm of 'Emancipatory research'.

Whilst this enquiry attempted to give voice to a group of arguably marginalised people (students who have been or are at risk of exclusion) and is linked to a broader project concerned with organisational change, it falls short of the criteria for emancipatory research as outlined by Oliver (1997). The reasons for this are discussed further in the final section of this paper which reflects critically on the enquiry process.

3.3.2 Student Voice in Research

The 1989 United Nations Conference on the Rights of the Child, and later, in the UK, the Every Child Matters Agenda (DfES, 2003) both emphasise the importance of listening to children. Harding and Atkinson (2009) describe how EPs have responded to this impetus through the inclusion of 'Child View' sections in their written reports. Their critical commentary of EP practice, however, highlights the many complexities involved in undertaking any kind of student voice research (at the individual case level or broader).

Kellett (2010) questions what is meant by the term 'participation' and suggests that the concept can be split into both passive and active forms. Passive participation may involve attending and contributing to a data gathering exercise, but does not

imply that the child's views are noted or acted upon. Active participation, in contrast involves the genuine involvement of students in a change process. Kellett goes on to suggest that voice, too, can be conceptualised as having passive and active forms. The former may be gathered in situations where there is a strong, unequal power dynamic between an adult and a child and presented in an adult-written report using adult-professional discourse. Active voice is less imbued with adult interpretation and representation.

Lewis (2010) questions the purpose of student voice research. She suggests that child voice research, in its pure form, is a radical agenda, which involves shifts in existing power structures and the empowerment of children. Researchers wishing to undertake child voice research from this perspective, would, therefore want to involve children as co-researchers at every stage of the research process; in choosing the research topic and focus, designing data gathering tools, gathering and interpreting data and presenting findings. Not all research undertaken with children meets these requirements.

Lewis (2002) stresses the importance of giving due consideration to ethical issues when undertaking child voice research. A full discussion of some of the ethical issues encountered during this piece of research is provided later in the paper.

'Student voice' research serves an emancipatory function and in specialist and alternative settings, in particular, it is likely that gathering the views of students will be a useful tool for informing changes to provision. However, as suggested by Lewis

(2010), student voice research, in its pure form, is a radical agenda, which passes control of research to students. It is possible that the research foci that are important to students will differ to those which are important to schools, local authority officers and policy makers. The challenge, then, is to strike an appropriate balance between passing control of research to students and maintaining a research focus that can inform institutional planning.

3.3.3 Aims of the enquiry

According to Rodwell (1997), constructivist enquiry should follow an emergent design as "No researcher will know enough before hand about the context and the multiple realities that will emerge to adequately devise a design" (P. 56). However, as this research project was commissioned by staff within the PRU, it needed to fulfil an agreed remit.

At an initial meeting with the PRU's Director and Special Educational Needs Coordinator, two broad aims were agreed for the enquiry, to each of which three questions were attached. These aims and their associated questions are detailed in table 1.

Aim of the enquiry	Open Questions
To gather students' views on their educational experience	How do students describe their educational experience prior to Brooklands?
	How do students describe their educational experience at Brooklands?
	Do students feel that provision at Brooklands could be improved? If so, how?
To gather students' views on their perceived future post compulsory education	How do students describe their <i>likely</i> life situation, five years from now?
	How do students describe their <i>ideal</i> life situation, five years from now?
	Are students able to identify factors 'pulling' them towards their ideal future and factors pushing them away from it?

Table 1
Research aims and questions

The agreed aims and questions were informed by the literature on social, emotional and behavioural difficulties, and therefore addressed students' experiences prior to and during their placement at Brooklands and their aspirations for life afterwards. Research questions were left sufficiently broad, to allow for a range of ideas to be presented by students and for different views to be expressed.

3.3.4 Participants

A total of eight, year ten students took part in the interviews, two girls and six boys, reflecting the gender balance of the centre.

By definition, the students taking part in the enquiry had been or were at risk of being excluded from mainstream education due to 'emotional and behavioural difficulties' and some of the staff at the PRU had suggested that students may be difficult to engage in interviews. This view is mirrored in literature describing research with excluded students, in which students are referred to as 'disaffected' (e.g. Wearmouth, 2004; Wellington and Cole, 2000; Wakefield, 2004) and as 'hard to reach' (e.g. Curtis et al, 2004).

As the purpose of this enquiry was to give voice to students, I did not want to begin the research process by attributing to them a label, particularly one such as 'disaffected' or 'hard to reach', with their ensuing negative connotations. Neither, however, did I want the research to fall short of its purpose through ill preparation. I therefore chose to design the study, in particular its ethical procedures, anticipating a diverse sample population and with reference to literature describing studies undertaken in PRU and Social Emotional and Behavioural Difficulties (SEBD) Special School settings .

3.3.5 Ethical Considerations

Selection and induction to the study

A representative sample of potential participants was selected by the Head of Year 10 based on two factors; gender and length of time in the PRU. Once selected, participants were invited to meet with me to find out more about the research. At this point, no expectation was conveyed to students that they would participate.

Upon meeting with me, I provided each student with an information sheet covering relevant ethical issues (See Appendix 1). As recommended by Green et al (2003), the sheet was written mindful of the varying literacy levels of the students and checked with centre staff prior to use. I read through the sheet together with students and asked whether or not they would like to take part in the enquiry.

Wiles et al (2003) draws attention to the difficulties associated with gaining participants' informed consent when working in institutional settings. They suggest that institution staff may act as gatekeepers, attaching conditions to participation in research (e.g. 'you need to do this as part of your parole') or presenting the opportunity to participate in research as a reward, contingent upon good behaviour. It is also possible that staff may select participants who they believe will engage in the study (and not select students who they feel may be disruptive). This may impinge upon participants' ability to freely give informed consent to participate and skew the representativeness of the sample.

In this instance, the Head of Year Ten and I agreed that a range of students should be given the opportunity to take part in the study, including some who potentially may not engage in the interview. In addition, it was agreed that although the Head of Year Ten would select students to *find out* about the study, I would provide the information about the study and ask whether or not they would like to participate.

In addition to gaining the consent of students, information about the study was sent to parents and carers. No parent or carer refused permission for their child to take part in the study.

Rewards

The interviews were arranged in collaboration with the Head of Year 10, who suggested that, usually, when students worked with an external visitor, they were rewarded with a chocolate bar.

The issue of whether or not to reward has been described as a "tricky question in any research setting" (Curtis et al, 2004, pg. 170). It potentially impinges on students' right to refuse participation in a study and their right to withdraw (students may feel obliged to take part in the research, in order to get their reward). It may also influence the way in which students view research (as a means to an end, rather than as an opportunity to share their views).

Curtis et al (2004) describe how they deal with the issue of rewards in a way which minimises their effect on participants' rights, by providing them with a 'reward' prior to the research being completed. A similar procedure was adopted here. After meeting the researcher, students were offered a chocolate bar regardless of whether or not they completed an interview and whether or not they withdrew early.

Interview setting

The research involved asking students some potentially emotive questions about their past educational experiences and future prospects. As some of the students interviewed had previously demonstrated physical aggression to members of staff, the safety of both the student and the researcher was considered prior to beginning the interviews.

Interviews were undertaken in a room with a large window, which looked out towards the main entrance to the school, and was therefore highly visible. The room contained two tables and three chairs, which were positioned in a way that offered students a choice of seating position, either at the same table as me or at a table close by. In either case, students had unobstructed access to the door, which was held ajar. The room was arranged in this way to offer students the opportunity to leave the interview without hindrance, should they wish.

Participants' rights

Wiles et al (2007) describe informed consent as an ongoing process, rather than a single event. They suggest that a participant who initially consents to taking part in a research study may change their mind part way through. For this reason, participants were asked periodically throughout the interview, whether or not they would like to continue. Also, at the end of the interview, participants were asked whether or not they were happy for the information they had provided to be shared with centre staff and written up anonymously in this paper.

3.3.6 Data collection

During my first meeting with the PRU's director, it had been agreed that interviews would be used as the primary method for data collection. Interviews were compatible with the research aim of the study (to gather students' views) and, in this instance, were favourable to questionnaires due to the limited literacy levels of some students and because they offered the potential to explore issues with students in a more flexible and more in-depth way.

Following my initial meeting, I again met with the PRU's Director and the Inclusion Coordinator to discuss the interview structure. Both suggested that I should anticipate a range of responses from students during interviews. They felt that whilst some students would feel comfortable freely discussing their views, others might find

it difficult to engage in the interview process. We therefore agreed that three flexible methods would be used for data collection, to cater for a diverse range of responses:

- Open questions would initially be used, to give students the opportunity to freely present their views.
- If students experienced difficulty responding to open questions, a series of more specific 'prompt' questions would be used. A list of all interview questions is provided in table 2.
- For students who experienced difficulty responding to verbal questions, worksheets would be used which could be completed jointly with the researcher. The worksheets were designed to be the most highly structured of the three data collection methods, for use with students who found less structured questioning techniques difficult to engage with. Five areas of enquiry were chosen by the PRU's Director and myself, each area was selected based on either the findings of published research into the issues facing students at PRUs, or an identified local need. Table 2, below, details the five areas and the reason why each was selected. Worksheets were made to facilitate enquiry into each of the areas.

Area of enquiry	Reasons for inclusion	Examples of relevant literature
Students' relationships with peers.	The impact of relationships with peers and teaching staff was a recurring theme in published research into student engagement and disaffection.	Solomon and Rogers, 2001
Students' relationships with staff		Riley et al, 2006
Students' perceptions of safety in and around the PRU.	A previous enquiry by the PRU suggested that some students, who were on roll at the PRU, did not attend because they felt unsafe in the surrounding area.	Noaks and Noaks, 2000; Cowie, 2008
Students' perceptions of the PRU Curriculum	The PRU's director wanted to review the curriculum provided in the PRU in light of its students views and aspirations.	Hallam et al, 2007
Students' aspirations		Solomon and Rogers, 2001

Table 2
Themes addressed by worksheets

Annotated copies of the worksheets are included in Appendix 2. Table 3, below, shows the relationship between the research questions and specific data collection methods.

Following discussion with the Director and Inclusion Co-ordinator, draft copies of worksheets and an interview schedule were produced, which were piloted with two Year Ten students. Following the pilot, alterations were made to the worksheets and to the phrasing of some questions. Interviews were then conducted, over two days, with eight Year Ten students. Interviews lasted between thirty and forty-five minutes.

Research Questions	Open Questions	Prompt Questions	Worksheets
How do students describe their educational experience prior to Brooklands?	<p>Before you started at Brooklands, which school did you go to?</p> <p>What was it like at this school?</p>	<p>Were there any lessons that were particularly good / bad?</p> <p>Were there any particularly good or bad teachers?</p> <p>Tell me a bit more about how you got on with the teachers.</p> <p>Could you tell me a bit about the other students at your previous school?</p> <p>How did you get on with other students?</p> <p>What was the school like as a place?</p> <p>How did you feel when you were there?</p>	<p>Curriculum worksheet</p> <p>Relationships with Adults Worksheet</p> <p>Relationships with Peers Worksheet</p>
How do students describe their educational experience at Brooklands?	<p>Tell me about Brooklands.</p> <p>What are the adults like at Brooklands?</p> <p>How safe do you feel when you are in Brooklands?</p> <p>Tell me a bit about the other students who come to Brooklands.</p> <p>What subjects do you study when you are in Brooklands?</p> <p>Do you attend a vocational placement?</p> <p>Tell me about these lessons</p> <p>Tell me about this placement..</p>	<p>How do they compare to the adults in your previous school?</p> <p>How do the students here compare to the students in your previous school?</p> <p>How do you get on with the other students?</p> <p>Any friends or people you would avoid?</p>	<p>Relationships with Adults Worksheet</p> <p>Perceptions of Safety Worksheet</p> <p>Relationships with Peers Worksheet</p> <p>Curriculum Worksheet</p>

Do students feel that provision at Brooklands could be improved? If so, how?	<p>Is there anything extra that the adults at Chace could do that would make things better for you?</p> <p>Is there anything that they could do differently, that would make things better for you?</p> <p>Is there anything that would make you feel safer, when in/around Chace?</p> <p>Is there anything that the students here could do, to make Chace a better place?</p> <p>How could the lessons / placements be improved?</p> <p>If you were made director of Chace, what would you do to improve things for students?</p>		
How do students describe their <i>likely</i> life situation, five years from now?	Where do you see yourself in five years time?	<p>Where will you be living?</p> <p>Who with?</p> <p>Will you have a job or be in education?</p> <p>What qualifications will you have?</p> <p>What will you have achieved?</p>	Future Aspirations Worksheet
How do students describe their <i>ideal</i> life situation, five years from now?	Where would you like to be in five years time?	<p>Where will you be living?</p> <p>Who with?</p> <p>Will you have a job or be in education?</p> <p>What qualifications will you have?</p> <p>What will you have achieved?</p>	Future Aspirations Worksheet
Are students able to identify factors 'pulling' them towards their ideal future and factors pushing them away from it?	<p>What is helping you to achieve your goals?</p> <p>What might stop you from achieving your goals?</p>	Do you think attending Brooklands will have an effect on your future?	Future Aspirations Worksheet

Table 3
Research questions and data collection methods

During the interviews, I was mindful that the type of data provided by students would be influenced by the type of questions asked and that highly structured questions would have a greater influence on responses than more open questions. Care was taken, therefore, to provide all students with the opportunity to answer open questions. Only in cases where students appeared to struggle with open questions were, prompts and worksheets used.

I recorded students' responses on a pro-forma (Appendix 3). At the end of the interview, the data recorded on the pro-forma was shared with students to check for accuracy and to see whether or not they were happy for their information to be used in the research. At this point, three of the eight participants elaborated on comments that they had made earlier in the interview and two asked for specific comments to be removed.

3.3.7 Data analysis

As this was a small-scale exploratory piece of research, which sought to identify and communicate students' views, an inductive approach to data analysis was used. Therefore, themes were identified in, or 'drawn out of', the data, without reference to existing research.

Data was analysed using an adapted version of Thematic Analysis, as described by Lapadat and Lindsay (1999). Thematic analysis was chosen, as the enquiry was concerned with the content of students' comments and not the way in which

discourse was constructed or presented. The data analysis process is described below:

1. Data was transferred from interview pro-forma to a single word-processed document.
2. This document was read through once, without coding, to check for accuracy.
3. Initial codes were attached to each statement, describing its main reference (e.g. reference to teaching staff; other students; likely life situation in 5 years time).
4. Individual statements were re-grouped; statements referring to the same theme were placed next to each other.
5. Secondary codes were attached to statements, describing more specific issues (e.g. reference to the effect of student reputation on teacher behaviour).
6. Two thematic maps were produced to illustrate the relationships between different themes.
7. Statements were read through again, and themes were selected for inclusion in the write-up.

3.4 Analysis of Students' Views

This section provides a narrative account of students' perceptions of their educational experiences and their likely and ideal futures. The account is split into five themes, which I consider to be amongst the most significant to arise from the data analysis.

It should be noted, that both the data analysis procedure and the selection of data for inclusion in this account (and the non-selection of other data) are regarded as active processes, through which I may have imposed my views and beliefs on the data. To minimise the impact of data analysis on the validity of the data, a formal procedure was followed during analysis, and the information presented here should be regarded as providing only a partial account of students' views.

Students feel that teaching staff have a significant impact upon their school experience

When asked to describe their mainstream school, without exception, participants spoke most freely and in most detail about teaching staff. Although some participants spoke positively of some teachers, students more often spoke about the negative aspects of their relationships and perceived injustice.

Participants spoke about being 'kicked out' of class and about how their reputation affected the likelihood of this occurring. Below, Allan describes how he felt his reputation as a 'naughty one' influenced his teachers' behaviour:

"[They'd]: kick me out when I walked into the room; get in my face for leaning on the chair; look at me as a naughty one. I'd be the first to be brought up in anything"

Participants made several comments about power relationships between students and teachers, or as described by some participants, issues of 'respect'. David's statement below, which was made with reference to a staff member at his

mainstream school, is one of the more extreme examples, but illustrates the way in which some participants felt that they were treated disrespectfully by teaching staff.

"He'd try to pick on people and kids and that...make smarty remarks... keep people in for no reason... look down his nose... speak to us like a bag of shit."

Other participants said that they felt teachers acted apathetically towards them:

"The teachers were a bit dodgy; didn't really care."

Students' comments about the teaching staff at Brooklands were more positive. They suggested that humour and a 'chilled' attitude were in part responsible for their good relationships; Jay suggested that Brooklands' staff were:

"All good. We get along with each other; have a laugh. They actually talk to you."

Amy described her Maths teacher as:

"just chilled, if you don't want to do the work now, do it in a bit, he gives you a bit of time just to chill"

The relationship between the students and teachers at Brooklands is perhaps aptly illustrated by an incident that occurred during Jay's interview. Close to the end of the interview, the bell sounded for break time and shortly afterwards, three of Jay's friends entered the interview room. They initially engaged in the interview, however conversation soon turned to social issues. Hearing this, Raj, the Head of Year Ten

approached the students and asked them to leave the room, suggesting that they take a basketball out to the basketball court. The students initially refused, but Raj continued with his request, in a calm, non-confrontational manner. After a few attempts the students left and I asked Jay to reflect on what had just happened, he said the following:

"They keep on nagging. They ask 'em and try to get round it; to get them to do it. It does work! Eventually you'll be like 'just fuck off and I'll do it' (smiling). Like Raj did, then. But not too much, otherwise you're like 'nah you don't'".

Jay's comment concurs with those made by other participants describing the way in which students respond to teacher's requests; there is typically negotiation or a delay in responding, but in the majority of cases, according to the participants interviewed, students complied with the requests made.

Students' described their transfer from mainstream school to Brooklands as disempowering and disorganised

The majority of participants suggested that their transfer from mainstream school to the PRU was a passive process, done *to* them rather than in consultation *with* them. In the statement below, Stuart describes the moment when he found out that he was being transferred to Brooklands:

"[They said] you're either fucking getting a permanent exclusion or you sign the forms. So I signed the forms"

Other students spoke of a long transfer process, during which minimal education was provided. When asked how he found out that he was being transferred, Jay responded:

"A teacher told me...she said I was going to be put here. It took ages. I've only been here a few weeks...I've been out of school since October, well only going in like once a week."

One student described how a lack of information resulted in a delay to him starting at Brooklands:

"I found out through the post. I didn't come on the first day, 'cos I didn't know where it was."

The experiences of students described above concur with the findings of OfSTED (2007) who highlight inconsistencies in the arrangements made for students' transfer between mainstream and PRU settings.

Students do not regard attendance at Brooklands as stigmatising

At the start of the project, the PRU's Director had expressed concern that the Centre's reputation may have a negative effect on student esteem and attendance. He felt that Brooklands was regarded by some as a 'naughty boy's school'. As a result of this, I asked students whether they had heard of Brooklands prior to starting, and if they had, what they had heard about it. When directly asked, the majority of participants said that they had not heard of Brooklands, or described it in neutral

terms. Later in the interview, however, during a discussion about feelings of safety when in Brooklands, David made the following comment:

"I do feel safe. The first time I heard, I didn't really want to go. I thought they were all going to be muppets, 'cos it's a naughty boys' school. But I got to know everyone and felt much safer"

Later in the interview, I asked David again about his views on Brooklands:

David: Before, I thought it was a naughty boys' school.

Interviewer: Do you still?

David: Not really, it's not different to mainstream, we do the same work, but in smaller groups.

David's comment mirrors those made by my two other students and illustrates how student's perceptions of Brooklands changed as they spent time in the setting. The term 'naughty boy' was also absent in participants' descriptions of their peers in Brooklands. Daniel's comment, below, is typical. He described the other students in Brooklands as:

"All right. All sound. We all get on with each other."

Many of the students at Brooklands are members of rival street gangs when outside the PRU. When onsite, however, according to PRU staff, issues of gang membership rarely result in conflict. When asked directly about this, Jay provided the following insight:

"it's not a problem, if you know who someone is, in that group, then it's sound, 'cos you know 'em, you just chill with each other, you know"

Students felt they should have free access to the rooms within Brooklands

The majority of students' comments in relation to improving Brooklands related to specific issues, such as being allowed to leave hats on in lessons, or providing a smokers' room. These were shared with the PRU's director, but will not be discussed further here. One broader issue did arise, however, regarding students' perceived freedom within the centre. The issue is typified by student's comments in relation to the doors to classrooms, toilets and the outside, which in Brooklands are kept locked. Below, Jay describes his views on this 'locked door' policy:

"Unlock the doors man: even if you need the toilet, you still need a fob to get in, that's not right man."

David suggests that the locked-doors policy impacts on the respect shown by students towards staff.

"[students could] respect it more by not giving staff abuse; if they didn't do the doors and that, then it wouldn't happen."

David's comment stands in contrast to students' comments about their relationships with teachers, which appear to illustrate mutually respectful interactions between students and teachers and flexibility in the interpretation of rules.

Students expressed a desire to work but also identified barriers to achievement

Students' comments on their likely life situation in five years time, without exception, showed a desire to be working. Allan's comment, below, is typical. He expresses a desire to be working, but qualifies this with his own perception of what is 'realistic'; he wants a 'good' pay, but not a 'brilliant' one.

"Hopefully working...hopefully...good pay, not brilliant, but alright...hopefully, 'cos I like working"

This sense of realism was also conveyed by Amy. In her comment below, she suggests that she will probably have a baby, even though she does not really want to:

"Probably have a baby, even though I don't really want to; living with my mom or in a council flat in Steveley"

When asked to describe their ideal life situation, several students spoke in more detail about the type of work they hoped to undertake, many referencing their past experiences as justification of their choice, for example, one male student wanted to follow in his father's footsteps and work as a carpenter, another wished to build upon an existing hobby and pursue a career in American Football. One of the more poignant comments was provided by Jay:

"[I] want to be someone who works with people on drugs; my brother was on drugs; I just want to help people get of 'em."

Students were also able to identify factors which may prevent them from achieving their goals. On this topic, Amy provided the following comment:

"Don't go out with silly little boys; don't get pregnant; don't be naughty at school; don't believe what other people think."

When talking about factors which may help them to achieve their goals, without exception, students referenced good GCSEs, and a majority suggested that their future would be better for having attended Brooklands. When I asked Ben whether his future looks different now, he responded:

"Yes a lot different. At [my old school], I just didn't care really, but here I do. I want an education."

3.5 Critical Reflections on Outcomes and Process

This enquiry aimed to elicit students' views on their educational experience and their future, post compulsory education, and to share these views with the Director of Brooklands PRU. This aim was largely met; data was successfully gathered through interviews and it was possible to share the information with the PRU's director. The enquiry identified many positive aspect of the PRU and in particular highlighted the positive relationships between students and teachers. There remain, however, several points of reflection; things that I would undertake in a different way, if I were to complete a similar project again. These are discussed below.

3.5.1 Reflections on the Utility of the Enquiry

The first issue concerns the utility of the research. The enquiry was undertaken as part of a broader project considering the ways in which the provision in Brooklands could be adapted. There was, however no formal mechanism linking enquiry with change. Since completing the research, the centre's director has taken up a new post and I do not feel the enquiry was sufficiently embedded within Brooklands, to bring about change in his absence. I am therefore sceptical of the extent to which my enquiry will result in a change to practice within the PRU.

3.5.2 Reflections on the validity of reported student voice

After completing the research I asked myself the question 'Who has benefitted most? I had initially set out to provide voice to an arguably marginalised group; the students of Brooklands. Yet upon reflection, I felt my enquiry fell well short of the standards for emancipatory research, outlined by Oliver (1997) and radical conceptualisations of Child Voice research, as outlined by Lewis (2010). The enquiry was commissioned by the centre's director; aims were agreed with the centre's senior management team and students were presented with questions which they had no part in designing. Oliver suggests that 'Empowerment is not in the gift of the powerful' but 'is something that people do for themselves' (p. 19). As the students in this research partook in an enquiry which they had no part in designing, the research must be viewed as participatory, rather than emancipatory.

It was the intention of the PRU's director that the information gathered through this project would lead to changes in school systems. However, as described above, for logistical reasons I feel that a link between information gathering and change was never fully established. Therefore, although it was intended that the participants in the project would be 'active' participants, this intention was not actualised; participants were, unfortunately, passive with respect to bringing about change.

In evaluating the project against criteria laid out by Kellett (2010), however, it could be argued, that a reasonably successful attempt was made at helping students to achieve an active voice; open ended questioning was used, with visual prompts to aid communication and an opportunity was given to students to review what had been recorded at the end of the interview. Direct quotes were also used, as far as possible, during the write-up.

3.5.3 Reflections on Ethical Issues

My primary concern regarding the ethics of the enquiry relates to the issues of informed consent and participants' right to withdraw. Some steps were taken to address these concerns: the question and answer sheet provided potential participants with information about the study, to allow them to make an informed decision about participation; rewards were not contingent upon participation and during the interview, participants were periodically reminded of the right to withdraw from the study. However, once a study has begun, participants may find it difficult to voice a desire to leave, even if asked a direct question.

In addition, the way in which the study was introduced to students may have influenced their views regarding participation. As the study was introduced by a member of PRU staff, students may have felt obliged to participate.

A more logistical concern relates to my decision to hold the interview room door ajar during interviews. Whilst this provided students with an unobstructed exit, it also left the room open to other students. On one occasion, this led to several students entering the room and joining an interview. Whilst this did not present an immediate problem, in terms of data collection, it may have placed undue stress upon the student whose interview was trespassed upon. Providing students with a choice about whether the interview room door should remain open or closed, or more careful selection of interview room may help this problem to be avoided in the future.

3.5.4 Reflections on Methodological Issues

Methodological concerns relate primarily to the question of whether or not the data presented in this paper is a true reflection of *students'* views. Firstly, despite providing students with the opportunity to answer open questions, only some participants were able to provide detailed answers to this type of question. Prompts and worksheets were, therefore, used.

The use of worksheets was particularly successful in engaging students who did not respond to open questions. In one instance, the use of a worksheet led to a

participant moving from a separate table where he had provided short, often one word answers to open and prompt questions, to sit alongside me and partake in a dialogue. Worksheets perhaps provide a less confrontational means of communicating with participants, as both interviewer and interviewee can be engaged in a shared task; completing the worksheet. It is also possible, that some students favour the increased structure afforded by a worksheet.

Using worksheets and prompt questions, however, limited participants' freedom to talk about issues that were important to them. Striking the correct balance between flexibility and structure, is a difficult, but important task in any enquiry.

The validity of the data presented in this paper, as an account of student views, was also limited by the way in which data was recorded and analysed. Participants' comments were not recorded on tape, but instead written on a pro-forma. I took care to record students' comments verbatim and the completed pro-forma was shared with participants at the end of the interview. Providing students with an opportunity to review what they had said, did on some occasions lead to comments being adapted. However, despite my best efforts, I was not able to record all that was said and it is unlikely that my recording was without error. Not having an audio record of the interview also hindered data analysis, undertaken some weeks after the interviews, as in some cases, I was unable to contextualise comments.

3.5.5 Implications for future research

As a result of this project, I have drawn the following conclusions:

- Conducting an enquiry as a discrete operation may provide stakeholders with interesting and perhaps useful information. However, unless cultural and organisational factors are considered at the start of an enquiry and it is viewed by stakeholders as a continuing and reflexive process, linking enquiry to change may prove difficult.
- Keeping a written record of comments made during an interview provides an opportunity to reflect upon an interview together with participants. Supplementing written records with an audio-recording, however, is likely to help with data analysis.
- Worksheets provide a useful alternative to verbal questions, as a means for helping participants to express their views.

Reflecting upon this enquiry has allowed me to anticipate and plan for difficulties in subsequent research tasks.

3.6 References

Cowie, H. and Oztug, O. (2008) Pupil's perceptions of safety at school, **Pastoral Care in Education**, 26, 2, 59.

Curtis, K., Roberts, H., Copperman, J., Downie, A. and Laibo, K. (2004) 'How come I don't get asked no questions?' Researching 'hard to reach' children and teenagers, **Child and Family Social Work**, 9, 167–175

DCSF (2008) **The Children's Plan: Building Brighter Futures**, Norwich, TSO.

DCSF (2008a) **Taking Back on Track forward Response to consultation and next steps**, London, DCSF.

DCSF (2008b) **Pupil Referral Units and alternative provision: a discussion paper**, London, DCSF.

DCSF (2008c) **Back on Track: A strategy for modernising alternative provision for young people**, Norwich, TSO

DfES (2004) **Every Child Matters: Change for Children**. London: The Stationary Office.

DFES (2004) **Youth Cohort Study: The Activities and Experiences of 16 Year Olds: England and Wales 2004**, London, DFES.

Education Act 1996. London, HMSO.

Green, J.B., Duncan, R.E., Barnes, G.L., and Oberklaid, F. (2003) Putting an 'informed' into 'consent': A matter of plain language, **Journal of paediatric child health**, 39, 700-703

Gunter, H. and Thomson, P. (2007) Learning about Student Voice, **Support for Learning**, 22, 4, 181

Hallam, S., Rogers, L., Rhamie, J., Shaw, J., Rees, E., Haskins, H. Blackmore, J. and Hallam, J. (2007) Pupils' perceptions of an alternative curriculum: Skill Force, **Research Papers in Education**, 22,1,43.

Harding, E. and Atkinson, C. (2009) How EPs record the voice of the child, **Educational Psychology in Practice**, 25 (2) 125 – 137.

Hill, R. (1997) Pupil referral Units: 'Are they effective in helping schools work with children who have emotional and behavioural difficulties? **Emotional and Behavioural Difficulties**, 2, 1, 28-36.

Jull, S. K. (2008) Emotional and Behavioural Difficulties (EBD): The Special Educational Need justifying exclusion, **Journal of Research in Special Educational Needs**, 8 (1) 13–18

Kellett, M., with original research contributions by young people with a learning disability: Allan Aoslin, Ross Baines, Alice Clancy, Lizzie Jewiss-Hayden, Ryan Singh and Josh Strudgwick, (2010) WeCan2: exploring the implications of young people with learning disabilities engaging in their own research, **European Journal of Special Needs Education**, 25: 1, 31 — 44

Lapadat, J.C. and Lindsay, L.C. (1999) Transcription in Research and Practice: From Standardization of Technique to Interpretive Positionings, **Qualitative Enquiry**, 5, 64.

Lewis, A. (2002) Accessing, through research interviews, the views of children with difficulties in learning. **Support for Learning**, 17, 3, 110-116.

Lewis, A. (2010) Silence in the context of child voice, **Children and Society**, 24, 14-23.

Mowatt, J. (2009) The inclusion of pupils perceived as having social and emotional behavioural difficulties in mainstream schools, a focus on learning, **Behaviour, Inclusion and Learning**, 24 (4) 159 – 169.

Noaks, J. and Noaks, L. (2000) Violence in School: Risk, Safety and Fear of Crime, **Educational Psychology in Practice**, 16, 1, 69.

OfSTED (2004) **Out of School: A survey of educational support and provision for pupils not in school**, OfSTED.

OfSTED (2007) **Pupil Referral Units: Establishing Successful Practice in Pupil Referral Units and Local Authorities**, OfSTED.

Oliver, M. (1997) Emancipatory Research: Realistic goal or impossible dream? in 'Doing Disability Research', eds. Barnes, C. and Mercer, G. Leeds, The Disability Press, pp. 15-31

Pearcey (2005) **Towards Zero Exclusion: Are all children special? A discussion paper**, London, IPPR.

Riley, K., Ellis, S., Weinstock, W. Tarrant, J. Hallmond, S. (2006) Re-engaging disaffected pupils in learning: insights for policy and practice, **Improving Schools**, 9, 17.

Robson, C. (2002) **Real World Research: A Resource for social scientists and practitioner researchers (Second Edition)**, London: John Wiley and Sons.

Rodwell, M.K. (1997) **Social Work Constructivist Research**, London: Routledge.

Shearman, S. (2003) What is the reality of 'inclusion' for children with emotional and behavioural difficulties in the primary classroom?, **Emotional and Behavioural Difficulties**, 8 (1) 53 -76

Solomon, Y. and Rogers, C. (2001) Motivational patterns in disaffected school students: insights from pupil referral unit clients, **British Education Research Journal**, 27, 331.

Visser, J. and Stokes, S. (2003) Is Education Ready for the Inclusion of Pupils With Emotional and Behavioural Difficulties: a rights perspective?', **Educational Review**, 55 (1), 65 - 75

Visser, J. Cole, T and Daniels, H. (2002) Inclusion for the difficult to include, **Support For Learning**, 17 (1), 23-26.

Wakefield, P. (2004) The Educational Inclusion of disaffected Secondary School Students, **Journal of Disability Policy Studies**, 17, 70-85

Warnock, M. (1978) **Report of the Committee of Enquiry into the education of handicapped children and young people**, London, HMSO

Wearmouth, J. (2004) Talking Stones: An interview technique for disaffected pupils, **Pastoral Care in Education**, 22 (2), 7-13.

Weddell, K. (2005) Dilemmas in the Quest for Inclusion, **British Journal of Special Education**, 27 (1), 3-11

Wellington, J. and Cole, P. (2000) Conducting Evaluation and Research with and for 'disaffected' students: practical and methodological issues, **British Journal of Special Education**, 31 (2) 100-104

Wiles, R. Crow, G., Charles, V. and Health, S. (2007) Informed Consent and the research process: Following Rules or Striking Balances, **Sociological Research Online**, 12, 2, <<http://www.socresonline.org.uk/12/2/wiles.html>>

3.7 Appendices

Appendix 1	Ethical information form.....	108
Appendix 2	Worksheets.....	109
Appendix 3	Interview Pro-forma.....	114

Appendix One

All about the research

I am interested in finding out about the things that you think influence your learning and behaviour when in Chace ELC.

I would like you to work with me, for about half an hour. I will be asking some questions and I would like you to try and answer them.

If at any time you would like to leave, just say. Nobody will mind.

The information we share will be kept confidential. This means that although the conversations we have may be shared with other people, nobody will know who said what.

However, if you say something that makes me worried about your safety, then I will need to tell David.

The conversations that we have will be recorded on a tape. This is so that I can remember what we discussed.

I will also write down onto paper, everything that was said on the tape. This is to help me compare what your group have said with what other groups have said. Doing this is called 'making a transcript'.

