

VOLUME 2:

A COLLECTION OF PROFESSIONAL PRACTICE REPORTS

By

Katherine Margaret Callicott

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CHAPTER 1:

INTRODUCTION TO VOLUME 2

This volume constitutes the second part of a two volume thesis, forming the written requirements for the Doctorate in Applied Educational and Child Psychology at the University of Birmingham. This volume includes three professional practice reports completed during fieldwork practice, reflecting both the service context and my own professional interests as a trainee educational psychologist.

The introductory chapter provides background information concerning my employment as a trainee educational psychologist within Birmingham Educational Psychology Service, introduces the three professional practice reports that follow from the introductory chapter, reflects on my professional development to date and concludes by considering future research possibilities and developing special interests.

1. Background information

One of the requirements of the three-year taught doctoral course was to gain employment within an educational psychology service in year 2 of the course in order to undertake a continuous period of supervised professional practice for years 2 and 3. I was able to gain employment with Birmingham Educational Psychology Service, a large service based within the West Midlands.

Birmingham has a population of around 1 million. I worked within an area south of the city with a lower percentage of ethnic minority residents relative to other areas within Birmingham (94.4% white) but higher levels of unemployment (22%) and economic

deprivation (63% in the lowest 40% most deprived areas in England) (statistics obtained from Birmingham Economy, 2011).

Throughout the three years, my independence and responsibilities as an educational psychologist have gradually increased; from observing my supervisor, to joint visits and collaborative work, to being the named 'visiting educational psychologist' for seven schools, negotiating my own casework and arranging development work within schools.

I joined Birmingham Educational Psychology Service (EPS) at a turbulent time of change. When I joined, Birmingham EPS used a consultation model of service delivery, where visits to schools were arranged flexibly according to local need and where the use of individual psychometric testing was discouraged and systemic approaches to assessment were preferred.

During my employment at Birmingham EPS there was a 'refocusing' agenda, where educational psychologists were encouraged to restrict their work to 'complex cases' and became involved in 'cluster work' with the intention of applying research in order to work preventatively in collaboration with a group of schools.

Following the inception of the coalition government and the subsequent spending cuts, Birmingham EPS has had to focus on how to save money and make money. Birmingham EPS has since become a 'traded service', and schools are able to 'buy in' 18 hours of educational psychologist time. At the same time, 12 voluntary redundancies were made, including substantial changes to the management team. The period of turbulent change seems to have left many educational psychologists working within Birmingham EPS uncertain of the identity of the service and the future of their professional lives.

The 'identity crisis' of educational psychologists is well documented nationally, with a consistent theme of reconstruction of the profession. Fallon et al. (2010) argue that the functions of educational psychologists have remained consistent but the range and derivation of work continues to change. The functions identified as consultation, assessment, intervention, research and training by the Scottish Education Department (2002) have been subsequently adopted by the British Psychological Society in their National Occupational Standards for Educational Psychologists (2006).

Fallon, et al (2010) outline some of the changes in the range and derivation of work that, they argue, has resulted in role confusion and diminished confidence in professional identity. One of the key features of change is the emphasis given to psychological assessment as 'gatekeepers' of funding, resulting in less time for consultation, intervention, research and training.

Arguably, Birmingham EPS has historically tried to reconcile tensions between roles by having an established reputation for locally conducted research through cluster work and small team work within the service; delegating funding to schools without the need for statutory assessment through criterion-referenced assessment developed within the EPS (CRISP) that relates levels of need to levels of funding required by individual children; and the adoption of a flexible and responsive consultation model of service delivery.

However, since the inception of the coalition government, financial constraints have meant that cluster work has been disbanded, research severely restricted, and the consultation model compromised by the restricted time available in schools. Furthermore, the levels of statutory assessment have increased to the levels that were recorded before the

development of CRISP assessment and the service are now buying in psychometric assessments.

It is hoped that the continuing influx of newly qualified educational psychologists with doctoral level research skills and the increasing interest of schools in purchasing additional services will rejuvenate the underpinning values of the importance of consultation and research within Birmingham EPS.

Within this context, I have become increasingly interested in how educational psychologists can use research skills in everyday real-world practice, thereby increasing user perceptions as to the value of their work, whilst at the same time bridging the gap between academic research and applied practice. These fields have to be combined during the doctoral programme, which requires creative thinking underpinned by a pragmatic understanding of the field in which educational psychologists work. Fallon et al. (2010) argue that the fields of academic research and applied practice should continue to be combined, arguing that educational psychologists' are 'fundamentally scientist practitioners' (p. 4), suggesting that the use of research skills should be an important focus for services.

My initial excitement at the potential for educational psychologists to make a positive impact on the lives of children, has, over the years, been challenged by the gradual realisation that organisations and individuals have underpinning belief systems, brought about by historical and cultural influence, that can work against the change process.

It is these two underpinning interests that have influenced how I have selected, researched and written my professional practice reports. The following section will explain how the

professional practice reports included in this volume relate to my own developing values and the service context in which I worked.

2. Professional practice reports

The professional practice reports give examples of the kind of work that I have been involved with. The first two reports critically analyse how I applied theory to practice. In particular, the first report considers how educational psychologists can work with other professionals and the second report considers how educational psychologists can evaluate INSET in terms of outcomes for teachers and children. These reports explore important aspects of the work of educational psychologists; namely, multi-agency working, evaluating impact of work and organisational change within schools.

The second report signalled a significant shift in thinking for me. Training is considered a common method of service delivery for educational psychologists (Fox and Sigston, 1992) and yet the focus of evaluation is often on the delivery of the INSET and not impact on teachers or children, the ultimate focus of INSET (Gemmell et al., 2003). I applied an adapted version of Ainscow et al.'s (1978) 'three-part evaluation procedure for INSET', which considers impact of INSET on teachers and children. Difficulties with engaging teachers in the evaluation process, led me to consider how the model could be conceptualised in terms of pluralistic methods of evaluation and collaborative approaches to organisational change. In the report, I reflected upon the tensions between the need to conduct rigorous evaluation and the need to develop a close and participatory relationship in order to facilitate organisational change to take place.

These tensions have continued to feature in my work as an applied psychologist, manifest in different ways, with the accumulative effect of a change in the way that I negotiate work. I now work more closely with adults, starting from their position, in terms of skills, knowledge and underpinning beliefs based on cultural and historical experiences. I work more slowly, going at their pace and making suggestions to challenge thinking gradually.

The third report comprises a more substantive evaluation of a universal intervention aimed at promoting resilience and emotional well-being in children, commissioned through the national TaMHS initiative. The report reflects again upon the conflicting epistemologies of evaluation. Much of the extant research seeks to determine the level of effectiveness of the focus intervention. In contrast, I applied pluralistic methods of evaluation within an interpretivist framework in order to understand how the intervention promotes emotional well-being.

Due to delays with the intervention, this report will be added at a later date.

3. Professional development

The ways in which I have developed professionally that are particularly important to me are outlined below:

- I have developed real-world research skills to equip me when I evaluate the effectiveness of my practice and to contribute to the academic community, thereby bridging the gap between academic research and applied practice.

- In relation to the above point, I have developed an understanding of how ontological assumptions (what is in the world and how the world works) influence epistemology (how those features and processes should be researched).
- I have developed as an academic writer, from being concerned with 'getting things done' to understanding that research is continuous, responsive and dynamic; from being concerned with getting approval from my supervisor to understanding my own identity and standards and how they relate to the criteria set.
- I have developed an understanding of how underpinning beliefs, developed through cultural and historical experience, influences the potential to make positive changes to the lives of children.
- In relation to the above point, I have become more interested in the processes that lead to change, rather than the change itself.

The final point is illustrated throughout my thesis. Within the first report, I reflect upon a model of trans-disciplinary working. Within the second report, I suggest a model of evaluating INSET when conceptualised as part of organisational change. Within the third report, I used pluralistic evaluation in order to understand how the intervention might improve emotional well-being. Within the research presented in volume 1, I discuss the merits of considering supervision as a process, occurring within a context, which is cyclical and responsive.

Conclusions and future interests

In conclusion, I have developed as an educational psychologist, applied-scientist, academic writer and facilitator of positive change. In the future, I plan to apply the skills learned on the doctoral programme, contributing to literature from the perspective of an applied-psychologist.

I plan to further develop special interests in supervision and continue to apply a variety of methods for evaluating service delivery.

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CHAPTER 2:
THE TRANSDISCIPLINARY MODEL OF INTER-AGENCY WORKING
APPLIED TO COLLABORATIVE WORK BETWEEN
A CLINICAL PSYCHOLOGIST AND AN EDUCATIONAL PSYCHOLOGIST

Section 1: ABSTRACT

Despite the current conceptualisation of inter-agency working as a regulatory ideal, research, indicating a lack of coordination between services for children, consistently demonstrates that in practice such an ideal is problematic (Hymans, 2006). To date, research has focused on the process of inter-agency collaboration and neglected to find out the impact of different models of inter-agency work in terms of outcomes for children and families (Hughes, 2006). If the inter-agency research field is to open the door to such outcome-based evaluative research, models of inter-agency collaboration must first be theorised and developed.

This report contributes to the development and theorisation of the trans-disciplinary model of inter-agency collaboration. The trans-disciplinary model was selected for discussion in this report because it views the child at the centre of collaboration, and upholds the core concepts of shared learning and indirect service delivery (Orelove and Sobsbey, 1996).

- The view that the child should be at the centre of inter-agency collaboration is conducive to the philosophy of 'Every Child Matters' (Hughes, 2006).
- The concept of shared learning within and between professional boundaries may lead to a better understanding of roles and responsibilities, often identified as a factor for effective inter-agency working (Watson, 2006).
- The indirect model of service delivery reduces the points of contact between professionals and families, leading to better user perception (Watson et al. 2002).

This report describes a case study in order to illustrate how the trans-disciplinary model was applied to collaborative work between a clinical and educational psychologist. The decision to focus specifically on work between a clinical and educational psychologist can be justified

by virtue of commonalities in discipline and the high level of co morbidity between behaviour, mental health and educational need (Barclay and Kerr, 2006).

Section 2: INTRODUCTION

Given the wealth of documents that consistently highlight the importance of inter-agency collaboration, it is surprising to find few examples of effective inter-agency working in the literature (Salmon, 2004). In response, there has been a call to evaluate different models of inter-agency collaboration in terms of outcomes for children and their families (Sloper, 2004). Before models can be evaluated, they must be theorised and developed for use in inter-agency teams.

This report will contribute to the development and theorisation of the 'trans-disciplinary model' of inter-agency collaboration. In particular, this report will generate new understandings by applying the trans-disciplinary model to work between a clinical and educational psychologist. Collaboration between clinical and educational psychology has not been adequately addressed in the literature, despite the compatibility of clinical and educational psychologists by virtue of the commonalities in discipline, making shared vocabulary and theoretical formulation easier to achieve; and the high level of co morbidity between behaviour, mental health and educational need (Barclay and Kerr, 2006), resulting in educational and clinical psychologists being employed in increasingly similar settings (Shealey et al., 2004).

In particular, this report will review the inter-agency literature, including definitions, factors facilitating and inhibiting collaboration, and models of inter-agency collaboration. Attention will be drawn to the chronology of inter-agency collaboration, the challenges inherent in inter-agency work and shortcomings in the literature. This report will then describe a case study that illustrates how the trans-disciplinary model of inter-agency collaboration can be

applied to work between an educational and clinical psychologist. The casework will be discussed in the context of the literature, giving rise to a critical analysis of the trans-disciplinary model and its application to collaboration between a clinical and educational psychologist. The conclusion will note the implications of this report for future theoretical, research and professional domains.

Section 3: LITERATURE REVIEW

3.1 Historical context for inter-agency work

Since the 1980's and 1990's, almost all documents relating to the development of children's services have highlighted the importance of inter-agency collaboration (Salmon, 2004). The rationale for the long-standing impetus for inter-agency work, first conceived in 'child guidance clinics' in the 1960's, can be found at many levels.

Intuitively, effective inter-agency work encourages minimal intervention, reduces replication of assessment, minimises frustration of families arranging multiple home visits, protects children from 'falling through the net' and enriches the skills and knowledge of professionals (Barclay and Kerr, 2006). Also, since problems involving unemployment, crime, housing, family breakdown, child poverty and achievement are seen to be inter-connected, solutions must necessitate the co-ordination of services designed to address each area of difficulty (Watson, 2006).

This logic received increased impetus following the death of Victoria Climbié and the subsequent report by Lord Laming, which made a number of references to the importance of inter-agency working (HMSO, 2003), and led to the huge agenda of Every Child Matters (ECM).

The recent revived impetus for inter-agency working has been underpinned by a plethora of legislation requiring professionals to find new ways to move across boundaries of health, education and social care (Townsend et al., 2004). National Service Frameworks for Disabled Children in England and Wales (Department of Health, 2000) aimed to develop national

standards across the National Health Service (NHS) and Social Services, putting children at the centre of care and building services around their need. The green paper: Every Child Matters (Department for Education and Skills, 2003) took the concept of inter-agency working one step further by proposing that key services for children and young people (local education, social care and some health services) should be integrated as part of Children's Trusts (Salmon, 2004).

Despite the current conceptualisation of inter-agency working as a regulatory ideal, research consistently demonstrates that in practice such ideals are problematic, indicating a lack of coordination between services for children (Hymans, 2006). One explanation for the failure of services to act in a joined up way may be the inadequate conceptualisation of inter-agency working (Salmon, 2004).

3.2 Definitions of inter-agency working

There seems to have been little consistency in the use of terms to describe inter-agency working (Townsend et al., 2004), presenting an obstacle to reaching a shared understanding between agencies. Walter and Petr (2000) conceptualise the differences between terms used on an 'integration continuum'. Essentially, 'cooperation' refers to informal information exchange between agencies, whereas 'coordination' involves formal meetings between agencies, with each agency retaining its own set of goals.

The terms 'cooperation' and 'coordination' are brought to mind when thinking of much of the 'inter-agency' work currently in existence, whereas 'collaboration' takes joined up working one step further. 'Collaboration' involves joint activities, structures and shared

resources. Leadbetter (2006) notes the failure of services to engage in ‘collaborative’ practice,

‘...people may have mastered some of the rhetoric required when in a multi-agency team meeting without their fundamental outlook on their work and perhaps their constructs about their job having shifted at all.’ (Leadbetter, 2006, p. 55)

Hughes (2006) conceptualises various combinations of prefixes and root words in a grid (refer to Figure 1). A distinction is made between joined up working involving professionals belonging to different groups (inter) and the same group (multi). ‘Discipline’ is defined as a ‘specific knowledge base’ underpinning professional expertise and ‘agency’ is defined as an ‘administrative structure within which various professionals and other workers function’ (Hughes, 2006). Hence, according to Hughes (2006) ‘inter-agency’ refers to joint work between professionals belonging to different administrative structures (clinical psychologist and educational psychologist), whereas ‘multi-agency’ refers to joint work between professionals belonging to the same administrative structure (educational psychologist and teacher). Therefore, the term inter-agency has been adopted by this report for the purposes of describing ‘joined up’ working between professionals spanning traditional boundaries of health, social services and education.

Figure 1

	Professional	Agency	Discipline
Multi	Multi-professional	Multi-agency	Multi-disciplinary
Inter	Inter-professional	Inter-agency	Inter-disciplinary

Matrix showing different features of professional collaboration (Hughes, 2006, p. 62)

According to Hughes (2006) joined up working between an educational and clinical psychologist can be referred to as either 'multi-disciplinary' or 'inter-agency'. Since the term 'inter-agency' emphasises the essential difference between clinical and educational psychologists (distinction between health and education administrative structures to which they belong), whereas 'multi-disciplinary' emphasises the essential similarity between clinical and educational psychologists (psychological knowledge and skills), the term 'multi-disciplinary' was adopted for the purposes of the joined up working described in the case study providing the context for this report.

3.3 Factors helping and hindering inter-agency working

Recent literature reviews point towards a consistency in the views of professionals as to what factors help and hinder inter-agency working (Atkinson et al., 2002; Sloper, 2004). An explicit and shared value base is recognised as important to effective inter-agency working, and is deemed by Walter and Petr (2000) to constitute the very core of inter-agency working.

Having an understanding of roles and responsibilities has also been viewed by professionals to be critical to successful inter-agency working. From a comprehensive review of the literature, Watson (2006) identified 20 features indicative of effective inter-agency working and used a questionnaire to find the relative importance of each feature as perceived by 52 professionals. Each questionnaire item was rated on a four-point likert-type scale. 22 out of 52 professionals rated 'understanding roles and responsibilities' as one of the most important features of inter-agency working.

The research described above (Watson, 2006) is of similar methodology to the wealth of questionnaire-based research in the field of 'multi-agency work'. Such research aims to find out what professionals think about inter-agency working (Atkinson et al., 2002; Barclay and Kerr, 2006; Hymans, 2006). The narrow methodology adopted by researchers tends to focus on the opinions of professionals, neglecting the views of children and families, around whom services should be organised, according to recent government guidance (Department of Health, 2000; Department for Education and Schools, 2003).

The questionnaire methodology adopted often requires respondents to rate a series of statements, given by the researcher. Each respondent will inevitably rate each statement from their own frame of reference which will inevitably be different to the researcher's frame of reference. For example, 'being given a chance to show what you can do' (Hymans, 2006), could refer to 'showing off' or an alternative construction may be to 'retain professional identity'. Regardless of the individual interpretations of the respondents, conclusions are drawn using the researcher's frame of reference, limiting the validity of the conclusions reached.

In questionnaire methodology, when statements are given rather than taken from respondents, a positivist philosophy is implicated, in that the researcher's view of the world is thought to be indistinguishable from the views of the respondents. In this type of research, the richness of data is restricted and the validity of the conclusions drawn becomes questionable.

When reviewing opinions as to the barriers to effective inter-agency working, Barclay and Kerr (2006) found role ambiguity to be a barrier in both questionnaire and interview data.

Barclay and Kerr (2006) followed up 48 questionnaires with five semi-structured interviews, carefully selected to represent four different professional groups, enabling the researchers to gain an in-depth understanding of views on inter-agency working, rather than relying on the restrictive constructions assumed by closed questionnaire methodology. However, the authors used purposive sampling, limiting the validity of their claims. Furthermore, content analysis was not based on transcribed interview data and was conducted by one researcher, reducing the reliability of the outcomes presented.

Research of children with complex needs consistently promotes the need for a key worker. A key worker is a person who makes direct contact with the family and serves to coordinate other professionals. In a review of the literature, Liabo et al. (2001, as cited in Sloper, 2004) conclude that families with a key worker report better and quicker access to services and reduced levels of stress compared to families without a key worker. Carter et al. (2005) discussed interview data incorporating the views of both professionals and families and concluded that a key worker was fundamental in ensuring things worked well. In contrast to research adopting a questionnaire methodology to find the views of professionals, Carter et al. (2005) sought the views of professionals and families within a framework for organisational change, named Appreciative Inquiry. This framework required the researchers to search for best practice within an organisation. However, it is noted by the authors that the views of professionals with an educational background were missing, limiting the extent to which these findings can be generalised beyond social services and health.

To conclude this section, there seems to be consistency amongst authors researching the factors that help and hinder inter-agency working (Atkinson et al. 2002; Sloper, 2004). An

explicit and shared value base is widely recognised as important to effective inter-agency working. Having an understanding of roles and responsibilities and the involvement of a key worker has also been viewed by researchers to be relevant to successful inter-agency working. However, research in this field has tended to adopt questionnaire methodology requiring respondents to rate a series of statements given by the researcher, indicative of positivist epistemology, and reducing the richness of information gained. Future research needs to pay attention to interpretivist epistemology and consider the views of children and families, around whom services should be organised.

3.4 Models of inter-agency working

As Ovretveit (1997 as cited in Gibb, et al., 2002) observes, there are almost as many models of inter-agency work as there are inter-agency teams. Authors that discuss models of inter-agency working usually make the distinction between ‘multi-disciplinary working’, ‘interdisciplinary working’ and ‘trans-disciplinary working’ (Doyle, 1997; Sloper, 2004; Barclay and Kerr, 2006).

Multi-disciplinary working emerged as medical practice became more specialised and refers to individual health professionals working in isolation, producing separate reports, received by a ‘team head’ who compiles recommendations that may or may not reflect the group consensus (Doyle, 1997). The multi-disciplinary approach is deemed to perpetuate a linear and fragmented approach to treatment and learning (Cotton, 1984, as cited in Doyle, 1997) and the multiple visits required can be invasive and stressful for families (Doyle, 1997).

Interdisciplinary working encourages the sharing of information. In contrast to the co-existence of professionals in the multi-disciplinary model, intervention decisions are made by the group consensus (Orelove and Sobsbey, 1996). However, at the point of assessment and intervention, individuals tend to work in isolation. Although interdisciplinary working emphasises more family involvement (Doyle, 1997), Orelove and Sobsbey (1996) conclude that the opportunity afforded for greater interaction between agencies is espoused only.

Trans-disciplinary working takes inter-agency working one step further. Trans-disciplinary models of practice were developed in response to changes in the principals of early intervention (Doyle, 1997). These changes necessitated professionals engaged in early years work to view physical, social and cognitive needs as interdependent and complex, and see the child in the context of their development and family.

Trans-disciplinary working is characterised by the sharing and transferring of information and skills across traditional professional boundaries (Orelove and Sobsbey, 1996) and incorporates an indirect model of service delivery, where one or two individuals are chosen to deliver services in consultation with other professionals involved in the trans-disciplinary team. One consequence of having fewer points of contact is the better user perception of the trans-disciplinary model (Watson et al., 2002).

However, the indirect model of service delivery arouses suspicion amongst professionals, who regard the model as departing significantly from models of service delivery to which they are accustomed (Orelove and Sobsbey, 1996). For instance, professionals may end up working in disciplines outside their domain of expertise. Townsley et al. (2004) discuss the difficulties inherent in well-intentioned people overstepping their roles.

The indirect model of service delivery may also cause concern to clients. For instance, clients may receive speech and language advice from a professional other than a speech and language therapist, weakening confidence in the service that they are receiving.

Hughes (2006) supports the philosophy of trans-disciplinary working, as it 'fits well with the multi-agency agenda of Every Child Matters', in that children are put at the centre of trans-disciplinary models of working. In terms of research of the trans-disciplinary model, Bernman et al. (2000, as cited in Hughes, 2006) found more team participation within trans-disciplinary teams compared to other forms of multi-agency working. Individuals within the trans-disciplinary team also reported better intervention planning efficacy and goal implementation.

Alternatively, the trans-disciplinary approach may lead to biased practice. Medical professionals may assume more professional status than other professionals who may lose confidence in an overly medical situation (Townsend et al., 2004). The medical dominance would have implications for decisions regarding interventions.

The emphasis on the sharing of information from the initial stages to the conclusion of inter-agency collaboration carries with it an ethical dilemma. The sharing of information expected by the trans-disciplinary model necessitates a greater flexibility to the boundaries of confidentiality when compared to other models of inter-agency collaboration. Service users need to be informed of the boundaries of confidentiality, and in some cases, may not give consent to engage in such inter-agency work, preferring the higher levels of confidentiality afforded by more traditional models of service delivery.

The terms multi-disciplinary, interdisciplinary and trans-disciplinary working are often used interchangeably. However, as Foley (1990, as cited in Doyle, 1997) reminds us; each term represents a different way of thinking and behaving, which should be borne in mind when discussing inter-agency working. These models of inter-agency working are often discussed in the literature, but as yet no evidence exists as to the impact that each model has in terms of outcomes for children and families (Watson et al., 2002).

3.5 The problematic nature of joined up working

Given the wealth of documents that consistently highlight the importance of inter-agency collaboration, it is surprising to find few examples of effective inter-agency working in the literature. Salmon (2004) suggests that the scarcity of research indicating effective inter-agency working could be a consequence of the culminating evidence pointing to the problematic nature of joined up working.

Hughes (2006) questions the common assumption inherent in research and government documents that inter-agency collaboration is necessarily a 'good thing'. Hughes (2006) brings to our attention the need to separate rights from evidence in the ideology of the joined-up working agenda; namely children and families have a right to receive joined up services but it does not necessarily follow that joined up services will produce better outcomes for children. Hughes (2006) calls for more research into the outcomes of inter-agency working on children and families, so that the assumption that joined up services are a 'good thing' can be based on evidence as opposed to moral ideology.

Bullock (2003) challenged the rationale behind the revived impetus for joined-up working inherent in government legislation following the death of Victoria Climbié, by stating that 'hard cases make bad law'. Here, Bullock (2003) is arguing that casework should not be driven by the likelihood of harm implicated from extreme and high profile tragedies. Instead, legislation regarding the operation of children's services ought to be developed as a result of systematic and widespread research, focusing on the outcomes of service delivery for children.

Both Hughes (2006) and Bullock (2003) call for more research into outcomes of inter-agency collaboration for children and families, so that future legislation can be based upon outcome research, rather than solely on moral ideology and to be seen as a response to high profile tragedies.

Answering the call for outcome based research; Abbott et al. (2005) used semi-structured interviews with professionals, families and children to find out positive outcomes of inter-agency collaboration. Abbott et al. (2005) report positive outcomes for the educational and health needs of children but found that inter-agency collaboration had little positive impact on the emotional and social needs of families. A large proportion of the 25 families interviewed reported that, despite the provision of a keyworker, they still felt that had no one to turn to for emotional support. Therefore, when the views of children and families are sought by researchers, opinions of the joined up services received are not wholly favourable.

Abbott et al. (2005) provide one explanation for the lack of positive impact on the social and emotional needs of families. Noting that some social workers in their study felt marginalised by medical professionals, the authors hypothesised that the 'social model of disability' was

being threatened by the domineering medical model, leaving little opportunity for attending to the emotional and social needs of children and families. This hypothesis is supported by Townsley et al. (2004) who explored the impact of inter-agency working on children with complex health care needs. Townsley et al. (2004) reported that social workers did not always feel confident of their role in what they described as 'an overly medical situation'.

As the boundaries for child and adolescent workers becomes increasingly permeable (Barclay and Kerr, 2006), it seems that models of service delivery are becoming progressively streamlined in favour of the domineering medical model. Although it may appear intuitively favourable for services to be 'singing from the same hymn sheet', as the number of theoretical standpoints decreases, so may the opportunity for questioning of decisions made of the dominating model adopted.

Leadbetter (2006) picks upon the failure of professionals to question each other, noting a tendency to agree rather than disagree when disputes arise within inter-agency meetings. This is both because it is easier to agree and because disagreeing carries with it a condition that you have understood what has been said within a different frame of reference. Leadbetter (2006) calls for the development of tools to support the processes that professionals could engage in when disagreeing with colleagues. Such tools are needed if effective inter-agency working does not start to impinge upon the need to question decisions made.

The questioning of professionals is impeded by differences in language and terminology used between disciplines. The inconsistency of language and terminology is frequently identified as a barrier to the process of inter-agency collaboration in the literature. The Dartington

Social Research Unit (1998) has been engaged in a series of projects intended to explore the potential for a common language for children in need, the outcome of which may facilitate the questioning of different theoretical standpoints.

The inconsistencies in the language and terminology used between services is illustrated by the inadequate definition of the term 'multi-agency working' itself (Salmon, 2004). Therefore, services espousing a 'multi-agency work ethic' may be working in significantly different ways, making large-scale evaluative research problematic.

Cameron et al. (2000, as cited in Sloper, 2004) conducted a systematic review of evaluative research and found that the few evaluation studies published were methodologically poor, often focusing on the views of professionals. While the views of professionals may provide useful information on the process of inter-agency working, few conclusions can be drawn about outcomes for children and families. Furthermore, Sloper (2004) notes that such 'process' research has produced consistent findings, leading some authors to criticise the research field for not coming up with any new findings (Alexander and Macdonald, 2001; as cited in Townsley et al., 2004)

The lack of evaluative research of inter-agency collaboration is usually explained by the multiplicity of factors involved. The Department for Education and Schools (DFES) Every Child Matters website states that:

'Outcomes are hard to evaluate because it is difficult to isolate why and how a particular outcome has been achieved.' (DFES)

Therefore, from the perspective of government officials, they need to push for inter-agency collaboration, so that they are seen to respond to high profile tragedies, but such inter-

agency collaboration appears at odds with the overarching ideal for evidence based practice (Hughes, 2006).

One study of professional working in the United States did attempt to isolate factors of inter-agency collaboration that were linked to positive outcomes for children and families. Glisson and Hemmelgarn (1998) found that a positive and supportive climate within agencies was conducive to practitioner improvisation, which enabled professionals to be more responsive, promoting a good relationship between practitioners, children and families. The authors concluded that it is the positive climate within teams, and not issues relating to the 'process' of inter-agency collaboration, that produces favourable outcomes for children

This study suggests that the research field, which has focused on the process of forming inter-agency teams and is finding 'nothing new', now needs to explore the impact of inter-agency collaboration in terms outcomes for children and families, and the factors of multi-agency teams that promote positive outcomes.

Section 4: CASE STUDY

4.1 Background information

Sarah is a thirteen year old girl, who had a liver transplant at an early age, and continues to be on anti-rejection medication, causing hypertension and weight gain. Sarah's medical needs have the potential to become critical if her body rejects the transplanted liver, resulting in the decision to place Sarah in a special school for children with medical and physical difficulties from an early age. However, her medical needs do not warrant any specialised daily medical support.

Sarah suffers with severe sensory over stimulation, associated with Autism (diagnosed in 2001). As she ventures into adolescence, Sarah's behaviour has become more difficult to manage, leading to questions concerning the appropriateness of her placement in a school alongside vulnerable children with severe and life-long medical conditions.

The difficulties with Sarah's behaviour at school have caused great concern to Sarah's family, who report that they avoid the same 'excitable outbursts' at home by stimulating Sarah with toys, visits and holidays. From Sarah's parents' perspective, Sarah should remain at the special school she currently attends because she is happy there.

Sarah's family have received regular low-key support from a clinical psychologist since 2002. The support from clinical psychology has been targeted at the autistic needs of Sarah and the resulting needs of the family.