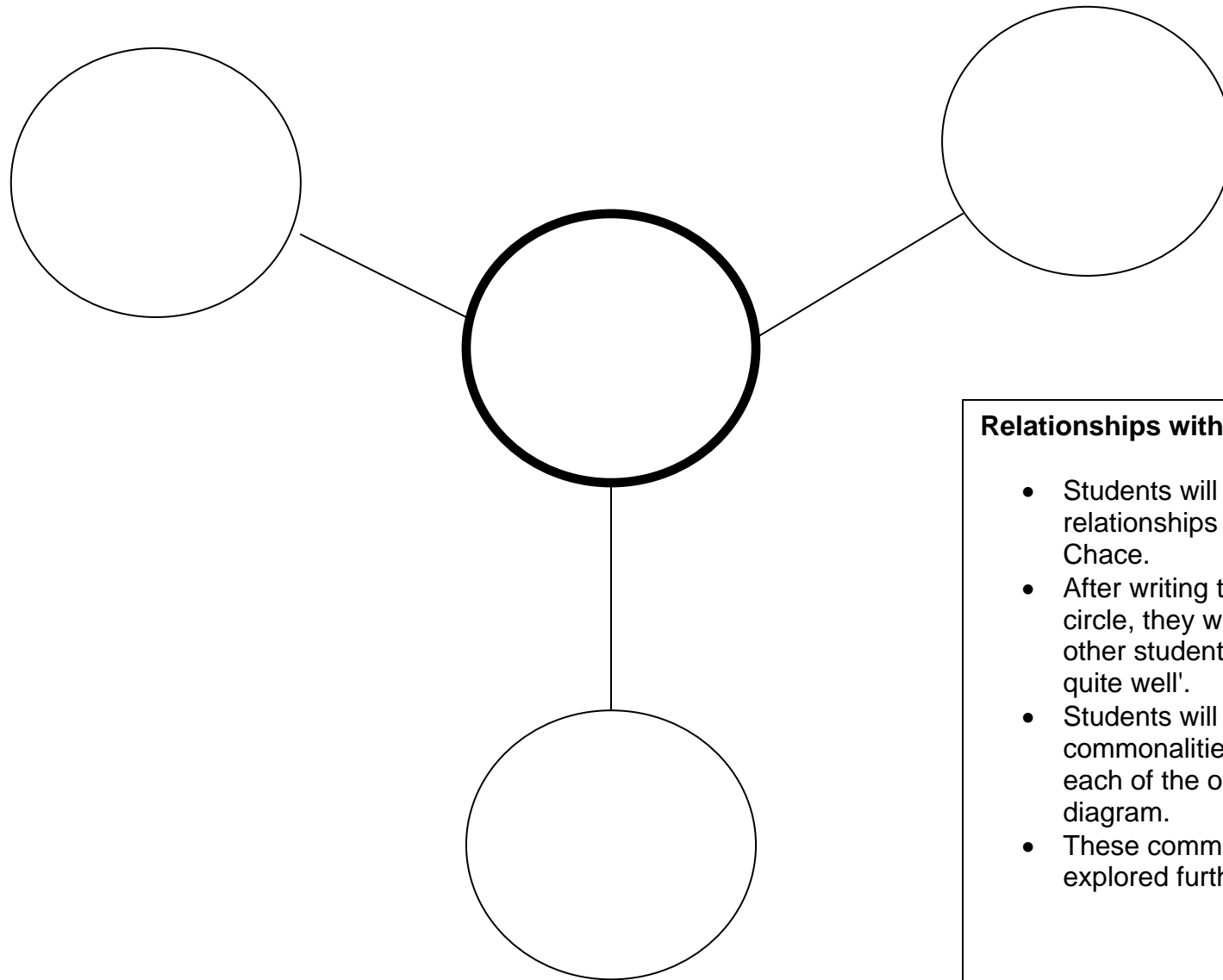
The tape and transcript will be kept for five years in a safe, secure place, before being destroyed.

If this study makes some interesting information, I would like to share that information with other people (perhaps by 'publishing' a paper). If I do share any information though, your comments will remain confidential.

I understand all the points made on this paper and I agree to take part in the research.

Name:

Date:

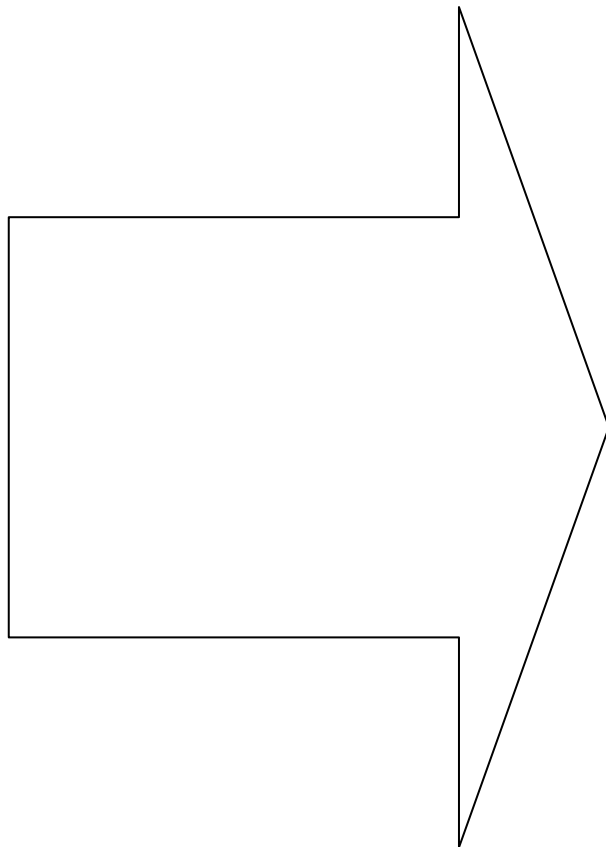


Relationships with peers

- Students will be asked to consider their relationships with the other students in Chace.
- After writing their name in the centre circle, they will be asked to identify three other students in Chace who they 'know quite well'.
- Students will then be asked to identify commonalities between themselves and each of the other students in the diagram.
- These commonalities may then be explored further through questioning.

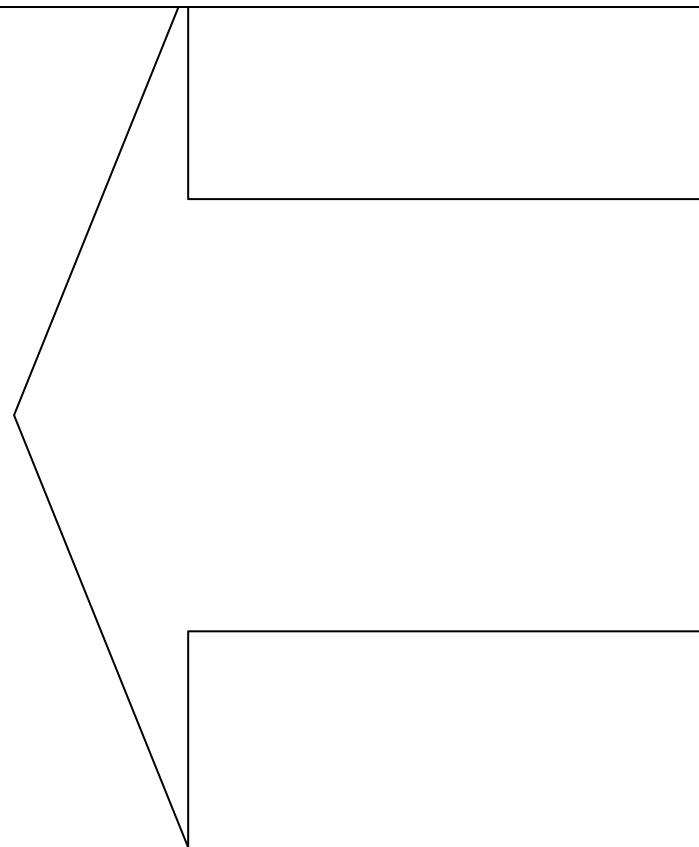
Where do you see yourself in five years time?

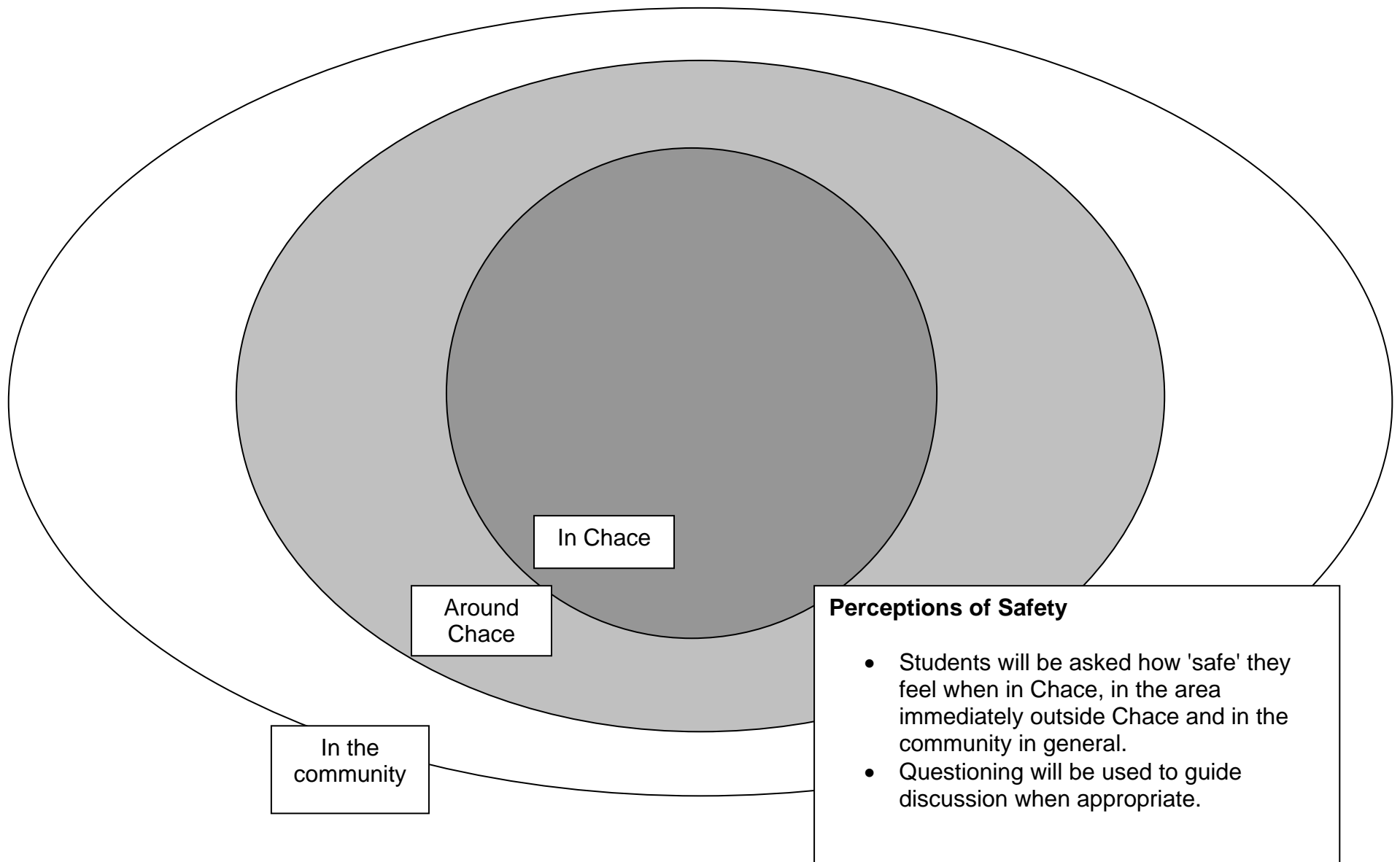
Where would you like to be in five years time?



Future Aspirations

- Students will be asked to think about their goals for the future and 'push and pull factors'.
- Students will first be asked where they would like to be in five years time, this will be translated into a goal, and written in the rectangle.
- A figure of the student will then be drawn in the middle of the two arrows.
- Students will be asked to identify factors pulling them towards their goal (these will be written in the left hand arrow) and factors pushing them away from it (these will be written in the right hand arrow).







Curriculum

- Students will be asked to rate the preference for different curriculum elements (these may be subjects or placements).
- Elements for which students express a strong preference will be written in the rectangle closest to the stickperson, those which students perceive to be of little use or do not enjoy will be written in the rectangle furthest from the stick person.

<div data-bbox="100 199 201 300" style="border: 1px solid black; padding: 2px; text-align: center; width: 45px; height: 63px; margin-bottom: 5px;">+</div> <div style="border: 1px solid black; width: 196px; height: 305px;"></div>	<div data-bbox="629 199 730 300" style="border: 1px solid black; padding: 2px; text-align: center; width: 45px; height: 63px; margin-bottom: 5px;">+</div> <div style="border: 1px solid black; width: 196px; height: 305px;"></div>	<div data-bbox="1155 199 1256 300" style="border: 1px solid black; padding: 2px; text-align: center; width: 45px; height: 63px; margin-bottom: 5px;">-</div> <div style="border: 1px solid black; width: 196px; height: 405px;"></div>
<div style="border: 1px solid black; width: 193px; height: 62px;"></div>	<div style="border: 1px solid black; width: 193px; height: 62px;"></div>	
<div style="border: 1px solid black; width: 193px; height: 348px;"></div>	<div style="border: 1px solid black; width: 193px; height: 348px;"></div>	<div style="border: 1px solid black; width: 193px; height: 348px;"></div>

Relationships with staff

- Students will be asked to consider positive and negative relationships with school staff.
- They will be asked to draw a picture of the staff member (or write their name) and then identify the personal qualities that made the relationship positive or negative.
- Further questions will be used when appropriate.

Appendix 3

Educational Experience, Prior to Chace

- Before you started at Chace, which school(s) did you go to?
- What was it like at XX school?

Prompt: *"I'd like to talk a bit more about XX School and I'd like to ask a few questions to help us talk, it that OK?"*

- Were there any lessons that were particularly good / bad?
- Were there any particularly good or bad teachers? Tell me a bit more about how you got on with the teachers.
- Could you tell me a bit about the other students at XX School? How did you get on with other students?
- What was the school like as a place? How did you feel when you were there?

Experience at Chace

Adults in Chace

- What are the adults like at Chace?
- How do they compare to the adults in XX school?
- Is there anything extra that the adults at Chace could do that would make things better for you?
- Is there anything that they could do differently, that would make things better for you?

Perceptions of Safety

- How safe do you feel when you are in Chace?
- What about when travelling to and from Chace?
- What about when you are out in the area around where you live?

- | |
|---|
| <ul style="list-style-type: none">• Prompt: <i>"by safe, I mean do you ever worry that somebody might say or do something that could hurt you"</i> |
|---|

- Is there anything that would make you feel safer, when in/around Chace?

Other students in Chace

- Tell me a bit about the other students who come to Chace.
- How do the students here compare to the students in XX school?
- How do you get on with the other students?
- Any friends or people you would avoid?
- Is there anything that the students here could do, to make Chace a better place?

Curriculum

- What subjects do you study when you are in Chace?
- Do you have a vocational placement?
- Do you attend the lessons in Chace?
- Do you attend your placement?
- Why / why not?
- How could the lessons / placements be improved?

Other Improvements?

- If you were made director of Chace, what would you do to improve things for students?

Prompt: Which of those suggestions do you think that David could consider?

CHAPTER FOUR

PPR3

READING INSTRUCTION: AN EVIDENCE-BASED APPROACH

(PART ONE)

Reading Instruction: An evidence based approach (Part 1)

4.1 Evidence Based Practice

Evidence based practice is defined by the American Psychological Association (APA, 2006) as:

'the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.'

APA, 2006, pg. 271

It is frequently cited as a distinctive skill of Educational Psychologists (EPs) working in the UK (The British Psychological Society, 2006; Farrell et al, 2006).

The APA's definition has strong parallels with that of the United States Institute of Medicine (from which it was derived) and elements of medical language have been preserved. Nevertheless, the definition is relevant to the work of EPs, who, when undertaking evidence based practice, will:

- have a critical understanding of research evidence,
- demonstrate clinical expertise through their ability to integrate this understanding with information gained from assessment of the child, parent, teacher or system that forms the focus of their work, and

- develop interventions in a way that is appropriate to the context in which they are to be applied.

Evidence-based practice has been accepted by many EPs as a model for good practice. It has not, however, been *universally* and uncritically accepted. Those who take a more critical stance towards evidence-based practice reference the epistemological and methodological bases of Educational Psychology and other social sciences (e.g. Marks, 2003; Fox, 2003). These are outlined below.

During the early twentieth century, Psychology, through the behaviourist movement and experimental approaches, began to forge itself as a science through the adoption of a positivist epistemology (the view that reality exists independent of the knower and can be known objectively (e.g. Robson, 2002)). The current National Institute for Clinical Excellence (NICE) guidelines on evidence based practice appear to share this positivist world view by suggesting that some forms of knowledge should be privileged above others. The guidelines set the 'gold standard' for research as the 'systematic review of randomised control trials'.

Recent decades, however have seen a paradigm shift in many of the social sciences away from positivism, towards constructivist and critical realist world views (Robson, 2002). This shift has permeated the science of Educational Psychology, leading some authors to comment that adopting a constructivist world view offers EPs scope to move away from the narrowly prescribed realm of working implied by positivist

orientations, to consider broader issues. Upon this topic, Moore, 2003, makes the following comment:

'Increasingly our practice seems to have become narrowly prescribed, overly concerned with questions of assessment and the resource worthiness of children rather than broader and more meaningful issues regarding their development and psychological wellbeing.'

pg. 103-104

Critics of evidence based practice argue that it is incompatible with these post-modernist world views. Indeed, the hierarchy of evidence presented in the NICE guidelines does appear to imply a positivist world view. However, the application of an evidence-base to practice need not be tied to a positivist epistemology and methodology. For example, by using a consultative approach, EPs could critically evaluate theory extracted from published research evidence in light of information gathered from stakeholders. Doing so, could help to build a shared understanding of the situation amongst all those involved in the consultation. This type of practice would bare close parallels to the APA (2006) definition of evidence based practice, which stresses the importance of professionals using the 'clinical expertise' to integrate best available research with contextual factors, cultures and preferences.

In these cases, the purpose of reviewing published research, be it case studies, expert opinion, or systematic reviews of randomised control trials, is not to internalise an objective truth, but rather to encourage reflexivity; to challenge pre-existing constructions.

My own position as a researcher falls between the extremes of positivism and constructivism. Whilst I believe there is a reality that exists independently of the knower, I also believe that the same reality can be interpreted differently by different observers in different social contexts. This position, which may be labelled as 'critical realism', is described more fully by Robson (2002).

Therefore, for me, evidence based practice involves using consultation to consider a broad range of research evidence alongside evidence gathered from children, parents and teachers and deciding upon the relative weightings to attach to each piece of evidence based on the context of the consultation. For example, if the purpose of consultation were to identify a reason for a sudden change in a child's behaviour, evidence from the child, their parent and their class teacher may be given greater weight. In contrast, if the purpose of consultation were to develop a cross school policy for supporting children with reading difficulties, research evidence may take priority

Combining research evidence and professional practice is not, however, straightforward and has presented difficulties for many professionals (Marks, 2002) and applying evidence based practice to a consultative mode of working is something that has presented me with considerable professional challenge.

4.1.1 Evidence Based Practice and Reading

The current research project began when I, a Trainee Educational Psychologist (TEP) considered the areas in which I could strengthen the links between my psychological practice and the research evidence base. I chose to examine reading instruction due to the frequency with which reading difficulties were referenced in schools' requests for psychological consultation and because it was an area of professional interest for me.

This is the first of two papers that will describe and evaluate my evidence based practice in relation to reading. The second paper provides two case studies of EPs using evidence based practice in relation to Literacy. This first paper, however, describes the literature review process through which I built my knowledge and understanding of published reading research. Through my literature review, I attempted to answer three questions:

- What reading problems might an EP be asked to support with?
- What is the most appropriate psychological approach to intervening in literacy difficulties?
- What research evidence is available to inform practice?

The remainder of this paper addresses these three questions.

4.2 What problems might an EP be asked to support with?

Evidence-based practice will provide greatest benefit to EPs when it allows them to undertake their role more effectively. EPs belong to a relatively young and quickly evolving profession and there has been considerable and prolonged debate regarding how best they should support children (Department for Education and Skills, 1968; Gillham, 1978; Farrell et al, 2006). There does now, however, appear to be consensus over the core functions of the role. Currie, as part of a review for the Scottish Executive, (2001) suggests that EPs carry out five core functions: consultation, assessment, intervention, training and research, and that each of these functions can be undertaken at the level of the individual child and family, the level of the school or establishment or across a local authority. Table 1, below provides examples of how EPs might carry out each of the core functions, in relation to the teaching and learning of reading, at each of the three systemic levels.

In a brief survey undertaken in my Educational Psychology Service, I asked eight EPs which of these five core functions they undertook most frequently, in relation to the teaching and learning of reading, and at which systemic levels.

All eight EPs felt that they were most often asked to undertake consultation at the child and family level in relation to suspected difficulties in reading and that this consultation was informed by individual assessment and often resulted in school based interventions being planned. EPs identified training at the school level as another activity in which they were frequently involved. This training usually

concerned targeted reading interventions, such as precision teaching and shared reading. Some EPs also provided examples of work at the local authority level and work involving research, although these were less frequently referenced.

		Level		
		Child and Family	School or establishment	Local Authority
Core functions	Consultation	Consultation and review meetings for children not making expected progress in reading.	Joint work with staff, developing school-wide initiatives for improving children's reading.	Contribution to strategic planning and policy development.
	Assessment	Individual, holistic assessment and assessment of aspects of reading.	Working with staff to establish school-wide assessment procedures to monitor progress in reading.	Evaluation of provision offered by schools.
	Intervention	Development of individual reading programmes or strategies to use in a class context.	Contributing to new initiative to develop reading.	Setting up or contributing to reading programmes delivered in multiple schools.
	Training	Training to an individual teacher on how to support a child's individual needs.	Providing training on models of reading and the psychological principals underlying its teaching.	Authority wide training on approaches to reading instruction
	Research	Implementing a programme of assessment through teaching.	School-level action research, to evaluate the effectiveness of a new intervention.	Wider scale action research

Table 1
EPs' roles in relation to the teaching and learning of reading
Adapted from the Scottish Executive, 2001, pg. 70.

My brief survey does not constitute a methodologically defensible method for determining the kind of activities that EPs may be asked to undertake in relation to reading. It does, however, provide an outline of the work of EPs, in relation to

reading, in a local context. It suggested that the literature review would be of most relevance to EP practice if it could be used to inform the assessment of reading ability and the planning of preventative and remedial teaching strategies.

4.3 What is the most appropriate psychological approach to intervening in literacy difficulties?

Psychology is a science made up of many theories, paradigms and viewpoints. In choosing to undertake research in any given area, the Psychologist will, at some point, adopt a particular psychological approach which will influence the way they gather, interpret and evaluate theory and research evidence. Undertaking research into the psychology of reading is no exception. Over the past fifty years, a considerable amount of discussion has taken place regarding methods of teaching reading. The polarised viewpoints that have emerged and the ensuing debate has led some authors to refer to this discussion as 'the reading wars' (Kirby and Savage, 2008). The two opposing viewpoints are:

- The whole language view, which is derived from holism and stresses the importance of teaching all elements of a skill, rather than reducing it to its component parts.
- The phonics view, which suggests that children need to be explicitly taught to read, through mastery of the alphabetic principle, the rules regarding the linking of phonemes (units of sound) and graphemes (letters and letter patterns).

The arguments in favour of and against each approach are well documented (see Hempenstall, 1997, for a comprehensive historical review). More recently, however, a third perspective has emerged, focussing on the commonalities between the two viewpoints and suggesting that the successful teaching of reading involves both phonic and whole language principles. This view is commonly termed 'balanced literacy' and is exemplified by the simple view of reading (SVR) (Gough and Tunmer, 1986; Hoover and Gough, 1990).

Kirby and Savage (2008) describe the SVR as an overview of the processes involved in reading rather than a complex analysis of the way in which they function and interact. The SVR can be summarised using the formula:

$$RC = LC \times D$$

According to this, reading comprehension (RC) is a product of listening comprehension (LC) and decoding (D); in attempting to make sense of a passage of text, a reader engages in two parallel processes, decoding and listening comprehension. The former involves transforming writing or print into language, the latter extracting meaning from language.

The SVR formed the guiding psychological framework for my literature review. There were three reasons for it being selected over a more polarised phonics or whole language view.

Firstly, there is substantial and growing evidence to suggest that, as predicted by the SVR, children can experience difficulties with different aspects of reading (both phonic decoding and comprehension). For example, in a longitudinal study conducted in the United States that followed 604 children from Kindergarten through to Form 4, Catts Hogan and Fey (2003) found that poor readers varied in both their ability to decode and their listening comprehension, they found examples of both children with good decoding but poor listening comprehension and poor decoding but good listening comprehension. Further examples of this distinction have been reported elsewhere (e.g. Blazeley et al, 2005; Vellutino et al, 2007; Keenan et al, 2007).

Secondly, the brief survey, described above, suggested that the majority of EPs' work in relation to the teaching and learning of reading involved supporting children experiencing difficulties with reading. The SVR allows consideration to be given both to children experiencing difficulties with decoding and to those for whom concern relates to comprehension. It also allows for a broader range of interventions to meet children's varying needs. In contrast, adopting either of the two more polarised views, may lead to a failure to identify the needs of some children or to inappropriate intervention strategies being agreed.

Thirdly, in 2006, an independent review into the teaching of literacy in the UK (Rose, 2006) recommended that the theoretical model underpinning the UK's National Literacy Strategy be reconstructed. Up until then, the framework had been informed by the 'searchlights' model (see Stewart, Stainthorp and Snowling, 2008, for an

overview). Following the review, the searchlights model was replaced by the SVR. The SVR should, therefore, be relevant to teachers.

4.4 What research evidence is available to inform practice?

By selecting and using an overarching psychological approach, an EP may claim to interpret information psychologically. For example, they may interpret a child's persistent calling out in class within a behaviourist paradigm, conclude that the behaviour is being re-enforced by attention from the teacher, and through consultation, agree an alternative re-enforcement schedule. This is not, however, evidence based practice. In their definition the APA (2006) refer to 'best available research' (pg. 271); evidence based practice should be guided, not only by a psychological approach, but by a critical understanding of up to date research evidence in support of, and against that approach. A knowledge of this type of research allows the EP to work reflexively. In order for the behaviourist EP to work in an evidence-based way, they would need to critically evaluate their hypothesis in light of current published research and a breadth of evidence gathered from the school context.

Despite the empirical and theoretical evidence base and broad agreement amongst researchers regarding the general validity of the SVR, it provides an overview rather than a detailed model of the processes involved in reading. There remains debate over how it is operationalised. The remainder of this section will use current research

evidence to attempt to answer four questions which, in my view, are not answered by the SVR:

- How are words decoded?
- How is text comprehended?
- Does fluency contribute to reading comprehension?
- How are skills maintained and generalised?

4.4.1 How are words decoded?

Perhaps the most significant reading debate, over the past twenty years, has focussed on the way in which words are decoded. Currently, there are two accounts of how this process may be accomplished, exemplified through the dual route view and the connectionist view.

Due to the significance and complexity of debate in this area, a significant proportion of the remainder of this section is devoted to its discussion.

The Dual Route View

The dual route view was first discussed in the nineteenth century. At which time Lichtheim (1885) suggested that the act of reading was undertaken in two cognitive centres; one for representing words according to their motor patterns and another representing them phonologically. The model used by Lichtheim has endured and

developed over the past one and a quarter centuries and its basic components remain recognisable in current dual route theory.

Dual route theory may be understood by considering the way in which a reader reads aloud two letter-strings: 'topogromity' and 'yacht'. The first letter string is a pseudo-word and as such will not have been previously encountered by the reader. It is however, phonically regular. The second letter string is a real word and is likely to have been seen before by an experienced reader. It is, however, phonically irregular.

In attempting to read the letter string 'topogromity', the experienced reader is able to apply their knowledge of English grapheme-phoneme correspondence rules; they are able to sound out the word. However, in attempting to read the letter-string 'yacht', this strategy would result in an incorrect pronunciation. Dual route theory suggests that in cases when words do not correspond to grapheme-phoneme rules, a different, lexical, process is used. This involves checking words against a lexical register to find a match.

A current account of the dual route model (the Dual Route Cascaded model (DRC)) is provided by Coltheart, Rastle, Perry, Langdon and Zeigler (2001). The DRC was developed by using existing reading theory to construct a computer program. By analysing the way in which the computer program ran, the errors it made and the ways in which it differed to human reading, the DRC model could be tested and when necessary, refined.

Coltheart et al (2001) tested the DRC model by attempting to replicate a number of effects that have been observed and studied when humans read aloud, for example:

- The frequency effect: reading aloud is faster for high frequency words than for low frequency words. (Forster and Chambers, 1973)
- The regularity effect: reading aloud is faster for regular words than for irregular words, but only when the words being read are low frequency words. (Paap and Noel, 1991)
- Consistency: non-words that have features in common with a large number of real words (have a large neighbourhood size) are named more quickly than non-words that are similar to only a small number of real words (have a small neighbourhood size) (e.g. Glushko 1979).
- Phonological Dyslexia: Difficulty using grapheme-phoneme rules results in impairments in reading non-words and irregular words.

Coltheart et al claim that as the DRC model successfully simulated a comprehensive set of effects, it currently provides the most valid description of human reading behaviour:

'...if there is no other theory in the field that has been demonstrated through computational modelling to be both complete and sufficient, resting on laurels is a reasonable thing to do until the emergence of such a competitor...'

Coltheart et al, 2001, pg. 204.

The two possible routes for decoding text, within the DRC, are illustrated in figure 1.

In the first route, the visual features of the letters in a word are used to allow letter

recognition, the spatial relationships between letters are then analysed by a grapheme-phoneme rule system, which results in a 'built' phonological representation of the word. This can be transformed into speech. In the second route, letter units and their spatial relationships activate entries within the orthographic lexicon (a mental registry of words, stored according to their visual features). Activation of an entry in the orthographic lexicon causes activation of the corresponding entry in the phonological lexicon (a mental registry of words, stored according to their acoustic features). This in turn allows the word to be readied in the phoneme system and spoken. The DRC's semantic system (shown in figure 1 and responsible for attaching meaning to read words) has yet to be included in its working computational model; it is a theoretical and untested element.

The Connectionist View

When two models of equal incremental validity are presented, the simpler of the two is often regarded as the most useful (Jacobs and Grainger 1994). Connectionist models are, by definition simpler than dual route models as they propose that decoding is accomplished by a single, rather than two parallel, processes.

One of the first connectionist models was presented by Seidenberg and McClelland (1989). It differs to traditional dual route accounts in two important ways. Firstly, in dual route models, it is suggested that words are stored as 'complete entries' within the mental lexica, hence the word 'woman' can be read aloud when its corresponding whole word entries in the orthographic input and phonological output lexica are

activated. In Seidenberg and McClelland's model, this does not happen. Instead, a word is read when the appropriate combination of sub-word level units are activated; as such, words are not permanent features of the model's architecture, but are the result of patterns of activation within the cognitive system.

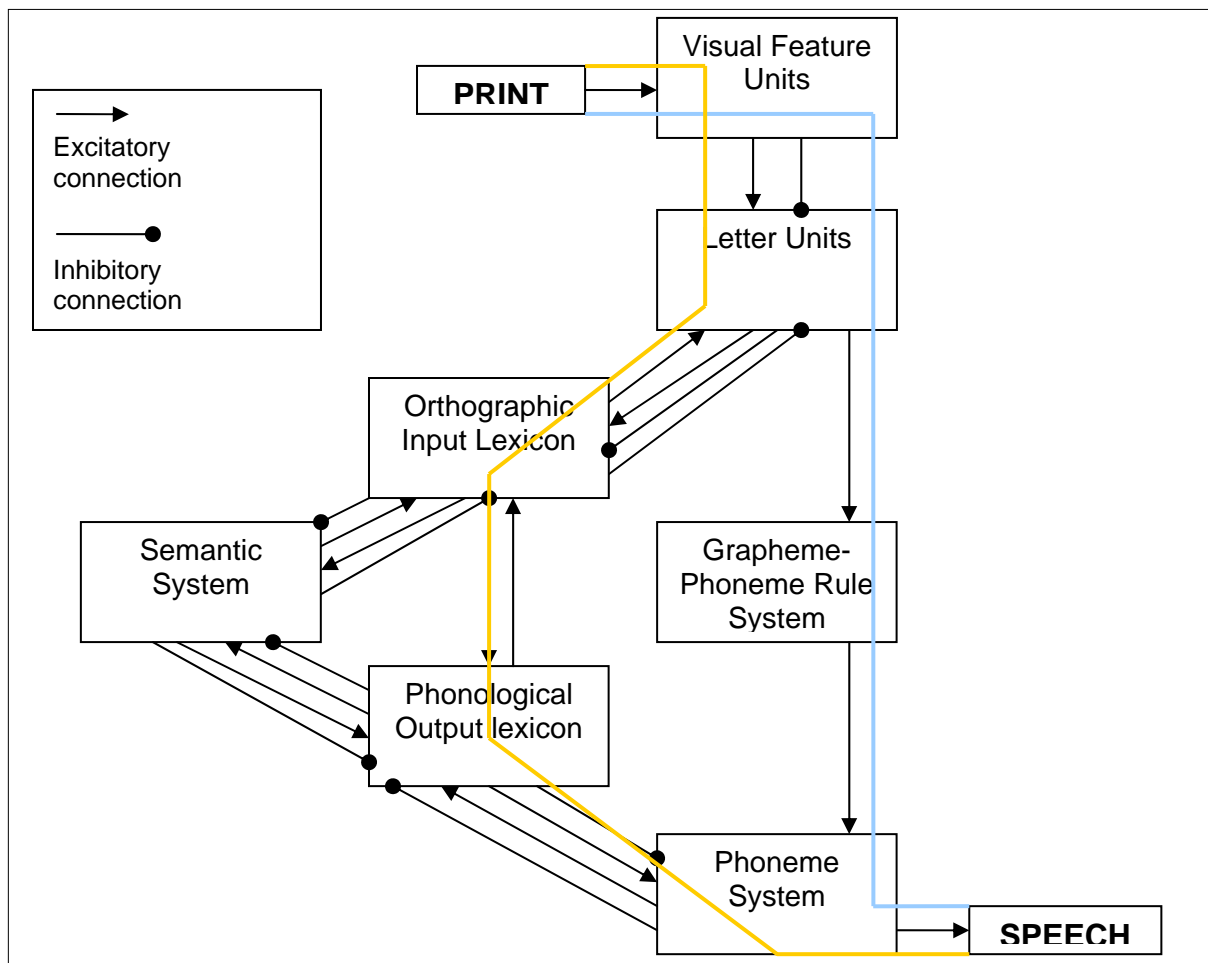


Figure 1
Dual Route Cascaded (DRC) model for reading aloud
Coltheart et al 2001, pg. 214

Secondly, as a consequence of the way that words are stored in the connectionist model, the recognition of low and high frequency, regular and irregular words and non-words is all accomplished by the same process; the activation of sub-word level

units within and across the cognitive system. Seidenberg and McClelland's model is illustrated in figure 2, below:

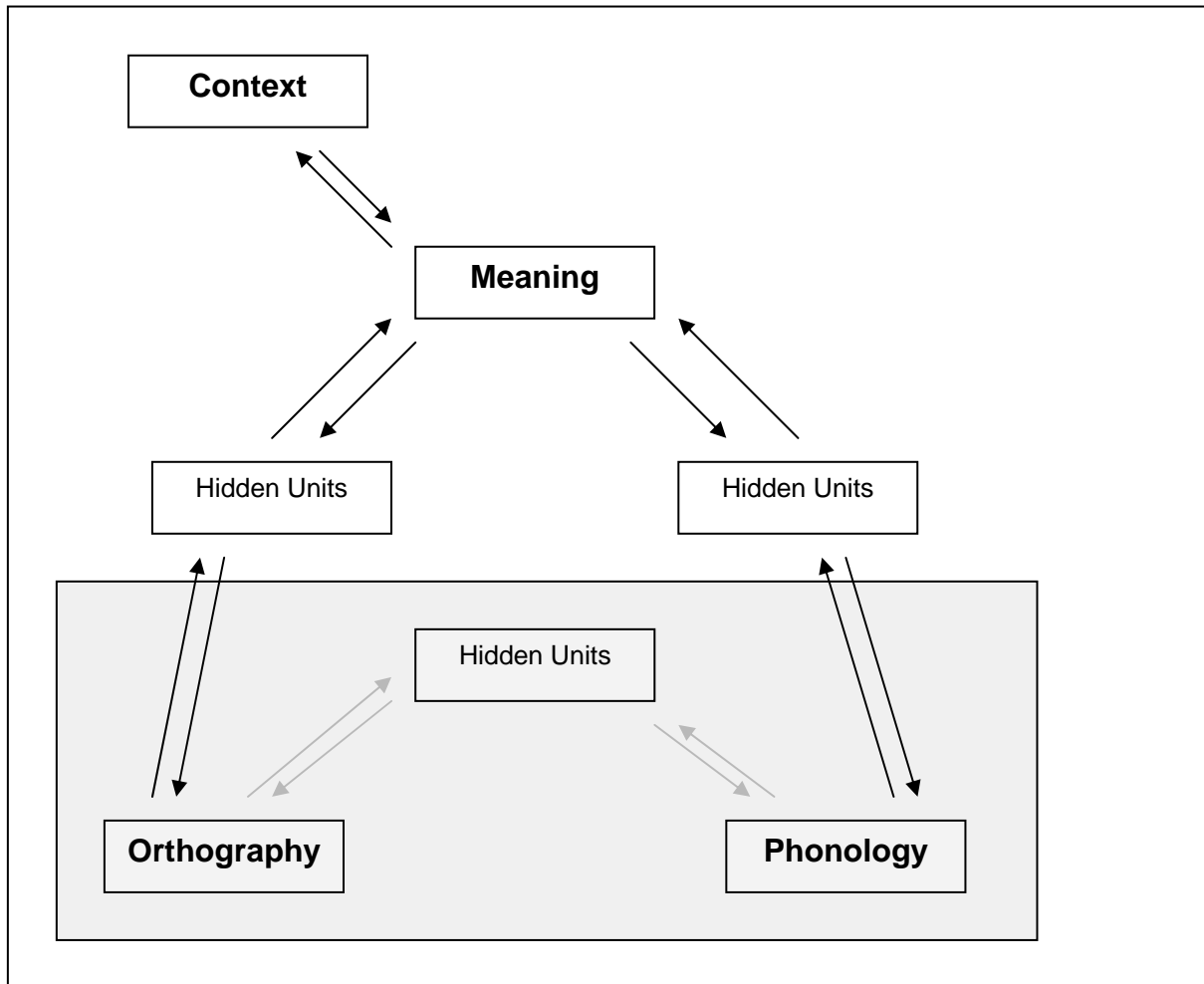


Figure 2
Connectionist Model for reading aloud
Adapted from Seidenberg and McClelland, 1989, p 526.