As the relationships between home and school started to deteriorate, the clinical psychologist and I (trainee educational psychologist) considered how we might work collaboratively towards the following aims, identified in consultation with Sarah's parents and teachers:

- To provide emotional support to the family
- To support the school in understanding and managing Sarah's behaviour
- To help unite the school, family and professionals towards the common goal of meeting Sarah's needs

It was decided that the clinical psychologist should continue to work with the family and myself with the school. At regular intervals, we shared not only knowledge but theoretical underpinnings of our problem formation, to ensure a truly coordinated approach. We worked consultatively and considered, questioned and brought our own ideas to aid each other's problem formulation and service delivery.

Both the clinical psychologist and I felt that the sharing of the theoretical underpinnings of our problem formation was easier, due to a shared knowledge base in psychology. We were provided with a taste for professional development that we plan to explore further.

4.2 Rationale

Anning (2001, as cited in Hymans, 2006) highlights the fact that to date, conceptual frameworks relating to the establishment and successful delivery of inter-agency approaches are undeveloped and theorised and Sloper (2004) notes the lack of research into the impact of different models of inter-agency collaboration in terms of outcomes for children and families. Therefore, there is a call for the development of conceptual models or frameworks

for inter-agency working, which can subsequently be evaluated in terms of outcomes for children and families. In response this report will consider how the trans-disciplinary model can guide work between a clinical and educational psychologist.

The trans-disciplinary model was selected for several reasons. Firstly, the trans-disciplinary model views the child at the centre of inter-agency collaboration, conducive to the philosophy of 'Every Child Matters' (Hughes, 2006). It follows that research of the trans-disciplinary model would tend to focus on the views of children and families and not solely on the perspectives of professionals.

Trans-disciplinary working incorporates an indirect model of service delivery, where one or two individuals are chosen to deliver services in consultation with other professionals involved in the trans-disciplinary team (Orelove and Sobsey, 1996). Therefore, recipients of the trans-disciplinary model would have fewer points of contact with professionals, leading authors to postulate that the trans-disciplinary model would lead to better user perception (Watson et al., 2002), which has implications for research into the impact of the trans-disciplinary model of inter-agency collaboration in terms of outcomes for children and parents.

The sharing and transferring of information and skills across traditional professional boundaries (Orelove and Sobsbey, 1996) may lead to a better understanding of roles and responsibilities, often identified as a factor for effective inter-agency working (Watson, 2006). Furthermore, there is some evidence that shared learning is effective in reducing stereotypes between professionals from medical and social service disciplines (Lyne et al.,

2001, as cited in Sloper, 2004), often noted as a barrier to effective inter-agency collaboration.

The sharing and transferring of skills may also pave the way for an increase in the opportunity and drive to question the theoretical standpoints of different professionals, so that intervention decisions can be based on an active consideration of different perspectives, rather than passive acceptance of the domineering model.

The rationale for focusing on joined-up work between a clinical psychologist and an educational psychologist can be explained on many levels. Firstly, the literature points towards a high level of co morbidity between behaviour, mental health and educational need (Barclay and Kerr, 2006). Secondly, the demand for services to address the mental health needs of children is increasing (Barclay and Kerr, 2006). This has resulted in educational and clinical psychologists being employed in increasingly similar settings (Shealey et al., 2004).

The increase in contact between educational and clinical psychologists needs to be carefully considered, as differences between the agencies to which they belong and associated models of practice employed, may lead to schools becoming ideological battlegrounds (Cobb et al., 2004), which is to be avoided.

Viewed optimistically, there are more similarities between clinical and educational psychologists than there are differences (Cobb et al., 2004) and the common assertion that educational psychologists do not work with adults is questionable when considering their work with teachers and parents (Cobb et al., 2004).

From an optimistic perspective, education and health services can be viewed as in a unique position, having two branches of the same discipline, spanning two separate sectors (Barclay and Kerr, 2006). The similarity in discipline, combined with the difference in agency, means that clinical and educational psychologists are ideally placed to pioneer models of inter-agency collaboration.

In particular, clinical and educational psychologists are ideally placed to implement the trans-disciplinary model of inter-agency collaboration. United in discipline, clinical and educational psychologists will be able to understand the theoretical underpinnings of shared problem formulation. Furthermore, both educational and clinical psychologists recognise the consultative model of practice required by the indirect model of service delivery.

Therefore, Clinical and Educational Psychologists are well placed to implement the two major strands of the trans-disciplinary model of inter-agency working: shared learning and an indirect model of service delivery.

4.3 Description of case study

In this section elements of the case study that are thought to demonstrate the trans-disciplinary model will be described. Links between the case study and the trans-disciplinary model will be made explicit.

4.3.1 Indirect model of service delivery

In response to the school's concern regarding Sarah's excitable outbursts (jumping on a child and pushing a wheelchair into the wall), the clinical psychologist offered to observe Sarah in

her usual classroom context and produce a written report to 'help develop further understanding of the hitting out behaviour'. During the visit, Sarah's remained calm and didn't show the behavioural outbursts described by the school. The subsequent report outlined general strategies gleaned from theory and research on Autism.

Four weeks later, the school contacted Birmingham Educational Psychology Service for support to manage Sarah's behaviour. In response, I also observed Sarah. During my visit, Sarah displayed excitable behaviour (shouting 'no'; jumping up and down; running out of the door; rocking and clapping; shaking her hands). After the lesson, I consulted with the class teacher, who was relieved that I had witnessed Sarah when her behaviour was particularly difficult to manage.

During a meeting it became apparent that the class teacher had been upset by the clinical psychologist's report. She had construed the report as downplaying the difficult behaviour that she had been experiencing every day; behaviour that was causing the class teacher anxiety and stress.

In an attempt to lower the stress levels of the class teacher and limit confusion caused by receiving advice through two separate channels, the clinical psychologist and I decided that I would provide support to the school and that she would continue to provide support to the family. We arranged to share information and knowledge on a regular basis.

The sharing of information and knowledge indicates an indirect model of service delivery, in that the clinical psychologist continued to contribute to decisions concerning the model of

service delivery provided to the school and the types of interventions recommended but didn't make any direct contact with the school.

4.3.2 Shared learning

In my consultation with the class teacher, we outlined Sarah's difficult behaviours and explained these behaviours in the context of heightened arousal experienced as part of Austim. Together we planned strategies for managing Sarah's behaviour, based on Sarah's interests (e.g. singing).

Following the meeting, I supplemented our consultation notes with theoretical underpinnings and shared them with the clinical psychologist. In a subsequent and planned telephone conversation, we discussed the consultation notes and the clinical psychologist contributed to plans for the next visit.

In particular, the clinical psychologist suggested that the class teacher should record patterns in Sarah's behaviour. She also spoke about Sarah's calm behaviour at home, suggesting that within-child explanations of Sarah (medication, adolescence) would not be sufficient and that the school context may be contributing to the difficult behaviours described. The clinical psychologist also described how Sarah is kept active with trips, visits, toys and responsibilities when she is at home. Finally, the clinical psychologist outlined parental constructions of contact between the home and school.

The sharing of information enabled an understanding of the problem situation from a different frame of reference. The sharing of theoretical underpinnings meant that strategies were based on theory and not simply intuition.

4.4 Conclusion

Six months after the initial referral, Sarah's behaviour had improved. The class teacher had refined strategies for managing Sarah's behaviour based on distraction (keeping Sarah active) and use of rewards. The monitoring of Sarah's behaviour had lead to a better understanding of what was triggering behavioural outbursts and the class teacher felt in a better position to pre-empt and hence manage Sarah's difficult behaviour.

At an interim annual review it was decided that Sarah should remain at the same school. This decision was arrived at due to the improvement in Sarah's behaviour, the subsequent reduction in risk to other vulnerable children, and the views of Sarah, who was happy at her current school.

The comments of Sarah's parents' ('well things seem a lot better') and positive approach during a parents evening, suggest that the relationship between home and school was improving.

Section 5: DISCUSSION

This report set out to contribute to the development and theorisation of the trans-disciplinary model by using a case study as an illustration of how the trans-disciplinary model could be applied to collaborative work between a clinical and educational psychologist. This section will relate aspects of the case study to theory and research on inter-agency collaboration. Reasons for the success of collaborative working will be considered alongside potential shortcomings of this report.

One of the two hallmarks of the trans-disciplinary model is the sharing and transferring of information and skills across traditional professional boundaries (Orelove and Sobsbey, 1996). In practical terms, this means collaborating throughout assessment and intervention. The sharing of learning distinguishes the trans-disciplinary models from inter-disciplinary models of working, where collaboration is limited to the point at which interventions are planned (Doyle, 1997). In relation to the case study presented here, the clinical psychologist and I collaborated on four separate occasions and at regular intervals throughout assessment and intervention phases.

Watson (2006) suggests that the sharing of information and skills leads to a better understanding of roles and responsibilities, often identified as a barrier to effective inter-agency collaboration. Although the clinical psychologist and I gained a better understanding of our roles in relation to the case study described here, we didn't discuss our roles and responsibilities outside the casework. A less specific context for collaboration, such as an opportunity for shared training, may have facilitated a better understanding of general roles and responsibilities.

The second hallmark of the trans-disciplinary model is the indirect model of service delivery, where one or two individuals are chosen to deliver services in consultation with other professionals involved in the trans-disciplinary team. The indirect model of service delivery is reflected in the case study presented here, since it was decided that I should deliver services to the school in consultation with the clinical psychologist.

Watson et al. (2002) suggests that the indirect model of service delivery results in a better user perception, by virtue of there being fewer points of contact. The points of contact to school were reduced. It was unfortunate that family and school perceptions of the services they received were not directly obtained due largely to time constraints.

One of the main criticisms of the indirect model of service delivery is the implication that individuals may be called on to work in disciplines outside their domain of expertise. In response, Dunn (1991, as cited in Orelove and Sobsbey, 1996) calls for professionals to decide as a team whether to provide a direct, consultative or monitoring role to the child and family.

In relation to the case study described in this report, the commonality in discipline between professionals facilitated the indirect model of service delivery. The psychological knowledge and understanding underpinning techniques and strategies discussed and implemented were familiar to both the clinical and educational psychologist, suggesting that the trans-disciplinary working is particularly relevant to multi-disciplinary (same discipline) working contexts.

Another criticism of inter-agency working is the tendency for medical professionals to dominate, threatening the 'social model of disability' and leaving little opportunity for attending to the emotional and social needs of children and families. Clinical psychologists are employed by the National Health Service, and hence it may be assumed that clinical psychologists are more likely to attend to a medical model of practice. In contrast, the clinical psychologist engaged in collaborative work paid attention to environmental factors when explaining Sarah's behaviour. This suggests that inter-agency working may facilitate a reduction in stereotyping, leading to less judgemental working relationships.

The effective working relationship established between the clinical psychologist and I may explain the success of our work with Sarah. In a chapter over viewing the trans-disciplinary model of working, Doyle (1997) concludes that:

'It is not only about procedures for service delivery but also about values and attitudes of respect for different persons and a willingness or even desire to share knowledge to improve practice for the good of those we seek to help.' (Doyle, 1997, p.)'

This view is shared by Glisson and Hemmelgarn (1998), who researched factors of inter-agency collaboration in the United States and concluded that the positive climate within teams, and not issues relating to the 'process' of inter-agency collaboration produced favourable outcomes for children.

As a trainee educational psychologist, I had a desire to share knowledge for the good of Sarah. The invitation to work in this way was well received by the clinical psychologist. The positive and proactive relationship established may have contributed to the successful

outcomes from the family and school perspective, suggesting that future research should investigate factors that facilitate effective working relationships.

The successful collaboration described in this report could also be explained by the commonality in discipline. Both the clinical psychologist and I had studied psychology at undergraduate and postgraduate level and hence shared much of the vocabulary and theoretical knowledge needed for collaboration. This indicates the importance of shared training and suggests that the trans-disciplinary model is conducive to successful outcomes within multi-disciplinary (same discipline) working contexts.

The finding that shared training can reduce inter-professional stereotypes (Lyne et al., as cited in Sloper, 2004) lead Cobb et al. (2004) to question the meaningfulness of the separation between clinical and educational psychologists for post-graduate training. In a paper outlining the overlap between clinical, counselling and school psychology in the United States, Cobb et al. (2004) concluded that shared training would lead to multiple benefits, including; increased employment opportunities, greater professional flexibility, greater responsiveness to student preferences, reduction of artificial barriers, financial savings, and reduced confusion on the part of the public and other professionals as to what professional psychologists are qualified to do.

A third explanation for the successful collaboration described in this report relates to the building of a working relationship appropriate to the immediate context. The clinical psychologist had worked with the family over a number of years and had visited the school once with negative outcomes from the perspective of the class teacher, which informed the decision to adopt the trans-disciplinary model of interagency working.

Tomlinson et al. (2003, as cited in Watson, 2006) argue against a 'one-size-fits-all' approach, stating that inter-agency working needs to be appropriate to the immediate context and developed in collaboration with all partners. In relation to the case study presented here, the family, school and professionals were consulted regarding the model of service delivery adopted. Therefore, the model of inter-agency collaboration adopted in the case study was informed by the immediate context and developed through consultation with all partners, which may have contributed to the successful outcomes. This suggests that further research should consider the match between the context for collaboration and the model adopted as a potential factor impacting upon outcomes for children and families.

Section 6: CONCLUSION

This report has contributed to the development and theorisation of the trans-disciplinary model of inter-agency collaboration by using a case study to illustrate how the trans-disciplinary model can be applied to work between a clinical and educational psychologist. Therefore, this report departs significantly from the wealth of questionnaire-based research (Cameron et al., 2000, as cited in Sloper, 2004) and represents a way forward for the field of research into inter-agency collaboration that has been criticised for not coming up with anything new (Alexander and Macdonald, 2001; as cited in Townsley et al., 2004).

At the outset, inter-agency working was deemed to encourage minimal intervention, reduce replication of assessment, minimise frustration of families arranging multiple home visits, protect children from 'falling through the net' and enrich the skills and knowledge of professionals (Barclay and Kerr, 2006). The trans-disciplinary model applied for the purposes of this case study, facilitated all of these factors and had the potential to enrich the skills and knowledge of professionals beyond levels of other models of inter-agency collaboration.

However, it is suggested that the sharing of knowledge and skills alone is insufficient to reduce the unhelpful stereotypes and increase understanding of roles and responsibilities, often viewed by professionals to be critical to successful inter-agency working (Watson, 2006). Shared training, offering an opportunity to collaborate in less specific working contexts, should be planned with the specific purpose of increasing understanding of roles and responsibilities. It is suggested that shared training may support and enrich relationships, paving the way for successful collaboration in specific casework contexts.

It is also suggested that the proactive and supportive relationship developed between professionals may have contributed to the positive outcomes of collaborative work described here. This point confers with the findings of evaluative research in the United States (Glisson and Hemmelgarn, 1998) and relates to the importance of having an explicit and shared value base, widely recognised as being crucial for effective inter-agency working.

It is hoped that this report will stimulate further research into the trans-disciplinary model of inter-agency working. In particular, future research could explore applications of the trans-disciplinary model involving professionals from less similar backgrounds. Future research could also contribute evaluative data by gaining the perceptions of children and families as to the services they have received. In relation to the general field of inter-agency working, future research could explore the match between the context of inter-agency collaboration and the model applied; and investigate ingredients for a positive climate within teams.