Within the diagram above, each box represents a *group* of sub-word-level units and each arrow represents a *group* of connections. The diagram is therefore an aggregate. A more detailed representation would show many units within each group and many connections between each of these units and other units, distributed between other boxes (this principle is illustrated in figure 3).

Seidenberg and McClelland suggest that in an untrained system (or a beginner reader) the connections between all units will each be of an equal weight; for example, the connection between the grapheme 'b' and the phoneme /b/ will be as strong as the connection between the grapheme 'b' and the phoneme /g/, /f/, or /d/. By exposing the system to words, however, the weightings of these connections change to reflect the patterns underlying the corpus from which the words are taken; frequently occurring connections, such as those between the phoneme 'b' and the grapheme /b/ are strengthened, whilst those that rarely occur are weakened. The way in which connectionist models learn to recognise words is, potentially, another way in which they offer a simpler explanation of reading processes than dual route models. Plaut et al (1996) suggest that dual route models require a larger amount of pre-existing information, to be effective compared to connectionist models.

Any model that attempts to explain reading without the use of a lexical route, must describe also how irregular words are recognised. Seidenberg and McClelland account for this in their model through the use of 'hidden units' and the influence of semantics and context. They suggest that hidden units are of a higher order than orthographic and phonological units and mediate the relationships between them by capturing the rules governing spelling consistencies and exceptions. Semantics and context also provide feedback to the system.

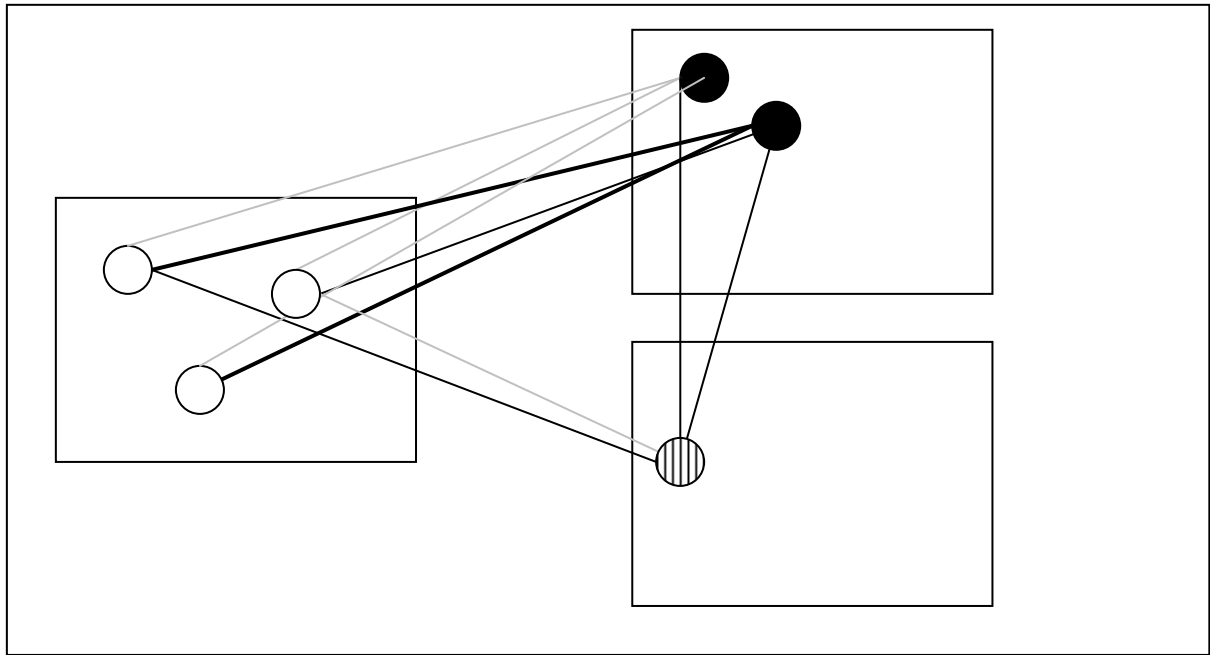


Figure 3

Multiple connections between multiple units in a connectionist model

As with the DRC, a computerised simulation of Seidenberg and McClelland's model was developed. It achieved variable degrees of success when attempts were made to recreate some of the features of human reading aloud: high frequency words were named faster than low frequency words; consistent (regular) words were named faster than inconsistent (irregular) words and this 'consistency effect' was stronger for low frequency than high frequency words. The model was also able to replicate some effects similar to those demonstrated by people with phonological dyslexia. However, the model's performance in reading non-words was significantly poorer than that of human readers.

Plaut et al (1996) suggest that the model's limitations may be more to do with its implementation than its theoretical underpinnings. Firstly, only a proportion of the model was used in the computer program (that shown in the shaded area in figure 2),

hence semantics and context were unable to influence processing. Secondly, they argue that the model can only be as good as the corpus upon which it is trained, which in this case consisted of 3000 words, approximately one tenth of the number of words familiar to skilled readers.

Plaut et al went on to adapt the Seidenberg and McClelland model by running four further computer simulations, each employing a modified network architecture. By doing this, they were able to significantly improve the model's non-word reading performance.

Choosing between the two views

Dual route models of word recognition have persisted for over a hundred years, they explain aspects of human reading that can be observed directly through introspection by skilled readers and through controlled experiments by researchers (e.g. Colheart et al, 2001). They therefore possess a high level of face validity. In addition, dual route architectures have been successfully replicated using computer modelling and arguably more completely than connectionist models.

Connectionist theory, in contrast, is a relatively new approach, but has evolved to present an increasingly refined model of human reading. At present, a connectionist architecture for reading aloud has not been fully constructed and tested using a computer model. This has lead some to argue that connectionist models do not currently offer the best available explanation of human reading. New data from brain

imaging studies (e.g. Goswami, 2008), however, appears to be at odds with dual route models and supportive of a connectionist description of word reading. As time progresses and data from neuroimaging studies becomes more abundant and more refined, connectionist models may become dominant.

It is important to acknowledge, however, that the dual route account has been highly influential in education and continues to exert an influence through educational journals, curricula and pedagogies. It is also perhaps the model most familiar to teachers. It is perhaps, therefore, beneficial for EP's to have an understanding of both views and an appreciation of some of the commonalities between them, some of which are outlined below:

- Both acknowledge that high and low frequency, real and non words are likely to be processed differently (in dual route models through different, lexical and phonological routes and in connectionist models through variation in the involvement of the semantic system).
- There are similarities between the grapheme-phoneme rule system in the DRC model and the 'hidden units' of connectionist models; both serve to aid recognition of frequently occurring patterns of rules, within and across words.
- Both postulate that semantics plays an important part in decoding, yet neither has successfully modelled a mechanism through which it can do so.
- Both make reference to sub-word-level units (known as visual feature units in the DRC)

- Both computational simulations require exposure to a corpus to become competent at reading.
- Both simulations need to be 'taught' correct word-sound correspondences.

4.4.2 How is text comprehended?

The discussion above summarises the main points in the complex debate about how words are decoded. However, the SVR suggests that in addition to decoding, skilled reading requires good listening comprehension. Readers need to be aware of the meaning of words (semantics), how they interact (syntax), how context influences the meaning of words (pragmatics) as well as the common expressions and turns of phrase used in the local language environment (idiom) and the meaning conveyed by patterns of intonation and rhythm (prosody).

Whereas the processes involved in word decoding have been the subject of research for many years and a wealth of literature has been written on the topic, comprehension has, until recently, received less research interest (Kirby and Savage, 2008). It is also arguably a more complex and less clearly defined process than word decoding. Duke (2005) suggests that it is not possible to provide a single definition of comprehension, as what a reader comprehends and how they comprehend it is dependent upon the nature of the text, their existing knowledge and their purpose for reading it.

There is now, however, a growing body of theoretical, experimental and applied research into reading comprehension. Kintsch (1988) presents one of the most widely accepted models of discourse comprehension (San Jose, Vidal-Abarca and Padilla, 2006); the Construction Integration Model (CI). The CI makes three assumptions about the way in which discourse is comprehended.

- Firstly, it assumes that due to the limitations of short term memory, texts are processed in cycles. Hence, at any one time, only one or two phrases are processed. Key propositions from these phrases are kept in short term memory to aid with the contextualisation of the following phrases.
- Secondly, it assumes that comprehension is a bottom-up, rather than top-down process; meaning is generated from words, rather than imposed on them. This is an assumption shared with the connectionist models of word reading discussed above.
- Thirdly, it assumes that the process of generating comprehension is highly flexible, rather than being governed by rigid rules.

According to the CI, the comprehension process begins with a phase of 'construction', followed by a phase of 'integration'. During the construction phase a 'network' of meanings is created from the information contained in the text and from the readers' own general knowledge. Each of the words in a phrase may be given multiple and perhaps contradictory meanings, so the network does not yet produce comprehension. During the integration phase, connectionist mechanisms are used to reduce the number of meanings attached to any given word, and a 'best fit' meaning

is reached. It is beyond the scope of this paper to provide a detailed account of the mechanisms involved in this process, for this, the reader is referred to Kintsch and Kintsch, 2005.

A key implication of the CI model, is that *both* the knowledge a reader gains directly from a text *and* their existing (general) knowledge are important for comprehension. The CI is not, however, explicit about the cognitive factors determining whether someone is good or poor at reading comprehension.

In a review of the literature, Beimiller and Boote (2006) suggest that comprehension is frequently correlated with vocabulary size. Readers with a larger vocabulary are better at comprehension. They suggest that vocabulary should be explicitly taught to both literate and pre-literate children as part of their school curriculum, as a means of developing reading comprehension.

Cain and Oakhill (2006), however, suggest that helping children to develop their reading comprehension requires more than teaching vocabulary. They state that comprehension has been shown to correlate with both word level factors, such as word decoding, vocabulary and knowledge of grammar as well as with higher-order factors such as working memory, the ability to make inferences from texts and to monitor one's own comprehension. They also suggest that the meanings of these correlations are ambiguous. For example, the correlation between vocabulary and reading comprehension could suggest that good vocabulary causes (is necessary for) good comprehension, that it merely facilitates it, that the two variables are

mediated by a third confounding variable or, perhaps, that good comprehension causes good vocabulary.

Cain and Oakhill further investigated the relationship between the factors discussed above and reading comprehension in a longitudinal study that looked at the reading development of two groups of children. One with good word reading and good comprehension skills and one with good word reading but poor comprehension skills. They found that there was more variation in reading performance within groups, than there was between them. They conclude their paper by stating:

'...this work indicates that group comparisons may obscure crucial weaknesses in the individual. For the practitioner, these findings highlight the need to tailor intervention programmes to the specific weaknesses presented by each child. For the theorist, they indicate that reading comprehension level can be determined by many different language and cognitive factors.'

Cain and Oakhill (2006) p. 692-693

The literature reviewed above suggests that when working with children who show reading comprehension difficulties, EPs should undertake a broad assessment which considers both higher and lower order skills, and that any agreed intervention should be based upon the individual needs of the student. Case study research by EPs would further inform practice by providing information on the possible impact of interventions focussing both on word-level and higher-order skills.

4.4.3 What role does reading fluency play in reading comprehension?

What is Fluency?

The models of decoding discussed earlier, in common with much of the empirical research into reading, focus on reading *accuracy*; the ability to decode words correctly. Over the past ten years, however, a further measure of reading competence has emerged as a subject of research interest, reading *fluency* (Hudson, 2009). Fluency has been described as:

- 'rapid, accurate and expressive rendering of text' (Khun and Stahl, 2003, pg. 3);
- 'the oral translation of text with speed and accuracy' (Fuchs et al, 2001, pg.239) and
- 'reading accurately at a quick rate with appropriate prosody' (Hudson et al, 2009, pg. 4).

These definitions suggest that fluency is a broader measure of reading competency than accuracy, as in addition to considering whether or not a word is correct, measures of fluency also consider pace and expression. Many reading researchers have argued that fluent reading is strongly related to reading comprehension. This argument, grounded in information processing theory, is summarised by Kirby and Savage (2008), who suggest that:

'Comprehension requires that decoded words be present simultaneously in working memory, so that relations among them can be processed. If decoding is slow, then key information will have decayed by the time later information is decoded; if decoding is also effortful, in the sense that conscious thought has to be devoted to it, then fewer working memory resources will be available for comprehension processes.'

Kirby and Savage, pg. 80

Should such a view prove to be an accurate description of human reading, it would follow that it should be taken account of in the SVR. Empirical evidence attesting to a distinct role for fluency in reading (independent of reading accuracy) is, however, limited and leads to mixed conclusions.

- A small number of studies have identified students who appear to show normal reading accuracy and comprehension but impaired reading fluency (e.g. Aaron et al, 1999; Ferarra, 2005).
- A meta-review of studies into reading fluency, undertaken by the National Reading Panel (2000) concluded that fluency could be developed through the use of guided oral reading.
- In a longitudinal study, Adlof et al, (2006), assessed 604 students for reading accuracy, reading fluency, listening comprehension and reading comprehension, during second, fourth and eighth grades. The authors concluded that they found no evidence to suggest that a fluency component should be added to the SVR, they maintain, however that fluency is likely to play an important part in reading processes.

- Some interventions designed to target reading fluency have resulted in improvements in reading comprehension (e.g. Meyer and Felton, 1999).

Hudson et al (2009) take a different approach to studying the role of fluency in reading. They suggest that fluency is broader and more complex than is often believed and that it is inextricably linked to reading accuracy. They propose a multi-dimensional view of fluency, which is illustrated in figure 4, below.

According to Hudson et al, fluency can be measured at two points: when graphemes are combined to create words (they term this process decoding fluency) and when words are read as part of a text to produce comprehension (they term this process reading fluency). Hudson et al also propose that the relationship between reading fluency and reading comprehension is reciprocal. Fluency aids comprehension, but a reader's vocabulary, knowledge, and understanding of context, likewise aids fluency.

Hudson et al's model has not been tested using a computer simulation (and perhaps, at present, cannot be), nor has it been 'empirically' tested. It was derived from a review of published research and theory and evolved through the authors' subjective interpretation of data. Nevertheless, Hudson's model is potentially useful for educational psychologists as a framework for guiding assessment.

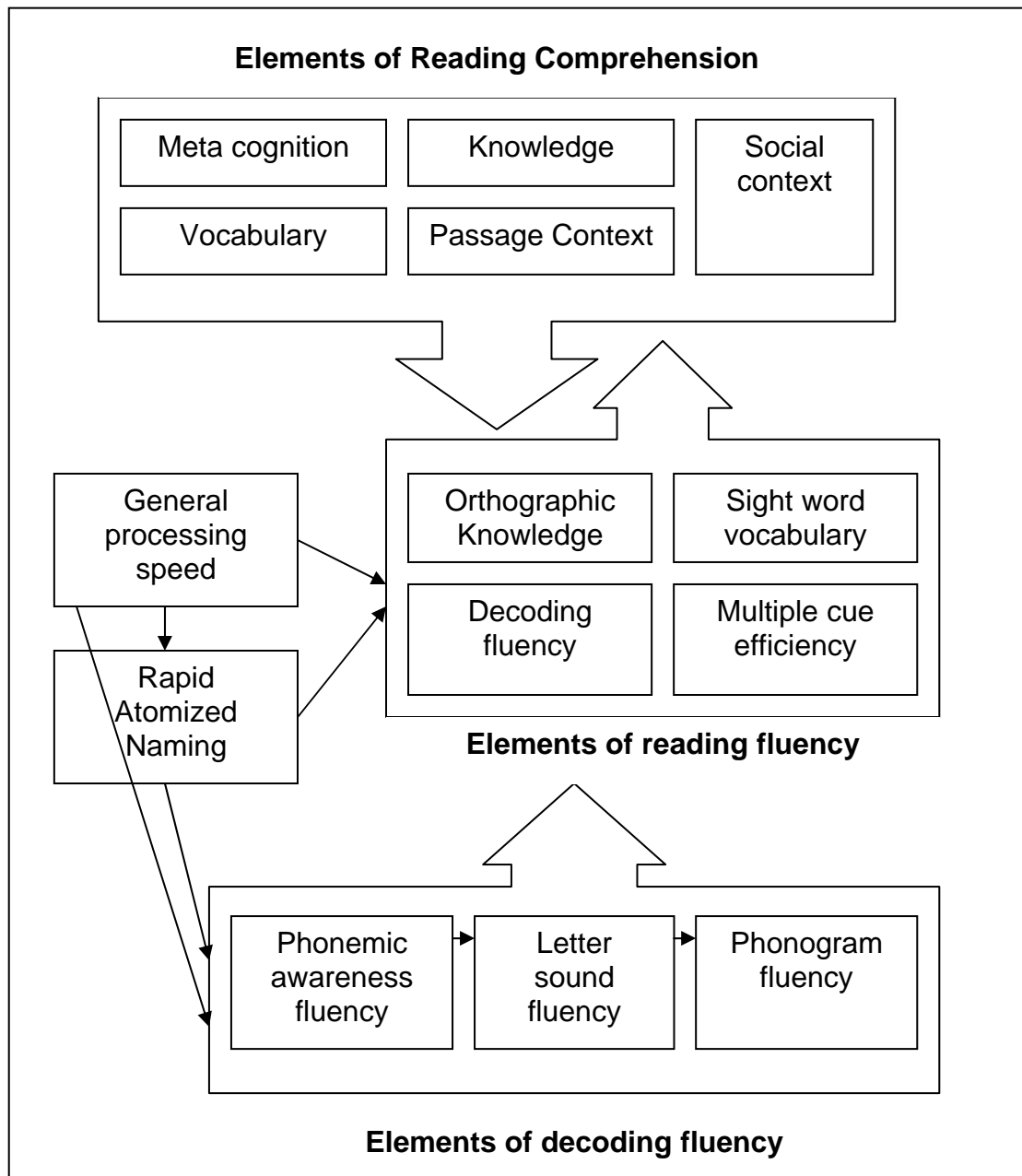


Figure 4
The multi-dimensional view of reading fluency
Adapted from Hudson et al, 2009, pg.9

Should fluency be added to the SVR?

Information processing theory suggests that the accurate reading of texts is dependent upon the accurate *and fluent* decoding of sub-word-level components; graphemes need to be recognised accurately, but also in sufficient temporal proximity to each other to be perceived as contributing to a single word. Hence, if decoding were not fluent, graphemes would decay from working memory before being integrated.

This view is supported by connectionist models of reading and neuroimaging studies. In connectionist models, words are represented through the parallel activation of multiple sub-word level units (Plaut et al, 1996), by definition, if there is not sufficient temporal proximity between these sub units, they will not be recognised as a word. Data from neuroimaging studies suggests that accurate decoding involves not just the identification of visual word features, but the coordinated integration of information from networks distributed throughout the brain (Goswami (2008)).

However, in a study designed to see whether or not fluency exerted an influence on children's competency in reading comprehension, independently of accuracy, Adlof et al (2006), were unable to identify an independent causal link between fluency and comprehension. This evidence does not provide support for adding an independent fluency component to the SVR, which would change its formula from :

$$\begin{array}{c} \text{'RC = LC x D'} \\ \text{to} \\ \text{'RC = LC x D x F',} \end{array}$$

where RC stands for reading comprehension; LC for listening comprehension; D for decoding and F for fluency.

Hudson et al (2009), however, suggest that accuracy and fluency are linked, rather than separate to one another, and that both contribute to word decoding. Applying this view to the SVR leads to a different modification of the formula. The formula would remain as 'RC = LC x D', however it would be implied that skilled decoding requires *both* accuracy *and* fluency. Kirby and Savage (2008), in a critical review of the SVR suggest that this could indeed be the case. .

Evidence attesting to the role played by fluency in reading comprehension is equivocal; nevertheless, there are grounds for further exploring its contribution. EPs may wish to keep abreast of developments in this area.

4.4.4 How are skills maintained and generalised?

A recurring discussion in my consultation meetings has concerned some children's apparent difficulty applying what has been taught in small group sessions to their independent work; some children seem to have difficulty generalising newly learned skills across contexts.

The instructional hierarchy (IH) (Haring et al 1978) is a framework, derived from behavioural analysis, which can be applied to the development of any skill: learning to ride a bike; work a computer; drive a car; or read. It suggests that there are four stages through which learners pass on their journey from novice to expert. These stages are outlined in table 2, below, with reference to reading.

During the first stage of the IH, learners attempt to acquire a skill which they have not previously practiced. The goal of instruction during this stage is to help the learner to respond consistently *accurately* to stimuli. At this point, their response rate may be slow. During the second stage, learners attempt to develop their *fluency*, so that they can not only respond to stimuli accurately, but also reasonably quickly. In the third stage, learners attempt to generalise the new skill across a range of contexts and in the final stage, they attempt to adapt their new skill to complete novel tasks.

Stage	Goal of instruction	Example of success criteria for reading
1	Students respond <i>accurately</i> to stimuli.	A student can read individual words accurately, in a 1-1 context, with a reasonable level of accuracy.
2	Students respond <i>fluently</i> to stimuli.	A student can read individual words, either in isolation or as part of a passage of text, accurately and with reasonable pace, in a 1-1 context.
3	Students <i>generalise</i> the skill; they apply it in different contexts.	A student can read the words that they have been taught, in the classroom, when completing independent and small group work.
4	Children learn to <i>adapt</i> the skill, in order to apply it to different tasks.	A student can apply their understanding of the words they have been taught, to decode other, novel words.

Table 2
The four stages of the Instructional Hierarchy

According to the IH, the effectiveness of a given instructional strategy depends on the learner's stage of skill development. Daly et al suggest that:

"Each stage of the learning hierarchy has specific procedures that facilitate mastery at that stage more readily than other procedures"

Daly et al (1996) p.375

In a review of research into reading interventions, Daly et al (1996) identified the common instructional techniques in several reading programmes. They then used the IH to explain the relative success of each intervention through reference to learners' stages of skill development. Figure five, below, shows the model that they developed, which links instructional stages with effective instructional techniques.

Daly et al suggest that when helping students to acquire a new skill, teachers should focus on demonstrating correct responses; hence, when teaching new words, if a student should read a word incorrectly, teachers should provide the correct response immediately. Once a student's responses are largely accurate, the focus of instruction should shift to promoting fluency. At this point, Daly et al suggest that instruction should focus on providing opportunities for drill (repeated chances to practice correct responses) and appropriate reinforcement.

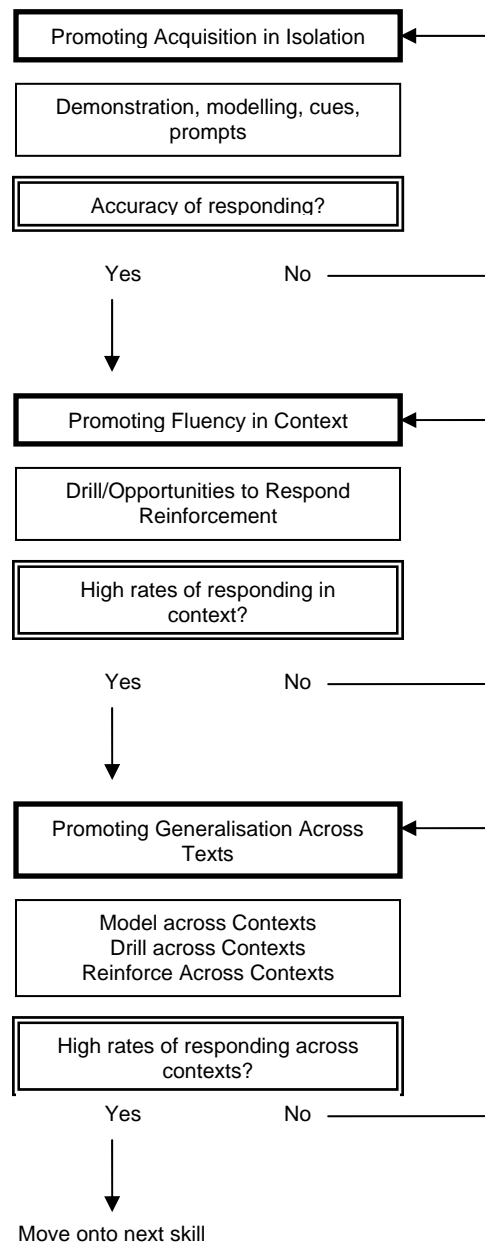


Figure 5

Objectives, procedures and decisions for instructional intervention in reading
Adapted from Daly et al, 1996, p.381

During the third stage of the IH, the goal of instruction again shifts, to helping students to respond accurately and fluently *across a range of contexts*; to generalise their new skills. It is the transition to this stage that is often referenced during my consultation meetings. When the IH was first presented, Haring et al (1978) described the last two stages (generalisation and adaptation) tentatively and suggested that more research was needed. 30 years later some progress has been made.

Daly et al suggest that generalisation can be supported by providing modelling, reinforcement and opportunities for drill, across contexts. Their assertion is not, however, supported by the same amount of empirical evidence as their comments in relation to accuracy and fluency. They state that:

"To date, there has been only one direct examination of the effects of treatment components of a reading intervention on reading accuracy, fluency and generalisation"

Daly et al, 1996, p.379.

More recently, in the introduction to a special edition of the Journal of Behaviour Education, Ardoin and Daly (2007) concluded that:

"The IH emphasizes that generalization should not be expected simply as a result of the development and strengthening of stimulus control through accuracy and fluency based instruction. We therefore must program for generalization by providing students with sufficient practice opportunities¹ to promote generalization."

p.7.

¹ Practice in terms of the IH, means providing students with opportunities to try out a skill, in which they have already developed fluency, in combination with other previously learned skills.

There remains scope for further research in relation to generalisation, however, Daly et al's interpretation of the information that is currently available suggests that in order for learners to generalise skills, two criteria must be met:

- Firstly, they must have already developed a sufficient level of accuracy and fluency in the skill, in a single instructional context.
- Secondly, they must be provided with opportunities to practice the newly learned skill across contexts.

These conclusions are not complex, however, EP's may have to work creatively with schools if they are to be implemented in schools and classrooms with limited financial, temporal and human resources.

4.5 Reflections on the literature review process

Through this literature review process I set out to build my knowledge of the available published research on reading. By doing so, I hoped to gain information that would be useful to myself and other EPs in the assessment of children with suspected reading difficulties and the design of appropriate intervention strategies.

4.5.1 Conclusions

Based on the information discussed above, six core conclusions may be drawn which are relevant to the work of EPs in assessing and supporting children with literacy difficulties. As suggested in the introduction to this paper, these conclusions are provided as points to aid reflexive practice and it is envisaged that they would be considered by EPs alongside information from consultation. The conclusions are summarised below:

1. As suggested by the SVR, assessment and intervention, in relation to reading, should focus on two key processes: word decoding and listening comprehension. As both processes contribute to overall reading comprehension, both should be considered when designing reading interventions.
2. The two dominant models of word decoding (the DRC Model and the connectionist model) suggest that different words may be decoded differently, depending on their characteristics (e.g. whether they are regular or irregular, high or low frequency). Children, therefore need to have access to a range of strategies, in order to accurately decode the range of words that they may come across in their day-day reading.
3. Research into reading comprehension suggests that it is a complex and multi-faceted process. When assessing and designing interventions to support children with poor comprehension, EPs should make decisions based on

information gained through individual assessment as well as from published research (e.g. Cain and Oakhill, 2006).

4. Reading comprehension uses both: information gained from texts and pre-existing (general) knowledge, when helping children to develop their comprehension, it is therefore important to undertake work directly related to the text, as well as work to address the broader topics and themes addressed by the text.
5. Effective comprehension requires both accurate and fluent decoding. When assessing word-decoding, EPs should consider both a student's accuracy and their fluency, likewise, when planning interventions, EPS should consider how they will address both reading accuracy and fluency.
6. Newly learned literacy skills do not necessarily generalise across settings automatically. It is sometimes necessary to provide students with systematic support in order to promote generalisation.

4.5.2 Limitations of the literature review process

The literature review, reported above, was undertaken as a means of developing my professional practice. Therefore, it is not presented as a complete and independent piece of academic research, but as part of an ongoing process of professional development. Nevertheless, there are limitations to the review.

Perhaps the most significant constraint on the current literature review process was imposed by time. Applied psychologists are employed primarily as practitioners and

the dispensing of professional services accounts for a significant proportion of their working week. As a Trainee Educational Psychologist, I have available more time than my fully qualified colleagues to dedicate to research. However, I found it difficult, within the time frame of this Professional Practice Report, to read into all areas of reading research in sufficient depth. It was therefore necessary to be selective about which literature to include in this review and which to leave out. As a result of these decisions the current review does not, for example consider the influence of motivation, attitudes towards learning, the home environment or teaching style upon reading. Neither does it consider the developmental psychology perspective on reading nor instructional approaches.

4.5.3 Evidence based practice and post-modern epistemology

This paper began by suggesting that Educational Psychology, along with other social sciences, has recently undergone a paradigm shift. Its world view has moved, away from positivism, in which it is assumed that there is a single objective truth which can be known objectively, to embrace constructivist and critical realist perspectives, which suggest that the same phenomena may be interpreted differently by different observers.

Issues of epistemology are particularly pertinent in the current literature review. The published research discussed above at best offers a partial view of the processes involved in reading and in some cases is contradictory (consider the tensions between dual route and connectionist models of word decoding, for example). The

researcher is therefore, required to engage with the research subjectively, in order to form a view.

The partial and sometimes contradictory nature of the body of research reviewed here, lends support to the notion that EPs should use published literature as a tool to aid reflexive practice, rather than referencing it as an 'objective truth'. Literature should be read critically and applied in a way that is mindful of local contexts. Any interventions derived from it should be monitored and evaluated to assess their efficacy.

4.5.4 Linking research with practice

Solity and Sahpiro (2009) suggest that there is a gap between the literature on reading acquisition and classroom practice:

"Although the research has provided considerable knowledge about the relationship between children's cognitive development and learning to read, a critical issue remains the extent to which this research has a positive impact upon classroom practice and ultimately upon children's learning"

Solity and Shapiro (2008) p.123

The following paper will consider the ways in which the evidence presented above has been used by EPs to inform their practice and provide a case study example of how such a task might be undertaken.

4.6 References

- Aaron, P. G., Joshi, M., & Williams, K. A. (1999). Not all reading disabilities are alike. **Journal of Learning Disabilities**, 32, 120–137.
- Adlof, S.M., Catts, H.W. and Little, T.D. (2006) Should the Simple View of Reading Include a Fluency Component? **Reading and Writing**, 19, 933-958.
- American Psychological Association (2006) Evidence Based Practice in Psychology, **American Psychologist**, 61 (4), 271-285.
- Ardoyn, S. and Daly, E. (2007) Introduction to the Special Series: Close Encounters of the Instructional Kind—How the Instructional Hierarchy is Shaping Instructional Research 30 Years Later, **Journal of Behavioural Education**, 16, 1-6
- Biemiller and Boote (2006) An effective method for building reading vocabulary in primary grades, **Journal of Educational Psychology**, 98 (1) 44-62.
- Blazely, A., Coltheart, M. & Casey, B. (2005) Semantic dementia with and without surface dyslexia, **Cognitive Neuropsychology**, 22, 695–717.
- British Psychological Society (2006) **National Occupational Standards: Generic Key Roles: Units and Titles**. www.bps.org.uk (accessed 12.05.09)
- Cain and Oakhill (2006) Profiles of children with specific comprehension difficulties. **British Journal of Educational Psychology**, 76, 683-696.
- Catts, H.W., Hogan, T.P. and Fey, M.E. (2003) Subgrouping poor readers on the basis of individual differences in reading related abilities. **Journal of Learning Disabilities**, 36, 151 – 164.
- Coltheart (2006) Dual Route and Connectionist Models of Reading: An Overview, **London Review of Education**, 4 (1) 5-17.
- Coltheart, M., Rastle, K., Perry, C., Langdon, R., and Zeigler, J. (2001) DRC: A Dual Route Cascaded Model of Visual Word Recognition and Reading Aloud. **Psychological Review**, 108 (1) 204-256.
- Daly, E.J., Lentz, F.E. and Boyer, J. (1996) The Instructional Hierarchy: A Conceptual Model for Understanding the Effective Components of Reading Interventions, **School Psychology Quarterly**, 11 (4), 369-386.
- Department for Education and Skills (1968) **Psychologists in Education Services** London: HMSO.

Duke, N. (2005) Comprehension of what for what: Comprehension as a nonunitary construct, in Paris, S.G. and Stahl, S.A. (Eds.) (2005) **Children's Reading Comprehension and Assessment**. Mahwah, New Jersey: Lawrence Erlbaum Associates Publishers.

Farrell, P., Woods, K., Lewis, S., Squires, G., Rooney, S. & O'Connor, M. (2006) **A Review of the Functions and Contribution of Educational Psychologists in England and Wales in light of "Every Child Matters: Change for Children"**. Nottingham: DfES Publications

Ferrara, S.L. (2005) Reading Fluency and Self Efficacy: A Case Study, **International Journal of Disability, Development and Education**, 52 (3), 215-231.

Forster, K. I., & Chambers, S. M. (1973). Lexical access and naming time. **Journal of Verbal Learning and Verbal Behaviour**, 12, 627-635.

Fox, M. (2003) Opening Pandora's Box: Evidence Based Practice for Educational Psychologists, **Educational Psychology in Practice**, 19 (2) 91-102

Fuchs, L. S., Fuchs, D., Hosp, M. D., & Jenkins, J. (2001). Oral reading fluency as an indicator of reading competence: A theoretical, empirical, and historical analysis. **Scientific Studies of Reading**, 5, 239_259.

Gillham, W. (1978) **Reconstructing Educational Psychology**, Croom Helm Ltd: London.

Glushko, R. J. (1979). The organization and activation of orthographic knowledge in reading aloud. **Journal of Experimental Psychology: Human Perception and Performance**, 5, 674-691.

Gough, P. B. and Tunmer, W. E. (1986) Decoding, reading and reading disability. **Remedial and Special Education**, 7, 6–10.

Goswami, U (2008) Reading, Complexity and the Brain, **Literacy**, 42 (2).67-74.

Haring, N.G., Lovitt, T.C., Eaton, M.D., & Hansen, C.L. (1978). **The fourth R: Research in the classroom**. Columbus, OH: Charles E. Merrill Publishing Co

Hempenstall, K. (1997) The Whole language-Phonics Controversy: An Historical Perspective, **Educational Psychology**, 17 (4) 399-418.

Hoover, W. A. and Gough, P. B. (1990) The simple view of reading, **Reading and Writing**, 2, 127–160.

Hudson, R.F., Paige, C.P., Lane, H.B. and Torgesen, J.K. The Complex Nature of Reading Fluency, A Multidimensional View, **Reading and Writing Quarterly**, 25 (1) 4-32.

Jacobs, A. M., & Grainger, J. (1994). Models of visual word recognition: Sampling the state of the art. **Journal of Experimental Psychology: Human Perception and Performance**, 20, 1311-1334.

Keenan, J. M., Betjamman, R. S., Wadsworth, S. J., Defries, J. C. and Olson, R. K. (2007) Genetic and environmental influences on reading and listening comprehension, **Journal of Research in Reading**, 29, 75–91.

Kintsch, W. (1988) The Role of Knowledge in Discourse Comprehension: A Construction Integration Model, **Psychological Review**, 95 (2) 163-182.

Kintsch, W. and Kintsch, E. (2005) Comprehension in Paris, S. G. and Stahl, S. A. (Eds.) (2005) **Children's Reading Comprehension and Assessment**. Mahwah, New Jersey: Lawrence Erlbaum Associates Publishers.

Kuhn, M, R., and Stahl, S.A. (2003) Fluency: A review of developmental and remedial practices, **Journal of Educational Psychology**, 95 (1), 3-21.

Kirby, J.R. & Savage, R.S. (2008) Can the simple view deal with the complexities of reading? **Literacy**, 42 (2) 75-82

Lichtheim, L. (1885). On aphasia. **Brain**, 7, 433-484.

Marks, D. (2002) '**Perspectives on Evidence Based Practice**', presented at the Second Meeting of the Public Health Evidence Steering Group, held on 18 October, 2002.

Meyer, M. S., & Felton, R. H. (1999). Repeated reading to enhance fluency: Old approaches and new directions. **Annals of Dyslexia**, 49, 283–306.

Moore, J. recognising and questioning the epistemological basis for educational psychology. **Educational Psychology in Practice**, 21 (2) 103-116

National Reading Panel (2000) **Teaching Children to Read: An Evidence Based Assessment of the Scientific Research Literature on reading and its implications for reading instruction: Reports of the Subgroups**. National Institute of Child Health and Human Development

Paap, K. R., & Noel, R. W. (1991). Dual route models of print to sound: Still a good horse race. **Psychological Research**, 53, 13—24.

Plaut, D. C., McClelland, J. L., Seidenberg, M. S., & Patterson, K. (1996). Understanding normal and impaired word reading: Computational principles in quasi-regular domains. **Psychological Review**, 103, 56-115.

Rose, J. (2006) **Independent Review of the Teaching of Reading: Final Report.**, Nottingham, DfES Publications.

Robson, C. (2002) **Real World Research: A Resource for social scientists and practitioner researchers (Second Edition)**, London: John Wiley and Sons.

Sanjose, V., Vidal-Abarca, E. and Padilla, O. M. (2006) A Connectionist Extension to Kintsch's Construction-Integration Model, **Discourse Processes**, 42 (1) 1-35.

Scottish Executive (2002) **Review of provision of educational psychology services in Scotland**, Edinburgh: Scottish Executive

Seidenberg, M. S., & McClelland, J. L. (1989). A distributed, developmental model of word recognition and naming. **Psychological Review**, 96, 523-568.

Stewart, M. (2006) Teaching Reading: Why start with systematic phonics teaching? **Psychology of Education Review**, 30 (2) 6-17.

Stewart, Stainthorp and Snowling (2008) Literacy as a complex activity: deconstructing the simple view of reading, **Literacy**, 42 (2) 59-66.

Rasinski, T. and Padak, N. (2004) Beyond Consensus – Beyond Balance: Toward a comprehensive Literacy Curriculum, **Reading and Writing Quarterly**, 20, 91-102.

Vellutino, F. R., Tunmer, W. E., Jaccard, J. J. and Chen, R. (2007) Components of reading ability: multivariate evidence for a convergent skills model, **Scientific Studies of Reading**, 11, 3–32.

CHAPTER FIVE

PPR4

READING INSTRUCTION: AN EVIDENCE BASED APPROACH

(PART 2)

Reading Instruction: An evidence based approach (Part 2)

This is the second of two papers in which I explore the evidence based practice of Educational Psychologists (EP) in relation to literacy difficulties. In the first paper, I described a process of enquiry and literature review, through which I attempted to answer three questions:

- What reading problems might an EP be asked to support with?
- What is the most appropriate psychological approach to intervening in literacy difficulties?
- What research evidence is available to inform practice?

I concluded by outlining the implications of my enquiry for EPs' practice in relation to literacy difficulties. In this, second, paper I focus on 'practice' rather than 'evidence' and in doing so, consider one further question:

- How can EP practice take account of the evidence base in relation to literacy difficulties?

The paper begins with a brief review of literature published in the professional journal of Educational Psychologists: 'Educational Psychology in Practice' (EPiP), between 1997 and 2010. The pattern of work undertaken in relation to literacy difficulties is discussed. The Scottish Executive's (2001) matrix model of EP core functions is then

used to investigate EP practice, in relation to literacy difficulties, within the context of one local authority. Finally, one core function of EP work, training, is considered further in relation to my own practice and a model for linking research evidence with sustainable training in schools is suggested. The paper concludes with broad reflection on the evidence-based practice of EPs'.

5.1 Literature Review

I began my enquiry into EPs' application of research evidence with a review of literature published in EPIP. This journal was selected because, due to the high proportion of contributions from practicing EPs, it provided a good indication of the range of work undertaken by EPs across the United Kingdom. The SWETSWISE electronic database was used to search volumes of the journal published between 1997 to 2010 (issues prior to 1997 were available as 'pay-per-view only' and were therefore not accessed). Any article with a title that referenced an aspect of EP practice relating to children's literacy was included in the review. I first read the abstract for each article and used the information included in it to complete a table, describing:

- the area of EP practice to which each article was most closely linked;
- the area of literacy about which each article was concerned and
- brief notes on the each article's main focus.

This table is included in Appendix 1. I subsequently used the table to gain an overview of work undertaken by EPs and then returned to selected papers to gather detail about procedure and conclusions. In all, I identified 24 papers with a primary focus on literacy.

The number of articles published in a given year varied considerably. A total of seven literacy-related papers were included in the 1997 volume of EPIP, whilst in the years 1998, 2004, 2006 and 2007, there were no literacy related articles. Over half of the articles included in the review were published between 1997 and 2001. This heightened interest in literacy coincides with the introduction of the National Literacy Strategy (DfES, 1998), to which several papers make reference. This may be an indicator of the influence of national political factors on EPs' research priorities.

Table 1, shows the total number of published articles, in EPIP, relating to each of the five areas of EP work identified by The Scottish Executive, 2001; Assessment, Consultation, Intervention, Training and Research. Although all the articles included in the review could be described as examples of 'research', those relating to another aspect of EP practice (i.e. assessment or intervention) were classified as such. Only articles whose primary focus was the critique or development of theory were classified as 'research papers'. A total of eleven articles were categorised as focusing primarily on research.

Area of EP work	Number of articles for which area formed primary focus
Assessment	5
Consultation	0
Intervention	7
Training	1
Research	11

Table 1
EpiP publications ordered according to primary area of EP work

All-but-three of the 'research' papers focussed on children's literacy difficulties or 'Dyslexia'. Their foci included teachers' and children's perceptions of dyslexia (e.g. Reegan and Woods, 2000; Paradice, 2001 and Nugent, 2008) and the aetiology of literacy difficulties (e.g. Pogerzelski and Wheldall, 2005 and Booth and Boyle, 2009). Notable amongst those research articles not specifically related to reading difficulties is Goswami's (2005) summary of cross-language research into literacy development and Savage's (2001) account of the Simple View of Reading.

Seven of the articles reviewed were primarily concerned with EPs' involvement in literacy interventions. They included an even spread of:

- individual-level interventions, e.g. Taped Recording (Bircham, Shaw and Robertson, 1997), the use of ICT packages to scaffold writing (Dunsmuir and Clifford, 2003) and Precision Teaching (Downer, 2005);
- group interventions, e.g. Paired Reading (Cupollilio et al, 1997) and Peer Support (Carabine and Downton, 2000) and
- whole-school project work, e.g. The Early Reading Research (Solity et al, 2000) and Literacy Acceleration (Lingard, 1997).

The majority of the reported interventions were undertaken by EPs in collaboration with school-based professionals. The method of collaboration varied along a continuum, with examples of a traditional training model at one end (e.g. Cupolillio et al. 1997) and a collaborative action research model at the other. Butterfield (2009), whose article was the only paper to be classified as primarily concerned with training, provides a detailed account of how action research and grounded theory was used to embed a series of changes (relating to the teaching and learning of literacy) within a school.

Assessment formed the primary focus for a total of five articles, each addressing an issue pertinent to EP assessment practice. Ashton (1997) and Stanovich and Stanovich (1997) present opposing arguments in relation to use of discrepancy models in the identification of specific learning difficulties and dyslexia. Sacre and Masterson (1997) assess the concurrent validity of four reading assessments commonly used by EPs by comparing standardised scores at multiple chronological age points. Cook (1999) highlights the ethical and methodological limitations of age-equivalent scores and Rees and Rees (2002) describe the development of a new computer-based reading assessment tool. It is interesting to note that all five of these articles describe standardised assessment techniques; none considers the kinds of data that may be gathered through qualitative analysis of children's reading and writing.

In extracting conclusions from this review it is important to take note of its limitations. Literature from just one professional journal was considered, it would therefore be invalid to conclude that the selected articles constitute the entirety of EP research into literacy. Concurrent research by EPs has been published in other journals and it is likely that unpublished research has been undertaken by EPs at a single case or local level. Under this caveat, however, three salient conclusions can be drawn from the review.

Firstly, there was no published research (in EPIp) considering how EPs apply the literacy evidence base during consultation. Given the balance that must inevitably be struck between empowering school staff, parents and children to develop their own support strategies and providing evidence-based 'advice' on the nature of literacy difficulties and what might constitute effective support, this may be considered an area in need of further research. Secondly, there was a substantial bias within the literature towards literacy difficulties, their assessment and remediation. With the exception of Solity et al (2000), little regard has been given to preventative initiatives. It is possible, however, that this bias reflects the pragmatics of EP practice, despite early intervention strategies, children continue to experience literacy difficulties, and it is these children with whom EPs are often asked to work. Finally, as suggested above, little research has been undertaken regarding the quantitative assessment of literacy difficulties, although Pogorzelski and Wheldall (2005) come closest to examining this issue in their discussion of phonological awareness and reading.

5.2 Evidence-based Practice in a Local Authority Educational Psychology Service

The Scottish Executive (2001) suggest that EPs carry out their five core functions at three levels: with individual children and their families, with schools and across a local authority. A matrix showing examples of EP activities, within each of these areas, in relation to literacy difficulties is included in PPR3, together with the findings of a brief survey of EPs' views on the type of work that they were asked to undertake most frequently. In the present enquiry I used multiple data sources to further investigate the practice of EPs within my service. The data sources used to investigate each core function of the EP role are shown in table 2.

Core Function	Data Source
Assessment	<ul style="list-style-type: none">• Audit of available assessment materials• Discussion with four EPs
Consultation	<ul style="list-style-type: none">• Interview with head of Consultation Working Group
Intervention	<ul style="list-style-type: none">• Questionnaires (distributed to all EPs)
Training	<ul style="list-style-type: none">• Questionnaires (distributed to all EPs)
Research	<ul style="list-style-type: none">• Interview with Acting Principal Educational Psychologist (and Head of the Dyslexia Working Group)

Table 2
Data sources used to investigate EPs' work in relation to literacy, within a single Local Authority

The data gathered in relation to each of the core functions is presented below as my interpretation of practice within my service. As I do not intend to make generalisations from this information (to populations or to theory) a full account of data collection and analysis methods is not provided. Collection and analysis was, however, undertaken mindful of potential threats to the validity of case-study research, data was therefore

collected from multiple sources and where appropriate considered in light of existing published research.

5.2.1 Assessment

In order to gain a better understanding of how EPs undertook assessment of literacy difficulties, I completed an audit of the literacy-specific assessment tools available in my service and then asked four EPs which of the tools they used on a regular basis.

A total of seventeen literacy-related assessment tools were identified, only six of which, however, were in common usage amongst the four EPs. There was also considerable variation between EPs in terms of the tests that they used on a regular basis. This variation appeared to depend somewhat on the experience of the EP, with those who had been in the profession longer preferring to use older Weschler tests, such as the (WORD) and newer entrants to the profession preferring to use assessment from the British Ability Scales (Second Edition) (BAS-II) or Weschler Individual Attainment Tests (Second Edition) (WIAT-II UK). All four EPs said that, in addition to standardised assessments, they also used qualitative assessment when considering a child's literacy. This may involve assessing the child's attitude to reading, or their perception of themselves as a learner.

5.2.2 Consultation

To find out more about how research evidence could be used in consultation, I conducted a semi-structured interview with the Lead Educational Psychologist for my Local Authority's Consultation Working Group (referred to henceforth as Rose). Her description of the consultation process is presented below, with reference to the American Psychological Association's definition of Evidence Based Practice (EBP), which describes EBP as:

'The integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.'

APA, 2006, pg. 271

Rose described several bodies of research, relevant to supporting children with literacy difficulties, including: The Early Reading Research (Solity et al, 2000); The Instructional Hierachy (Haring and et al, 1978), research into reading fluency and comprehension (see Cats et al, 2003 and Fuchs et al, 2001, for an overview) cognitive factors impacting on reading (see Rose, 2009 for a summary) and Precision Teaching (e.g. Lindsley, 1991). She suggested that this kind of research evidence informed her questioning during the consultation process and also the agreed strategies for further supporting the child.

Rose did not, however, suggest that she adhered rigidly to the findings of published research, but instead described a 'dynamic' way of working that needed to take into account the broader factors likely to impact on the agreements reached through

consultation. Following the interview, I categorised her descriptions of different factors under four headings:

- School factors: e.g. the support already in place for the child; IEP targets and the school's past history of implementing agreed outcomes.
- Consultee factors: e.g. parental engagement and literacy level, the status of the teacher with regard to consultation (whether they are a 'customer' or a 'complainant') and the views of other professionals.
- Child factors: e.g. cognitive information, motivation, and emotional health.
- EP factors: e.g. the EP's hypotheses, confidence, approach and familiarity with the school setting.

The APA suggest that clinical expertise relates primarily to hypothesis formulation, and indeed Rose did describe how she made use of systemic approaches to integrate information and provide hypotheses to be tested through consultation. However, she also spoke of her application of Psychology to the consultation *process*. In doing so, she made reference to:

- Personal Construct Psychology (e.g. Kelly 1963), which she used as a tool for eliciting, unpicking and reframing consultees beliefs about a child;
- Attribution Theory (e.g. Weiner, 1986), which she used to assess to what or to whom teachers attribute a pupil's difficulties; and

- Solution Focussed Approaches (e.g. Rhodes and Ajmal 1995), which she used to focus discussion on generating strategies for improving outcomes for the child.

EPs complete the majority of their work in collaboration with other professionals. Therefore, to be successful their work must meet two criteria.

- Firstly, it should provide a formulation of a child's difficulties and inform the choice of intervention strategies.
- Secondly, it should ensure that the formulation is shared by other professionals and that agreed interventions are implemented and reviewed.

An EP's input will not lead to improved outcomes for a child, if provides a formulation which is not acted upon by school staff. It is this second objective, to which Rose was referring when she spoke of her application of Personal Construct Psychology, Attribution Theory and Solution Focussed Approaches.

Rose's account of evidenced based practice in consultation must be considered in context; it was provided by an experienced EP, who is regarded as highly effective by her colleagues and who has considerable knowledge of using consultation as a model of service delivery. It does, however, suggest that consultation and research evidence can be integrated, and perhaps provides impetus for reconsidering what evidence-based practice for EPs might involve, with specific reference to the consultation *process*.

5.2.3 Research

To further investigate how published research informed practice at a whole-service level and the extent to which my service was involved in undertaking independent research of its own, I met with the Acting Principal Educational Psychologist and Lead EP for the Dyslexia Working Group (referred to henceforth as Jonah).

Jonah provided a list of seventeen publications used by the working group, seven of which were published by the DCSF, DfEE or DfES and a further two of which were government reviews (Brooks, 2007 and Rose, 2008). Publications by the British Psychological Society and British Dyslexia Association were also referenced. Jonah suggested that BPS guidance was 'core' to decision making and stressed the importance of published research to defensible practice.

Jonah suggested that at present the EPS were not involved directly in any research relating to literacy, although data collection was being undertaken, by the local authority, in relation to outcomes for pupils identified as having dyslexia. Jonah suggested that although there may be a desire within the service to conduct original research, resource limitations, such as a scarcity of 'EP hours' and pressures to complete Statutory and School-Action Plus casework, made this difficult to achieve.

5.2.4 Intervention and Training

To gain an overview of EP's practice in relation to intervention and training, I asked the EPs in my service to complete a short survey in which they were asked to rate their confidence delivering training and interventions in literacy and to list the publications, theories and approaches that informed their practice. Six colleagues responded to the survey, the results are presented in table 3 and discussed below.

	Mean Score (out of 10)
I have a good knowledge of theory and interventions in relation to literacy difficulties	6.8
I have a good knowledge of theory and interventions in general	7.7
I am confident in my ability to deliver effective training in relation to literacy difficulties	6.7
I am confident in my ability to deliver effective training in general	7.8
There are strong links between the training that I deliver (in relation to literacy difficulties) and research evidence.	7.5
There are strong links between the training that I deliver (in general) and research evidence.	8.2

Table 3
Mean average EP agreement with statements relating to evidenced based practice, intervention and training

Respondents' ratings of their knowledge of theory and interventions varied between five and nine (on a scale of 0-10), with a modal response of 8 and a mean average of 6.8. So, although respondents' overall level of knowledge may be considered moderate-high, there was considerable variation. Colleagues rated their general knowledge of theory and interventions as slightly higher (mean = 7.8) than their literacy-specific knowledge.

Respondents were more consistent when asked to rate the strength of the links between their training and research evidence. Four of the six participants provided ratings of either eight or nine with a mean average of 7.5. One respondent commented that she would ensure 'I know my stuff before delivering training', suggesting that knowledge acquisition may be a dynamic process.

When asked to list the publications which had informed their evidence base, most respondents referenced government reviews and national and local guidance on dyslexia. None of the respondents made reference to published journal articles.

The brief survey highlighted a disparity between respondents in terms of their confidence to deliver effective training and intervention. It perhaps provides impetus for the sharing of knowledge and skills amongst colleagues and for greater dissemination of recent published research (particularly from peer review journals) within the service.

5.2.5 Conclusions

The enquiry provided information regarding literacy-focussed, evidence-based practice within my local authority, from which I drew the following conclusions:

Firstly, the kinds of 'evidence' used by EPs may be broader, both in type and content, than is suggested by the APA (2006); when working consultatively, EPs make use of evidence relating directly to children's literacy difficulties and their educational

environment but also evidence pertinent to engaging with parents and other professionals. The enquiry also suggests that experience and informal research play a part in EPs' practice.

Secondly, despite the breadth of evidence discussed by EPs, there was relatively little mention of up-to-date published research. Whilst the enquiry does not provide evidence to suggest why this may be the case, it does perhaps raise questions, for example: Are EPs able to access a range of up-to-date published research (e.g. through electronic databases and service subscription to a range of journals)? How closely aligned is academic research to the educative practice? And how easy is it to apply the findings of academic research?

Finally, the enquiry suggests that given the variation amongst EPs' skills, knowledge and areas of confidence, it may perhaps be beneficial to develop systems for sharing research knowledge amongst EPs within a service.

5.3 A case example of how a TEP can apply reading research in schools

The remainder of this paper provides critical reflection on four projects undertaken in schools between June 2009 and February 2010, each of which focussed on developing the support offered by school staff to children experiencing literacy difficulties. An account of the work undertaken in each school is provided together with a summary of my reflections and learning points. A model of practice for EPs wishing to undertake similar work in schools is then presented. The section begins,

however, by outlining the main evidence-based principles underpinning work in all four schools.

5.3.1 Evidence Base

The previous paper reviewed some of the major theoretical approaches relevant to literacy development and instruction. The principles set out below are based on this theory and research and formed the basis for my training in schools.

Reading should be explicitly taught

Perhaps the most fundamental implication to arise from the computational models of reading discussed in the previous paper (e.g. Coltheart et al, 2001; Sidenberg and McClelland, 1989) is that, in the early stages at least, they suggest reading must be explicitly taught. In the case of the Coltheart et al's Dual Route Cascaded (DRC) model, this involves priming the computational architecture with knowledge of grapheme-phoneme correspondence rules. In the case of Sidenberg and McClelland's connectionist model, it involves systematically exposing the architecture to correct word-sound pairings. In both cases, the computer simulation is provided with accurate information about links between graphemes and phonemes in the chosen language.

This evidence supports the view of Dobrovolsky and O'Grady (1996), who in a discussion of language and writing evolution, suggest that whilst humans have been

able to evolve to understand, use and adapt spoken language, writing is a relatively new invention (originating approximately 5000 years ago) and "must be taught and learned through deliberate effort" (p.591)

Whilst for already fluent decoders, self-guided reading of self selected material may help foster motivation for reading, this evidence suggests that readers who have yet to master fluent decoding require explicit instruction. Beginner readers should be explicitly taught the links between spoken and written language.

Some skills should be taught before others

Both the DRC and connectionist models imply that some reading skills need to be mastered before others can be developed. For example, children need to recognise letters before they can decode words and they need to have an awareness of the phonemes present in a language, before they can recognise letters. In the United States, a large scale meta-review of reading research, conducted by the National Reading Panel (2000) supported this hypothesis and suggested that teachers should consider five areas when thinking about children's reading development: phonemic awareness, phonic skills, fluency, comprehension and meta-level literacy skills.

There is perhaps a danger, within a prescribed national curriculum of study and a results-oriented inspection framework, that teachers will be put under pressure to teach children at the level they *should* be achieving according to national benchmarking. The research outlined above, however, suggests that this may not

always be effective and that instead children may benefit more from teaching that follows a developmental model and takes into account their current level of ability.

Reading instruction should include the teaching of both decoding and comprehension skills

In 2006, the DfES adopted the Simple View of Reading (SVR) as the theoretical model underpinning the Primary National Strategy for Literacy. Prior to this an increasing emphasis had been placed on teaching reading decoding (at the possible expense of comprehension activities). Recent government guidance (DCSF 2010) now concurs with the 'balanced' view of reading (e.g. Hoover and Gough, 1990; Kirby and Savage, 2008) and suggests that children should be taught both decoding and comprehension skills.

Reading instruction should help children to develop fluency and accuracy

Information processing theory (Miller, 1956) suggests that in addition to being able to read words accurately, children must also be able to read them fluently (at a quick rate). To understand why, it is perhaps useful to consider the child whose reading is largely accurate but also very slow. For them, the accurate decoding of words requires substantial cognitive effort; each word is laboriously sounded out before being read, leaving few cognitive resources available for text-level comprehension. The same phenomenon can be seen in connectionist reading systems (e.g.

Sidemberg and McClelland 1989), which rely on strong temporal connections between grapheme units in order for word units to be activated. Put another way, they require the individual sounds of a word to be read with sufficient speed for whole words to be recognised.

Hudson et al (2009) suggest that fluency is a complex phenomenon that involves processes at the lexical and sub-lexical level and is aided by text-level comprehension. They suggest that in order to comprehend a text, we need to be able to understand each of its component words, but understanding a text itself facilitates the fluent decoding of words.

For most children, fluency develops automatically as they become more accurate decoders. However, those who fail to make expected progress may need to be explicitly taught to decode words both fluently *and* accurately.

Reading Instruction should be sensitive to the orthographic features of the script being taught

The way in which spoken words relate to written words varies between languages. In logographic scripts, such as early Chinese, individual icons are used to represent morphemes (the smallest possible units of meaning). In syllabic scripts, such as Japanese, characters usually represent individual syllables, whilst Semitic scripts such as Arabic and Hebrew use symbols to represent phonemes (although words are commonly written as strings of consonants with vowels omitted).

There is also considerable variation between alphabetic scripts (in which graphemes are used to represent consonant and vowel phonemes). In highly regular languages, such as Italian and Spanish, for example, there is a 1:1 correspondence between graphemes and phonemes. In English, in contrast, the same single phoneme can be represented by one or more graphemes. For example, the phoneme /i:/ can be written as [i], as in 'chinos', [ee] as in 'tree', [ea] as in 'treat', [ie] as in 'priest' and [e] as in 'compete'. Also, a single grapheme can be used to represent more than one phoneme. For example, the grapheme [I] can be used to represent the phoneme /i:/, as in 'chinos', /i/ as in 'pin', and /aI/ as in 'bright'. This makes English a more difficult code to crack than its more regular counterparts.

Proponents of the connectionist view suggest that connectionist systems learn by assimilating the underlying patterns of phoneme-grapheme correspondence within a given corpus. In highly regular languages, such as Italian, this may be accomplished relatively easily through the teaching of individual grapheme-phoneme correspondences. Patterns underlying correspondences between individual English graphemes and phonemes, however, are more difficult to identify. This has led some authors (e.g. Goswami, 2005; Goswami and Bryant 1990) to suggest that children may learn best by being exposed to and learning to manipulate rhyme.

In England and Wales, the Primary National Strategy for Literacy (NLS) focuses on correspondences at the grapheme-phoneme level. Government guidance on the teaching of phonics recommends that phonics programmes are:

"...systematic, with a clearly defined and structured progression for learning all the major grapheme–phoneme correspondences: digraphs, trigraphs, adjacent consonants, and alternative graphemes for the same sound"

DfES (2006) p.5

This approach to teaching phonics, known as 'systemic phonics', is at odds with the view of Goswami and Bryant, but has widespread empirical support. A report by the United States' National Reading Panel (2000) reviewed thirty eight previously published studies into the efficacy of phonics instruction on reading. It concluded that there was a moderate effect size for systemic phonics programmes, relative to programmes that included no specific phonics instruction ($d=.45$).

Due to the irregularities of the English Language, however, some children fail to learn to read through systemic phonics. These children may require a different approach, which could involve the teaching of whole words, rhyme, or some of the more consistent rules of English spelling.

Learning to read is a complex and individualised process

Reading development is influenced by a range of factors. This paper has, so far, focussed on literature relating to specific cognitive processes assumed to operate within an individual. Reading, however, is also dependent upon more general cognitive attributes (e.g. attention, memory and information processing); attitudes to education and literacy and motivation. Some authors have also stressed the impact of the environment on reading development. Syverson (2008), for example, draws

attention to the fluid and progressive eco-systems within which the teaching, learning and application of literacy takes place and urges us not to reduce reading to a 'rational linear' process.

Attainment in reading also varies widely between children. Rose (2009), for example, in a government-commissioned enquiry into Dyslexia and Specific Learning Difficulties, concludes that there are a small group of children who will make only limited progress in spite of substantial additional support.

Consideration should be given to the method of instruction

The information presented above helps to inform decisions about *what* to teach; children need to be taught to decode accurately and fluently, to comprehend what they have read, to recognise whole words as well as developing phonic skills and teachers need to deliver this mindful of children's current level of development. It is perhaps also worth considering *how* children should be taught; in what contexts and through what instructional techniques.

Solity and Shapiro (2008) provide a critical commentary on current psychological research into reading acquisition. They suggest that much of the published research has focussed on small group interventions, targeting children with identified 'literacy difficulties'. Solity (2009) outlines the case for a whole-class, inclusive approach to literacy teaching, based on the principals of Instructional Psychology (see table 4, below).

Principal	Explanation
Distributed Learning	We learn best when we are exposed to short but frequent instructional sessions; five minutes, daily, beats half an hour, once a week.
Interleaved learning	A single instructional session should include both old and new learning; if old learning is not revisited, it is likely to be forgotten.
Contextual Diversity	In order for learning to become generalised, instruction must take place in a variety of contexts.
Optimal Instruction	Instruction should be efficient in its delivery of curriculum; the most useful skills should be taught first.
Fluency	Skills should be taught to a high level of fluency.
Ipsative assessment	Learners should be provided with regular feedback on their skill development, relative to past performance.

Table 4
Some of the principals of Instructional Psychology
Based on Solity (2009)

Solity and Shapiro (2008) go on to provide two case-study examples of how instructional psychology can be applied at the whole-school level to support good reading development for all children. This may be a way of working to which Educational Psychologists wish to aspire, however, given the constraints of the systems within which EPs currently work and the relatively high number of children who have been identified as experiencing 'literacy difficulties' (DCSF 2009) it may not be pragmatic for EPs to adopt an entirely preventative stance.

5.3.2 Project characteristics common to all four schools

In addition to having a common evidence base, there was some commonality amongst the methods of implementation for each of the four school projects. This is discussed below.

A focus on children with literacy difficulties

All four cases focussed on providing support to children experiencing difficulties in literacy (both with and without an identification of Dyslexia). This contrasts to the whole-school, preventative approach advocated by Solity and Shapiro (2008), but is perhaps a more pragmatic stance given the resources that would be required to bring about sustained whole-school curricular change. I did, however, adopt the principles of Instructional Psychology as a basis for my training.

Use of Precision Teaching

Precision Teaching (PT) (See Lindsley, 1991 for an overview) formed a part of all interventions. PT is regarded as an effective, approach for helping children and young people to develop word-level decoding skills (Binder and Watkins, 1990), it is also compatible with the principals of Instructional Psychology. During my time as a trainee educational psychologist, however, I had noted many instances of PT being introduced to a school through whole-staff INSET, only to become 'watered-down' mis-applied or neglected over the course of a few terms. In each case, I therefore gave consideration to the way in which it was introduced and the additional research evidence that could allow staff to make informed decisions about its use and adaptation.

Work alongside Teaching Assistants

All four projects involved working alongside teaching assistants. Over the past ten years, the role of teaching assistant has changed dramatically (Russell et al, 2005) and now includes a diverse field of professionals undertaking a wide range of work. Kerry (2005) provides a typology of Teaching Assistant roles and suggests that job descriptions may vary from 'dogsbody' responsible for menial tasks, such as the cleaning of paint pots, to 'Mobile Paraprofessional' with enhanced qualifications (e.g. HLTA) and responsibility for a range of teaching activities under the supervision of a qualified teacher. In providing training to a group of teaching assistants, it is perhaps, therefore appropriate to bare in mind the diversity of experience, qualification, role and attitudes, and aim to ensure that training meets individual needs.

5.3.3 Individual case examples

Although all projects shared an evidence base and there was some commonality between methods of application, the way in which I worked within each school was unique. A description of each school project is presented below.

Case One: Golden Park

Golden Park is a large inner-city primary school with co-located community and sure-start centres. It has an above average number of children from ethnic minority groups and an above average number of children who speak English as an additional

language. There are also a large number of children who attend the school for a short period of time.

Training for teaching assistants was requested by the Special Educational Needs Co-ordinator during a termly planning meeting, who felt that although the school had received Precision Teaching Training in the past, practice was 'slipping' and that some of their new staff were unfamiliar with the approach. I negotiated the training brief and suggested that it may be appropriate to include additional information about literacy development.

At the request of the school, training was delivered during a single two-hour-long session, using a mixture of direct presentation, practical activities and discussion tasks. A copy of the slides used to facilitate the training is included as an appendix to this paper. One term after the training, I offered to return to the school to observe TAs undertaking PT, offer advice on their technique and answer any questions they had. Six TAs took up this offer and also agreed to complete a short interview, regarding their experiences so far.

Of the five TAs that I observed, only one completed a PT session following the guidelines that I had provided during the training session. The most common omissions were neglecting to teach the child following their assessment on the word-probe, neglecting to time the child whilst they were completing the probe and neglecting to record and share progress with the child. One of the teaching assistants approached me prior to observation, said that she had not had an opportunity to use

Precision Teaching and asked if we could complete a session together, I agreed and we did so.

Following my observations, I offered individual advice to each teaching assistant on how they could make their practice more consistent with the principals of Precision Teaching and then asked them to reflect on the effectiveness of the two-hour session and individual support that they had just received.

Without exception, the TAs surveyed said that they had found the individual support more helpful than the two-hour session. One TA commented that:

'I tend not to think about it when at an INSET day, I do it [the training] at an automatic level.'

Another, in reflecting on the individual training, said:

'...today has been more useful - it's more specific. You can say this is their problem, this is how you help them'.

Case Two: Saint Elsa's

St Elsa's is an average-sized catholic primary school. It has a large number of children from ethnic minority backgrounds and about half of pupils speak English as an additional language. A large proportion, over fifty percent, of pupils receive free school meals. St Elsa's was recently graded as 'outstanding' in their latest OfStEd inspection.

Training on Precision Teaching was requested by the school's head-teacher during their termly planning meeting, as she had heard positive reports about its effectiveness in other schools. The head teacher was keen for both teachers and TA's to receive training and a suitable training package was negotiated.

Following feedback from my training session in Golden Park, I elected to split training into three components: two group sessions, providing a theoretical background to Precision Teaching and guidelines for practice, and a planned follow-up question and answer session, through which TAs could receive individual support. Training to TAs was preceded by training to teachers, in order to provide an overview of PT principals and procedures and foster improved joint working between teachers and TAs.