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CHAPTER 3:

EVALUATING INSET WITHIN ORGANISATIONAL CHANGE

Section 1: ABSTRACT

Since the seminal book by Gillham (1978), educational psychologists have sought opportunities to work preventatively at different levels (Kelly and Gray, 2000). In-service education and training (INSET) is one example of preventative practice that involves the training of teachers and is usually the first move towards organisational change (Fox and Sigston, 1992). Despite the recognition that INSET is a common method of service delivery for educational psychologists (Fox and Sigston, 1992), the role of educational psychologists in planning and implementing INSET is rarely mentioned in the theoretical and research literature. One reason for the dearth of literature may concern difficulties in evaluating the impact of INSET on teachers and children due to the problem with establishing cause and effect (Jones and Frederickson, 1990).

Ainscow et al. (1978) proposed a three-part model for evaluating INSET for use by educational psychologists. The three-part evaluation model was influenced by the historical context of the 1970's and 1980's; namely the development of utilization focused tools for evaluation (developing tools for evaluation that can be used more easily in the process of decision making) (Patton, 1997) and the focus on the behavioural paradigm for practising educational psychologists. This report will apply the three-part model to the planning, implementation and evaluation of INSET aimed at developing children's drawing and writing skills in a nursery setting. The three-part model will be reconceptualised within the current climate of educational psychology, which gives consideration to pluralistic approaches to evaluation and involves stakeholders in the process of organisational change.

Section 2: INTRODUCTION

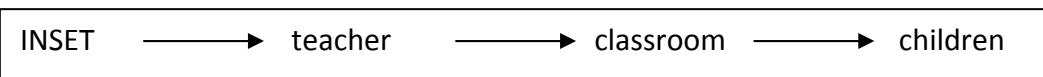
In-service education and training (INSET) is a common method of service delivery for educational psychologists and is often conceptualised as the first step towards organisational change (Fox and Sigston, 1992). The underlying assumption is that INSET will impart skills and knowledge to teachers, leading to a change in classroom practice, culminating in a whole school effect.

Initial interest in organisational change can be traced to the seminal book by Gillham (1978) and arose from a desire to engage in primary prevention, involving the promotion of more psychologically healthy environments, as opposed to tertiary prevention, concerned with mitigating the effects of established problems (Caplan, 1969). Educational psychologists involved in primary prevention projects are seen to be contributing beyond the margins of special educational needs and into the fabric of the school as a whole (Fox and Sigston, 1992).

Considering that planning and implementing INSET is a key role of educational psychologists (Fox and Sigston, 1992), there appears a considerable dearth of research concerning the involvement of educational psychologists in INSET. One reason for the dearth of literature may be the difficulties inherent in evaluating INSET.

The difficulties in evaluating INSET are thought to be a consequence of the intervening factors in the chain linking the INSET itself to changes in the functioning of children (Newton, 1993) as shown in Table 1:

Table 1: Intervening factors linking INSET to outcomes for children



At any stage in the chain, factors may impact on the functioning of children. For example, a teacher teaching a lesson for which he or she has expertise, may positively influence the functioning of the children, leading to the invalid conclusion that the INSET was effective in producing a positive change in children's functioning. Therefore, although impact in the classroom is thought to be the 'acid test' of INSET, the paradox is that it is difficult to identify (Burgess and Galloway, 1993).

The difficulties in determining the impact of INSET in the classroom has resulted in educational psychologists resorting to evaluating their delivery of the INSET package. Gemmell et al. (2003) found that evaluation usually focuses on how enjoyable the session or presenters were, rather than on any change in working practice.

Evaluations of the delivery of INSET tell us nothing about impact in the classroom. The question of how far the INSET has influenced interactions within the classroom context remains unanswered and educational psychologists remain unable to measure their effectiveness in terms of positive impact upon children; the focus of their practice. This paradox emphasises the need to develop models of evaluation that consider impact on adults and children beyond the confines of the INSET course itself.

One model that attempted to evaluate the impact of INSET in the classroom was devised in 1978 by Ainscow et al. (1978). This report focuses on how the 'three-part evaluation

procedure for INSET' (Ainscow et al., 1978) can be adapted for the current climate in educational psychology.

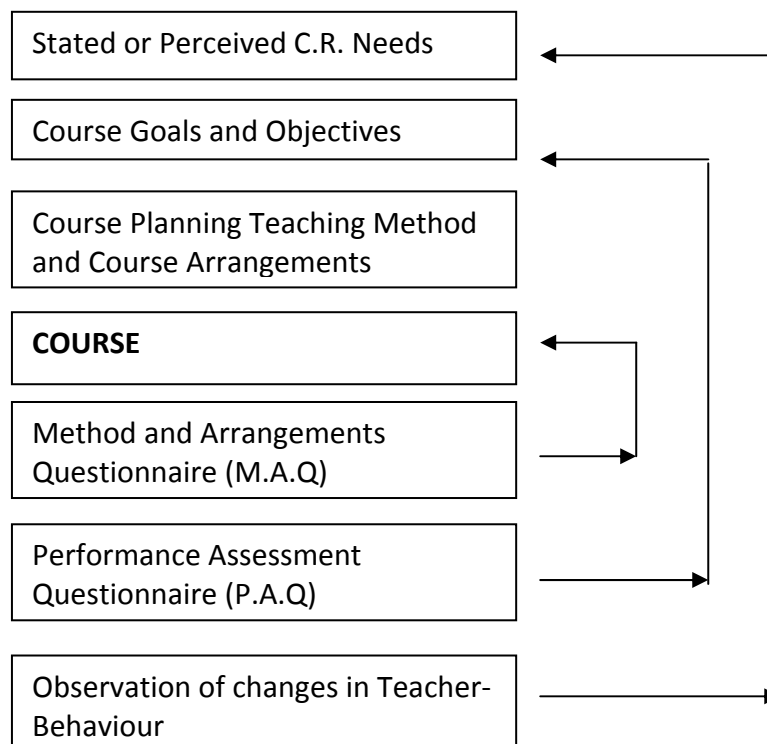
This report will introduce the 'three-part evaluation procedure for INSET' (Ainscow et al., 1978) and describe how the model was applied to my professional practice as a trainee educational psychologist. Literature on methods of evaluation and organisational change will be reviewed. The literature will inform a critique of my application of the 'three-part evaluation procedure for INSET' (Ainscow et al., 1978), leading to suggestions for a revised model. This report will conclude by suggesting the next steps for the development of the revised model within the field of educational psychology.

Section 3: LITERATURE REVIEW I

3.1 'Three-part evaluation procedure for INSET courses' (Ainscow et al., 1978)

Ainscow, Bond, Gardner and Tweddle (1978) suggested a three-part evaluation procedure for INSET courses that considers the impact of INSET within the classroom context. The three-part model (see Figure 1) introduces a sequence of three decisions to be made before the INSET takes place, and a sequence of three modes of evaluation, each corresponding to and informing the pre-INSET decisions. Therefore, the three-part evaluation procedure incorporates a cyclical model, where the outcomes of evaluation feed into subsequent decisions regarding future INSET opportunities.

Figure 1



The 'Three Part Evaluation Procedure for INSET Courses' (Ainscow et al., 1978, p. 185)

The pre-INSET decisions include (1) an assessment of teachers' needs, (2) the creation of course objectives and (3) decisions regarding the delivery of the INSET. The post-INSET evaluation procedure includes an evaluation of the delivery of INSET by means of a 'Methods and arrangements questionnaire' (MAQ); the evaluation of the extent to which the course objectives have been met, by means of a 'Performance assessment questionnaire' (PAQ) and the evaluation of impact in terms of changes in teachers' behaviour in the classroom by means of classroom observations.

3.1.1 The first part

The first part of the three-part model entails assessing needs, defined as a discrepancy between an existing set of circumstances and some desired set of circumstances (Knox, 1965, as cited in Wright, 1990). Ainscow et al. (1978) discuss the importance of incorporating the perspective of both teachers and professionals who visit schools regularly and have specialist knowledge, indicative of interpretivist epistemology.

'To base an assessment of needs on either source without reference to the other may lead to a skewed or misleading impression.' (Ainscow et al., 1978, p. 186)

The evaluation component of the first stage takes the form of classroom observations pre and post INSET, aimed at establishing whether there is a change in teacher behaviour in the classroom context, and informing future needs assessment. Ainscow et al. (1978) recognise the difficulties inherent in establishing cause and effect, due to the intervening factors in the chain linking the INSET course to behaviour in the classroom context, but argue that 'we have a responsibility to try' (Ainscow et al., 1978, pp 189). Ainscow et al. (1978) recommend that the focus of classroom observations must relate directly to perceived teacher needs.

3.1.2 The second part

The second part of the three-part model concerns establishing behavioural objectives, defined as statements outlining what each course member would be able to do after the INSET. Ainscow et al. (1978) state that behavioural objectives should relate to teaching goals, or broad statements of teaching intention, which should be informed by the assessment of teachers' needs.

Ainscow et al. (1978) encourage the operationalisation of objectives in behavioural terms wherever possible. However, the authors recognise that,

‘There are occasions when describing learning outcomes in terms of observable behaviour is either impractical or undesirable.’ (Ainscow et al., 1978, p. 186)

Examples of such occasions are when the course tutors are aiming for a variety of responses in creative activities, or when the course tutors wish to expose participants to an experience for its own sake. It is noted that neither of the examples given allude to alternative means of evaluating impact, such as changes in the perceptions of teachers or children. The three-part evaluation procedure seems to rely solely on positivist approaches when assessing impact in the classroom. The positivist epistemology inherent in the assessment of impact in the classroom will be discussed further in the next section.

Ainscow et al. (1978) suggest that the extent to which the objectives were met should be assessed using a PAQ, consisting of a test to check whether the content, relating to the objectives has been learned. Ainscow et al. (1978) discuss the possibility that such PAQ would present as a disincentive and potential threat to teachers, but argue that such assessments are imperative to the professionals delivering the INSET.

3.1.3 The third part

The final part of the three-part model is concerned with evaluating the delivery of the INSET course by means of MAQ. This mode of evaluation is most often adopted by educational psychologists involved in the delivery of INSET (Gemmell et al., 2003).

3.1.4 Evaluation of 'Three-part evaluation procedure for INSET courses'

One of the main criticisms of the 'three-part model' can be explained by the historical context surrounding its inception. The 'three-part model' recommends the use of behavioural objectives when assessing the impact of INSET upon teachers and does not allude to alternative means of evaluating impact, such as changes in the perceptions of teachers or children. Therefore, the three-part evaluation procedure seems to rely solely on positivist approaches when assessing impact in the classroom.

Positivist epistemology postulates that researchers should only be concerned with what is observable (phenomenalism) and not underlying mechanisms affecting what is observed. Positivism is underpinned by the philosophical theory known as empiricism, that advocates the rigorous, systematic and methodical collection and analysis of quantitative data, allowing researchers to make law-like or nomothetic statements and use methods that allow for replicability (Scott, 2000), so that behaviour can be generalised to the wider population.

Within the confines of evaluating INSET, the need to generalise interpretations to the wider population is less relevant. In fact, the reduction of human behaviour by empirical methods could be construed as limiting for the purposes of evaluating INSET, since the rich complexities of the interactions between teachers and children are ignored.

In contrast to positivism, interpretivist approaches advocate that research should be concerned with 'interpretation, meaning and illumination' (Usher, 1996). Interpretivist epistemology would encourage evaluations that consider the perspectives of teachers using qualitative methodology, resulting in a rich and communicative relationship between the INSET leader and practitioners.

However, the consideration of the perspectives of teachers as to the impact that INSET has had on their practice is problematic when considering the unreliable nature of teacher self reports (Burgess and Galloway, 1993). When asked about change in practice post-INSET, teachers may exaggerate any positive change in an attempt to retain their integrity and avoid spending further time analysing any short-falls in the INSET or their own practice.

Section 4: CASEWORK: Application of the 'Three Part Model' to my professional practice

The section will begin by describing background information relevant to my involvement in planning, implementing and evaluating an INSET aimed at developing children's drawing and writing skills in a nursery setting. Following this, a summary of the adjustments made to the 'three-part evaluation procedure' will be outlined and my application of the 'adjusted three-part evaluation procedure' will be tabulated for ease of reference.

4.1 Background information

The Special Educational Needs Coordinator (SENCO) of a stand-alone nursery school requested the INSET. The request was made to a visiting educational psychologist (EP) in Birmingham Educational Psychology Service (EPS) with whom I have worked with on a separate project. The EP invited me to jointly plan, deliver and evaluate the INSET to give me experience of delivering INSET activities.

After gaining the support of my supervisor for the joint venture, the EP and I met on several occasions to share new information and understandings in the area of drawing and writing at nursery age. The INSET was planned and the resources created before its delivery in January 2008.

During a Continuing Professional Development (CPD) day in the autumn term 2007, a senior EP from Birmingham EPS revisited the Ainscow et al. (1978) 'three-part evaluation procedure' as a tool for evaluating INSET or service development group work. The 'three-part evaluation procedure' had been adapted but the three parts had been retained,

focusing on evaluating the INSET itself, the impact of the INSET on the teachers, and the wider impact beyond the INSET context.

The revisited 'three-part evaluation procedure' appealed to my values as a trainee EP and former teacher. As both the receiver and deliverer of INSET courses, I have been passionately concerned by the tendency of practitioners to fall into the trap of planning INSET as a stand alone activity, having little influence beyond the confines of the INSET course itself. The 'three-part evaluation procedure' attempts to evaluate the impact of the INSET in the classroom context, and hence seemed a valuable tool for EPs.

4.2 Summary of adjustments

The three parts to the evaluation procedure, and its cyclical nature were retained. However, the second and third parts of the evaluation procedure were changed. Table 2 tabulates the changes for ease of reference.

Table 2: Adjustments made to the three part model

	Original model (1978)	Adjusted model (2008)
Part 1	MAQ – evaluation of INSET	MAQ – evaluation of INSET
Part 2	PAQ – evaluation of teachers understanding of INSET	Evaluation of effect of INSET on teachers
Part 3	Classroom observation – evaluation of change in teacher behaviour	Evaluation of effect of INSET on children

The original 'three-part evaluation procedure' evaluated the INSET itself (part 1), whether the recipients had processed and understood the content (part 2) and whether this new knowledge understanding changed classroom practice (part 3). Due to the anticipated

feelings of threat and the contrived situation of 'testing' teachers on the content of the INSET, I conceptualised the second part of the evaluation as evaluating the general effects of the INSET on teachers.

In particular, an assessment of the general effects of the INSET on teachers could incorporate classroom observations, gaining the views of teachers as to changes in teacher attitude or self-ratings of confidence, or simply a renewed list of teacher priorities.

In the 'adjusted three-part evaluation procedure' the third part focuses on the wider impact of the INSET on the target group; usually the children. Whilst I acknowledge that the chain of intervening factors linking the INSET itself to changes in the functioning of children (Newton, 1993) makes determining cause and effect problematic, I also uphold the principal that effectiveness should not only be measured at the level of the adult participants, but also at the level of the children with whom the teachers interact (Burgess and Galloway, 1993).