Feedback from TAs during the second group session suggested that finding time to undertake individual work with children may act as a barrier to the implementation of a PT programme. Some TAs also identified tensions in their relationships with class teachers, suggesting that some had 'unrealistic expectations' about the amount of time required to complete 'quality' individual work. I urged the TAs share these concerns with their SENCo and suggested that until they felt confident that they could deliver PT effectively, they worked with just one child.

When I returned to the school, a term later, to deliver a question and answer session, around half of the TAs who had attended the first two sessions said that they were delivering Precision Teaching to at least one student. Feedback from this group of TAs suggested that the procedure they were using was broadly aligned to what had

been taught. Following positive comments about the efficacy of the programme, a number of Teaching Assistants who had yet to use PT expressed a desire to 'give it a go'.

Case Three: Long Fields

Long Fields school is a smaller-than-average primary school on the outskirts of a large city. The majority of pupils come from ethnic minority backgrounds and there is an above average number of students for whom English is an additional language. The number of pupils with special educational needs is below the national average. Long Field's school employs two learning mentors who provide support to identified children.

Identification of the need for training in literacy acquisition arose from a consultation meeting for a girl who was failing to make the expected level of progress in reading and writing. As the girl was already receiving support from one of the school's learning mentors I suggested that we could work together to set up and run a precision teaching programme.

The format of the training differed to that delivered in Golden Park and St Elsa's, as it involved individual work with a learning mentor from the outset. Training took the form of two introductory sessions looking at theory relevant to literacy development and the practical applications of Precision Teaching. This was followed by modelling

of correct PT procedure and less formal follow-up sessions completed during my visits to the school in my capacity as their link EP.

Despite sustained support, however, the intervention was not continued after the first term. When I met with the learning mentor to discuss why this was, she identified three reasons, firstly, she had found it difficult to consistently secure five minutes a day to complete the intervention, secondly, she had noted only minimal improvement in the student's literacy and thirdly, she did not feel that she had fully understood some of the aspects of the training. The intervention had, therefore been adapted and was no longer consistent with the principals of Precision Teaching.

I addressed these concerns by meeting with the Learning Mentor and the School's SENCo to suggest that I could provide additional training to the Learning Mentor and also to a Teaching Assistant. I suggested that doing so would provide the learning mentor with a person in school, with whom she could discuss Precision Teaching and also refresh her knowledge. I also suggested that the intervention may be of benefit to more than one child. At the time of writing this report, I am unable to comment on the impact of these suggestions.

Case Four: Brookside

Brookside is a large city primary school, serving an ethnically diverse catchment area. The majority of pupils come from ethnic minority backgrounds and many speak English as an additional language. The number of pupils with identified special

educational needs is well above the national average, as is the number of pupils entitled to free school meals.

The training brief was negotiated following a piece of case-work with a girl experiencing difficulties with reading and writing at the word level. Precision Teaching was suggested as a possible intervention strategy and a need for training was identified. Following this, the SENCo agreed to identify a teaching assistant for training.

Training was delivered in three sessions, the first two providing an introduction to theory relevant to literacy development and Precision Teaching procedure and the third, delivered half a term later, providing an opportunity for questions and informal discussion.

Feedback from the teaching assistant during the third meeting was very positive. She was very pleased with the progress that the student had made as a result of the PT and we discussed ways of extending her work to provide support to a small group of students. In addition, the SENCo requested additional training to two more teaching assistants, which was delivered using the same format.

5.4 Implications for future EP Work

Following completion of the four projects, I reflected on their relative strengths and limitations as methods for introducing new initiatives to schools. I was impressed by

the relatively high level of work that was required to bring about sustained change and began to question the rationale behind the traditional 'fire and forget' single-session INSET model. I then drew several tentative conclusions based on my experiences, which I felt could increase the effectiveness of EPs' training to schools. These are outlined below:

Training is most likely to result in a change in practice when it relates to an existing need, or arises naturally as a product of consultation.

In Longfields and Brooklands, the need for training was identified through consultation. This allowed training to be illustrated using a real case example, which teaching assistants identified as a facilitator to training. It also allowed resource implications to be discussed more easily and, possibly, as the training related to a shared agreement from consultation, class teachers were more willing to allocate time for teaching assistants to complete regular direct work with pupils.

Implementing a programme that requires additional resources (e.g. time or materials) or a change to existing school routines may be difficult for Teaching Assistants without the support of School Leadership.

One of the barriers to implementing the training, identified by teaching assistants in St Elsa's was gaining agreement from teaching staff to spend time working with an identified pupil on a one-one basis. They suggested that support from the Leadership

Team was one way of addressing this difficulty. A supportive leadership team in Brookside also contributed to the success of the intervention there.

Training works best when it is tailored to individual needs and is therefore delivered to an individual or small group.

This conclusion is perhaps unsurprising, although difficult to address. Delivering training to a several small groups or individuals takes more of an EP's time than delivering training to a large group. However, based on information from my work in schools, it may provide a more efficient use of EP time with regard to changes in the practice of school-based professionals.

Having a member of staff within the school who is already skilled in delivering an intervention facilitates training to larger groups of staff (as newly trained professionals are able to seek advice in the trainer's absence).

Teaching assistants in Brookside suggested that having a member of staff already trained in and delivering Precision Teaching helped them with its implementation. Seeing the intervention in action and having a positive effect on a student's literacy also lead to more staff actively requesting training and perhaps lead to greater motivation to put theory into practice.

The principles underlying an intervention are more likely to be adhered to, if those delivering the intervention are aware of its evidence base.

From my previous experience of delivering Precision Teaching training, I was aware that the programme often became watered down or adapted, and in doing so strayed from evidence-based principles. Therefore, in all four schools I provided an introduction to relevant theory as part of the training. This led to varying degrees of success.

In Golden Park, I delivered training on theory and application as part of a single two-hour session. TA's delivery of training, however, varied from what was taught. In subsequent training, a two session model was used, in which theory was taught in the first session and again revisited in the second session on application. This led to a greater degree of fidelity between what was taught and the practice of TAs.

The effectiveness of an intervention should be evaluated and monitored.

The success of any intervention is dependent upon how it is implemented. It would, therefore be naïve to introduce an intervention to a school without making plans to evaluate its effectiveness to see whether further training, additional resources, changes to school organisation, or indeed a change of intervention might be needed.

Based on these conclusions, I formulated a model of best practice for introducing specific interventions, such as Precision Teaching, to schools. Whilst the model is

likely to be more time intensive for EP's, both in terms of the number of hours required to implement it, and the length of time before a group of staff are trained, adopting such a model may be more likely to lead to sustained change in the practice of school-based professionals. If this were the case, it could be argued that such a model is a more efficient use of EP time. The model is presented (in table 5 below) as a product of professional experience and reflective practice, rather than a evidence-based framework. Further researcher could use comparative case-study research, to gather additional information on its effectiveness, compared to the traditional single-session INSET model.

Stage	Main Task	Possible Activities
1	Identification of need	EP makes links between consultative work and possible training opportunity.
2	Consultation with school leadership	EP meets with a member of the school leadership team, to explain the resources needed for the intervention to be implemented successfully.
3	Single Professional Training	A single professional is identified for initial training (this may be a teaching assistant who works closely with the subject of the original consultative work). The EP works informally and consultatively with the identified professional to explain the rationale and implementation of the intervention.
4	Evaluation, reflection and planning.	The Professional delivering the intervention and a member of the leadership team evaluate the effectiveness of the intervention. A decision is made, together with the EP, about whether other staff may benefit from training. Resource implications are again discussed.
5	Group training: Evidence Base	The EP provides training on the rational and evidence base for the intervention.
6	Group training: Application	The EP provides training on the implementation of the intervention. Newly trained staff are able to access support from an experienced member of staff within the school.
7	Evaluation and Monitoring	The professionals delivering the intervention and a member of the leadership team evaluate the effectiveness of the intervention. Effectiveness is monitored and the EP is invited back if appropriate.

Table 5

Framework for delivering training on interventions in schools

5.5 How can EP practice take account of the evidence base in relation to literacy difficulties?

The enquiries undertaken as part of this investigation suggest that the breadth of published research into literacy development is often complex and sometimes contradictory. In addition, because of their influence across virtually all curriculum areas, students' literacy difficulties are frequently the subject of EP consultation. As evidence-based practitioners, EPs are, therefore faced with a substantial challenge when trying to integrate current academic thinking with the pragmatics of dynamic school systems.

This project has revealed several instances of EPs rising to this challenge. For example, there is an established and growing literature on the subject written by EPs. In addition, evidence gathered as part of this enquiry suggests that EPs in my local authority feel confident in delivering training on literacy difficulties and that it is possible to deliver training to schools in a way that elicits changes in practice. The project also raised several points for further consideration.

Although the EP practice journal contains several examples of published research, smaller-scale research in my local authority was limited by logistical considerations; although the benefits of research were acknowledged, limited time meant that it was infrequently undertaken. In addition, there is a need for further research into how an evidence base can be successfully applied through a consultative model of service delivery.

Consideration should also be given to models of training used with schools. The exploratory data collection undertaken as part of this enquiry suggests that the effectiveness of the traditional single-session INSET model may be limited. EPs may, therefore wish to consider alternative ways of training school-based colleagues, and in doing so attempt to strike a balance between its likely effectiveness and the ensuing demands on their time.

Finally, there appeared to be some variation between EPs in terms of their knowledge of the literacy development evidence base. In addition, when discussing the evidence that informed their practice, few EPs referenced peer-review articles. EPs' access to journals and the role of specialisms within services may, therefore, prove useful points for consideration at the whole-service level.

5.6 References

- American Psychological Association (2006) Evidence Based Practice in Psychology, **American Psychologist**, 61 (4), 271-285.
- Ashton, Chris (1997) A response to Solity and the Stanoviches, **Educational Psychology in Practice**, 13: 1, 9 - 11
- Binder, C., and Watkins, C. (1990) Precision Teaching and Direct Instruction: Measurably superior instructional technology in schools. **Performance Improvement Quarterly**, 3: 4, 74-96
- Bircham, A., Shaw, M. and Robertson, A. (1997) Enhancing Reading Development Using Audio-Taped Books, **Educational Psychology in Practice**, 13: 3, 181-187
- Booth, J. and Boyle, J. (2009) The role of inhibitory functioning in children's reading skills, **Educational Psychology in Practice**, 25: 4, 339 - 350
- Brooks, G. (2002) **What Works for Children with Literacy Difficulties? The Effectiveness of Intervention Scheme**, NFER, Sheffield.
- Butterfield, J. (2009) Using grounded theory and action research to raise attainment in, and enjoyment of, reading, **Educational Psychology in Practice**, 25: 4, 315 - 326
- Burgess, H. and Mayes, A. (2009) An exploration of higher level teaching assistants' perceptions of their training and development in the context of school workforce reform, **Support for learning**, 24:1, 19-25.
- Carabine, B. and Downton, R. (2000) Specific Learning Difficulties and Peer Support, **Educational Psychology in Practice**, 16: 4, 487 - 494
- Catts, H.W., Hogan, T.P. and Fey, M.E. (2003) Subgrouping poor readers on the basis of individual differences in reading related abilities. **Journal of Learning Disabilities**, 36, 151 – 164.
- Coltheart, M., Rastle, K., Perry, C., Langdon, R., and Zeigler, J. (2001) DRC: A Dual Route Cascaded Model of Visual Word Recognition and Reading Aloud. **Psychological Review**, 108 (1) 204-256.
- Cook, J. (1999) Reading and Spelling Tests A comparison at age and percentile criteria points, **Educational Psychology in Practice**, 15: 1, 9 -19
- Cupolillo, M., Silva, R., Socorro, S. and Topping, K. (1997) Paired Reading with Brazilian First-Year School Failures, **Educational Psychology in Practice**, 13: 2, 96 -100

DCSF (2009) **Children with special educational needs 2009: An analysis**, Nottingham, DCSF.

DCSF (2010) **The new conceptual framework for teaching reading: the 'simple view of reading'** <http://nationalstrategies.standards.dcsf.gov.uk/node/20162> as accessed on 18th February, 2010.

Dobrovolsky and O'Grady (1996) **Contemporary Linguistics: An Introduction**, Harlow (Essex), Longman.

Downer, A. (2007) The National Literacy Strategy Sight Recognition Programme Implemented by Teaching Assistants: A precision teaching approach, **Educational Psychology in Practice**, 23: 2, 129 -143

Dunsmuir, S. and Clifford, V. (2003) Children's Writing and the Use of Information and Communications Technology, **Educational Psychology in Practice**, 19: 3, 170 - 187

Fuchs, L. S., Fuchs, D., Hosp, M. D., & Jenkins, J. (2001). Oral reading fluency as an indicator of reading competence: A theoretical, empirical, and historical analysis. **Scientific Studies of Reading**, 5, 239_259.

Goswami, U. (2005) Synthetic Phonics and Learning to Read: A Cross-language Perspective, **Educational Psychology in Practice**, 21: 4, 273 - 282

Goswami, U. & Bryant, P. (1990) **Phonological skills and learning to read**, Hove: Lawrence Erlbaum.

Haring, N.G., Lovitt, T.C., Eaton, M.D., & Hansen, C.L. (1978). **The fourth R: Research in the classroom**. Columbus, OH: Merrill Publishing Co.

Hoover, W. A. and Gough, P. B. (1990) The simple view of reading, **Reading and Writing**, 2, 127–160.

Hudson, R.F., Paige, C.P., Lane, H.B. and Torgesen, J.K. (2009) The Complex Nature of Reading Fluency, A Multidimensional View, **Reading and Writing Quarterly**, 25 (1) 4-32.

Kelly, G. (1963) **A theory of personality. The psychology of personal constructs**. Norton, New York.

Kerry, T. (2005) Towards a typology for conceptualizing the roles of teaching assistants, **Educational Review**, 57: 3, 373 – 384

Kirby, J.R. & Savage, R.S. (2008) Can the simple view deal with the complexities of reading? **Literacy**, 42 (2) 75-82

Lindsley, O. (1991) Precision Teaching's Unique Legacy from B.F. Skinner, **Journal of Behavioural Education**, 1: 2, 253-266

Lingard, T. (1997) Literacy Acceleration, **Educational Psychology in Practice**, 12: 4, 240 - 249

Miller, G.A. (1956). The magical number seven, plus or minus two: Some limits on our capacity for processing information, **Psychological Review**, 63, 81-97.

Scottish Executive (2002) **Review of provision of educational psychology services in Scotland**, Edinburgh: Scottish Executive

DfEE (1998) **National Literacy Strategy: Framework for Teaching**. London, HMSO.

National Reading Panel (2000) **Teaching Children to Read: An Evidence Based Assessment of the Scientific Research Literature on reading and its implications for reading instruction: Reports of the Subgroups**. National Institute of Child Health and Human Development

Nugent, M (2008) Services for children with dyslexia - the child's experience, **Educational Psychology in Practice**, 24: 3, 189 - 206

Paradise, R. (2001) An Investigation into the Social Construction of Dyslexia, **Educational Psychology in Practice**, 17: 3, 213 - 225

Pogorzelski, S. and Wheldall, K.(2005) The importance of phonological processing skills for older low-progress readers, **Educational Psychology in Practice**, 21: 1, 1 – 22

Rees, P. and Rees, J. (2002) Reading Together: capitalising on inter-disciplinary work in the development and refinement of reading tests, **Educational Psychology in Practice**, 18: 4, 313 - 323

Regan, T. and Woods, K. (2000) Teachers' Understandings of Dyslexia: implications for educational psychology practice, **Educational Psychology in Practice**, 16: 3, 333 - 347

Rhodes, J. and Ajmal, Y. (1995) **Solution-Focused Thinking in Schools**. London, BT Press

Rose, J. (2009) **Identifying and teaching children and young people with Dyslexia and literacy difficulties**, Nottingham, DCSF.

Russell, A., Blatchford, P., Bassett, P., Brown, P. and Martin, C. (2005) The views

of teaching assistants in English key stage 2 classes on their role, training and job satisfaction, **Educational Research**, 47: 2, 175 -189

Sacre, L. and Masterson, J. (1997) A Comparison of Four Reading Tests, **Educational Psychology in Practice**, 13: 3, 188 -196

Savage, R. (2001) The 'Simple View' of Reading: some evidence and possible implications, **Educational Psychology in Practice**, 17: 1, 17 - 33

Seidenberg, M. S., & McClelland, J. L. (1989). A distributed, developmental model of word recognition and naming. **Psychological Review**, 96, 523-568.

Stanovich, K. and Stanovich, P. (1997) Further Thoughts on Aptitude/ Achievement Discrepancy, **Educational Psychology in Practice**, 13: 1, 3 - 8

Solity, J., Deavers, R., Kerfoot, S., Crane, G. and Cannon, K. (2000) The Early Reading Research: the impact of instructional psychology, **Educational Psychology in Practice**, 16: 2, 109 — 129

Solity and Shapiro (2008) Developing the Practice of educational psychologists through theory and research, **Educational and Child Psychology**, 25:3, 123 – 149.

Syverson, P. (2008) An ecological view of literacy learning, **Literacy**, 42:2, 109- 117.

Weiner, B. (1986). **An attributional theory of motivation and emotion**. New York: Springer-Verlag

5.7 Appendices

Appendix 1	Studies, published in 'Educational Psychology in Practice', with a primary focus on Literacy.....	205
Appendix 2	PowerPoint Slides.....	207

Authors and Date	Area of Literacy	Core Function	Level of involvement	Article Summary (inc. key implications)
Ashton, 1997	Specific Learning Difficulties and Dyslexia	Assessment	National (critical review of research)	Discusses the use the discrepancy model (attainment vs. ability) when assessing children for potential Specific Learning Difficulties and Dyslexia.
Bircham, Shaw and Robertson, (1997)	Reading enjoyment and reading skills	Intervention	Individual child School Key Stage 1+2	Reports the findings of an experiment in which the efficacy of 'taped reading' (children read a book, whilst simultaneously listening to an audio taped recording) was assessed. Findings suggest that taped recording may be an effective way to support children in developing reading comprehension.
Cupolillio et al (1997)	Reading development	Intervention	Individual Child School Key Stage 1	Describes the adaptation and evaluation of a paired reading programme delivered to children in a Brazilian Primary school who were repeating their first year.
Lingard (1997)	Literacy Acceleration	Intervention	School Key Stage 3	Describes the implementation of a 'Literacy Acceleration' programme for Year 7 and 8 pupils in a secondary school. Suggests an eclectic approach to curriculum design (several existing approaches are combined) and describes how such a programme can be implemented using the existing resources of a secondary school. Argues in favour of withdrawal group support.
Sacre and Masterson (1997)	Reading Assessment	Assessment	Individual child Key Stages 1 and 2	Provides a comparative analysis of children's attainment in reading as reported by the British Ability Scales (2 nd Edition); the Neal Analysis of Reading Ability; the Hertfordshire Sentence Reading Test and the NFER-Nelson Group Reading Test (6-12).
Stanovich and Stanovich (1997)	Specific Learning Difficulties and Dyslexia	Assessment	National (critical review of research)	Discusses the use the discrepancy model (attainment vs. ability) when assessing children for potential Specific Learning Difficulties and Dyslexia.
Winter (1997)	Reading development	Research	National (critical review of research)	Provides a methodological critique of research into paired reading interventions.
Cook (1999)	Literacy Assessment	Assessment	National (critical review of published assessments)	Discusses the methodological and ethical limitations of reporting age equivalent scores in relation to reading and spelling.
Carabine and Downton (2000)	Literacy development	Intervention	Small Group School Key Stage 3	Describes the implementation and evaluation of a peer support programme for helping children with literacy difficulties.
Hartas and Warner (2000)	Language and Reading Development	Research	National (Critical review of research)	Discusses the interplay between language and reading difficulties and implications for multi-professional working.
Law and Durkin (2000)	Language and Reading Development	Research	National (Critical review of research)	Discusses the interplay between language and reading difficulties and implications for multi-professional working.
Regan and Woods (2000)	Specific Learning Difficulties and	Research	School / teachers	Examines teachers' perceptions of dyslexia, including its aetiology and assessment, in light of the 1999 BPS Working

	Dyslexia			Definition of Dyslexia.
Solity et al (2000)	Reading Development	Intervention	School (Key Stage 1)	Describes the findings of the Early Reading Research and implications for the use of Instructional Psychology in teaching literacy.
Paradice (2001)	Dyslexia	Research	National	A qualitative study describing the similarities and differences between EPs', SENCos' and Parents' understandings of Dyslexia.
Reason and Morfidi (2001)	Literacy development	Research	National (Key Stage 2)	A critical evaluation of the single case experimental design as a method for assessing the persistence of children's gains in literacy skills following interventions.
Savage (2001)	Reading	Research	National	A critical discussion of the 'Simple View of Reading', its origins and its implications for educational practice.
Rees and Rees (2002)	Reading Assessment	Assessment	National	Described the development of a new computer-based reading test for use at Key Stage 2. Focuses on the cross-profession collaboration between EPs and Linguists.
Dunsmuir and Clifford (2003)	Writing	Intervention	Individual child	Discusses the potential role of ICT in supporting children's reading development; suggests criteria for the evaluation of software packages and the role of the EP in supporting with the matching of software to individual children's needs.
Goswami (2005)	Literacy development	Research	Individual child	Takes a cross-language perspective in relation to the teaching of phonics. Suggests that as English contains a relatively high proportion of irregular words and a relatively low level of consistency amongst these words, teaching phonics at the level of the individual phoneme may not be the most effective method for supporting all learners.
Downer (2005)	Reading	Intervention Training	Individual Child	An experimental study examining the efficacy of using precision teaching to support children with the development of sight vocabulary.
Pogorzelski and Wheldall (2005)	Reading development	Research	Individual child	A discussion paper examining the role of phonological awareness in literacy difficulties and dyslexia. Concludes by suggesting a two factor model of Dyslexia, comprised of phonological awareness and quality of literacy learning environment.
Nugent (2008)	Dyslexia	Research	Individual child School	Describes the views of three groups of children with dyslexia from three educational settings (Special, Unit and Mainstream) regarding their education.
Booth and Boyle (2009)	Reading difficulties	Research	Individual Child	Explores the role of executive function (working memory) in reading. Provides a description of three forms of executive function (shifting, updating and inhibition), and suggests that only inhibition is involved in reading
Butterfield (2009)	Literacy	Training	Whole school	Evaluates the effectiveness of grounded theory and action research as tools for embedding change initiatives within a primary school.

CHAPTER SIX

PPR5

ACTIONS, ARTEFACTS AND ROLES: A DISCOURSE ANALYSIS OF EP'S PERCEPTIONS OF MENTAL HEALTH AND THEIR ROLE IN RELATION TO IT

Actions, Artefacts and Roles: A Discourse Analysis of EP's perceptions of Mental Health and their role in relation to it

During my third year as a Trainee Educational Psychologist, I organised a placement working alongside specialist mental health workers. I also arranged to visit a Child and Adolescent Mental Health Service (CAMHS) and a Targeted Mental Health Team (TaMHS). As a result of this, I began to consider the various and contrasting discourses on mental health used by the different professional groups with whom I worked. I chose to use my fourth Professional Practice Report as an opportunity to undertake a piece of original research in this area.

This paper describes the design and pilot of a research study into Educational Psychologists' perceptions of mental health and their role in multi agency mental health teams. It uses Activity Theory as a framework for data collection and Discourse Analysis as a means of identifying recurrent discourse. I hope to continue and extend this study by considering the perceptions of other professional groups from the 'mental health workforce' after completion of doctoral study.

6.1 Mental Health and Multi-agency Working: Current Policy

Multi-agency working occurs when professionals from two or more public, private or voluntary services work together on a common task. In the context of children's services, the aim of multi-agency working is to provide improved outcomes for

children, young people and their families. Petit (2002) suggests that, in the UK, there is a 'long tradition of joint working' (p. 14) across services from health, education and social care, in relation to mental health.

The importance of multi-agency working was brought to the fore in 2003, when Lord Laming published the findings of his enquiry into the death of Victoria Climbié, in which he concluded:

' I am in no doubt that effective support for children and families cannot be achieved by a single agency acting alone. It depends on a number of agencies working well together. It is a multi-disciplinary task. '

Laming, 2003, 1:30

Since then, in Education, the Every Child Matters green paper (2003) has been published to complement frameworks within Health (e.g. DoH, 1999) and Social Care (DoH, 2005), all of which stress the importance of joint working across professional boundaries. In addition, the Health Act (1999) places a statutory 'duty of partnership' on Local Authorities and NHS Trusts to work together at a strategic level.

Recently, however, a national review of child and adolescent mental health services (CAMHS, 2008), concluded that although children's mental health was 'everybody's business', in relation to multi agency collaboration:

'...because in many areas these services are currently still operating as separate services, the resource and expertise available within universal services is not being used as effectively as it could be.'

CAMHS, 2008, p.48

The review goes on to suggest that training and collaboration is required to better address mental health issues.

6.2 Mental Health and Multi-Agency Working: Current Practice

Despite service users' calls for better inter-agency communication (e.g. Sloper, 2004) and the frequency with which multi-agency working is mentioned in national frameworks, policy and legislation, evidence of its effectiveness is, at best, mixed. For example, since 2004 all agencies providing services to children, with the exception of schools and general practices, have worked as part of multi-agency Children's Trusts. In a national evaluation, which surveyed professionals from 31 children trusts, Bachmann (2008) concluded that:

'No children's trust provided rigorous evidence of improvements in children's outcomes that were directly attributable to children's trusts.'

Bachmann et al (2009) pg. 257

They suggest that this may be due to methodological difficulties associated with measuring the preventative impact of trusts. There is some evidence, however, that when multi-agency teams are characterised by good team processes, they can provide improved outcomes to service users. Borill et al (2002) in a comprehensive evaluation of multi-agency working in mental health settings, suggest that good team processes include:

"...clear, shared objectives amongst team members; high levels of participation including frequency of interaction, quality information sharing and shared influence over decision making"

Borill et al (2002) pg. 236

They found that the teams who showed these characteristics were also more effective in terms of outcomes for patients and that good quality teamwork was correlated with good quality patient care.

Sloper (2004), in a meta-review of literature on multi-agency working across services for children, concludes that whilst examples of good practice do exist, evidence of their effectiveness is, in most cases, 'sparse'. She suggests that further systematic evaluative research should be planned and carried out in local contexts, but that in the meantime, information on the facilitators and barriers to multi-agency work will aid planning.

6.3 Perceptions of mental health, professional roles and implications for multi-agency working

This research helps to address the need for further enquiry in the field of multi-agency working by examining how professionals' beliefs about mental health influence their working practice. Before providing a description of the research design, however, I will attempt to answer three questions, which I consider to be pertinent to this topic: who is included in the children and young people's mental health work-force; why is it important to consider mental health professional's

perceptions of their roles? and in what ways can the concept of mental health be understood?

6.3.1 Who is included in the children and young people's mental health workforce?

Describing the children and young people's mental health workforce is a complex task. The National CAMHS review (2008) concluded that mental health was 'everybody's business', but whilst this definition may highlight that children and young people's mental health is a shared responsibility and not the monopoly of a single professional group, in a research context, it could be considered a little woolly. In this paper, the mental health workforce is defined as professionals from those agencies who spend a significant proportion of their time addressing issues of mental health, or in the language of the CAMHS review, the targeted and specialist services listed in the inner two circles of figure 1, below.

It is also important to consider the way in which the professional identities of individual mental health workers are described. Whilst some services are usually made up of only one professional group (e.g. Educational Psychology Services; Education Welfare Services) others increasingly include professionals from a range of backgrounds (e.g. Community CAMHS). A person's practice may be influenced by both their own professional background and the complexion of the team around them. At a broader level, it may also be important to consider whether the service to

which a professional belongs is a part of Health, Education or Social Care, and whether the service is public, private, or voluntary.

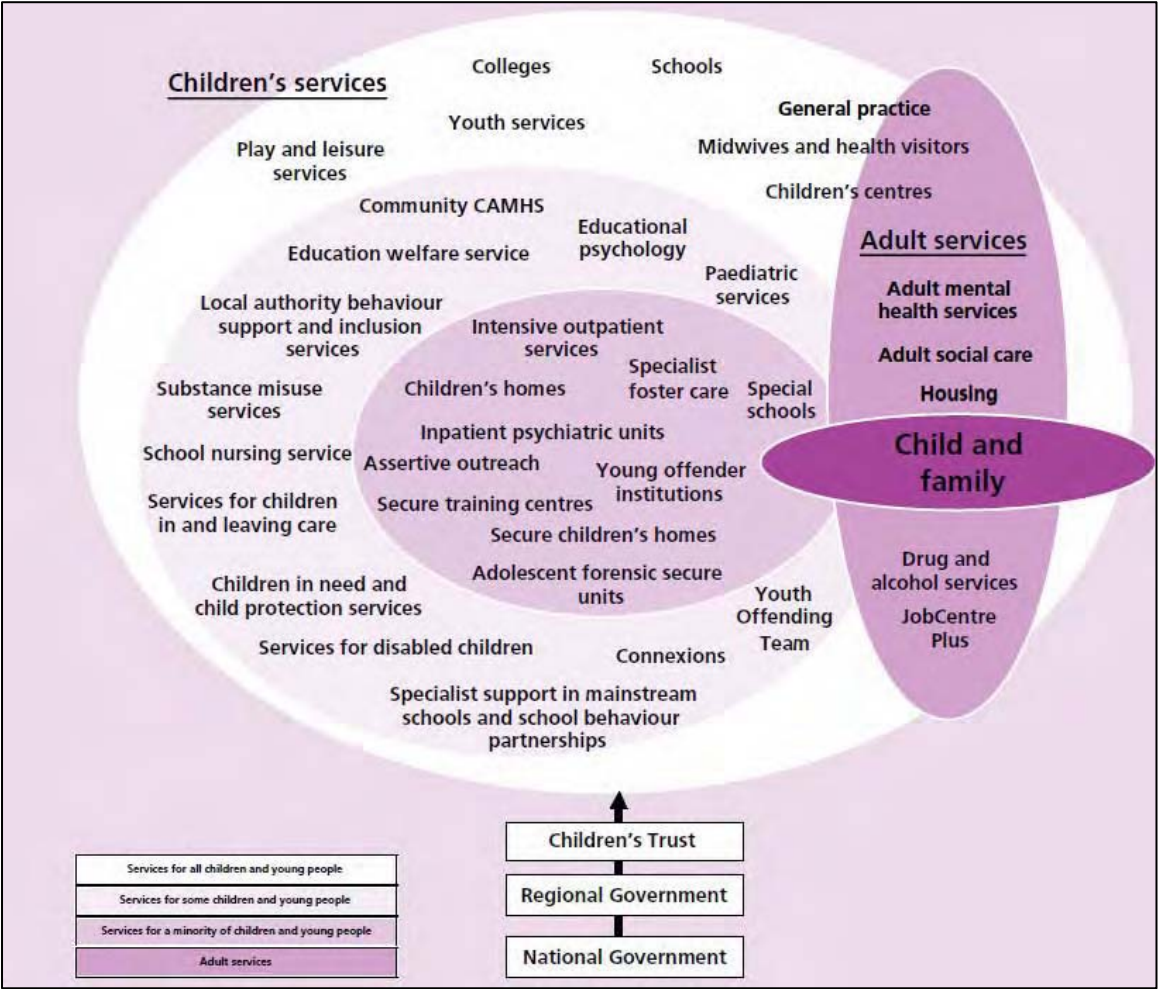


Figure 1
The Child and Adolescent Mental Health Workforce
CAMHS (2008) pg 27

6.3.2 Why is it important to consider perceptions of mental health and professional roles?

Literature on multi-agency work highlights several barriers and facilitators to effectiveness. Facilitators include: the shared allocation of resources (Bachmann, 2009); strong leadership (Borill 2002); effective systems for inter-professional communication and a clear delineation of roles and responsibilities (Sloper, 2004). Barriers include frequent reorganisation and high staff turnover (Sloper, 2004); a lack of commitment by some professionals to joint working (Borill, 2004) and differing professional cultures and ideologies (Pettitt, 2003; Sloper, 2008; Mitchell, 2009).

The influence of professional ideology on working practice is illustrated in the examples below:

- Abramovitz and Piacentini (2006) describe the issues faced by clinical psychologists working in departments of psychiatry in the USA. They suggest that a status differential exists, which leads to overrepresentation of the medical view and an under representation of psychological views, in both clinical and administrative decision making.
- In the UK, Rothl et al. (2008) describe teachers' views and experiences of working with Educational Psychologists. One of the themes to emerge, during their analysis of 31 interviews with teachers, was the 'hands off' approach now

taken by EPs, which was described by a deputy headteacher in the following terms:

'When I first came here, EPs seemed to be active, met the students, came up with a programme of what to do, actually worked with kids to do things and it has moved completely to assessment now...So I'm a bit cynical about them actually.'

Rothl, Leavey and Best (2008) pg. 138

This 'hands off' approach may, however, be described differently by EPs themselves, who may talk about a consultative model of service delivery, which is now used by many Educational Psychology Services. EP's regard this as an effective mode of working in which they see their role as a consultant, supporting school staff, parents and children through a problem solving process.

In the context of child and adolescent mental health, joint working often involves professionals from three or more professional backgrounds. In these situations, issues relating to professional ideology become even more important. Literature suggests that the dominant ideologies of a group, become crystallised in working practices (Foster-Fishman, 2005) and policy decisions (Olsen, 2000). Understanding the beliefs of different professional groups may, therefore provide managers, policy makers and change agents with useful insight, to plan and manage the continuing shift towards multi-agency working.

6.3.3 How is mental health perceived?

The dominant view in mental health is regarded by many as arising from the 'medical' or 'biological' model (Abramovitz and Piacentini, 2006), according to which:

'...disorders listed in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000) are considered to result from neurological and neurotransmitter dysfunction typically caused by genetic anomalies.'

Abramovitz and Piacentini, 2006, pg. 282

Following a review of literature describing the 'medical' model, I identified five characteristics, which recurred throughout authors' descriptions. The medical model (but not necessarily the practice of medical professionals) was said to:

- Locate 'disorder' within the individual, rather than in the systems around them.
- Focus on deficits, rather than strengths.
- Reduce emotions, thoughts and actions to neurological and biological phenomena.
- Seek to group together like 'symptoms' and attach a label to them.
- Be expert led; professionals seek to take problems away from the 'client' rather than empower them to solve them themselves.

The perception amongst some non-medical mental health practitioners is that the medical model is advocated and used by a large proportion of medical professionals (e.g. Bains 1997; Abramovitz and Piacentini, 2006; EPNET 2009). A brief review of literature from medical journals, however, reveals that some medically trained

professionals are highly critical of the medical model's core assumptions and application.

Goodman (1997), for example, accuses his fellow psychiatrists of using the medical model to facilitate 'empire building' and suggests that social workers and educationalists should be given the opportunity to play a larger part within the mental health field. Child (1999), also a psychiatrist, suggests that although the medical model has a place within psychiatry, it is often misapplied. Like Goodman, he suggests that part of the reason for the persistence of the medical model is that it sustains a power differential between mental health professionals, with psychiatrists being regarded as medical 'experts'. In mental health settings, it is perhaps an oversimplification, therefore, to equate membership of the medical profession with usage of the medical model; at least some medical professionals apply alternative models and it is equally possible that some non-medically trained professionals may favour the medical model.

Regardless of by whom it is used, however, the medical model remains highly influential within the field of mental health (Olsen 2004). Given its significance it is, therefore, important to understand the ontological and epistemological context of the medical model relative to alternative models.