To summarise, the three parts of the 'adjusted three-part evaluation procedure' are conceptualised as evaluating the INSET itself, referred to as primary evaluation (part 1), the impact of the INSET on participants, referred to as secondary evaluation (part 2), and the impact of the INSET on the target group, referred to as tertiary evaluation (part 3). Methods of evaluation are by means of a MAQ for part one. For parts 2 and 3, pluralistic methods of evaluation are accommodated (positivist and/or interpretativist). The important cyclical feature, where evaluation informs needs identification, objective setting and course teaching method arrangements is retained in the adjusted model.

Table 3: Application of the ‘adjusted three-part evaluation procedure’

Stated or perceived needs identified	Needs identification was based largely on the needs stated in the Self Evaluation Form, formulated by the nursery manager. Unfortunately, I wasn’t able to gain access to the nursery before planning the INSET in order to determine the perceived needs of nursery practitioners.
Course goals and objectives set	The goal was to develop the drawing and writing skills of children. The objectives were as follows: <ol style="list-style-type: none"> 1. For nursery practitioners to recognise drawing and writing as a process 2. For nursery practitioners to know developmental stages in drawing and writing 3. For nursery practitioners to be able to identify and address hiccups in drawing and writing skills on children
Course planning - teaching methods decided	For each of the three objectives a mixture of didactic and interactive teaching methods were employed. The interactive teaching methods relating to each of the INSET objectives are as follows: <ol style="list-style-type: none"> 1. Building on the experiences of nursery practitioners by asking participants to discuss experiences of interacting with children while they are drawing or writing. Discussion of interactions that might foster learning. 2. Matching activity, where practitioners are asked to match stages to prompts for supporting development. 3. Building on the experiences of nursery practitioners by asking participants to discuss the difficulties that their children are experiencing in drawing or writing and creation of a target to guide improvement.
COURSE	
Evaluation of the course	Participants anonymously completed a questionnaire immediately after the INSET. The questionnaire asked participants to rate the content and resources.
Evaluation of the impact of the course on participants	Evaluations relating to each INSET objectives were as follows: <ol style="list-style-type: none"> 1. Interviews with practitioners about attitudes towards drawing and writing. Classroom observations of the amount of time nursery practitioners spend purposefully interacting with children while they are drawing and writing. Narrative recording of what is said to children during writing and drawing activities and interpretation of learning gains.

	3. Comparison of Individual Education Plans (IEPs) before and after the INSET to determine whether INSET had impacted upon the expression of targets and ideas for further support.
Evaluation of impact of the course on the target group (children)	Comparison of drawing and writing samples before and after the INSET.

4.3 Outcomes of evaluation

The MAQ revealed ratings of both the content and resources as ‘good’ on two out of four occasions and ‘excellent’ on two out of four occasions.

On visiting the nursery 6 weeks after the INSET, the data that I collected only related loosely to the original plan for secondary evaluation outlined above. The SENCO reported an increase in the amount of time that nursery practitioners spent interacting with children during writing and drawing but didn’t have chance to conduct classroom observations to provide quantitative data to support her view. The narrative recording of what was said to children during drawing and writing activities hadn’t been interpreted in terms of learning gains and IEPs were not available.

Copies of the drawing and writing of children, forming the tertiary evaluation, did show a considerable improvement in drawing and writing skill. However, it is difficult to assess how far improvements were a consequence of the INSET or the natural progression of children’s skills in drawing and writing over time.

The small amount of data provided by the nursery lead me to the conclusion that the ‘adjusted three-part evaluation procedure’ had not been successful in its aim of evaluating

the impact of the INSET. The failure of the 'adjusted-three part evaluation procedure' prompted two courses of action. Firstly, I arranged for 'debriefing' to ensure that any feelings of mistrust amongst nursery practitioners were discussed openly in the context of my role as a TEP trialling a new approach to evaluation. By the end of the debriefing, nursery practitioners were aware of my intention for their views of the evaluation process to inform future evaluations. Although nursery practitioners did not report excessive workload or feelings of mistrust, I felt an ethical responsibility to allow time for debriefing so that any feelings of failure to provide data or change practice were dealt with and any questions answered.

Secondly, I returned to the literature on 'evaluation' and 'organisational change' in order to formulate the failings of the 'revised three-part evaluation procedure' more precisely and inform ideas for how the 'revised three-part evaluation procedure' could be remodelled in future. The next section will outline literature relevant to 'evaluation' and 'organisational change', informing a critique of the 'revised three-part model' and suggestions for a reconceptualisation of the adjusted three-part model.

Chapter 5: LITERATURE REVIEW II

5.1 Methods of evaluation

5.1.1 Definition and conceptualisation

Robson (2000) defines evaluation as 'assessing the worth or value of something'. The something can refer to a plethora of contexts, leading to the conceptualisation of 'evaluation' as an elastic word, covering judgements of many kinds (Weiss, 1972).

There has been heated debate amongst authors in the field concerning the degree to which the term 'evaluation' is separate from the term 'research'. On one hand, the terms 'evaluation' and 'research' denote different aims and purposes: the former concerning notions of assessing value, the latter concerning description, explanation and understanding. On the other hand, there is a considerable degree of overlap, as a high quality evaluation calls for a carefully planned design, and the collection, analysis and interpretation of data (Robson, 2000). This debate has led to notions of evaluation as either separate from research, a particular kind of applied research, or is sometimes research and sometimes not research (Robson, 2000).

Patton (1997) prefers to conceptualise the terms evaluation and research separately. Whilst recognising that evaluators use research methods when gathering information on programmes that they are evaluating, the primary purpose is to inform decision makers regarding the future prospects of the programme. This emphasis on utility and meeting the needs of the decision maker contrasts to the emphasis on 'generalizability, causality, and credibility within the research community' (Patton, 1997, pp 15).

The conceptualisation of evaluation as predominantly concerned with meeting the needs of decision makers reveals a distinctive political dimension of 'evaluation'. Evaluation not only has political effects but is also influenced by political forces, making it different to social inquiry (Clarke and Dawson, 1999). The political dimension of 'evaluation' has implications for the nature of the relationship between the researcher and researched. To evaluate predominantly concerns assessing the worth of something in order to make a decision about whether that something should continue, cease or change. This may lead to feelings of threat and mistrust, making interpretivist methodologies difficult to achieve, since interpretivist methodologies can require a closer relationship between the researcher and researched.

The heavy influence of political forces and the associated feelings of threat have lead to the term 'evaluation' being associated with feelings of negativity. Robson (2000) reminds us that we live in an age of accountability.

'Few people who work in Britain today can avoid evaluation ... There seems to be a requirement to monitor, review or appraise virtually all aspects of the functioning of organizations in both public and private sectors.' (Robson, 2000, p. 7)

The call for evaluation is no where more apparent than in the field of education where concern for the standards of schools and the introduction of new policy initiatives created a demand for a more systematic approach to evaluation. The subsequent 1992 Education Act introduced a new national system of inspection of schools by the Office for Standards in Education (OFSTED), giving inspection of schools a higher profile than ever before (Clarke and Dawson, 1999).

Challenging the prevailing view, Stufflebeam and Shinkfield (1985, as cited in Clarke and Dawson, 1999) argue that the most important focus of evaluative inquiry should not be to prove but to improve. In relation to OFSTED inspection, Stufflebeam and Shinkfield (1985, as cited in Clarke and Dawson, 1999) would prioritise the first purpose, involving the independent assessment of a school to inform internal school improvement, rather than the latter purpose, which forces schools to prove themselves against given standards.

The argument that 'evaluation' should be viewed as predominantly concerned with improvement places 'evaluation' in a more positive light. As Robson (2000) points out;

'...a society where there is a serious attempt to evaluate its activities and innovations, to find out if and why they work, should serve its citizens better.' (Robson, 2000, p. 8)

To conclude this section, evaluation appears to differ from research in aim, not in method or design (Clarke and Dawson, 1999). The political dimension of evaluation that calls for the evaluation of virtually all aspects of functioning has led to feelings of negativity and has increased the distance between evaluation and the general field of social inquiry. However, Robson (2000) urges us to remember that the primary goal of evaluation is to improve, an essential aspect of human endeavour.

5.1.2 Historical context

Evaluation has had a short and hectic history (Robson, 2000). In the 1960's evaluation involved the adoption of experimental and quasi-experimental research designs. This positivist methodology was largely superseded by evaluation designs that made decision-making easier in the late 1970's, known as the 'utilization focused' evaluation (Patton, 1997). Paradigm wars between authors regarding the nature of evaluation signalled the arrival of

the 'fourth generation evaluation' (Guba and Lincoln, 1989) that emphasised constructivist methodology. The current trend has looked towards pluralistic approaches, representing a synthesis of the best aspects of each model (Robson, 2000).

In relation to educational contexts, school OFSTED inspections have used pluralistic approaches to evaluation. Inspectors collect evidence by means of classroom observations, informal interviews with staff and children, and also use quantitative data, such as test results and attendance data (Clarke and Dawson, 1999).

We can infer the influence of both positivist methodology and utilization approaches to evaluation on the three-part evaluation procedure (Ainscow et al., 1978). The emphasis on behavioural objectives suggests that the authors were aiming to bracket out the researchers own values from what was being observed. The clear links between the former decision making stages and the latter modes of evaluation, suggests that the authors recognised the need for evaluative data to inform decision making for future INSET opportunity.

The apparent influence of positivist methodology and utilization approaches on the three-part evaluation procedure (Ainscow et al., 1978) brings to ones attention the need to 'update' Ainscow et al.'s (1978) model to fit with current perspectives that favour pluralistic approaches to evaluation.

5.1.3 Models of evaluation

Traditional models of evaluation called for the passive cooperation of research subjects in the objective discovery of the truth in a reliable and valid form (Robson, 2000). Current models emphasise the active collaboration of partners in the joint search for information

(Robson, 2000). Collaborative models of evaluation aim to change the nature of the relationship between the researcher and researched from a distant relationship based on feelings of threat to rich and communicative relationship encouraging feelings of empowerment.

One of the reasons for the current emphasis on participation is the intuitive notion that people are more likely to accept and use information when personally involved in decision-making (Patton, 1982). One model conceptualised around the term participation is the 'participatory evaluation' model (Robson, 2000). In this model the major evaluative role is retained by the evaluator, with participants taking a full role in carrying out the evaluation. The model is advantageous in that it encourages the active involvement of participants, whilst maintaining research rigour by virtue of the evaluator retaining control over the evaluation (Cousins and Earl, 1992).

Huberman (1995) reflects on the participatory evaluation and discusses the difficulty in being an 'in-house' evaluator. In the event that the evaluations reveal negative data, colleagues may react with hostility, querying the methods, data or even the good faith of the person reporting the data. Feelings of mistrust may be increased by virtue of the fact that the external evaluator is retaining control over the evaluation, with participants viewed as puppets, carrying out processes as per the evaluator's instruction.

In contrast, practitioner-centred action research views practitioners as in charge of all aspects of the evaluation (Robson, 2000). The researchers role is as a consultant and not a controlling superior. The distinguishing feature of practitioner-centred action research is its

emphasis on research that has an action agenda and paves the way for the improvement of a situation (Robson, 2000).

The involvement of practitioners throughout the process of evaluation reduces feelings of threat and increases feelings of empowerment. However the practitioner-centred action research model may lose some of the rigour of more participatory approaches.

A third model of evaluation is 'critical evaluation' (Robson, 2000). Having similarities with action research, the primary difference is the emphasis on bringing practitioners to an emancipatory understanding of the context in which they work, with the aim of empowering practitioners to debate policies and practices. The 'critical evaluation model' was devised as a reaction to concerns that evaluation represents a mechanism for managerial control rather than a change in the direction of greater quality and justice (Robson, 2000).

To conclude this section, current models of evaluation emphasise the importance of participation. The extent to which practitioners control evaluation can be illustrated on a spectrum from practitioners being involved in data collection, to practitioners retaining control over decision making throughout the evaluative process. The pull towards participative approaches arises from the need to retain research rigour and avoid teachers self-reports, demonstrably unreliable in the research literature (Burgess and Galloway, 1993). The pull towards practitioner-centred approaches arises from the importance denoted to the goal of improvement and the intuitive notion that people are more likely to accept and use information when personally involved in decision making (Patton, 1982).

5.2 Organisational Change

Historically, educational psychologists focused on the individual child, stimulating criticism that a focus on the individual negates the importance of organisational factors when attempting to instigate change (Wolfendale et al., 1992). This has led to an increasing interest in the importance of understanding the organisation and a gradual realisation that organisations are difficult to change.

5.2.1 Theories of adult learning

One reason for the difficulty of organisational change is the fact that educational psychologists are working with adults, with different needs, different ways of construing the world and different learning pathways to that of children. Knowles (1990) introduced the endragogical model of adult learning, influenced by humanistic and constructivist approaches (Wright, 1990). In contrast to pedagogy, endragogy conceptualises the learner as self-motivated, rather than in need of direction by a teacher. One of the tenants of the endragogical model of adult learning is the need for to draw on the accumulated experience of adults and focus on problems they wish to solve.

Research of adult motivation conducted by Deci and Ryan (1985) found that adult motivation increased when adults experienced a degree of self-determination or choice. In a similar vein to the endragogical model of adult learning, Deci and Ryan (1985) recommend that plans should start with issues of concern to teachers and learning should start with the position that teachers are at. In order to experience a degree of self-determination, Deci and Ryan (1985) suggest that adults should be involved in decision making during the planning, implementation and evaluation of learning activities.

As adult motivation increases, the quality of learning and creativity is raised (Deci and Ryan, 1985), suggesting the importance of incorporating techniques to increase adult motivation when engaged in learning activities. The finding that intrinsic motivation decreases as centralised decision making increases (Deci and Ryan, 1985) suggests that INSET leaders should involve adults from all strategic levels in decision making when planning, implementing and evaluating learning activities.

To conclude this section, theories of adult learning suggest that INSET leaders should involve teachers in decision making when planning, implementing and evaluating learning. Learning activities should draw on the experiences of teachers and start from the position that they are at. In relation to organisational change, educational psychologists should approach this area carefully, viewing adults as partners in decision making and as taking responsibility for their own learning.

5.2.2 Models of organisational change

The influence of theories of adult learning (Knowles, 1990; Deci and Ryan, 1985) on models of organisational change can be inferred from the tendency of organisational change theorists to advocate collaboration between the facilitator of organisational change and members of the organisation.

The 'organisational development' model (Buchanan and Huczynski, 2004) recommends the involvement of all people affected by the organisational change and the de-emphasis of hierarchical structures. Stace and Dunphy (2001, as cited in Buchanan and Huczynski, 2004) present a more adaptive model; the Dunphy-Stace contingency approach to change, which

allows those leaders to move between collaborative and directive approaches to organisational change, depending on the time available for organisational change and whether key interest groups support or oppose change.

On a continuum between collaborative and directive approaches to organisation change, 'process consultancy' models represent a move above and beyond collaboration. Process consultancy models focus on improving an organisations ability to learn, regarding the educational psychologist as a facilitator, whose role is to strengthen the schools capacity for change (Hopkins, Ainscow and West, 1994). The objective, in a sense, is for the facilitator to become redundant and for schools to manage their own change, responding healthily to future environmental forces (Phillips, 1990).