Alternative models

Olsen (2004) suggests that when considering 'mental health', practitioners are faced with a single ontological question: whether mental phenomena are the same as and reducible to biological phenomena or whether they are objects in their own right. According to the former view, a feeling of satisfaction, for example, could be defined as the chemical reactions that take place in the brain when a person reports being 'satisfied' and it could be said that mental disorder is present when the chemical reactions that take place in a person's brain move outside of 'normal limits'. The contrasting view is that 'satisfaction' can be considered an irreducible object, for study in its own right, and that mental disorder could be said to originate from 'dysfunctional' *thought* processes or be a product of *social* discourse, rather than 'chemical imbalance'.

The ontological status of mental health has implications for how we can come to understand it; it has implications for our choice of epistemology. The view that mental health can be reduced to objective, physical phenomena is consistent with the positivist epistemology which permeates many of the natural sciences. According to this view, we can come to know about mental health objectively, through empirical study. The 'medical' model is an example of a positivist approach, within which, it is assumed that studying chemical and neurobiological phenomena will eventually allow us to acquire an objective knowledge of what mental health (and mental disorder) is.

The view that mental health is an object in its own right is consistent with a relativist world view, as often applied in social sciences and typified by social-constructivist epistemologies. Social constructivists argue that mental illness can be seen as different things by different people; it is essentially a social product given meaning through language. Mental health, therefore, has no 'objective' reality.

Bergin et al (2008) provide succinct criticism of both approaches. They suggest that positivists can be prone to incorrectly equating correlation with cause. For example feelings of satisfaction may be consistently correlated with a cluster of chemical changes in the brain and body, but it does not mean that satisfaction is *caused* by these changes, causation may, perhaps, lie in the social environment. Conversely, constructivists can be guilty of denying the influence of biological factors on mental health. Williams (2003) (cited in Bergin et al, 2008) illustrate this criticism with reference to disease:

'disease, for example, . . . is patently more than just a social construct, however important the latter might be. Disease labels . . . describe but do not constitute disease. The reality of disease . . . is not exhausted by our descriptions of it. If only it were!'

Williams (2003) pg. 52 (cited in Bergin et al, 2008)

Positivist and constructivist epistemologies have led to polarised views amongst their advocates, in relation to mental health. Bergin et al (2008) argue for the adoption of a 'third way', when considering issues of ontology and epistemology in mental health. They go on to describe the critical realist perspective. Proponents of critical realism (Bhaskar, 1998; Robson, 2002) suggest that a single epistemology should be applied

in both the natural and the social sciences. By arguing that reality has multiple domains and is stratified, they are able to take a line midway between positivist and constructivist approaches. According to critical realism, reality can be split into three domains, the real, the actual and the empirical.

- The real domain is made up of everything that exists, both natural and social objects. It also includes powers and mechanisms, both those that are currently acting upon the world and those that have the potential to act, but are at present latent.
- The actual domain is made up of everything that happens when powers and mechanisms act upon objects to create events and experiences.
- The empirical domain is made up of everything that is experienced, both directly and indirectly.

The latter two domains, the actual and the empirical can be split into different strata, for example: 'social'; 'biological' and 'psychological'. These strata may each offer a different explanation of the objects, powers and mechanisms that inhabit the real domain. Critical realism also distinguishes between two types of knowledge:

- Intransitive knowledge is viewed by critical realists as the content of the 'real domain', it does not change over time and may not be completely known.
- Transitive knowledge is generated by theorem. Different strata provide different theorem to describe the same thing, however they are both able to relate to a single real object or mechanism.

Bergin et al (2008) argue that where as positivist and constructivist epistemologies may be considered mutually exclusive, they can both be included within a critical realist framework. Critical realism, may, therefore provide an epistemological framework within which proponents of social and medical models of mental health can converse. This research may provide some insight into how far we are from such a position.

6.4 Research Design

6.4.1 Research Aims and Epistemological Stance

The data gathered in this pilot study will eventually be combined with additional data gathered using the same methodology. Collectively, the data will contribute to a study with three broad aims:

1. To investigate Mental Health Workers' experiences of working in mental health.
2. To investigate Mental Health Workers' perceptions of 'mental health'.
3. To investigate how Mental Health Workers' perceptions of mental health impact upon their work.

This research is undertaken within a critical realist framework (Robson, 2002) which has implications for the way in which these aims should be interpreted. Data on workers' experiences and perceptions is gathered in the 'empirical' domain, and is

therefore regarded as providing only a partial account of reality tied to the workers' socio-cultural experiences. In addition, it is possible that workers' perceptions and experiences may vary and that they may be different to those of other professionals. This variance is due to the different strata of knowledge used by different participants, or put another way, it is due to different participants interpreting reality in different ways (or through different theorem). Critical realism does not, however, necessarily view different accounts as competing; rather they can be seen as providing different perspectives on a single research object.

6.4.2 Participants

As noted earlier, the child and adolescent mental health workforce is made up of workers from many different professional backgrounds. In the long term, I plan to investigate the views of several professional groups. For the purpose of this pilot study, however, three members from a single professional group will be interviewed; Educational Psychologists (EPs).

Participants worked as part of a single disciplinary team within a Local Authority Children's Service. All EPs within my service were made aware of the study during a full service meeting and asked to contact me if they were interested in taking part. Four EPs expressed an interest and I selected three at random as potential participants. I then met with them to provide an outline of the research aims and information about ethical issues. At this point, potential participants were also introduced to an 'activity system' (see Appendix 1 for a description) and the questions

that they would be asked in relation to each of its components. I also gave participants a list of statements about 'mental health' and asked them, prior to the interview, to think about the extent to which they agreed with each of them. A copy of the information pack given to potential participants is included in Appendix 2.

6.4.3 Methodology

This research does not attempt to provide an objective, falsifiable, account of reality, but rather a descriptive account of perceptions and experiences. Therefore, I chose a non-experimental design and used semi-structured interviews for data gathering.

As the research was concerned with participants' perceptions and experiences, it was important to take steps to minimise participants' response bias. This may occur due to the limitations of the questions asked in the interview or through an attempt by the participants to 'please' the researcher by providing the answers they think the researcher wants to hear. Therefore, broad, open questions were used and only supplemented by prompting and follow-up questions as a means of providing clarification. Participants were also made aware that the research was exploratory and was not based upon any pre-existing hypotheses.

The first pilot interview was undertaken with only one participant, in order to test the feasibility of using activity theory as a framework for data gathering in this context (data from this interview was not recorded or analysed). The second pilot interview was undertaken with a group of participants.

Although group interviews have a history of use in social science research, they are used significantly less than individual interviews (Frey and Fontana 1991); are arguably more difficult to set up and require additional consideration to be given to data during analysis (Hyrkas and Appelqvist-Schmidlechner 2002). In the case of this research, formal group interviews were chosen for the following reasons:

- Group interviews have logistical advantages over conducting a series of individual interviews, as the researcher is able to gather information from several participants in a shorter space of time.
- They provide a naturalistic setting for gathering information about the different ways that social phenomena can be perceived and understood, in an organisational context (Mitchell, 2009).
- They provide a forum in which contrasting views can be 'pitted against' one another, elaborated upon and defended. They hence, provide information on the experiences and perceptions that are individual to one participant and those that are shared by more than one (Frey and Fontana, 1991).
- They allow the researcher to adopt a less directive role in discussion, as they contribute to or guide a group discussion rather than constituting one side of a dyadic conversation. This is particularly relevant to research which seeks to ascertain data relating to participants' subjective experiences (Frey and Fontana 1991).

As the issues discussed during the interview were broad and complex, only two participants were included in the interview, in order to allow each sufficient time to explore issues in depth.

The interview was undertaken with an 'observer', who took notes on the discussion between the two participants and provided feedback for participants to reflect upon. The observer provided an extra layer of discourse for analysis, but also allowed the discourse of the two participants to be clarified and interrogated by someone belonging to the same professional group (and service) as the participants. Should this research be undertaken with other professional groups, e.g. social workers, or primary mental health workers, having an 'observer' will allow follow-up questions to be asked of the participants by a member of their own professional team, rather than by myself (a trainee educational psychologist). This may help to reduce participants' response bias. In addition to an information pack (appendix 2), observers were provided with an information sheet outlining their role (appendix 4).

6.4.4 Interview Design

Activity Theory (Engestrom 2001) was used as a guiding framework for interview design. A brief description of the theory is provided in Appendix 1, its application in the current research is discussed below.

Using Activity Theory in the current research

The long term aim of this research is to gather data from several professional groups, regarding complex and highly subjective issues. I therefore felt that it was important to develop an interview schedule with reference to an established theoretical framework, both to ensure a consistency of approach between the different groups and to provide a structure for data gathering and analysis.

There are four immediate reasons why Activity Theory was selected as the most relevant framework: Firstly, the primary unit of analysis in this study is activity. Secondly, the study is interested in the work of professionals in multi-agency contexts and the inclusion of community factors in second generation activity theory provides a framework for considering these in relation to the actions of individuals. Thirdly, if perceptions of mental health are regarded as a property of the subject within an activity system, then Activity Theory provides a framework for exploring the relationship between them, the actions of the subject and activity of the community. Fourthly, by examining the tensions within and between activity systems, it is possible to identify facilitators and barriers to effective multi-agency working.

6.4.5 Data Collection

The interview was split into three parts, each addressing one of the research aims. A summary of each part is provided below, a full interview schedule is provided in appendix 3.

The observer took written notes throughout the interview, which were fed back to participants at the end of each part. Participants were then offered the opportunity to respond to the observer's comments, before taking a short break.

Part 1

With regard to the first research aim (to describe EPs' experience of working in mental health), EPs were initially asked to describe the activity system that is set up when they undertake work in relation to mental health. Within such a system, the subject is the EP and the object, the child, family, teacher or school that forms the focus of their work. Rules may originate from the service to which the EP belongs, the local authority, schools or other organisations, the community may include children, parents, teachers and other professionals and the division of labour may be determined formally or informally. Artefacts are the tools that EPs use in their work, which may include consultation, therapeutic models, assessment tools and questioning techniques. A set of questions was developed to help EPs describe each element of the activity system. These are detailed in Appendix 6.

Part 2

In order to address the second research aim (to describe EPs' perceptions of 'mental health') the 'subject' component of the activity system was explored in more detail by

asking EP's to discuss the extent to which they agreed or disagreed with a number of statements about the ontological and epistemological status of 'mental health'.

Ten contrasting pairs of statements were written, each relating to one of the characteristics of the medical model of mental health, as presented earlier. Once pairs were chosen, they were transferred onto bi-polar constructs, in order to allow participants to rate their agreement and disagreement relative to each statement by marking their position as a point along the construct. An example construct is shown in figure 2, below. The remaining four are included in the participant information pack (appendix 2).

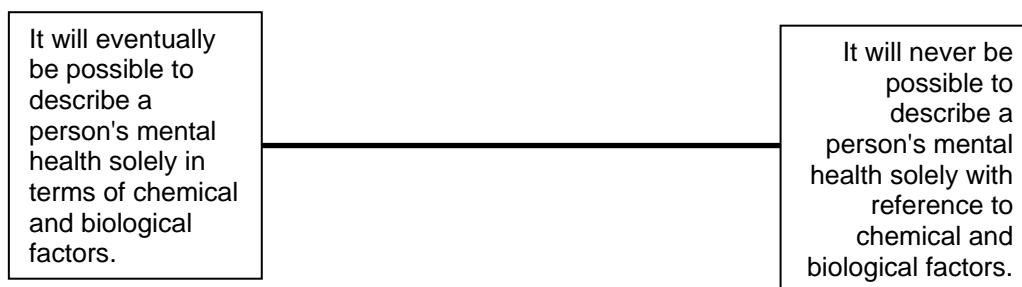


Figure 2
An example of a construct use to facilitate discussion about mental health

Part 3

Finally, the third aim (to describe how EPs' perceptions of mental health impact upon their work) was addressed by asking EPs to reflect upon the impact of their perception of mental health on their work. To do so, EPs were asked to identify ways in which the subject component of the activity system (see Appendix 6, box 1)

impacted on other components and specifically, whether or not it created tensions within the activity system.

6.4.6 Ethical Considerations

General issues

After expressing interest in participating, but before the start of the interview, participants were provided with an information pack (see Appendix 2) which:

- provided an outline of the research aims and interview format;
- provided a description of activity theory and a list of statements relating to mental health;
- notified participants of their right to withdraw;
- explained how and for how long the data gathered during interviews would be stored;
- notified participants of the researcher's intention to use the data gathered during interviews to contribute to paper which would be submitted for publication;
- explained that all participants would be offered a debriefing following data analysis and
- gathered basic autobiographical information.

At the start of the interview, the researcher recapped the ethical considerations and answered any remaining questions. After this, participants' informed consent was gained and the interview commenced.

Issues for special consideration

In addition to the ethical issues presented above, a small number of more specific ethical issues arose:

- As the research was undertaken with a relatively small sample population and the findings of the research were disseminated within the organisation from which the sample population was taken, complete anonymity could not be guaranteed. Participants were made aware, prior to beginning the interview, that although pseudonyms would be used, other members of their organisation may attribute comments made during interview to them.
- A further ethical consideration arose from the method of data collection, interviews were undertaken with small groups of participants, rather than individually. This had implications for individual participants. Firstly, other members of their organisation would be aware of the comments they made during interview and secondly, there was a risk that their comments could differ to the views of other participants, and that they may feel obliged to engage in debate with them. To address these concerns, group size was limited to two participants and an observer and participants were asked to

identify their own potential groups (with the hope that participants would select groups within which they felt comfortable discussing the interview topic).

- Finally, it was acknowledged that the interview topic may result in participants discussing areas of professional dissatisfaction (for example, dissatisfaction with the rules imposed upon their working by their 'home' organisation). The researcher therefore undertook a responsibility towards participants, to report their views accurately and disseminate information within their service. In addition, consent was gained from service managers, prior to the interviews beginning.

6.5 Data analysis

The terms 'discourse' and 'discourse analysis' are used frequently but inconsistently within qualitative research (Alvesson and Kärreman, 2000). 'Discourse' is used to refer to individual conversations between participants and researchers; recurring discussions within organisations, or to more abstract phenomena, such as the societal discourse on 'women's employment rights' or 'the standards agenda in education'. Similarly, 'discourse analysis' is used to describe a range of analytical techniques, which may have little in common with each other (Potter and Wetherell, 1987). When employing discourse analysis, it is therefore important to provide a clear account of how and why it is being used, from both an epistemological and methodological viewpoint.

6.5.1 Epistemological rationale

Alveson and Karreman (2000) suggest that prior to starting analysis, researchers must decide upon the type of discourse analysis they intend to use. They suggest that this choice should be made with reference to two considerations: the level at which analysis is to be undertaken and the assumed relationship between discourse and meaning.

Level of analysis

Alveson and Karreman identify four levels of discourse analysis: micro discourse, meso-discourse, grand discourse and mega discourse. The levels of analysis progress 'upwards' from focussing on individual texts rooted within highly local contexts (micro discourse) to context-independent, abstract discourse, for example on 'globalisation' or 'climate change' (mega discourse). The discourse analysis in the present study could be considered a form of meso-discourse analysis, which Alveson and Karreman describe as:

'...being relatively sensitive to language use in context, but interested in finding broader patterns and going beyond the details of the text and generalising to similar local contexts'

Alvesson and Karreman (2000) pg. 1133

A meso-discourse approach is consistent with a critical realist epistemology, which whilst holding that reality exists independently of perception, acknowledges that

different subjects may perceive the same reality differently. Discourse is therefore contextualised within the research setting and within the organisation to which the participants belong. A longer-term aim of this research, however, is to compare the perceptions and experiences of professionals within and across different professional groups.

The relationship between discourse and meaning

Just as there are different levels of discourse, so too are there different ways of describing the relationship between discourse and meaning. At one extreme, discourse may be viewed as preceding and encompassing reality; it is the medium through which we construct our world and it contains not just language, but also cognitions, thoughts and feelings. According to this view, language and meaning are the same thing. At the other extreme, discourse may be considered as separate to reality, as an object to be studied in its own right, but not as a route to finding out 'how things are', or even people's perceptions of how things are.

In the current study, discourse and meaning are viewed as separate, but closely related. To borrow Alvesson and Kärreman's terminology, discourse is seen as 'framing meaning'; it provides a medium through which EPs structure and make sense of their perceptions and activities. There may be instances, however, when what is said does not match what is believed, felt, or experienced. For example, participants may choose to provide a politically correct answer, rather than one that reflects their true belief on a topic or they may adapt their responses to questions, to

make them fit with what they perceive to be the researcher's own biases (Harper, 1997 provides examples from interview transcripts of how discourse may sometimes be decoupled from meaning).

The primary foci of this study are participants' perceptions of mental health and experiences of activity in relation to mental health, as expressed through discourse. Within a critical realist stance, these perceptions and experiences can be contextualised in two ways. Firstly, the experiences and perceptions belong to Educational Psychologists, who describe reality, as they experience it, in the empirical domain. The accounts of EPs may therefore differ from the accounts of other professionals (indeed, exploring whether or not this is the case, is a long term research aim of this study). They will not, however, be viewed as more or less valid than the accounts of other professional groups. Secondly, participants' experiences and perceptions were expressed as part of a discourse, which took place in a group interview setting (described above) and may therefore be influenced by the presence of professional colleagues and the interviewer.

6.5.2 Methodological rationale

The decision to use discourse analysis in this study is consistent with the decisions of other mental health and organisational researchers; discourse analysis has a history of usage in both mental health (Nicholson, 1995, 1995a) and organisational research (Oswick, Keenoy and Grant, 2000). The process used in this study is similar to the three stage approach used by Mitchell (2009). It is described below.

Stage 1: Familiarity

Lapadat and Lindsay (1999) describe transcription as an active, rather than passive process, through which the researcher begins to influence the way in which discourse is presented. It is therefore included here as the first stage of data analysis. My transcription involved first listening to the recording of the group interview in full, without making notes, then listening again, segment by segment and transcribing participants' spoken language into a word processed document. Finally, I listened again to the full interview, whilst reading through the written transcript to check for inaccuracies.

Lapadat and Lindsay (1999) suggest that when transcribing, the researcher must decide what proportion of audio will be transferred to written form and how it will be recorded. I decided to transcribe all spoken language and utterances (e.g. 'um's' and 'err's'). I chose not to transcribe pauses, speed, pitch, intonation or inflection. My transcription practice is therefore coherent with the primary focus of my research, which is participants' experiences of activity and perceptions, rather than the qualities of discourse itself.

Following transcription, I coded each 'conversational turn', for content, according to the issues that it addressed (a full coded transcription of the data is included in Appendix 5). Through this process, I increased my familiarity with the data and began to identify recurring 'themes' and patterns of discourse.

Stage 2: Thematic Analysis

After coding data for content, I began to look for themes. I again viewed this as an active rather than passive process, therefore the themes discussed below should be viewed as resulting from my decisions and interpretations during analysis, rather than as passively 'emerging' from the data; the term 'emerging' implies that themes exist prior to analysis, waiting to be discovered and that the researcher is able to take an wholly objective approach to analysis.

However, although this analysis is not presented as objective, steps were taken to ensure that the account provided was representative of the data collected and that the influence of my own subjective views was minimised. I therefore followed the constant comparison method which involved constantly checking my identified themes with the data for fit, if necessary making changes to my identified themes and checking again. After several cycles of this process, I had identified six themes, some of which had associated sub themes. These are illustrated in figure 2.

Stage 3: Discourse Analysis

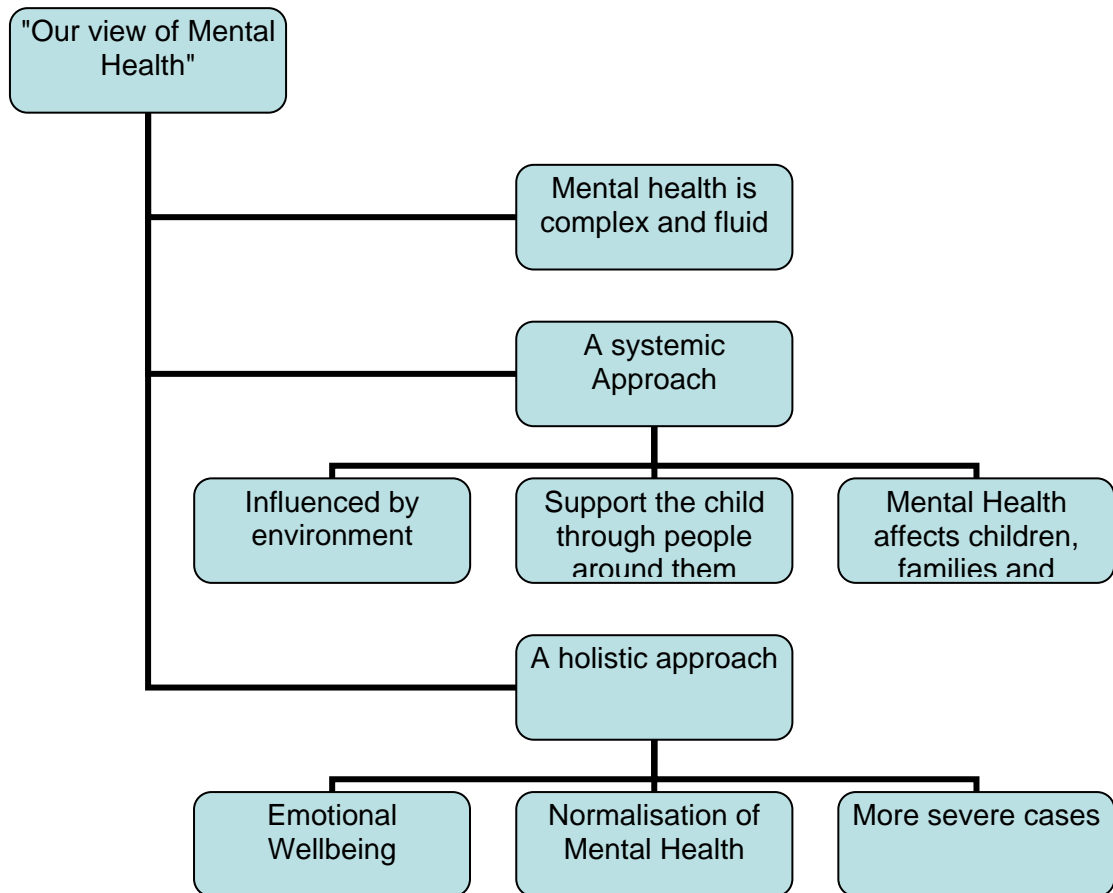
At this point, I transferred data from the coded transcript to, six separate documents, each addressing one of the identified themes. Mitchell (2009) suggests that this process creates a more manageable data set by focussing on relevant data.

The final stage of analysis involved further refinement of the themes and the construction of distinct discourses, identified with close reference to the transcribed and re-organised data. This analysis involved looking for systematic and recurring ways of speaking, contradictions and tensions, and identifying the use of linguistic devices. Once further data has been gathered, this process will be extended, to consider similarities and differences within and between the discourses of other professional groups.

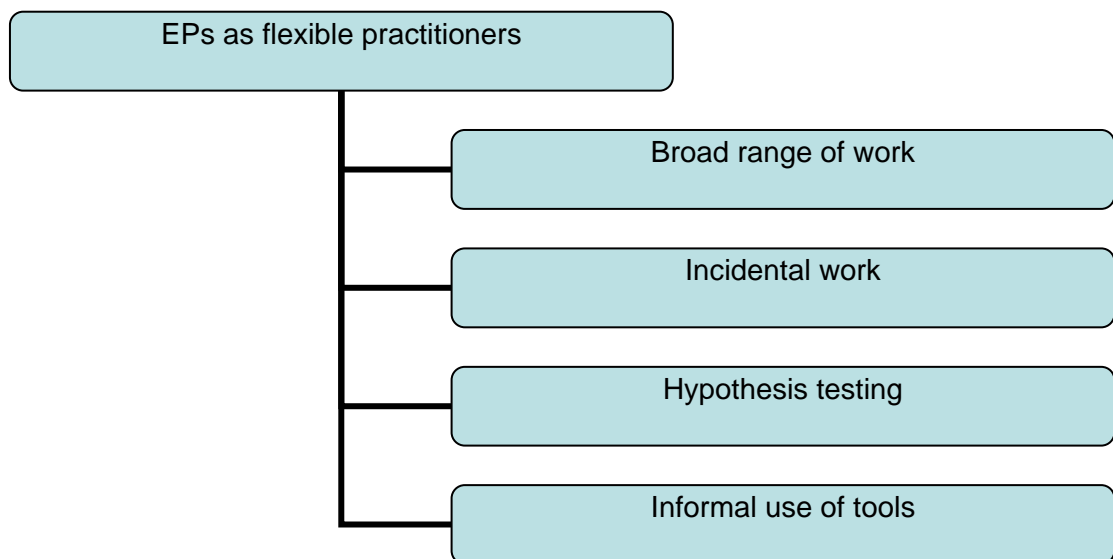
6.6 Results

The results section of this paper provides a brief summary of two of the discourses identified through analysis. Each discourse relates to more than one of the themes illustrated in figure 3.

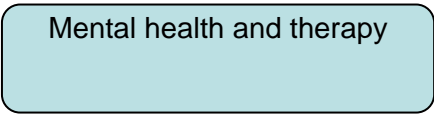
Theme 1



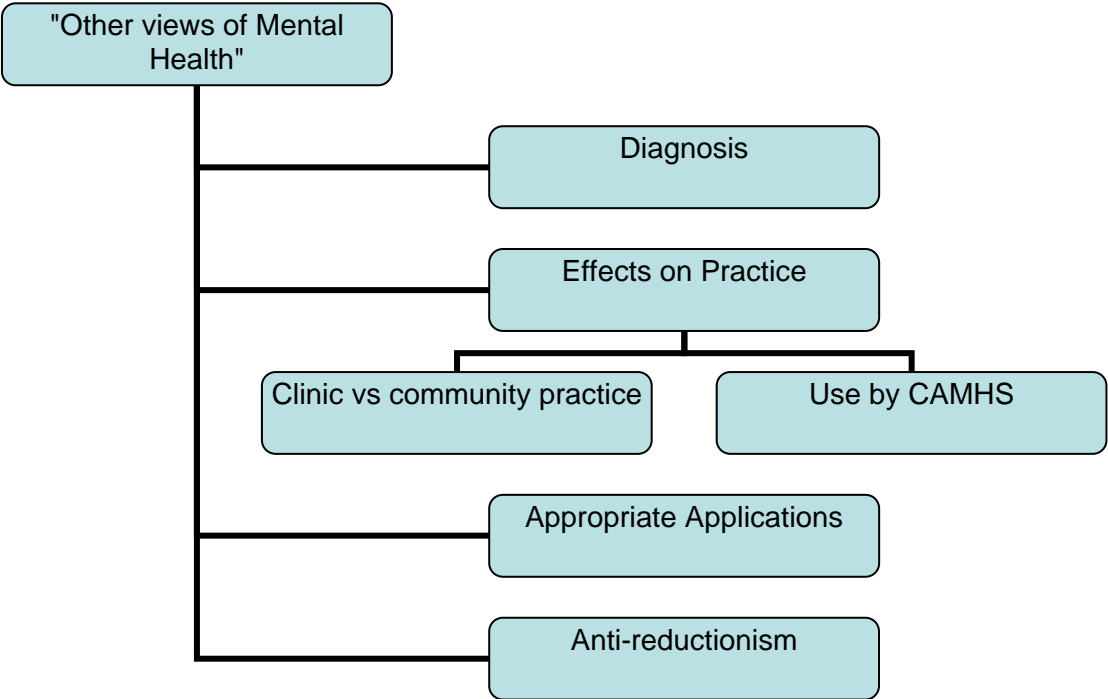
Theme 2



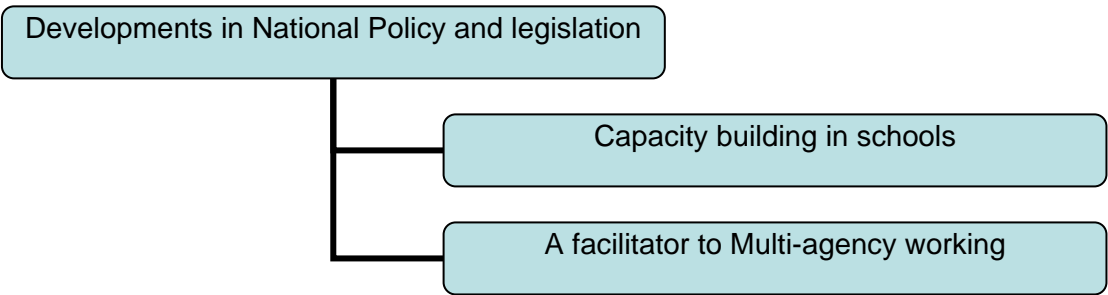
Theme 3



Theme 4



Theme 5



Theme 6

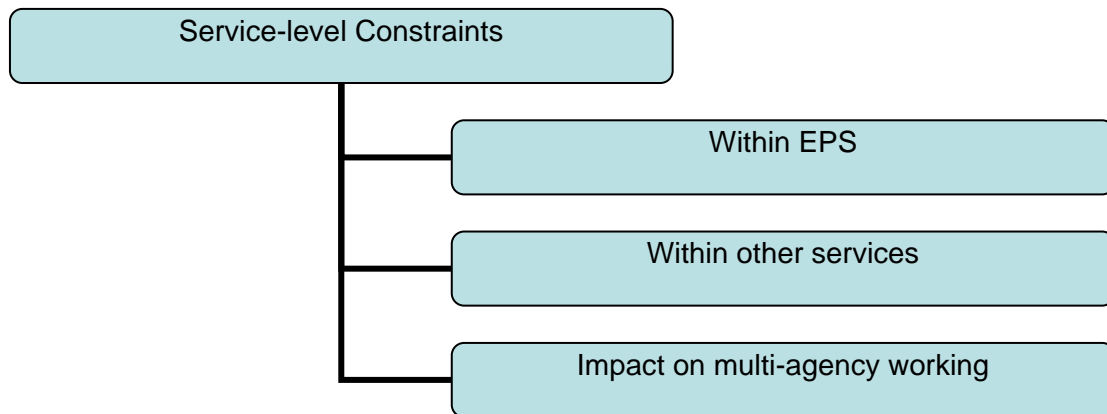


Figure 3
Themes extracted during analysis

6.6.1 Theme 1: differences in perceptions of mental health

One of the strongest discourses that I identified related to participants' perceptions of mental health and their position relative to the perceptions of other professionals. This discourse was evidenced in all three parts of the interview. Participants' perception of mental health was closely aligned with their practice and delineated from other perceptions through reference to two main themes: mental health as holistic and pervasive and mental health as a systemic phenomenon.

Throughout the majority of the interview, participants spoke of 'emotional well-being', rather than mental health, reserving the latter term to reference the more severe end of a continuum, which included 'mental disorders' such as 'severe depression'. The former term was associated with a tendency towards normalisation:

"it [mental health] is the ability to meet with and deal with the emotional demands that would face them on a day to day basis"

and as a tendency to regard mental health as a pervasive phenomenon, impacting upon all areas of a child's functioning:

"...we take a global view of the youngsters we work with and it's impossible really to divorce the emotional welfare of the youngster, I mean it may not be the prime area of concern, but its always sort of omnipresent..."

Participants also regarded mental health as a systemic phenomenon and spoke about the need to work with family members, teachers and other professionals; described collectively as "secondary clients", in order to address the needs of the child; the "primary client":

"I suppose it's usually the children that we're working with, but then within that you'll be meeting with parents as well, so perhaps that's a close second and then often not within the same piece of work but it might be that the emotional wellbeing of the staff comes into account as well, particularly if the child they're working with is particularly, has behavioural difficulties."

Participants also described instances where they worked directly with secondary clients, for example, by providing informal support to administrative staff, or supporting teachers to deal with 'stress and workload'.

Throughout the mental health discourse, there was also a recurrent reference to the complexity and fluidity of mental health, which was described as 'a complex and challenging thing' and there was a strong resistance to the reductionist thesis that mental health could be explained, in full, with reference to biological and chemical factors.

"Can they really account for social and interpersonal, you know and the fluid changing aspects of a person's life? Like a bereavement? I don't think they can."

This holistic, systemic and non-reductionist view of mental health was contrasted with participants' views on the mental health models used by 'CAMHS' and 'the medical profession'. One of the strongest discourses to emerge related to diagnosis:

Participant 1: I think objectivity is extremely difficult to arrive at within mental health.

Participant 2: And very dangerous as well. Its one of the main criticisms that I've got of CAMHS.

Participant 1: mmm. Often once you think you have got some objectivity, a few weeks down the line...you've... there can be sort of changes and you're not sure.

Participant 2: Well that's right and you're stuck with labelling theory and all that nonsense. People are complex, changing things and...I think trying to identify is helpful, but it's very hard to do objectively.

Participants did, however, feel that in some instances, a medical view of mental health could be applied appropriately:

Participant 1: ...I can think of situations where diagnosis has actually helped a person,

Participant 2: And I can think of situations where medication has very clearly been a solution.

Participant 1: Yeah, I can too.

Participant 2: ... There are lots of situations where it's not.

6.6.2 Theme 2: Flexibility and constraints in EP Practice

Another recurrent discourse related to the way in which participants described their own professional practice. Participants frequently referenced the flexibility of their practice and linked this with their perception of mental health. Flexibility was evidenced with reference to the breadth of work completed by participants; a level of informality in their practice; an informal use of tools and hypothesis testing.

When describing the tools that they used in relation to mental health, participants frequently qualified their responses, for example, by referencing PCP *techniques*, rather than PCP. They also made reference to 'non-psychological' techniques, such as 'talking' and 'listening'. At the end of Part 2 of the interview, the observer made the following remarks:

"Although when we're asked about what specific tools do we use, its difficult to identify the specific psychology or the specific questionnaire that we use and I didn't know whether that was linked to the fact that we do adapt ourselves more, you know, we're not necessarily working from one specific model, we kind of take a whole tool box with us and we use that to meet the needs,"

Participants also spoke of their willingness to test hypotheses, by "say[ing] to schools, I don't know, but let's try this, let's see if it works". This approach was contrasted with participants' perception of the medical approach:

"I suspect it is a reflection on us that we are confident enough to be able to take that risk: 'let's test this out'. The medical profession, for the most part, I think, are too insecure to say let's experiment, let's test these theories."

A further difference in practice was drawn between the participants and CAMHS professionals, by contrasting community and clinic-based work; participants questioned the validity of diagnoses reached solely with reference to clinical assessments.

The flexibility that participants spoke of in relation to their personal practice contrasts with a separate discourse regarding the constraints imposed on them at an organisational level. These concerns related to imposed time limits for work, and a lack of control over their focus of work:

Interviewer: What factors constrain the work?

Participant 2: Erm. Time. It would be very nice to do more therapeutic work, erm it would be very nice to do some therapeutic work, but the way in which we're operating at the moment doesn't really allow for that.

Participant 1: Delegation has not been an easy way to work really, because it has affected the rigidity, to which we need to stick to hours with schools and you know, we've been short staffed for quite some time and that will have had an effect, and I suppose it's the priority that schools give to that level of work really

Interestingly, discussion about time constraints was frequently paired with discussion about 'therapeutic work with individual children'. This type of work may be viewed as contrasting with the holistic and systemic perception of mental health presented by the participants. When questioned, by the observer, about whether therapeutic work provided a way of measuring input in relation to mental health, the participants responded:

- Participant 2: I don't think that therapy is a way of measuring our involvement, but its just that there are some cases where we are well placed to be offering some sort of intervention and I don't get the chance to do so very often, it's a rarity, but to do so, it tends to be a referral onto people like 'Time for You', or TAMHS or er...*
- Observer: And would it quite often be linked to a mental health concern that you had?*
- Participant 2: Yes. Yeah it would.*
- Participant 1: So we're, because we're used to working consultatively, so having those therapeutic instances of work, it provides us with a greater richness in a sense, because we are more involved with the child for a longer period of time, so, I think that's probably why we focussed on it, I think.*

A lack of time and staff was also attributed to the limited involvement of the participants with social workers and CAMHS professionals:

"I think often there's a restriction caused by time, so I wouldn't say that the working relationships are good, but quite often you can't get hold of somebody when you need to so, you play telephone tennis for I don't know, two weeks when whereas actually, the issue is something that you need to be tackling immediately."

6.7 Discussion

This study was undertaken as a pilot, using a small sample of participants. It is therefore not possible to generalise the findings to broader populations, such as EPs or Community-Based mental health workers. However, it is interesting to note some similarities between the perceptions of mental health expressed by participants and the findings of Mitchell's (2009) discourse analysis of role perception amongst non-medical mental health workers. In common with the current pilot, Mitchell identified discourses relating to informality in practice; a holistic and normalising view of mental

health and a preference for the terms 'social and emotional wellbeing' over 'mental health'.

Given these interesting similarities, it seems appropriate to extend the current research using a multiple-case study design. This would involve increasing sample population to include a larger selection of members from several professional groups, and would allow theory to be generated to explain similarities and differences in views.

6.7.1 Use of Activity Theory

Activity Theory provided a detailed, although perhaps complex, framework for investigating conceptions of role. During the interview, one conceptual point needed to be clarified; participants were unsure how to respond when asked how their understanding of mental health fitted with their choice of research object. I had anticipated this difficulty and considered addressing it by asking participants to consider a specific example of work, rather than talk about their role more generally. However doing so, would have potentially limited the breadth of discussion and perhaps encouraged participants to focus on a specific level (e.g. casework) and neglect others (e.g. Group and Whole-school work). In subsequent interviews, I will refine the question on research objects, by including examples of the levels at which participants might work.

6.7.2 Use of Group Interviews

A group interview design was selected in preference to a single participant design to reduce my influence, as 'interviewer', on the discussion. After reflecting on the interview process with the observer, I felt that this aim had been achieved. My feeling was reflected in comments from the participants:

"They were nice and clear questions; they weren't closed questions; I wasn't forced into an answer."

"I don't think you were obtrusive in any of your questions...the discussions were really open and really challenging as well."

The group interview design also allowed multiple perspectives to be gained and in this instance the use of an observer allowed participants to reflect on some preliminary themes within the interview, rather than waiting until after formal analysis. The observer also acted as a pseudo-analyst, providing a benchmark against which to compare my initial thematic analysis. It should be noted, however, that in this instance, the observer had recently completed a doctoral degree and was therefore familiar with research methodology and analysis. The role of the observer in subsequent interviews, will in itself provide interesting and could in some cases have to potential to limit the discussion between the participants (for example if there were a negative relationship between the observer and one of the participants, of which the researcher was unaware).

6.7.3 Use of Discourse Analysis

In this study, Discourse Analysis resulted in the identification of two distinct discourses and provided a rich account of the data. I am unsure, however, whether the full potential of discourse analysis was realised within this pilot study, in which there was limited scope to compare discourses between and within professional groups. I also think it appropriate to consider whether an analytical approach more closely linked to theory, such as 'grounded theory' approaches might prove more relevant to the aims of the broader research project.

6.7.4 Next Steps

Following completion of the pilot study, I identified three more groups of EPs, willing to be interviewed. I will be conducting group interviews with these EPs over the coming term. I will then analyse data as part of a single case study, before seeking potential collaborators, in order to take the methodology into other professional groups.

6.8 References

- Abramowitz, J. and Piacentini, J. (2006) Clinical Psychologists in Departments of Psychiatry: Current Issues and a Look to the Future, **Clinical Psychology, Science and Practice**, 13, 3, 282-286
- Alvesson and Karremann (2000) Varieties of Discourse: On the Study of Organisations Through Discourse Analysis, **Human Relations**, 53, 1125-1149.
- Bachmann, M.O., O'Brien, M., Husbands, C., Shreeve, A., Jones, N., Watson, J., Reading, R., Thoburn, T., Mugford, M. and the National Evaluation of Children's Trusts Team (2008) Integrating children's services in England: national evaluation of children's trusts, **Child care, health and development**, 257-265
- Bachurst, D. (2009) Reflections on Activity Theory, *Educational Review*, 61, 2, 197-210
- Bergin, M., Wells, S.G., Owen, S. (2008) Critical realism: a philosophical framework for the study of gender and mental health, **Nursing Philosophy**, 9, 169-179.
- Bhaskar R. (1998) Philosophy and scientific realism. In: **Critical Realism: Essential Readings, Critical Realism: Interventions** (Eds Archer, M., Bhaskar, R., Collier, A., Lawson, T. & Norrie, A.), pp. 16–47. Routledge, London.
- Borrill, C. S., Carletta, J., Carter, A. J., Dawson, S. G., Rees, A., Richards, A., Shapiro, D. and West, M. A. (2002) **The effectiveness of Health Care Teams in the National Health Service**, Aston Centre for Health Service Organization Research.
- CAMHS (2008) Children and young people in mind: **The final report of the national CAMHS review**, CAMHS.
- Child, N. (2000) The Limits of the Medical Model in Child Psychiatry, **Clinical Child Psychology and Psychiatry**, 5, 1, 11-21
- Dains, B (1997) Commentary: The Medical Model is Unhelpful, **British Medical Journal**, 314, 815.
- Daniels, H. (2009) Activity Theory, Discourse and Bernstein, **Educational Review**, 61, 2, 121-132
- Department for Education and Skills (1968) **Psychologists in Education Services** London: HMSO.
- Department for Education and Skills (2003) **Every Child Matters: Green Paper**. Norwich: TSO

Department of Health (1999) **National Service Standards for Mental Health**

Department of Health (2005) **National Standards, Local Action: Health and Social Care Standards and Planning Framework**

Engestrom, Y. (2001) Expansive Learning at Work: Toward an activity theoretical reconceptualisation, **Journal of Education and Work**, 14, 1, 133-156.

EPNET (2009) '**Death to the hegemony of the medical model and its running dogs**'

<https://www.jiscmail.ac.uk/cgi-bin/webadmin?S2=EPNET&X=2CDE603395061E10D6&Y=jpg770@bham.ac.uk&q=&s=medical+model&f=&a=&b=>. Accessed: 7th October, 2009.

Frey, J. H. and Fontana, A. (1991) The Group Interview in Social Research, **Social Science Journal**, 28, 175-187.

Goodman, R. (1997) Child Mental Health: An Over-extended Remit. **British Medical Journal**, 314, 813-814.

Hyrkas, K and Appelqvist-Schmidlechner, K. (2002) Team Supervision in multiprofessional teams: team members' descriptions of the effects as highlighted by group interviews, **Journal of Clinical Nursing**, 12, 185-192.

Laming (2003) **The Victoria Climbié Inquiry: Report of an inquiry by Lord Laming**. London: HMSO.

Lapadat, J.C. and Lindsay, L.C. (1999) Transcription in Research and Practice: From Standardization of Technique to Interpretive Positionings, **Qualitative Enquiry**, 5, 64.

Leadbetter, J. (2004) The role of mediating artefacts in the work of educational psychologists during consultative conversations in schools, **Educational Review**, 61, 2, 133-145.

Mitchell, P.F. (2009) A discourse analysis on how service providers in non-medical primary health and social care services understand their roles in mental health care, **Social Science and Medicine**, 68, 1213 – 1220.

Nicholson, P. (1995) Introduction to the Special Issue: Qualitative Research and Mental Health, **Journal of Mental Health**, 4, 335-336.

Nicholson, P. (1995a) Qualitative Research, Psychology and Mental Health: Analysing Subjectivity, **Journal of Mental Health**, 4, 337-345.

Olsen, D.P. (2000) Policy Implications of the Biological Model of Mental Disorder, **Nursing Ethics**, 7, 412 - 424

Oswick, C, Keenoy, T.W. and Grant, D. (2000) Discourse, Organisations and Organising: Concepts, Objects and Subjects. **Human Relations**, 53, 1115-1123.

Payne, S. (2006) **The health of men and women**, Polity Press, Cambridge.

Pettitt, B. (2003) **Effective joint working between Child and Adolescent Mental Health Services (CAMHS) and Schools**. Nottingham: DfES Publications

Potter, J. and Wetherell, M. (1987) **Discourse and Social Society: Beyond Attitudes and Behaviour**, London. Sage.

Robson, C. (2002) **Real World Research: A Resource for social scientists and practitioner researchers (Second Edition)**, London: John Wiley and Sons.

Rothl, D., Leavey, G. and Best, R. (2008) Recognising and managing pupils with mental health difficulties: teachers' views and experiences on working with educational psychologists in schools, **Pastoral Care in Education**, 26, 3, 127 – 142.

Scottish Executive (2002) **Review of provision of educational psychology services in Scotland**, Edinburgh: Scottish Executive

Sloper, P. (2004) Facilitators and Barriers for coordinated multi-agency services. **Child: Care, Health and Development**, 30, 6, 571 – 580.

Williams S.J. (2003) Beyond meaning, discourse and the empirical world: critical realist reflections on health. **Social Theory and Health**, 1, 42–71.

6.9 Appendices

Appendix 1	The development of Activity Theory
Appendix 2	Contents of Participant Information Pack
Appendix 3	Interview Schedule
Appendix 4	Information for Observers
Appendix 5	Interview Transcript
Appendix 6	Questions asked in relation to Activity Theory

Appendix 1: The Development of Activity Theory

Activity Theory is grounded in the assumption that human activity is, in itself, a meaningful unit of analysis. Accounts of Activity Theory provided in educational and psychological literature (e.g. Engestrom, 2001; Leadbetter, 2004; Backhurst, 2009; Daniels, 2009) describe its development through three generations. A synopsis of this development is provided below.

The first generation of activity theory is linked to Russian social psychology and in particular to Vygotsky's notion of social mediation. According to which, when a subject acts upon an object, their action is mediated by social artefacts. For example, an Educational Psychologist may act upon a teacher with the intention of helping them to plan support for a child with reading difficulties. Their interaction may be mediated by psychological and educational discourse; the EP's consultation style and the kinds of questions asked by the teacher. This relationship is shown in figure 1.

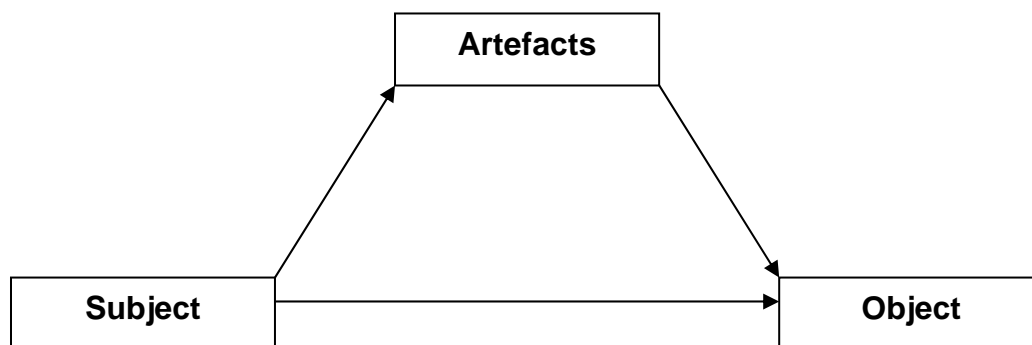


Figure 1, First Generation Activity Theory

Second generation Activity Theory, which is attributed to Vygotsky's student, Leontiev (Backhurst, 2009), makes a distinction between 'action' and 'activity'. 'Actions' are undertaken by individuals or groups, on objects, to achieve a goal. 'Activity' refers to

the collective actions of a community of people, working together. For example, a Social Worker may deliver a parenting skills course with the goal of improving a child's home environment, however, their action may contribute to the broader activity undertaken by a multi-agency team, which may have the broader goal of improving the child's educational outcomes. Because second generation activity theory is concerned with social activity, it includes three further elements: 'rules', 'community' and 'division of labour'.

- 'Rules' refer to the policy, procedure and constraints placed upon a person's actions. To continue the current example, the social worker may have been required to deliver a specified parenting skills course, rather than design their own, or may not have been permitted to share the content of the course with the child's teacher due to time restrictions.
- 'Community' refers to the individuals or groups who were involved in working towards the common goal. In attempting to improve educational outcomes for the child, the social worker may have worked alongside a teacher, a primary mental health worker and an educational psychologist.
- 'Division of labour' refers to the way in which actions were divided between members of the community. The social worker may have undertaken the majority of the work in the home, whilst the Educational Psychologist took responsibility for managing consultation meetings, and the teacher, pastoral support in school.

Second generation activity theory is illustrated in figure 2.

Third generation activity theory (e.g. Engestrom, 1999) is also concerned with the activities undertaken by communities rather than the actions of individuals or groups, but focuses on the process of social transformation. Within this framework, the tensions and contradictions within and between activity systems act as motivators for change. As shown in figure 3, the third generation of activity theory suggests that multiple activity systems can exist, all of which may act upon a shared object.

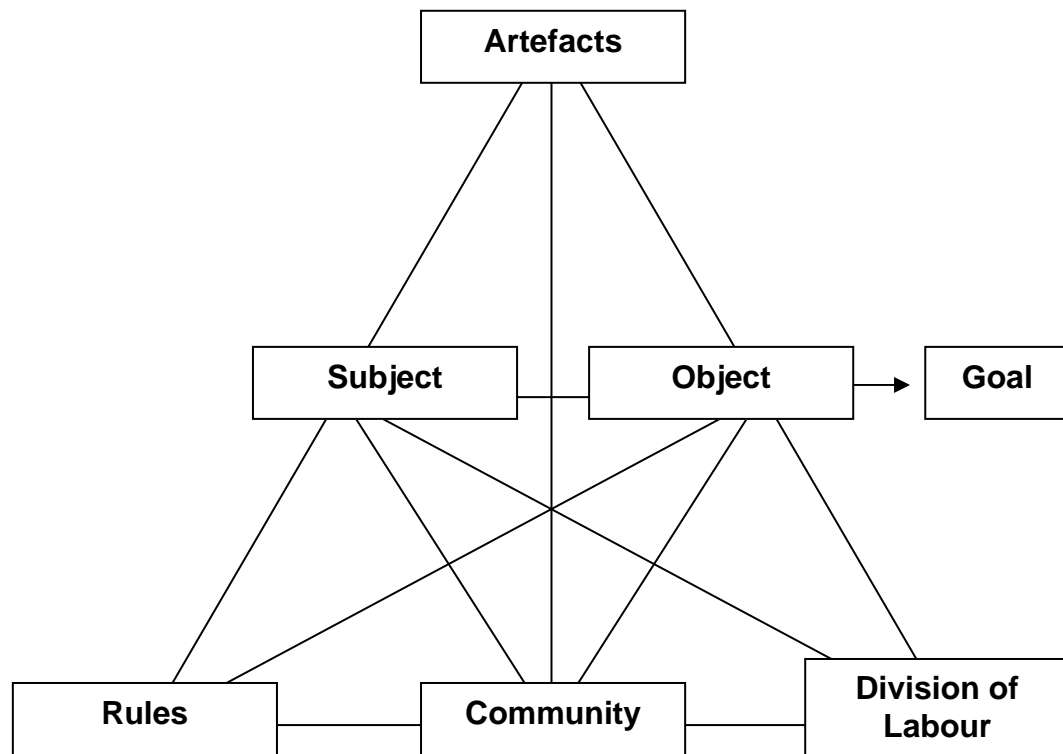


Figure 2,
Second generation activity theory

Activity theory has been criticised for attempting to provide a single theory of 'activity'. According to Backhurst (2009); this is a difficult, if not impossible task as the level of abstraction necessary to create a general theory of activity would mean that the theory possessed only negligible incremental validity.

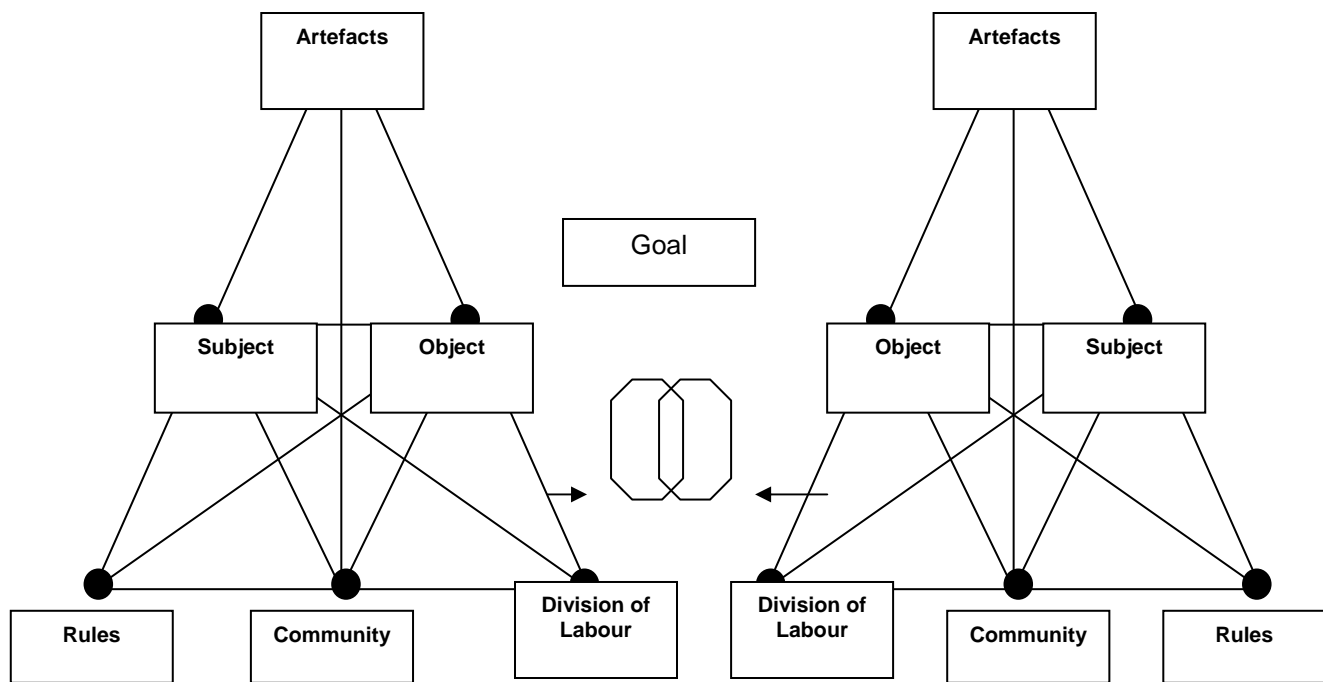


Figure 3,
third generation activity theory

Appendix 2: Contents of Participant Information Pack

Summary of the Interview

Two participants will take part in the interview, which will last approximately one to one and a half hours. The interview will be split into three parts, a summary of each is provided below.

Part 1

Your experiences of working in relation to mental health

During the first part of the interview, I will begin by asking you to provide an example of a piece of work that you have undertaken in relation to mental health.

I will then use an 'Activity System' to help you and your fellow participant to reflect more generally upon your work in mental health. The activity system will help you to reflect upon the following topics:

1. Your own professional identity
2. The people, groups or organisations that form the focus of your work in mental health
3. The skills and approaches that you use when working in mental health
4. The rules that shape the way in which you work
5. The other professionals with whom you work
6. The way in which work is divided up between yourself and these other professionals
7. The way in which you assess whether or not your work has been successful

The diagram attached to this sheet shows a completed activity system which lists the questions that I will ask in relation to each of the above topic areas.

Part 2

Your perceptions of mental health

During the second part of the interview, I will ask you and your fellow participant to describe what you think is meant by mental health.

I will then present you with a set of statements about mental health and ask you and your fellow participant to discuss the extent to which you agree or disagree with each of them, and why. These statements are attached to this sheet.

I will conclude by again, asking you to summarise what you think is meant by the term 'mental health'.

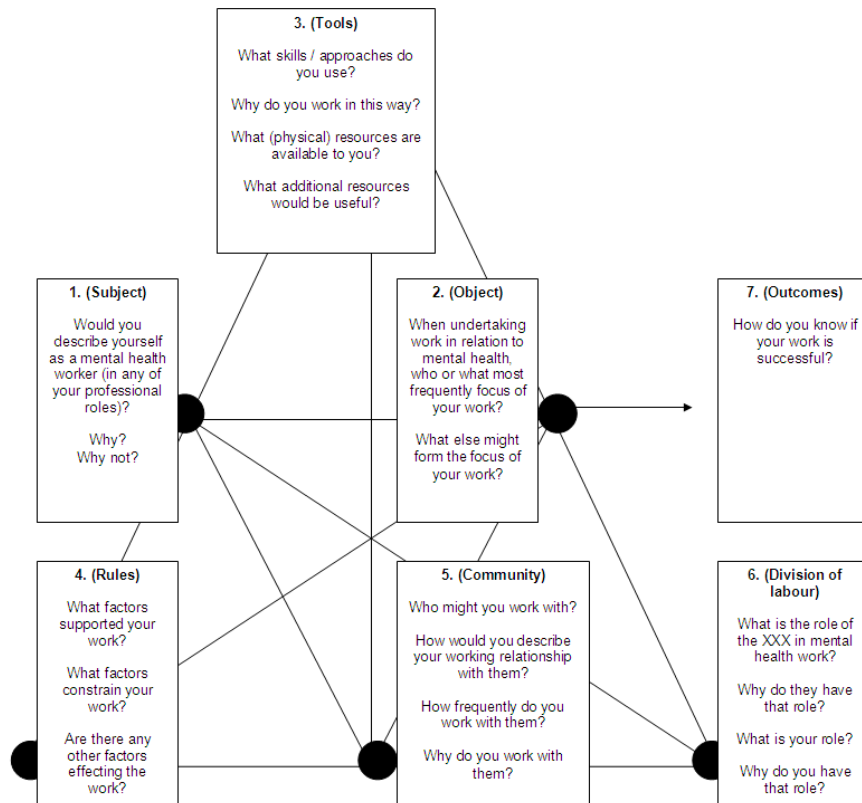
Part 3

The influence of your perceptions of mental health on your working practice

In the final part of the interview, I will ask you and your fellow participant to consider the ways in which you perceive mental health impacts upon your practice, with reference to the seven topics discussed in Part 2.

It is more important to focus on mental disorder than mental health.	It is more important to focus on mental health than mental disorder.
Mental health professionals should be experts, able to solve people's mental health problems for them.	Mental health professionals should only seek to empower people to make changes that they want to make.
A person's mental health is something that is wholly internal to them.	It is possible to talk about the mental health of groups, organisations and societies.
It is possible to objectively categorise and label mental disorders.	It is not possible to objectively categorise and label mental disorders.
It will eventually be possible to describe a person's mental health solely in terms of chemical and biological factors.	It will never be possible to describe a person's mental health solely with reference to chemical and biological factors.

I



[image of activity system information sheet]

Participating In Research: Frequently Asked Questions

What is the research about?

In the past decade, government policy and legislation has promoted multi-agency working as a means of improving services to children and young people, particularly in the field of mental health. Despite this, the extent to which effective multi-agency practice purveys services to children is debatable.

This research looks at one factor which may contribute to the effectiveness of multi-agency working; professional beliefs. In particular the research is interested in how individuals from different professional groups perceive mental health and how they feel their perceptions impact upon their multi-agency work.

Who is conducting the Research?

The research is being conducted by James Gillum, a Trainee Educational Psychologist, as part of a doctoral thesis. Mr Gillum's research is supervised by Dr Jane Leadbetter, a lecturer in Educational and Child Psychology at the University of Birmingham and Ms Sandi Cook, Acting Principal Educational Psychologist for Coventry Educational Psychology Service.

What will I be asked to do?

In this study, you will be asked to complete an interview (lasting about 60-90 minutes). You will be asked to talk about your professional role in relation to mental health and your views on what mental health is.

Am I obliged to take part in this study if I do not want to do so?

No. The decision whether or not to take part is yours. Also, once the interview begins, you are free to leave at any point and need not give a reason for doing so.

How will my comments be recorded?

The interview will be recorded on tape, and later transcribed to paper.

How will these records be stored?

Audio tapes and transcripts will be kept in a secure file at the researcher's home address. They will be destroyed after six months, unless the information is used to contribute to a publication.

If data from the interviews is used in the write-up of a published paper, then it will be destroyed five years after the paper's publication date.

How will the comments that I make during interview be used?

Information gathered through interviews will be used to describe the ways in which individuals from different professional groups perceive mental health and the impact that these perceptions have upon the work of mental health professionals.

What about confidentiality?

This research will be written up as part of a university thesis and will be made available to academic staff for assessment purposes. It will also be shared with other members of the local authority.

At a later date, the information gathered through interviews may be used to write a paper for publication.

Some direct quotes may be used when writing up.

Your name and the name of your service **will not** be used in any write-up and it will not be possible for naïve readers to trace any direct comments or data back to you. **However**, as only a relatively small number of professionals will be interviewed, others within your service may attribute (correctly or incorrectly) comments included in the research to you.

Will I be made aware of the findings of the research?

Yes, if you would like to learn more about the findings of this research, or about perceptions of mental health in general, Mr Gillum will be happy to talk with you. A written summary of the research will also be circulated to all participants.

..and if I would like to know more before completing the research?

Mr Gillum will be happy to answer any questions you still have.

James.gillum@coventry.gov.uk

James Gillum
The Educational Psychology Service
9 North Avenue
Stoke Park
Coventry

Autobiographical Information

Please complete this sheet before we next meet. If you decide to take part in the interview, the information on this sheet will be used during data analysis.

Name:

Current Professional Title:

(e.g. social worker, educational psychologist, consultant paediatrician, teacher)

How long have you been working in your current professional role?

Please describe briefly your main professional responsibilities:

How long have you been working in XXXXXXXX?

What professional and/or academic training did you undertake prior to beginning your current professional role?

What professional training / CPD have you undertaken whilst in your current role?

Did you work in a different professional capacity, prior to undertaking your current role?

Appendix 3: Interview Schedule

1. Review information from ethics sheet

2. Collect Autobiographical Information

3. Explain format of the interview

- Split into three sections, with breaks.
- Formal question structure.
- Exploratory research – no existing hypotheses.
- Encourage discussion between participants.
- Any questions?

Part 1

4. Examples of 'typical work'

"When we last met, I asked you to think of a piece of work, that typifies the kind of work you undertake in relation to mental health"

"Participant 1, would you like to begin by talking about your example?"

"Participant 2, would you like to describe yours?"

5. Activity system analysis

"I'm now going to ask you to think more generally about your work in relation to mental health.

I'm going to ask you a set of questions, using the activity system that I introduced to you when we first met.

I'd like you to discuss each question between yourselves and to try and give an answer."

Part 2

6. Initial perceptions of mental health

"When we first met, I asked you to think about what you feel is meant by the term 'mental health. I'd now like to invite each of you to share your thoughts.

"Participant 2, would you like to begin?"

"Participant 1, would you like to share your thoughts?"

7. Statements about mental health

"I'm now going to present you with some pairs of statements which relate to mental health. I'd like you to discuss your views in relation to each pair."

It is more important to focus on mental disorder than mental health.	It is more important to focus on mental health than mental disorder.
Mental health professionals should be experts, able to solve people's mental health problems for them.	Mental health professionals should only seek to empower people to make changes that they want to make.
A person's mental health is something that is wholly internal to them.	It is possible to talk about the mental health of groups, organisations and societies.
It is possible to objectively categorise and label mental disorders.	It is not possible to objectively categorise and label mental disorders.
It will eventually be possible to describe a person's mental health solely in terms of chemical and biological factors.	It will never be possible to describe a person's mental health solely with reference to chemical and biological factors.

8. Summary of perceptions of mental health

"We've now spent some time discussing what we think is meant by the term 'mental health'. Before we take a short break, I'm going to ask you again what you think is meant by 'mental health' and I'd like you to try and give a very brief summary of your views.

Participant 1
Participant 2"

Part 3

9. Influence of perception of mental health on working practice

Informally structured

10. Thanks and Questions

Appendix 4: Information for Observers

Thank you for agreeing to take part in the interview as an observer. This sheet will hopefully answer any questions you may have about the role.

What will I be asked to do?

You will be asked to 'sit in' on the interview and take note of the conversation that takes place between the two participants and the researcher (you may use a pen and paper if you wish).

You will be asked to focus on:

- what is said by the participants;
- the way in which it is said;
- disagreements between participants;
- contradictions, within or between participants' comments;
- whether or not you understand what is said (whether or not *you* think what is said is clear), and
- how you think the views expressed by the participants may relate to the views of other members of your service.

At three points during the interview, you will be asked to feedback what you have noted to the researcher. The participants will listen to this feedback.

When feeding back information, you will be asked to do so in an appreciative, constructive way and to avoid criticising participants or arguing against a point that they have made. You will, however be free to draw attention to areas of disagreement, or contradictions in what was said.

The two participants will listen to your comments and then be given the opportunity to respond individually.

Why include an observer in the interview?

As an observer, you will provide a reflective commentary on the conversation that takes place between the two participants, from the point of view of a fellow EP. Your commentary will help me to contextualise the conversation that takes place between the two participants.

What rights to I have?

You have the same rights as a participant; these are detailed on the 'Ethical Information Sheet', included in this pack.

Appendix 6: Interview Transcript

T.	Sp.	Comment	Code
	J	OK, erm, when we last met, erm, I asked you each to think about a piece of work that typifies the kind of things that an EP might do in relation to mental health. Erm, did you each have a change to think?	
	1	Yes	
	2	Yeah.	
	J	OK, I'd like to ask you both briefly, just to give a description of that piece of work. Who'd like to go first.	
	1	Do you want me to go first?	
	J	Yeah, that's fine.	
	1	Alright, um, I immediately thought of a piece of work that I did about 3 or 4 years ago now. But it was one that stuck in my mind. Which was some counselling for a boy in a primary school, who was in Year 6 at the time, who, um, and his brother had been ill with cancer for a long time and he had a few weeks to live so, so at the point at which I got involved, the little boy in year six was obviously very emotionally drained and his family were too. Um, and this was causing him difficulties behaviourally in school and the head wanted me to go in and spend some sessions with him talking through how he was feeling really, so that was my piece of...	Description of work. Single case. Family Bereavement. 'sessions' Behaviour in school.
	J	Thank you 1, 2?	
	2	Erm, something that I became involved with, again a couple of years ago was a youngster who I didn't have a chance to do anything therapeutic with, I was involved with the statutory assessment. It was a youngster who had been witness to his younger brother being murdered by a close, a close member of the family, when he was younger and he had significant emotional and behavioural needs. Which were, um, eventually reflected in his statement.	Description of work. Single case. Therapy. Bereavement – murder. Emotional and behavioural needs.
	J	Thank you 2. Right. I'm now going to ask you to think about the type of work that you might do as EPs more generally. And you'll remember the activity system that I introduced to you when we first met to discuss this...I'm going to use this to structure our conversation. OK. So my first question to both of you, and it would be great if you could answer these as you want to, in a discussion if you like, its up to you. First question: Would you consider yourselves to be mental health workers, either in your role as a link EP or in any of the specialist roles that you may undertake?	
	1	I suppose I think there's an element of that in all the work that I do, because in any piece of work that I'm doing, I'm considering the emotional wellbeing of the people that I'm working with. So that's how I view it...	Mental health in all we do. Emotional wellbeing.
	2	I, I would be inclined to agree completely on this, its almost to, I mean we take a global view of the youngsters we work with and its impossible really to divorce the emotional welfare of the youngster, I mean it may not be the prime area of concern, but its always sort of omnipresent irrespective of xxxxxxxxxx, I mean if its even things like self esteem and confidence, these are the sort of less severe end of emotional wellbeing in terms of, so yeah, its there at all times.	Global view. Pervasive. Continuum of mental health. Self esteem and confidence.
	J	Thank you both. I'd now like to think about what we, what we consider, when we're undertaking work in relation to mental health, what or whom most frequently forms the focus of your work?	
	1	I suppose its usually the children that we're working with, but then within that you'll be meeting with parents as well, so perhaps	Clients as:

		that's a close second and then often not within the same piece of work but it might that the emotional wellbeing of the staff comes into account as well, particularly if the child they're working with is particularly, has behavioural difficulties.	Children Parents School staff. Behavioural difficulties.
	2	Again, very similar. The approach that I have is, I find it helpful to remind myself that the primary client, the first, the client at the top of the pile, is always the child. There are secondary clients as well, although I'm not sure whether we should use the term 'client' [laughs] for everybody, erm, and that includes staff, parents, it could include SENCos and all other sorts of people. Erm, but the primary client is always the child. Hands down.	Child as primary client. Secondary clients: staff, parents, SENcos.
	J	OK. I'm just going to follow that up with another question, which you may have already this, but just to give you the opportunity, erm, what else could form the focus of your work?	
5.34	2	...well as you said, we've partly answered that already, erm, there's the secondary clients, but also that they might be being addressed through indirect means such as INSET, where the primary client hasn't been identified and there are times when if you like the secondary client becomes the main focus	Indirect means- INSET. 'Primary client.'
	1	And I've worked with erm members of staff within a school, just to problem solve about the sorts of issues that might be coming up for them in terms of stress or workload or... so that would be slightly different as well.	School staff. Problem solve Issues – stress workload.
	2	It's not always um, as I say when I use this primary client secondary client as a reminder to myself to try and keep things clear, its not always straight forward, just to give an example, you can be working with a special school for PMLD kids using Circles of Adults as a technique to identify things that we can do to help the child and through the same process, helping the staff who are having difficulties because of the way the child's presenting. So its kind of a erm systemic approach.	Not always clear cut – primary / secondary client. Helping child and staff. Circles of adults. Systemic approach.
	1	And also things arise incidentally don't they, if you try and set up a multi-agency meeting with professionals from another agency about a particular issue and a member of that team is experiencing stress, then quite often, probably because of the sort of people that we are, get involved in supporting that person and dealing with that scenario, within the building here, you know admin teams, you know, supporting one another emotionally.	Things arise incidentally. Supporting other staff. Stress. Sort of people EPs are. Admin teams. Supporting one another.
	2	A lot of its sort of unofficial.	Informal.
	1	Yes	
	J	Thank you. Moving on now to think about how you undertake that work. Um, first of all I'll ask you what skills or what approaches do you use in relation to mental health work?	
	1	Listening would be top of my list.	Listening.
	2	Yep, um.	Listening.
	1	PCP techniques I use quite a bit. With the children. A lot of drawing with primary school children I do.	PCP Drawing.
8.37	2	I use similar things, it much depends on the particular situation. The circles of Adults I use quite a bit, I'm not sure that's particularly, its not directly therapeutic I suppose.	Circles of Adults. Therapeutic.
	1	Is that a sort of solution focussed basis?	SFT
	2	Yeah	
	1	Yes	
	2	It's like circles of friends. Its exactly the same scale, its about getting people together and finding a way to tease through a problem and finding out how the problem effects them as well so	Problem solving. Listeing.