In contrast to collaborative approaches to organisational change, process-consultancy models strive to empower members of the organisation to direct their own change process. The emphasis is on the process of change, not on the change itself.

Other theories influencing models of organisational change consider the effect of the culture of the organisation on the process of change. In a direct challenge to the prevailing view, Georgiades and Phillimore (1975) argued that traditional forms of teacher training are inadequate to achieving the objective of change due to the lack of forethought as to how the school culture might be cultivated. In the paper entitled 'the myth of the hero-innovator', Georgiades and Phillimore (1975) outline guidelines for facilitating a more appropriate organisational climate before embarking on organisational change, based broadly on the need to gain credibility within the organisation.

The suggestion that the host culture needs to be cultivated before embarking on organisational change is also made in the theory of 'single and double loop learning'. Double loop learning (Fox and Sigston, 1992) differentiates an organisation that is amenable to change from an organisation engaged in single loop learning that is liable to become 'stuck'. According to Argyris (1982) double loop learning can be cultivated by encouraging organisations to question their basic assumptions and goals.

The theory of double and single loop learning (Argyris, 1982) suggests that models of organisational change need to incorporate an initial analysis of the culture of an organisation and consideration of how the culture can be modified before embarking on the change process.

To conclude this section, there has been a consistent call for the involvement of stakeholders in organisational change. More recently, organic models have considered how educational psychologists can act as consultants on the process of organisational change, building capacity within the organisation to manage its own change process (Hopkins, Ainscow and West, 1994; Phillips, 1990). Others have emphasised the importance of cultivating the host culture before embarking on organisational change (Argyris, 1982; Georgiades and Phillimore, 1975).

The Research And Development In Organisations (RADIO) model (Knight and Timmins, 1995) represents an amalgamation of collaborative and capacity building approaches to organisational change whilst also considering the impact of the culture throughout all stages of the change process.

5.2.3 RADIO

The RADIO model (illustrated in Table 4) provides a means of working with the multiple perspectives that threaten the success of organisational change (Timmins et al., 2003). RADIO provides a framework that facilitates the involvement of stakeholders, strengthens the organisations capacity to manage their own future improvement initiatives and considers the way that the culture may impact on the relationship between the external facilitator, research sponsors and stakeholders.

Table 4: RADIO (Timmins, Shepherd and Kelly, 2003)

1. Awareness of a need	EP's contact with school/LA/teacher/pupil may result in identification of potential needs for research or 'systems' work.
2. Invitation to act	EP contacts research sponsors/stakeholders in a position to approve and resource the research/development work and negotiates role. Here, the EP as LA worker may need to press for an invitation to act because of professional or ethical considerations.
3. Clarifying organisational and cultural issues	Initial exploration of factors likely to support or impede the initiative.
4. Identifying stakeholders	The identification and involvement of major stakeholders in the research. In this phase, it is useful to establish a research co-ordinating group, representative of major stakeholders, in order to give them a strong role in research related decision-making (to help focus and clarify research questions, secure resources, co-ordinate research activities, maintain communication with stakeholders and to ensure take up of research.
5. Agreeing focus on concern	Research facilitator and major stakeholders agree focus for research (main research questions). This phase often results in a plan to carry out some form of needs assessment that leads to organisational development in phases 9-12. The insights gained from this phase may suggest a need for further appraisal of organisational culture in order to assure a successful outcome.
6. Negotiating framework for information gathering	An appropriate methodology and research design is selected to address the research aims. Here, emphasis is on production of information that meets an organisation's development needs. Choice made from a range of methods and methodologies (e.g., experimental, quasi-experimental, qualitative, action research, case study or survey approaches).
7. Gathering information	Information is gathered using agreed methods.
8. Processing information with research sponsors and stakeholders	Research findings are shared and their implications discussed with research stakeholders and sponsors. They are encouraged to examine their institution's development needs in the light of these. (This process helps ensure that information is used to make plans to improve/develop school systems).
9. Agreeing areas for future action	Activities associated with organisational development and improvement may stem from the previous phase. For example, there may be a need for staff development through training, mentoring or coaching; or policy and related procedure and practice development. These activities will require planning, implementing and evaluating.
10. Action planning	
11. Implementation/ action	
12. Evaluating action	

Stages 1 to 4 concern the identification of the organisation's needs and the development of a partnership between the facilitator and stakeholders. These stages are collaborative and underpinned by interpretivist epistemology (Knight and Timmins, 1995). Here, the views of stakeholders are listened to and inform decision-making, reducing feelings of threat defensiveness or alienation often triggered by change (Timmins et al., 2003).

Stages 5-8 concern research methodology and can accommodate both positivist and interpretivist methodology (Knight and Timmins, 1995), fitting well with current trends towards pluralistic approaches to evaluation (Robson, 2000). This enables research methodology to be informed by the needs of the research sponsor and stakeholders.

Stages 9 to 12 concern the organisational change phase (Knight and Timmins, 1995), also likely to lean towards interpretivist epistemology, since stakeholders are encouraged to reflect on the meaning of the data. The perspectives of the stakeholders are taken into consideration when deciding upon the focus and process of organisational change.

In a paper that applied the RADIO model to the evaluation of a mainstream behaviour support initiative (Timmins et al., 2003), the authors note how the collaborative orientation promoted the engagement of behaviour support teachers. The adoption of a 'safe' interpretivist process, that encouraged stakeholders to reflect upon the needs of the organisation, the organisational and cultural issues and the meaning of the data gathered, seemed to have taken some of the threat out of the process of organisational change (Timmins et al., 2003).

Two years after the original study, a visiting educational psychologist facilitated a similar process within the same organisation and remarked that

‘... the seed of a reflective approach had been sown by the original research.’
(Timmins et al., 2003, p. 241)

It seems that the RADIO model improved the organisations capacity to approach future school improvement reflectively, suggesting that RADIO engenders greater capacity to manage future school improvement initiatives. While ‘capacity building’ is purportedly central to future school improvement (Hopkins et al., 1994), it is rarely mentioned in accounts of educational psychologists involved in organisational change (Timmins, 1998, as cited in Timmins et al., 2003).

RADIO appears to support an organisations capacity for managing future change, while also accommodating pluralistic methods of evaluation and considering the impact of the culture on the change process. Therefore, RADIO seems to offer a useful tool for facilitating the complex process of organisational change

Section 6: DISCUSSION

6.1 Reflections on my application of the 'adjusted three-part evaluation procedure'

The adjusted three-part evaluation procedure was unsuccessfully applied to evaluating how the INSET on drawing and writing skills impacted upon the nursery practitioners and/or children. This section will reflect on the reasons for this failure in the light of the literature reviewed.

One of the reasons for the unsuccessful application of the 'adjusted three-part evaluation procedure' relates to the failure to determine the perceived needs of nursery practitioners. The INSET objectives were based on stated needs in the SEF, formulated by the nursery manager.

The paper introducing the original 'three-part evaluation procedure' (Ainscow et al., 1978) discusses the importance of incorporating the perspective of both teachers and other professionals when assessing INSET needs. The importance of gaining the perspective of all adults is explained by the finding that intrinsic motivation decreases as centralised decision making increases (Deci and Ryan, 1985). In relation to this case study, nursery practitioners may have felt demotivated by their lack of involvement in decisions as to the focus of the INSET.

A second reason for the failure of the nursery to provide the data requested relates to the means through which the request was made. The evaluation plan was presented to nursery practitioners 'cold' in that they didn't have any involvement in the planning of the INSET or its subsequent evaluation. I intended to arrange a pre-visit to the nursery in order to discuss

the needs of practitioners and negotiate the exact form of evaluation procedure. However, my identity as a TEP and not visiting EP meant that any visits had to be arranged through the visiting EP, presenting a barrier to pre-INSET collaboration.

According to Deci and Ryan (1985) adults become more motivated to learn when experiencing a degree of self-determination or choice. The adults participating in the INSET were not involved in the planning of the INSET course or the evaluation procedure, which may have reduced feelings of self-determination and subsequent motivation to provide the data requested. The evaluation may have been more successful if nursery practitioners were involved in the planning, implementation and review of the evaluation procedure.

Current thinking within the 'evaluation' literature favours collaborative approaches, since participants are more likely to accept and use information when personally involved (Patton, 1982). This suggests that the small amount of information generated by nursery practitioners may have had little impact on developing practices in drawing and writing skills, further emphasising the importance of collaboration throughout the evaluation process.

The 'three-part evaluation procedure' describes a model of INSET that is done to, rather than done with teachers. Decisions in the three stages are made by the educational psychologist and shared with teachers in both the original and adjusted 'three-part evaluation procedure' models.

In contrast, 'process consultancy models' regard the educational psychologist as a facilitator, supporting and guiding the teachers through the process of change, and not directing the change itself. Process consultancy models strive to empower members of the organisation to

direct their own change process engendering a more healthy approach to future organisational change, where the facilitator is eventually rendered redundant and the organisation can respond effectively to future environmental forces (Phillips, 1990). In contrast, nursery practitioners participating in the INSET discussed by this report may feel disempowered by the process and continue to rely heavily on the resources of support services.

A third reason for the unsuccessful application of the 'adjusted three-part evaluation procedure' concerns how the model was interpreted in the context of the INSET. The evaluation plan may have made unrealistic requests of nursery practitioners. This shortcoming may have been prevented if nursery practitioners were involved in the formulation of the evaluation procedure, which again points to the importance of engaging in collaborative evaluation. It is also possible that nursery practitioners did not understand the requests of the evaluation procedure, and didn't feel that they could approach the educational psychologists for further guidance; a consequence of the distant relationship brought about by the lack of pre-INSET collaboration.

A fourth reason relates to the failure of original and adjusted versions to consider the impact of the culture of the organisation on the process of change. The power of the organisations culture to interfere with a change process has been 'bracketed out' of the three-part evaluation procedure, which may explain the failure of the original and adjusted models to impact substantially upon teachers (Ainscow et al., 1978; this report). The powerful influence of the culture on the change process suggests that models of organisational

change need to incorporate an initial analysis of the culture of an organisation and consideration of how the culture can be modified before embarking on change.

The reasons for the unsuccessful application of the 'adjusted three-part evaluation procedure' discussed above would have impacted greatly upon nursery practitioner constructions of the evaluation process: The evaluation may have appeared irrelevant to the needs of the nursery, clashed with the cultural context, appeared as an additional strain on the high workload of practitioners, and/or engendered feelings of mistrust due to the interpretation that they were being scrutinised by an external practitioner.

To conclude, the 'adjusted three-part evaluation procedure' was offered as an attempt to update the original 'three-part evaluation procedure' and bring the model in line with the current climate in educational psychology. The adjusted version attempted to measure impact on children, utilise pluralistic methods of evaluation, and accommodate interpretivist epistemologies. Although the evaluation procedure described in this report considered impact on children's drawings, used pluralistic methods of evaluation and considered the views of adults; claims of interpretivist epistemology are limited to the post-evaluation stage. The evaluation procedure may have been more successful if the interpretations of participants were considered throughout the INSET process; from needs identification, through to INSET planning and subsequent evaluation.

6.2 A revision of the 'Three Part Model'

In answer to the above criticisms, it is suggested that the 'adjusted three-part evaluation procedure' is reconceptualised within an established framework for organisational change

that considers and works with the host culture, encourages collaboration throughout all stages of organisational change, accommodates positivist and interpretivist methodologies and associated pluralistic methods, and has an overarching aim to strengthen the organisations capacity for change; namely the RADIO model (Knight and Timmins, 1995).

Stages 1 to 9 of the RADIO model offers a more detailed framework for the identification of stated and perceived needs than offered by the original or adjusted 'three-part evaluation procedure'. Stage 10, referred to as 'action planning' can be conceptualised as the second and third part of the initial decision making stages of the 'three-part evaluation procedure' where INSET goals and objectives are formulated and INSET activities are planned. Stage 11, referred to as 'implementation' can be conceptualised as the INSET itself.

The 'adjusted three-part evaluation procedure' offers a more detailed framework for stage 12 of the RADIO model, referred to as 'evaluating action'. During stage 12, evaluations of the INSET itself and evaluations of the impact of the INSET on participants (secondary evaluation) and children (tertiary evaluation) can be made, which can then inform 'needs identification' (stages 1-9), objective setting (stage 10), and course planning (stage 10).

The amalgamation of the RADIO model and the 'adjusted three-part evaluation procedure' is illustrated in Figure 2 and the reconceptualised model known as 'INSET within organisational change' is presented in Figure 3.

Figure 2:

RADIO (Knight and Timmins, 1995)

1. Awareness of a need
2. Invitation to act
3. Clarifying organisational and
4. Identifying stakeholders
5. Agreeing focus on concern
6. Negotiating framework for
7. Gathering information
8. Processing information with research sponsors and
9. Agreeing areas for future action
10. Action planning
11. Implementation/action
12. Evaluating action

The adjusted 'three-part evaluation procedure' based on Ainscow et al. (1978)

Part 1: Stated or perceived needs

Part 2: Formulation of goals and objectives of INSET

Part 3: Planning of INSET delivery

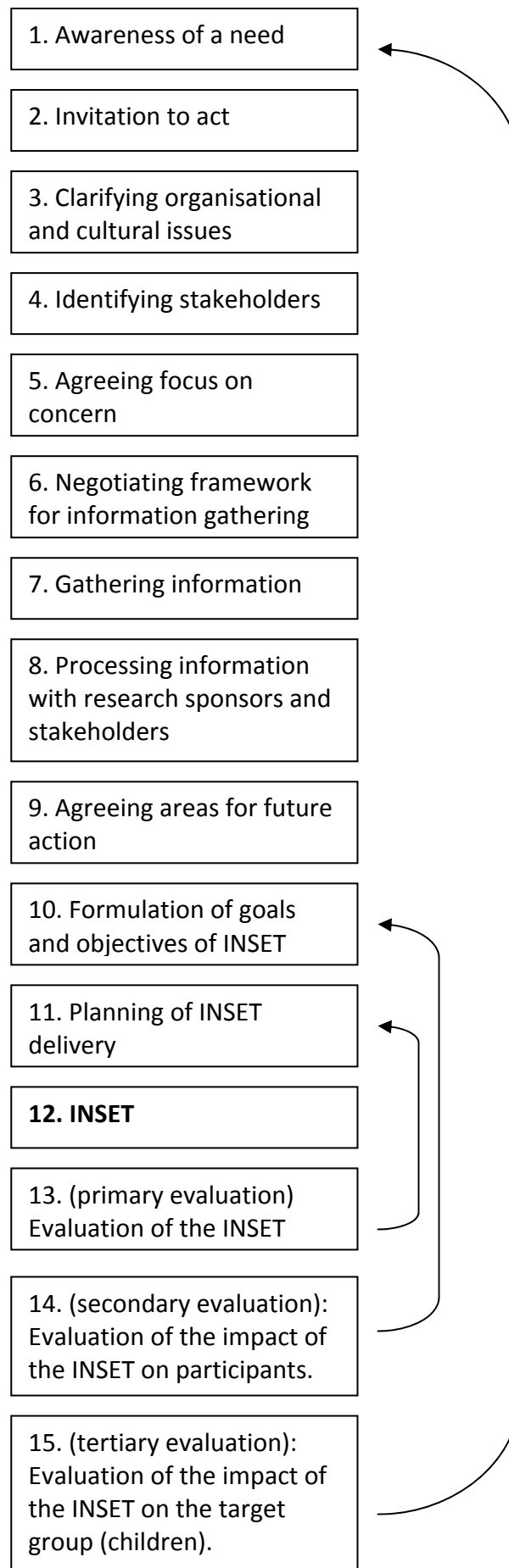
INSET

Part one: Evaluation of the INSET delivery. MAQ

Part two (secondary evaluation): Evaluation of the impact of the INSET on participants. Views of teachers & observations.

Part three (tertiary evaluation): Evaluation of the impact of the INSET on the target group (children).

Figure 3:



'INSET within organisational change'

One obvious criticism of the 'INSET within organisational change' model is its length and detail. However, the new model merely elaborates on the last three stages of the RADIO model for organisational change, which has been applied successfully elsewhere (Timmins et al., 2003). Essentially, the model suggested here represents a specific application of the RADIO model for the purposes of planning, implementing and evaluating INSET as a part of organisational change.

It is suggested that the initial nine stages of the 'INSET within organisational change' model are necessary. This report, along with the INSET evaluated by Ainscow et al. (2003) is testament to the futility of embarking on INSET without carefully analysing need and cultivating the culture of the organisation. Therefore, it is argued that the initial nine stages, which involve building a relationship with the organisation, are imperative to the success of INSET. During these stages, the views of stakeholders are listened to and inform decision-making, reducing feelings of threat, defensiveness or alienation often triggered by change (Timmins et al., 2003).

Although the 'INSET within organisational change' model is lengthy, necessitates time and could challenge the consultancy skills of the facilitator, the model itself is easy to comprehend. The clarity of the model makes it attractive to educational psychologists and recommends it as a tool to share with stakeholders involved in organisational change. The sharing of the 'INSET within organisational change' model in a transparent process would further reduce levels of threat and mistrust between stakeholders and the facilitator.

If INSET is to be conceptualised as a part of organisational change and not a 'stand alone activity', having little impact beyond the confines of the INSET course itself, then INSET

evaluation must necessarily become part of the organisational change process. The complexity of organisational change is widely recognised. It follows that models that can effectively support INSET, as a part of organisational change and manage the anxieties often stimulated by the change process must be carefully devised and comprehensively constructed.

Section 7: CONCLUSION

This report set out to revise the 'three-part evaluation procedure for INSET' (Ainscow et al., 1978) in the context of the current climate of educational psychology. The revised model suggested here is based on the 'three-part evaluation procedure for INSET' (Ainscow et al., 1978) and the RADIO model (Knight and Timmins, 1995). The new 'INSET within organisational change' model considers interpretivist epistemologies, incorporates pluralistic methods of evaluation, evaluates impact on children, considers and works with the host culture, encourages collaboration throughout all stages of organisational change and has an overarching aim to strengthen the organisations capacity for change. Although lengthy, it is suggested that the new model comprehensively manages the complexities and anxieties inherent in the change process.

It is hoped that this report stimulates interest in the research and theorisation of INSET as a trigger for organisational change, since INSET is scarcely mentioned in the literature and yet comprises a core part of the current role of educational psychologists.

In particular, future research could apply the 'INSET within organisational change' model and contribute to the further theorisation and development of models of organisational change. It is anticipated that further research in this area will lead to modifications of the model suggested here. For instance, other authors may find ways of streamlining the 'INSET within organisational change' model while retaining the features deemed from the literature to be imperative to successful change.

It is also hoped that this report will encourage educational psychologists to reflect on the amount of time they devote to planning, implementing and evaluating INSET and on the impact of such INSET activities on the development of the organisation as a whole. The title of the model suggested here: 'INSET within organisational change' is a deliberate attempt to encourage the realisation amongst practitioners that INSET should not be conducted as a stand alone activity but should become part of organisational change projects that are comprehensively planned and evaluated.

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CHAPTER 4:

CAN FRIENDS BRING ABOUT CHANGES IN COPING STYLE WHEN DELIVERED UNIVERSALLY BY

A TEACHING ASSISTANT?

AN EXPLORATION OF THE USE OF MULTI-METHOD MEASURES OF COPING.

Section 1: ABSTRACT

This research aimed to explore whether FRIENDS (Barrett and Turner, 2004) is able to bring about changes in coping style using multi-method measures based on the concept of coping, as recommended by key authors in the field (Barrett et al., 2005, Liddle and Macmillian, 2010, Spirito et al., 1988).

Kidcope (Spirito, et al., 1988) is a brief self-report checklist of coping style included in the assessment materials compiled by Frederickson and Dunsmuir (2009) to indicate levels of mental health and psychological well being in children. Kidcope was administered individually to five children from a class of 22 children participating in the FRIENDS programme pre and post intervention. Kidcope was complemented by behaviour observations of the coping strategies of all 22 children on the playground using event sampling techniques. The behaviour observations were carried out 6 weeks before the programme started, immediately before and immediately after the programme had ended. Increases in the use of 'social support', 'problem solving' and 'cognitive re-structuring' were found post-intervention. These coping strategies are taught during the FRIENDS programme, suggesting that coping may be one mechanism through which FRIENDS has a positive effect on the emotional well-being of children. `

Section 2: INTRODUCTION

The ability to cope with life's ups and downs is at the heart of definitions of mental health (e.g. Mental Health Foundation, 1999; DFES, 2001). For instance, the 1999 Mental Health Foundation report 'Bright Futures' included 'the ability to resolve problems and setbacks and learn from them' as part of their definition of children who are mentally healthy. The search for interventions that increase resilience, or resistance to hardship (Rutter, 1999) have been sought after, given the statistics indicating a high prevalence of mental health difficulties amongst children and the negative impact of having a mental health disorder. As many as 1 in 10 children have been found to have a mental health disorder (Costello et al, 2003) and those children with a mental health disorder are more likely to miss days from school and attain lower academic grades than children without a disorder (Green et al, 2005).

Mental health disorders are diagnosed when the worries and negative feelings that children have as a natural part of growing up interfere with every day functioning and become severe, persist over time, or occur in combination (Mental Health Foundation, 1999). Children with mental health disorders are typically referred on to Tier 3 and 4 Child and Adolescent Mental Health Services (CaMHS) for targeted support.

There has been increasing interest in preventative approaches that are designed to build emotional well-being in children. Preventative approaches aim to increase the well-being of children and increase their resilience to future hardship. Through preventative approaches, it is hoped that the incidence of mental health disorders among children will be reduced, reducing the need for the more expensive and specialised Tier 3 and 4 specialised services.

National initiatives such as SEAL (Social and Emotional Aspects of Learning) (DFES, 2005) and the NHSP (National Healthy Schools Programme) (Department of Health, 2005) are examples

of universal approaches implemented to classes of children through schools in order to support the emotional well-being of children. The TaMHS project (Targeted Mental Health in Schools) (DCSF, 2008) is a government-funded initiative aimed to supplement existing preventative programmes, and integrate services from health, social care and education sectors in order to carry out interventions which are grounded in evidence about 'what works'.

This research project explores the FRIENDS for life intervention (Barrett and Turner, 2004), implemented through TaMHS (DCSF, 2008) in order to improve coping strategies of all children in a Year 5 class within a primary school.

A note of phraseology

The phrase 'mental health' tends to be used within the health sector. It has been recognised that the phrase 'mental health' can be associated with 'madness' (Dawson and Sing-Shesi, 2010), increasing feelings of shame and embarrassment, leading to the tendency for children to deny the difficulties that they are experiencing (Cowie, et al. 2004). Within education, the term 'mental health' is avoided. 'Behaviour, emotional and social difficulties' (BESD) tends to be the preferred phrase used to refer to children experiencing mental distress or disorder (DCSF, 2008). For the purposes of this project, the term 'emotional well-being' was used by the school involved in the TaMHS project and so this term will be adopted within research paper.

2.1 Background information: national and local context

A large city council (referred to as CITY to safeguard anonymity and confidentiality) was selected to take part in TaMHS. Children from CITY are more likely to have emotional-health difficulties relative to children in most other areas of the United Kingdom, with 11% of children having significant difficulties with emotional well-being compared to the national average of 5%, suggesting that children living within CITY are likely to benefit from additional resources for improving their emotional-well-being.

Ten schools were selected including six primary schools, three secondary schools and one special school. The special school caters for children aged three to twelve years experiencing cognition and learning difficulties. Interventions were selected using a 'logical model' approach, where epidemiological data inform the desired outcome of the TaMHS project. The desired outcome of the TaMHS project informs the interventions selected and the input and output measures indicating effectiveness. Schools were asked to select interventions according to the following criteria:

- The intervention must have an evidence base that demonstrates the effectiveness of the intervention for improving the emotional well-being of children.
- The intervention must be informed by the schools outcome's (i.e. the intervention must target the population of children identified and address the area of emotional wellbeing specified).
- The sustainability of the intervention must be considered.

As a trainee educational psychologist, my role was to support two schools in evaluating interventions selected for the TaMHS project. This paper relates to the evaluation of one intervention (FRIENDS) within one of the supported schools (Willow School¹).

¹ 'Willow School' is a pseudonym

According to a recent Ofsted report (March, 2011) Willow School is a smaller than average primary school with very high proportion of children who are eligible for free school meals. The head teacher prioritises emotional well-being at whole school level and there is a strong pastoral team, including the teaching assistant involved in this research project, who is responsible for leading additional support groups catering for their social and emotional development (e.g. Sparks, SEAL).

The FRIENDS intervention was selected by Willow School in order to meet the outcome ‘for children in Year 5 to demonstrate increased resilience’. A teaching assistant with responsibilities for meeting the social and emotional needs of children implemented the FRIENDS programme and attended a one-day training course run by the local educational psychology service in order to prepare for programme implementation.

In order to further understanding of how the FRIENDS intervention affects social and emotional well-being, researchers have called for the use of multimodal evaluation methods that are based on general measures of ‘coping’ (Barrett et al., 2005) and suggested that observations of children with their classmates can provide invaluable data (Liddle and Macmillian, 2010).

2.1 Aims of this research project and structure of the report

The aims of this study are two-fold:

- To explore how FRIENDS affects the coping strategies used by children.
- To investigate the use of Kidcope and behavioural observations in order to indicate the coping strategies used by children.

This paper will review literature relating to the FRIENDS intervention, explain the rationale behind the methodologies and methods selected for the present research project, present

the findings and discuss findings in relation to the literature. The conclusion will note the implications of this research for future theoretical, research and professional domains.

Section 3: LITERATURE REVIEW

3.1 Introduction

The literature review will begin by explaining the principles of cognitive behavioural therapy (CBT) as the underpinning theory and overarching framework for the FRIENDS programme. The following sections will give an overview of the FRIENDS programme, present research evaluating the effectiveness of the programme, and critically analyse the methods and methodologies used by researchers. The final section will examine the concept of coping, consider how coping relates to resilience, emotional wellbeing and the FRIENDS intervention, and explore methods for measuring 'coping' in children.

3.2 Cognitive behavioural therapy

The core assumption of CBT is that emotions and behaviours are mediated through cognitive processes, which are influenced by the way in which a person sees the world (Beck, 1976). The 'cognitive' element of CBT describes the 'mental process of knowing' and includes perception, memory, judgement and reasoning, giving rise to automatic thoughts. Cognitive processes, such as perception, are underpinned by assumptions, which are developed through previous experiences. CBT considers cognitive processes to be an important link in the chain leading to negative emotional experience (Ronen, 1998).

For example, when noticing a group of people laughing together, one person might think the group are laughing at them and feel embarrassed, angry or isolated, causing them to walk away or challenge the group aggressively. The next person might think the group are laughing at a joke and feel curious or envious, leading them to join in or create their own joke to show that they too are having a good time. This example illustrates the connection between thoughts, emotional experience and behaviour and emphasises the importance of

interpretation in determining whether events are experienced positively or negatively. However, it should be noted that the links between thoughts, emotions and behaviours are interdependent and do not always start with thought processes (Graham, 2005).

CBT focuses on maladaptive thoughts and behaviours and seeks to replace these with more adaptive thoughts and behaviours, leading to more positive emotional experience. Researchers have found positive outcomes for CBT when used in clinic settings (e.g. Kendall, 1994; Harrington et al. 1998; King et al, 1998). However, isolated CBT sessions fail to address the systems in which the child is placed and which may perpetuate negative thoughts, making it difficult for the therapy to change dysfunctional thinking (Greig, 2007). Furthermore, children rarely refer themselves and are usually referred by an adult who perceives their behaviours to be problematic. This means that children are likely to be less motivated to change maladaptive thought processes. These problems emphasise the importance of involving family and school staff in CBT interventions.

3.3 FRIENDS: an overview

FRIENDS is a ten week preventative intervention delivered through schools (Barrett and Turner, 2004). FRIENDS was developed in Australia and uses CBT principles to develop skills and techniques that help children to cope with and manage difficult situations and increase their emotional well-being. FRIENDS is delivered to groups of children using a structured manual and workbooks and includes two workshops for parents, who are encouraged to recognise and modify any negatively reinforcing parental behaviours, and support their children's coping self-talk.