		that they know what they're bringing to the problem and how that's effecting things so it's a very interactive process on a wider level it can be all sorts of things, questioning, listening, we can use formal assessments as a way of...building confidence in a child, so that they are able to talk about their emotions. There's lots of discoveries and sort of indirect ways of getting the child to work with you about their emotions and so on.	Questioning. Formal assessments. Confidence indirect work.
	J	Thank you. Why do you use those approaches, why do you work in that way?	
	2	Laughs... they work... erm yeah, that's it I suppose I've found that they've been effective a lot of the time.	Pragmatics as choice for tools.
	1	I think also for me, the sorts of things that were promoted when I was actually training, doing my MSc, because PCP was something that I came across then and has sort of stayed with me.	Reference to training.
	2	And for me, systems theory, a decade or so before. Laughs.	Systems theory.
	1	Laughs	
	J	Are there any physical resources that you use?	
	2	Um, Butler's Self Image, erm, I don't use the v-steem, erm, Butler's is similar. Um.	Desc. Of physical resources.
	1	I mean if I was going for using a solution focussed technique, I would have those sorts of questions in front of me on paper, that's the sort of physical thing.	Informal resources.
	2	Yeah, I mean I've got a sort of standardised set of questions, pre, sort of written down before an interview with a pupil, because I'm asking the same sort of questions, or the same questions to different kids, frequently, it gives me a nice mix from which to compare, erm what is a typical response, what is a response that isn't typical? But that's just something of my own invention.	Informal resources. Standardisation. Typical response?
	J	Thank you. So. Thanks. Thanks very much. Ok. When we undertake work in relation to mental health, we do so within a service and that service is part of a local authority, and that's part of a national framework. So I'd like you now to think about the context in which you undertake your work in relation to mental health. Erm. The first question I'm going to ask is what facilitates, what supports your work within that context? It could be something within the authority, within the service, or at a national level.	
	1	Erm something that has been and will be there all the time is the sort of service ethos and our mission statement. It's something that prioritises emotional well being so for that reason, for me it permeates everything we do. And in recent years there's been a huge drive towards that area of work I think. So the understanding is also there now within the schools and within the local authority. And that wasn't the case before.	Positive service ethos. Emotional wellbieng. All encompassing. National legislative drive. Understanding in schools has developed.
	2	Yeah, I mean if you talk to staff in schools about emotional well being, they seem now to have a good idea what you're talking about. Rather than being a sort of mystery that the school has nothing to do with, it seems to be regarded as sort of part and parcel of everything that's come through nationally. Again and something I share with 1, the idea that as a team, we're good at supporting each other, we make it our priority.	Emotional wellbieng. Awareness in schools Change in awareness over time. National legislative drive. Service ethos – team.
	1	Yeah. And we've been enabled by the local authority to be directly involved in things such as the critical incidents, which we prioritise and we're a key player in responses to those. And also the multi-agency working that's grown up in more recent years and the new teams that are developing with reference to CAMHS in particular.	Local authority as facilitator. Crirical incidents. Key role of EPS. National legislative

			drive.
	J	Thank you. What factors constrain the work?	
	2	Erm. Time. It would be very nice to do more therapeutic work, erm it would be very nice to do some therapeutic work, but the way in which we're operating at the moment doesn't really allow for that.	Time as a constraint. Therapeutic work.
	1	Delegation has not been an easy way to work really, because it has effected the rigidity, to which we need to stick to hours with schools and you know, we've been short staffed for quite some time and that will have had an effect, and I suppose it's the priority that schools give to that level of work really, because quite often I'll be doing dyslexia cases first and the therapeutic ones later and that's not to say that emotional wellbeing does not come into it, into a dyslexia case, but that's the way it would be prioritised quite often within a school.	Time constraints. Staffing. Schools as filters? Prioritisation of EW work?
	J	Thank you. I'd like to think about the other people we might work with now, when we do work in relation to mental health. Who might we work with?	
	1	Erm, all the clients, so children, parents, staff, and er, professionals.	Clients, parents, staff, prof.
	2	Yeah, we're most likely to come into contact with other mental health workers in situations like CAFs, so not the best, not the best setting for problem solving, or as good as they could be.	CAFs not best forum for MA working.
	1	But that's a good forum isn't it, like you say, to meet a variety of different people, and often with looked after children as well, there might be professionals from other boroughs as well. So um that can be interesting.	Functionality of CAFs.
	J	What professionals might you work with in relation to mental health?	
	2	CAMHS, Social Care, The voluntary sector, um, trying to think, the councillors from time for you, although I don't get to work with them as often as I'd like, um.	Social Care. Councillors, Voluntary sector.
	1	One of the developments that I've really, if you like, enjoyed over the past few years, is the explosion in the number of learning mentors in schools. So I feel very privileged really to go and work with a lot of skilled mentors in a lot of the schools that I have and they would probably be linking up regularly with me in relation to these kinds of issues.	Learning mentors. As positive. Positive talk of other professionals.
	J	How would you describe your working relationship with CAMHS professionals?	
	1	I think often there's a restriction caused by time, so I wouldn't say that the working relationships are good, but quite often you can't get hold of somebody when you need to so, you play telephone tennis for I don't know, two weeks when whereas actually, the issue is something that you need to be tackling immediately. So that's hard, erm. And I suppose also, there can sometimes be that mixed opinion on what the issues are for the child. I can think of a case where you know, I was looking at the family dynamics as a priority and hmmm, the gentleman from CAMHS was thinking more around the disorder and the medication that needed to happen. That was quite awkward, but we had an open and frank discussion about that, so that was really helpful.	Time limitation. Tension in CAMHS relationship. Telephone tennis – difficulty contacting other Ps. Difference in MH understanding between EPs and CAMHS. EP – family CAMHS – medication.
	2	Erm, at the risk of being negative, I don't think the working relationships with CAMHS are very good. For as variety of reasons. Erm, differences of professional practice, er and diagnosis as well as the base of those problems, its not, erm I don't think it's a very good situation at the moment.	Tension in CAMHS relationship. Diagnosis.
	1	And there's lots of pragmatic things as well, about them being clinic based and us going, going out to see the clients and that creates difficulties and perhaps in the ways we view things I	Clinic vs community. Different views between EPs and

		suppose.	CAMHS.
	2	That was one of the things that I was alluding to, I mean diagnosis based on seeing kids in clinic without the context of the child in family and school aren't always, don't always seem to be accurate.	Diagnosis – validity of CAMHS clinic based.
	1	Although that wouldn't be the protocol we've got now for Social and communicational difficulties, that's being helped because they are taking into account the information provided from school. I've had some positive experiences with that. It seems to work. Its good.	Positive relationship with CAMHS.
	J	Social Workers. How would you describe your working relationship with social workers?	
	1	Erm	
	2	Biggest constraint is being actually available to make contact with. Its fine when they make contact, I suspect that they are extremely time pressured and that they're unable to attend CAF meetings where they are supposed to attend and they often don't. I think that's a systemic, er... a problem with staffing or something like that. I don't think its anything individual or anything like that, that's the biggest hurdle, but when I do work with them its great. It's just not as often as I'd like it to be.	Time constraint. Relationship with SCH. Personal vs systemic.
20.20	1	I think the staffing issue's been there for such a long time. We talk about our service being short staffed but actually the short staffing in social services is chronic isn't it and that's been the case for many years. And also I think, they've had a lot of issues around teams changing. And cases being passed between teams, particularly for looked after children if they move home address and that creates further difficulties for them. I suppose what I've always struggled with is that if I've left a phone message, I respond to the message, I respond to the message as soon as I can, but that doesn't seem to be the case with social workers. I guess you were just saying, that's, that's because of their case load and their time limits. But on a positive note, working with looked after children, because there's been more of a push recently towards dealing with that, things are improving and social workers are making more of an effort to get to those meetings for those children within schools, so that's good, it's getting better.	Relationship with SCH. Staffing. Consistency of staff. LAC. Phone messaging. Improving relationship with SCH. National legislation.
	J	Thank you, and learning mentors.	
	1	I love working with learning mentors. I think a lot of my schools have got them actually, I know that's not the case across the whole city, but, erm, I think they're a very valued group of people. Erm, and I know that their training has been good in C and also that they support one another and that they share a lot of ideas and resources between them. Erm, but yeah, certainly within my schools I can see what a positive impact they're having on the emotional wellbeing of the children in the school.	Learning mentors. Positive relationships. Training. Ideas and resources. Emotional wellbeing.
	2	mmm. yeah, I would share that for the most part, I've got one distinct exception to that case, but I think that's always potentially the case isn't it. But for the most part they're really useful people to deal with, they do a terrific job.	Learning mentors – exception to positive relationship. Positive relationship.
	1	And they know the children so well.	
	2	Yes.	
	J	What's the role of CAMHS professionals in mental health work..... Sorry, what do you consider to be the role of CAMHS professionals in mental health work?...	
	2	I'd have thought that one of their, like us they'd have many different roles, one of those would be involved in diagnosis. The other in providing therapy, and I'd have thought, my expectation, my hope would be that the main area of their work would be in providing therapeutic services.	EP role multifaceted. CAMHS role – multifaceted. Similarities EP CAMHS.

			CAMHS – diagnosis, therapy.
	1	I think sometimes its driven by specialisms within CAMHS though, rather than responding to city need. It might not be particularly politic for me to say that. But I've, I worry about that.	CAMHS meeting city need?
	2	Yes.	
	J	And social workers within mental health, what's their role?	
	1	Well they're the people that quite often are able to influence the more pragmatic side of things I suppose, I'm thinking about, you know, a situation between family members in the home, um, and supporting a family practically, in order to improve their mental health. Um, there are quite a lot of family workers now across the city, which is really of benefit	Social workers – pragmatic role. Mental health requiring pragmatic – environmental changes.
	2	I can't really think of anything to add to that.	
	J	Um, OK and learning mentors?	
	2	Providing a safe, secure, adult base... in a nurturing role, first and foremost, and	Nurture.
	1	It's the essence of their being their really, responding the mental health needs of the children in the school and I think often for the staff there too, I think they often see them as a person they can turn to and open up to.	Supporting staff and students. Being able to open up to.
	2	I think that when they're good and the majority of them are, they're able to support staff as well, you know, so they themselves, rather like us, have got primary and secondary clients. and I don't know of any instances, but my guess is, that they can offer similar support for, guidance for, parents as well. Don't know about that... in an ideal world.	Primary secondary clients. EP LM similarities. Parents.
	1	And they often have very good links with social care actually. I think quite often if I need to speak to a social worker and I'm not being, I'm not able to, then I will try and go through my learning mentor in order to get in touch with them, erm because they are frequently on the phone to them, talking about issues within the home and sharing things with the education welfare officer perhaps or	SCH LM relationship. EP SCH relationship difficult. EWO.
	2	Yeah.	
	1	They've got good links.	
	2	Yeah, typically, they've got good relationships, although the other agencies might be strained.	
	1	Yeah, they sort of straddle that home school interface really successfully I think.	Home school interface.
	2	Ok and finally, how do you know if your work in mental health is successful?	
	1	Smiling	Smiling as a positive MH indicator.
	2	Everyone's happy.	Happy.
	2	Erm, I suppose it's a matter of feedback from schools about how a pupil is getting on	
	1	Yeah...yeah...	
	2	There are formal monitoring systems but they are handed over to, ownership is handed over to the school, except in cases of kids with statements, I think the form of, the main monitoring is not carried out by us but for the whole, we would, I would find out through, indirectly, I actively would pursue, I would be asking about a child who I'd had involvement about.	Difficulty getting feedback. Informal feedback.
	1	Yeah, I think there is a lot of that verbal information passed back to us. I think part of that is the way C is as a small city as well,	Informal feedback
	2	Yep.	
	1	You do hear about things, even if you've done a piece of work in a	Informal feedback.

		different school that's not yours, you will hear on the grapevine how things are going and then go and check things out, and then through the review procedure that we have in place, so we have an opportunity on a more formalised level to find out. But um, I think I'm probably not great at looking at the outcomes generally, there could be evaluations or something. I think we used to have it, we used to try and build it in more formally in the service, but its something we seem to do less of now.	
	J	Thank you, I'm going to ask O to feedback now.	
	O	OK, so I just made some notes about some of the main themes really, because although I. I was meant to be focussing on any disagreements of contradictions, I didn't feel there were any really, through your discussions really, I felt.	
	2	Yet.	
	O	<p>Can't wait for the next one, but it seemed to be shared and I don't know if that's because of the whole service agreement, that we're working towards a very similar model, but erm, yeah, so some of the main points I picked up were:</p> <p>Mental health is omnipresent, so that's something that you felt it didn't feel like it was a separate concept that we were working towards as part of what we do, in everything we do, do you, erm, what else was there?</p> <p>There was some focus, about a therapeutic link with mental health, and I didn't know whether that was a way of measuring out involvement. As to whether we felt that we kind of had to expressively do some kind of therapeutic input with them to say that we had been involved, and I didn't know whether that was something where we were kind of linking with the medical model when we doing that, whether we felt that we had to say that we'd done something working with these children, and I didn't know whether that was anything that anyone had any ideas about, but that was just something I picked up on. Was it a way of our providing a measurement of our involvement? I didn't really know...</p>	<p>Mental health is omnipresent.</p> <p>Therapeutic work.</p>
	J	Shall we move to them to answer that, and come back to you...	
	O	Yeah.	
	2	I don't think that therapy is a way of measuring our involvement, but its just that there are some cases where we are well placed to be offering some sort of intervention and I don't get the chance to do so very often, it's a rarity, but to do so, it tends to be a referral onto people like time for you, or TAMHS or er...	<p>Therapeutic work – time pressure.</p> <p>TAMHS</p>
	O	And would it quite often be linked to a mental health concern that you had?	
	2	Yes. Yeah it would.	
	1	So we're, because we're used to working consultatively, so having those therapeutic instances of work, it provides us with a greater richness in a sense, because we are more involved with the child for a longer period of time, so, I think that's probably why we focussed on it, I think.	<p>Consultative working.</p> <p>Richness of therapeutic work compared to C.</p>
	2	It would be nice to do, if we had the luxury, the time to do it.	Time constraint.
	O	Ok, so stressed throughout there, was there's an element of mental health in everything we do. Erm, and it was interesting that we were so aware of the multi-systemic way in which we work, and although we were talking about primary and secondary clients, its, it's the secondary that encompasses the whole kind of myriad of people that we're aware that we're working with and I think that kind of links into the kind of tools that we use, because although when we're asked about what specific tools do we use, its difficult to identify the specific psychology or the specific questionnaire that we use and I didn't know whether that was	<p>Mental health in all the work we do.</p> <p>Difficult to ID specific psychology.</p> <p>Flexibility of practitioners.</p>

		linked to the fact that we do adapt ourselves more, you know, we're not necessarily working from one specific model, we kind of take a whole tool box with us and we use that to meet the needs, rather than them coming from one specific...	Psychological model. Individual needs.
	2	I think you're probably right.	
	0	Because it came through a lot in the.	
	2	I think we, we all do different things and I think we're also, as individuals, probably very flexible, we have to be.	Individuality of EP practice.
	0	I thought that was really interesting.	
	2	If you only did that that and that..XXXXXXXXXX	
	0	But I thought that was a really positive thing that you know, that we're doing. Erm. And again that linked into tying it in with our training, what our roots were, that one, so the systems work and the PCP. But also, I thought there was an underlying theme of a lot of responsibility to a lot of people in everything that we do, erm, and our awareness that our involvement impacts upon many and our responsibilities to all of them is unofficial, and I didn't know how that fits on us as a pressure in a way that is unique in our role as an EP?	Training. Responsibility.
	2	I don't think its common to us as a profession, I think its common across any caring profession. Er and yes, I think it does impact upon us.	Similarities between EPs and other professionals.
	0	In our own mental health? Would you say or...	
	2	I think...well...potentially, yes. I think, we're as a team in C, very good at supporting each other.	
	1	Yeah.	
	2	I think if we weren't things might be very different.	
	0	Erm, and time constraints (laughs) the only really negative thing that came out of all the discussion and it wasn't, it was really focussing on the time constraints. Erm and how we find it not easy to perform to not the best model of, but to have those therapeutic inputs, to be able to stretch our spectrum of work, so that was really the only negative thing. That came through in all of that. One of the interesting things that I did pick up on was that when we were talking about other, other professionals, camhs, social workers, learning mentors, it was interesting because similarities were drawn between the role of CAMHS and they linke I say, have many different roles and the role of learning mentors, but no similarities were drawn between us and social workers, and I didn't know if that was a, subconscious thing (laughs)	Time constraints. Therapeutic input. Comparisons to other professions.
	1	I don't know, that's probably really unfair to social workers, isn't it, but I wonder whether we could justify that by the fact that we haven't got a huge experience of them because there aren't enough of them to see.	Lack of relationship with SCH.
	2	Its, at the risk of being contentious, when you're always being told that there will be someone from social care at a CAF meeting, and I've never been to a CAF meeting where there has been anyone there, its difficult to have a positive view. I can empathise with their time constraints, but they apply to everybody.	Negative SCH experience.
		END OF TAPE – END OF PART ONE – BREAK	
		NEW TAPE – START OF PART TWO	
	J	Right, um thank you very much, and welcome back. You'll remember when we first met, I asked you to think about what you thought was meant by the term mental health and I'd like to begin this section by asking you each to give a brief description of what that term means to you.	
	1	Erm, I was thinking around something to do with somebody's emotional wellbeing, and the match between that and the tools and resources that they have available to manage that, and those,	Emotional wellbeing Tools and resources Environmental factors

		the interplay between those two things.	
	2	I've got a similar view and that is the ability of a person to be able to meet with and deal with the emotional demands that would face them on a day to day basis, and erm be able to cope with them effectively and without resorting to strategies that are harmful to themselves or others.	Day-day basis.
	J	Thank you both. What we've got here are a series of statements about mental health, they're arranged so that they're opposites. What I'd like you to try and do, is to agree a point oin this line, where you think your views lie. And I'd like you to have a discussion about that. And you can use that [COUNTER] to mark where they lie.	
	1	[construct 1] So we've got 'its more important to focus on mental disorder than mental health' and then at the other end of the pole, we've got, 'its more important to focus on mental health than mental disorder.'	
	2	That's (2) the nice politically correct one, but its to some ext... I would kind of hover about there.	Mental health as politically correct.
	1	mmmmm.	
	2	Because to deny that, denies the reality that some people have serious mental disorders, its just not real.	Existence of mental disorders.
	1	Yeah... that all mental disorders are impacting upon	
	2	That's kind of where it would be nice to be, but the reality is that not quite that straight forward.	
	1	Yeah that's good.	
	2	/Moves counter slightly towards pole 1./	
	1	Laughs	
	2	Laughs	
	J	Ok, that's about point nine. (turns page) Ok, and if you have a look at this one.	
	1	OK 'mental health professionals are experts able to solve other people's problems for them.'	
	2	Well, I don't think anybody can solve somebody's problems for them, they can facilitate. But 'can only try and empower people' I think that, equally, underestimates the skill that people have as facilitators, I think its kind of possibly thereish.	Skill of mental health professionals.
	1	Why haven't you put it any closer to that end, what are you thinking of here? Are you thinking about medication maybe?	
	2	I'm thinking about medication and I'm thinking about. I mean we're not just talking about kids here are we?	Medication
	J	No	
	2	Well. I may... I'm thinking back to an occasion when I visited a, the only facility for mental health facility for children who were deaf, in the country, and the prevalence of things like schizophrenia and really serious psychoses, and these kids had done nasty things like murder other kids, and this was a facility in Manchester, erm, but they're a rarity... I think its not so much moving towards that, as moving away from 'can only try to empower people'. I think we do more than that.	Labelled disorders. Skill of professionals
	1	Mmm	
	2	Its not, I think if we remove the 'solve people's problems', but we are to some extent experts, or have a body of knowledge, a body of experience and some tools that can facilitate. That kind of suggests that we haven't got much to offer. We can only empower people. That's the side of the old... counselling model, the Rogerian kind of view, and my professional view is that it's a load of twiddle, you need to do slightly more than just listen to somebody.	Mental health professionals as experts. Ref to psychological model.
	1	Sure, and you're also, sort of, I guess alluding to working with other professionals and altering more physical things like working with social care and	Physical environment and mental health.

	2	Well yeah... working with the physical environment that people are in as well. Not a... not a straight forward.	
	J	Ok, happy with that? that's about seven and a half.	
	2	Yep.	
	J	OK, /turns page/	
	2	Laughs. OK, Its your turn.	
	1	OK, laughs... .. OK well I would frequently talk about the mental health of groups and organisations and societies as well as individuals. Erm...	Mental health of groups.
	2	At the same time, there are occasions when a person has quite serious mental health issues and as far as they're concerned those (groups / organisations / societies) don't even exist.	Mental health of groups. Continuum of MH with some serious disorders
	1	OK, biological, chemical, sort of...	
	2	Yeah. Serious depression, you know. But both of those are entirely true at different times.	
	1	mmm. its difficult isn't it, because its almost like they're not quite.	
	2	I'm sorry but I don't think they're on a continuum. There we go, finding fault. Questioning. Psychologists do these things. Yeah, I'm not sure they're on a continuum.	Role of EP.
	J	OK, how would you like to proceed?	
		A person's mental health is something that is wholly internal... no it's not always but sometimes it is.	
	1	If it said that mental health is something that is entirely personal, then we could just put that there. But it doesn't say that. So I'm a bit confused.	
	2	Yes its possible to talk about mental health of groups, and	
	1	Can we not just put it in the middle? Because that's just complete fence sitting then, so we're not hedging our bets.	
	2	Yeah.	
	J	Thank you. There's the next one.	
	2	Reads statements (inaudible)	
	1	I think objectivity is extremely difficult to arrive at within mental health.	Objectivity and mental health.
	2	And very dangerous as well. Its one of the main criticisms that I've got of CAMHS.	Criticism of CAMHS
	1	mmm. often once you think you have got some objectivity, a few weeks down the line, you've, there can be sort of changes and you're not sure.	Fluidity of MH.
	2	Well that's right and you're stuck with labelling theory and all that nonsense. People are complex, changing things and I would err heavily... I think trying to identify is helpful, but its very hard to do objectively.	Complexity of people. Objectivity
	2	And so I would err in this direction, not totally, but pretty much towards there.	
	1	And I can think of situations where diagnosis has actually helped a person,	Medication as +
	2	And I can think of situations where medication has very clearly been a solution.	Medication as -
	1	Yeah, I can too.	Medication
	2	There are lots of situations where its not. So what would we like for here?	
	1	Erm, more on the right side, but not too far.	
	2	About there.	
	1	Yeah, that's fine.	
	J	About seven or eight.	

	2	Yep.	
	J	OK, this is the final one.	
	2	Reads statements (inaudible) oh, you've been reading too much science fiction. 'yes I need drug C today, I'm feeling.....'	Disagree with reductionist view.
	1	I really can't imagine a time when science is going to be so knowledgeable that	Disagree with reductionist view
	2	I find it depressing that it ever would be so.	
	1	Ok, yeah.	
	2	Because we're going to be reduced to machines at that point, worth nothing more than a collection of neurones. No, it will never be possible. I would live in the fantasy world of no absolutely never be possible.	Disag reduc.
	1	Yeah I think.	
	2	I'm sticking my neck out.	
	1	There are too many complicating factors aren't there.	
	2	I think it would be an undesirable state to be in as well.	Underirability of reductionist view.
	1	Yeah, not soely in terms of	
	2	Even the politics and all those sorts of things out to one side, with sole reference to chemical and biological factors, can they really account for social and interpersonal, you know and the fluid changing aspects of a person's life? Like a bereavement? I don't think they can.	Fluidity of MH Environmental factors.
	1	Some of them are just too subtle. But you know, years down the line, we might be proved wrong, there might be amazing advances in neuroscience.	
	2	I probably won't be around when that happens, so I'll settle for there at the moment.	
	1	Yeah, that's fine.	
	J	So that's within the box then.	
	2	Within the box, within the zone (laughs)	
	1	Laughs	
	J	OK, I'd just like to finish this section by asking to two of you again, to give a summary of your view of mental health.	
	2	OK, its, ok, it's a terribly complex field, and I think mental health, our surface use of the term, wellbeing is highly preferable because the issues, whatever you might want to call them, effect, affect, I better use the term carefully, every single one of us, both as professionals and as clients. I think we should know best, or better than some perhaps, as psychologists, the importance of emotion in every aspect of development.	Complexity of MH Choice of terminology – EW over MH Role of Psychologist as expert?
	1	I was talking about the interface, wasn't I between a person's emotional state; where they're at and the resources and tools they have to deal with that and bringing into that, the innates and also the previous experiences that person has had, so that's part of their toolkit if you like, even though a lot of it is probably subconscious.	Interaction between emotion and environment. Tools
	J	Thank you. Over to 0.	
	0	Lovely, I didn't pick up on as many things in this one, I think because you just discussed it so well throughout all of that and you were open with that, but it was interesting because I think as we went through, there were some key roles that I think linked in with the definition of mental health, but also specifically without role, which is a role of facilitator and engaging with other professionals and erm, to support all the members, but in particular the individuals that we're working with. And that mental health is a complex and changing thing that effects us all to different degrees at different times and that you simply cannot account for the social, emotional and interpersonal impact upon a	Open discussion. EPs supporting other professionals. MH as complex and fluid Flexibility of EP role.

		person's mental health. I think throughout all of that, and I think it again reflects out role, in the fact that we are adaptable, and we are flexible, and we are aware that it can impact at so many levels at so many different times. And I think that kind of came through in everything that you were saying. So it was really interesting.	
	J	Any response to that?	
	1	I mean, as we were going through, I was just imagining how the conversation would have gone if one of us had been sitting opposite somebody from the NHS. How easy it would have been to arrive at those decisions, because,	Opposition to NHS / Medics.
	2	I don't think we'd have been in agreement at all.	
	1	And would they have been in the box at the other end of the pole on that last one.	
	2	Maybe	
	0	Are you going to be doing this with...	
	J	Hopefully.	
	0	Because that would be fascinating.	
		END OF PART 2 – END OF TAPE – BREAK	
		PART 3 - NEW TAPE	
	J	OK, thank you again, in this section we're going to think about how our understanding of mental health impacts upon the way in which we work. And we'll use the activity system again, to guide the discussion. Erm, I'll ask you a question in relation to each of the elements of the activity system and if you guys could discuss that question amongst yourselves, then that would be great. First question I'll ask you, is how do you think your personal understanding of mental health fits with your role, your professional role, as an EP?	
	1	I think it fits very well actually, erm, because it is a holistic view of mental health and its about the emotional wellbeing of the whole person in the systems in which they exist. And that's, that's how we approach all our work, in a holistic way, we work generically.	Holistic systems view of MH. Fit with EP role.
	2	I think its quite, I think emotional wellbeing is a part of every other aspect of a young person's make up	Holistic view.
	1	And we've talked about sort of whilst understanding the uses, in some instances of diagnoses and medication, but we're not actually in the business of diagnoses abnd medication.	Medication and diagnosis. EP role.
	2	And for the most part, and possibly because we're not involved in them, I'm not sure I see them as being that constructive. Except in some unusual circumstances, where the term mental disorder might be used as opposed to mental wellbeing. Whereas mental well being remains an important aspect for all kids, I mean, I'm just thinking about, I don't think I've ever written erm, a report, however casual a report is, without making some reference to self esteem or self confidence. These are core aspects of emotional wellbeing.	Distinction between emotional wellbeing and mental disorder.
	1	Even though what I might be being asked about is the kid dyslexic? Which is primarily a learning, cognitive difficulty.	
	J	OK. How do you think your understanding of mental health fits with the way in which you work? The skills you use? The approaches you use?	
	1	Erm, again, its something to do with that holistic view and that flexibility and that way that we, so rather than being based in a clinic and having a box of things that we are definitely going to do with each person who comes in, we're going out to work in the community and specially selecting the tools that we're working with according to the need of the people we're working with.	Holistic view of MH Child lead assessment, rather than tool of Prof. lead. Community vs. clinical practice.
	2	Yeah, and its also I mean, thinking about specific activities like observation, in a classroom, we're looking at how a youngster	Social Environment

		interacts with others. Their social confidence, its all part of mental wellbeing. So the tools that we use fit with my understanding of what mental health is, quite effectively.	
	J	Thank you both. How do you think your understanding of mental health fits with the person or thing or level which you work with when you do undertake work in relation to mental health?	
		I can try and explain that better...	
	2	I'm not sure I understand that.	
	J	So, you could work with individual children, you could work with teachers, or with staff in a service, you mentioned about delivering inset at a systemic level, so lots of different levels at which you can work, in relation to mental health. Do you think your choice of what level to go in and work at is influenced at all by your understanding of mental health?	
	2	Oh, very much. Certainly my understanding is that it is a kind of global, all encompassing thing that effects every other aspect and every other aspect effects mental well being. Erm, it influences strongly whether I'll be working with an individual or be thinking would it be a useful idea to get a group of people together and do circle of adults or whatever. There's a very close link there.	Pervasive view of MH. Fit with role as EP. Flexibility of view and practice.
	1	So, we're able to respond to whatever those needs and demands are, because we're flexible in the way that we view it.	Contrast to CAMHS – Specialism lead?
	J	OK, moving on to thinking about the context in which you work, the authority, the service, the national frameworks, erm, you've mentioned before about the ethos of the service, you've also mentioned about time as a barrier, I'm wondering how your understanding of mental health fits with those.	
	1	Um.	
	2	I think where time is a barrier and where it might be nice to try and do some therapeutic work, I actually, its not often that I think that, there are bits of work where I think I would really like to follow that up, but they're a rarity. The inflexibility of the way we work timewise at the moment, prevents that from happening. I don't think it would take much flexibility for that to be taking place, and I do know that in these therapeutic interventions by EPs do take place in other authorities. I don't know if its just that we don't do it here. We've got a model which doesn't allow us the degree of flexibility, there isn't a box to tick for that on our timesheets so to speak.	Time constraint. Therapeutic interventions. EP role. Rigidity of service work.
	1	But as we said earlier, a lot of that sort of support and work is informal as well. Which is built in as we go along. But I think although those time constraints are real, the move towards, in recent years a greater understanding of mental well being and schools putting in more systems to respond to that I think has helped, so maybe whereas ten years ago, I would have been very concerned about not being able to respond to a piece of say bereavement care within a school, I know now that there will actually be other services that can pick that up.	Informal support. Mental wellbeing. Time constraints. School – capacity building.
	2	Its not as if you're saying: you will get nothing.	
	1	Yes. So I feel reassured by that.	
	J	OK, and how does your understanding of mental health fit with the role you take as part of a multi-agency team?	
	1	I think most of the time I feel as though probably, I'm on the same wavelength as people around emotional wellbeing I think, as we were saying earlier, where there might be some conflict is where we're working with people within the medical profession really and I guess I haven't really had an awful lot of experience of that to know exactly, but yes, I imagine that would be a bit more difficult because its likely our concepts would be different, erm,	Comparison to other MH workers. Comparison to medical profession.
	2	I think for the most part I agree.	
	1	And I think it goes back to that point I was making earlier about	Flexible model of EP

		our model of mental health being very flexible and all encompassing, so we're more likely to hit agreement with a wider number of people, I think, for that reason.	MH model. All encompassing.
	J	Just finally, how do you think it impacts upon how you view successful work? Do you think your...	
	2	Oh god, enormously.	
	1	I think we're quite lucky really, because um of the way we approach it, the way we view it, it means that very small successes are recognised and we're not looking at a cure in inverted commas, but at progress in small steps.	Purpose of work – improvement not sure Small steps
	2	We're not aiming for perfection, we're aiming for a move towards change that we do xxxxxxxxxxxx and every now and again, it is, it tends to be very rare, but occasionally, we'll get feedback from a school or from a parent, or occasionally from a kid, and they'll say that kid may still be dyslexic, or they may have, I don't know, but they're happy now, things have changed for them. And what's changed is about their mental well being primarily and that's when you know something has happened. And its nice to know you've been a part of that, it might have just happened anyway, but I'll take the credit anyway, if its good (laughs).	Happiness as an outcome.
	1	Something about that solution focussed and optimistic approach that we have, which enables things to move on.	Solution focussed optimism – EP qualities.
	2	Every now and again there is a definite success, and its worth plodding along for that reason alone.	Difficult to SEE success?
	J	Thank you both, over to 0.	
	0	Over to me. I'll start with the last point, which I think was most interesting. Erm, again, it was the holistic view of mental health, being part of an individuals make up so its not separate its part of and all encompassing in everything we do. And the fact that we're not necessarily involved in diagnosis and that diagnosis may not necessarily be constructive. So I was just wondering, if you were to think back to whether that made you want to do this job, do you think that maybe that's what encouraged you to become an EP?	Holistic view of MH.
	2	No.	
	0	No?	
	1	I wouldn't have really thought about it.	
	2	I don't think that I would have understood the, all the complexities of the arguments at that time, so	
	0	So its evolved over your practice.	
	1	But it fits in with me as a personality I think. This not wanting to pigeon hole.	Evolving view.
	0	Yes. Yes.	
	2	It fits with me as a person but it wasn't a conscious decision making process. Its evolved over time.	
	0	Its interesting that though. Again, the tools we've used, our understanding of mental health, that we're flexible, the changing dynamic, influenced by external factors, the fact that we have a choice reflects our understanding of the multi-systemic flexible approach. Erm and then there was this last point that I found really interesting, the fact that what came back through all of this was that we are flexible in our approach and I felt that it linked and that we test our hypotheses and I think that's something that is quite unique in our role, that we do hypothesise and we do, if we're brave enough, say to schools, I don't know, but ltes try this, lets see if it works, lets see if it effects a change, a positive change, and I don't know nif there are many professionals who could get away with being open.	Flexible, systemic approach. Hypothesis testing.
	2	I suspect it is a reflection on us that we are confident enough to be able to take that risk, lets test this out. The medical profession for the most part, I think are too insecure to say lets experiment, lets	Confidence of EPs. Comparison to medical

		test these theories.	profession.
	0	<p>On a personal level, I must say that's been one of the things that really changed my practice from when I was a trainee thinking oh god they're going to expect me to know the answer, and I think I've evolved and grown stronger, because I will quite happily say, we've got to try this because I don't know the answer to this but we need to be looking to see whether it effects positive change and I thought that was really comforting to know that this is our approach and you know this is how we think and feel. So and I think that solution focussed you said, that optimistic approach and it was just what you said 2, about when you said 'this child still might be dyslexic, but he's happy now'. And that for me summed up everything we do in terms of mental health and mental well being. That's what we're seeking really, that there is a contentedness, wellbeing with all the children we work for, even if we're being called in to work with this child because he's dyslexic, you know. So I thought that was really lovely, lovely questions and lovely discussion that came out of it, pretty affirming.</p>	<p>Hypothesis testing</p> <p>Professional development – views.</p> <p>Optimism SFT approach</p>

Appendix 6: Questions asked in Relation to Activity Theory