FRIENDS has three versions for use with young children, children aged 7-11 and older children. The FRIENDS acronym indicates the steps that enable children to cope with difficult

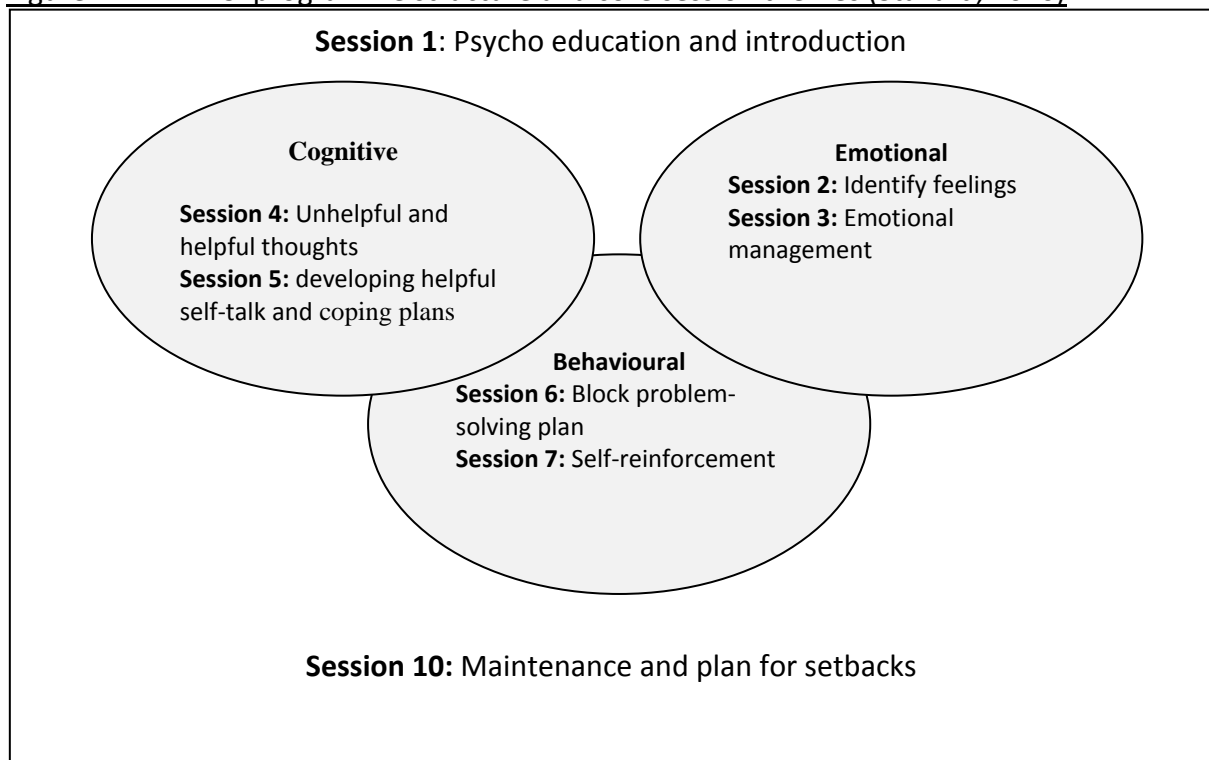
situations (refer to Table 1). The 'F' reminds children to be aware of their 'feelings'. The 'R' encourages children to use 'relaxation' strategies to alleviate the intensity of feelings. The 'I' reminds children to check their 'inner' thoughts and to replace any negative or unhelpful thoughts with more positive thoughts. The 'E' prompts children to 'explore' ways of coping and problem solve. The 'N' rewards their efforts to cope ('nice work') and the 'D' reflects continued development of skills ('don't forget to practice'). Finally, the 'S' refers to the 'success' afforded through careful application of skills learned and reminds children to 'stay calm'.

Figure 1 illustrates how sessions are underpinned by and framed by CBT principles.

Table 1: The FRIENDS acronym (Barrett and Turner, 2004, p. 459)

F	Feelings
R	Relax and feel good
I	Inner helpful thoughts
E	Explore plans
N	Nice work, reward yourself
D	Don't forget to practice
S	Stay calm

Figure 1: FRIENDS: programme structure and core session themes (Stallard, 2010)



FRIENDS can be delivered as a universal, targeted or indicated programme depending on the way that the children are selected (Barrett and Turner, 2004). In universal programmes, all children in a given population are selected regardless of the presence of risk factors or early signs of mental health difficulties. Targeted programmes include those children who have risk factors for mental health difficulties (e.g. maternal depression) and selected programmes include those children who show early signs of mental health difficulties (Barrett and Turner, 2004).

3.4 FRIENDS: evaluation studies

Evidence for the effectiveness of FRIENDS has been reported from randomised control trials in Australia and smaller studies in the United Kingdom. Barrett and Turner (2001) conducted a randomised control trial of a universally delivered FRIENDS programme in Australia in

order to compare the effectiveness of FRIENDS when delivered by psychologists and teachers. Barrett and Turner (2001) used anxiety and depression scales developed for children to measure the effectiveness of the FRIENDS programme e.g. the Spence Children's Anxiety Scale (SCAS; Spence, 1997). The authors reported no significant differences between teacher and psychologist-led interventions and concluded that they were equally successful in reducing levels of self-reported anxiety. This suggests that FRIENDS can be delivered in universal settings by teachers in order to reduce anxiety levels in children.

Other research of the FRIENDS programme has found that younger children, aged between 9 and 10 years benefit most (Barrett, et al. 2005) and that positive effects of FRIENDS can be found in 3-year follow up, with fewer children classified as at high risk of developing an emotional disorder when they had received the FRIENDS than when they had not (Barrett et al. 2006, as cited in Stallard, 2010). The potential for the FRIENDS programme to reduce the incidence of emotional disorder and subsequent need for specialist intervention has led the World Health Organisation to recommend FRIENDS for all levels of intervention in children (WHO, 2004).

Stallard (2010) notes some of the limitations of the extant FRIENDS literature. Much research has been undertaken by Barrett and her colleagues in Australia. Programme implementers may have received a high degree of training and supervision. In this context, the fidelity of the programme is likely to be higher, as is the commitment and enthusiasm of professionals delivering the programme. Stallard (2010) warns that assumptions regarding the effectiveness of the FRIENDS intervention should be made with caution when directly applied to children in the United Kingdom.

Stallard et al. (2007) also consider some of the ethical problems in deploying teaching staff to deliver intervention programmes based on psychological principles. Teachers may be less aware of the issues surrounding emotional health and well-being and less likely to recognise mental health disorders, reducing the likelihood that children with significant mental health needs are appropriately referred to specialist services. In the United Kingdom, Stallard et al (2007) found that self-reported levels of anxiety remained stable over six months prior to the FRIENDS programme and then decreased when measured three months after the FRIENDS programme when delivered universally by nurses, assisted by teachers and teaching assistants. Stallard et al. (2007) deployed school nurses instead of teachers due to their assumed awareness of mental health disorders. Nurses received a two-day training course and were supervised on a monthly basis by psychologists. The intervention was delivered to a smaller number of children (n=106) compared to Australian studies and did not include a control group, making it difficult to ascertain whether the differences in self-report measures were due to the programme, the passage of time or other factors. However, the results are encouraging and suggest that FRIENDS can reduce anxiety levels in children within the United Kingdom, as well as Australia.

A review of 14 evaluation studies including 1800 pupils from 6 to 19 years from Australia, Canada, the United Kingdom and the United States concluded that the FRIENDS programme 'may benefit all students through the teaching of coping skills' (Briesch et al., 2010 p. 161). From the review, Briesch et al. (2010) recommended that future studies should incorporate multi-modal methods and sources. Briesch et al (2010) criticised the reliance on self-report measures, which may be unreliable when considering that children with anxiety disorders are more prone to give socially desirable responses (Dadds et al, 1998). Briesch et al (2010)

also note that 7 out of the 14 studies were conducted by one of the programme developers, and encouraged independent evaluation of the FRIENDS programme.

Briesch et al (2010) compared statistics across studies and found that when teachers delivered FRIENDS, the mean effect size was half the size (0.22) compared to when trained providers or researchers delivered FRIENDS (0.56). This finding is inconsistent with the conclusion of Barrett and Turner (2001) who found no significant differences between teachers and psychologists.

Briesch et al (2010) also found greater effect sizes for FRIENDS when delivered as a targeted and selective programme compared to when FRIENDS was delivered as a universal programme. In fact, the effect size doubled from universal (0.24) to selected (0.44) to targeted (0.84) approaches. One of the reasons may be due to floor effects, explaining how children who are not experiencing anxiety before the programme are unlikely to show large reductions in symptoms of anxiety after the programme has ended. This explanation brings to bear the question: why use measures of anxiety to evaluate universal interventions for increasing emotional well-being? In order to answer this question, it is important to explore the development of the FRIENDS programme. Initially, FRIENDS was designed for universal implementation and aimed at developing skills and competences that can be utilised when facing difficult situations (Barrett and Turner, 2004). Further studies have given a slightly different perspective on the aims of the FRIENDS programme. For instance, Stallard et al. (2005) state that FRIENDS aims to build 'emotional resilience', which they explain to be reduced anxiety and increased self-esteem. Briesch et al. (2010) state that FRIENDS aims to reduce anxiety symptoms in children and Stallard (2010) introduces FRIENDS as an 'anxiety prevention programme'. Therefore, more recent papers have associated FRIENDS with

anxiety prevention and tended to overlook the aim to develop strategies for coping with difficult situations.

The concepts of anxiety and coping are strongly associated. As a child learns to cope with difficult situations, they are likely to experience a reduction in anxiety levels. Therefore, it makes intuitive sense to measure reduced anxiety as a product of the FRIENDS programme. Reductions in levels of anxiety are also likely to appeal to government officials, who are aware of the incidence of anxiety disorder and associated outcomes for children and cost of providing specialist treatment.

However, emotional regulation is only part of the FRIENDS programme. Other aspects, such as psycho-education, cognitive restructuring, problem solving and group support are not directly measured by self-reported anxiety scales. Importantly, anxiety measures do not provide information on the mechanisms through which FRIENDS improves the coping strategies of children.

The studies mentioned so far have tended to adopt a methodology indicating a positivist epistemology. Positivism is underpinned by the philosophical theory known as empiricism that advocates the rigorous, systematic and methodological collection and analysis of quantitative data, allowing researchers to make law-like or nomothetic statements and use methods that allow for replicability (Scott, 2000), so that behaviour can be generalised to the wider population. Researchers have used randomised control trials to increase confidence in the effectiveness of FRIENDS, rather than methods that allow for the in-depth exploration of the intervention, the contexts under which FRIENDS is most effective and the mechanisms through which FRIENDS has a positive effect on children. Such in-depth analysis

indicates an interpretivist epistemology, concerned with 'interpretation, meaning and illumination' (Usher, 1996).

From a theoretical standpoint, measures of ability to cope are appropriate as coping strategies are the common core running through the FRIENDS sessions (Barrett and Turner, 2004) and may be one factor mediating between delivery of FRIENDS and reduction of self-reported anxiety in children. Furthermore, coping measures examine what the programme is attempting to encourage rather than what the programme is trying to avoid. When delivered universally, anxiety measures may be subject to floor effects and may not be sensitive to positive changes in well-being as a result of FRIENDS, .

To conclude this section, coping measures have been recommended in the literature but have not been explored in evaluation studies of FRIENDS to date.

3.5 Measures of coping

Folkman and Lazarus (1980) define coping as

'...the cognitive and behavioural efforts made to master, tolerate, or reduce external an internal demands and conflicts between them (p. 223).'

This definition captures the complexities of coping, which is a dynamic product of the past experiences of the person, the situation and the way that the situation in appraised by the individual. The cognitive aspect alludes to the goodness of fit between this definition of coping and principles of CBT and suggests that CBT is an appropriate intervention for increasing the coping capacity of individuals.

Folkman and Lazarus (1980) suggest that coping mediates the relationship between difficult situations and 'psychological, physical, and social well-being' (p.219), which supports the

idea that ‘coping’ may be the mechanism through which the FRIENDS intervention reduces levels of anxiety in children.

Initially, measures of coping were largely used with adults and children with psychological disorders, which is impeded progress for measures of coping in non-disordered populations (Folkman and Lazarus, 1980).

Spirito et al. (1988) developed a brief coping checklist for use with children (Kidcope) in order to determine which strategies are better suited to particular situations. Kidcope has been included in the assessment materials compiled by Frederickson and Dunsmuir (2009) to indicate levels of mental health and psychological well being in children. Frederickson and Dunsmuir (2009) suggest that Kidcope is an appropriate measure to obtain a short index of coping in children, but warn that the brevity of the measure prevents the researcher from obtaining a detailed picture of coping.

Kidcope is a self-report checklist that requires a child to think about a difficult situation they have recently encountered; rate the level of distress felt; identify from a list of 15 coping strategies which ones they used; and rate how effective each strategy was on a scale of 0-2. (Refer to Table 2 for coping strategies). Kidcope gives an indication of the range of coping strategies used and the perceived effectiveness of each for the child. There are no standardised scores and so Kidcope can be used to give qualitative information about coping or changes in coping style following an intervention of stressful life event.

Table 2: Coping strategies and categories included in Kidcope

Coping category	<i>Coping strategy</i>
Distraction	Try to forget it.
	Do something different likes watch telly or play a game to forget it.

Social withdrawal	Stay on your own.
	Keep quiet about the problem
Cognitive re-structuring	Try to see the good side of things.
Self-criticism	Blame yourself for causing the problem.
Blaming others	Blame someone else for causing the problem.
Problem solving	Try to sort out the problem.
	Try to sort out the problem by doing something or talking to someone about it.
Emotional regulation	Shout, scream or get angry.
	Try to calm yourself down.
Wishful thinking	Wish the problem had never happened.
	Wish you could make things different.
Social support	Try to feel better by spending time with others like family, grown-ups or friends.
Resignation	Do nothing because the problems couldn't be solved.

Spirito et al. (1988) reported use of Kidcope with both 'healthy adolescents' and paediatric patients. Spirito et al. (1988) found that paediatric patients were more likely to use distraction as a coping strategy, and found highest correlations between use and efficacy for 'problem solving' and 'social support' coping strategies, suggesting that these strategies should be taught to children at risk of poor emotional well-being.

Spirito et al. (1988) obtained reliability ratings over 3-7 day periods (.41-.83) and concurrent validity ratings with the Coping Strategies Inventory (CSI) (.33 to .77) and the Adolescent Coping Orientation for Problem Experiences A-COPE (.08-.62). Spirito et al. (1988) explain the modest indices by discussing the transitory nature of the coping process, and by describing differences between the administration and items of the Kidcope, CSI and A-

COPE. The A-COPE appears to be more dissimilar to Kidcope than CSI, explaining the lower validity scores obtained for A-COPE relative to CSI.

Spirito (1996) discussed the tendency to group, or impose a higher order factor structure on coping strategies that have been labelled as 'avoidant' (e.g. distraction, social withdrawal) or 'approach' (e.g. problem-solving, social support) strategies and implicated as negative or positive coping strategies respectively. Spirito (1996) argued that coping strategies cannot be separated from situations, and that some coping strategies may be adaptive for some contexts and not others. For instance, avoidant strategies may be adaptive for uncontrollable events but non-adaptive for controllable events. Furthermore, coping strategies are categorised according to the perceptions of what the dominant culture regards as adaptive, ignoring alternative perceptions from other cultural standpoints.

Stallard et al. (2001) used Kidcope for children involved in road traffic accidents and found that the following avoidant coping strategies were associated with greater psychological distress: distraction, social withdrawal, emotional regulation and blaming others. Stallard et al. (2001) reported that some children found it difficult to differentiate between strategies and found ratings of efficacy difficult. Stallard et al. (2001) criticised Kidcope for being retrospective, reliant on child self-reports, and insensitive to subtle differences in coping style.

To conclude this section, coping appears to mediate difficult situations and expression of negative emotional affect. When children are able to cope effectively with difficult situations, they are less likely to become anxious and more likely to adapt to future challenge or threat. FRIENDS aims to improve a child's ability to cope with difficult situations, therefore reducing levels of anxiety. In order to reach a better understanding of the

mechanisms through which FRIENDS increases the effectiveness of coping strategies used, this research will use Kidcope as a brief indicator of coping style.

Taking note of the criticisms, Kidcope will be administered individually to children in order to ensure their understanding of the scale, and will be complemented by behaviour observations in order to explore further the use of coping strategies in a natural context.

Section 4: METHODOLOGY AND METHODS

4.1 Methodology

Previous evaluation studies have utilised positivist philosophy, reporting statistics to quantify the effectiveness of FRIENDS for reducing levels of anxiety in the general population of children, with some studies using randomised control trials in order to increase confidence that statistics relate to the effectiveness of the programme and not some other extraneous variable.

This research design has a different aim: to understand the process through which FRIENDS brings about a reduction in anxiety levels. Therefore, an interpretivist epistemology that aims to understand the qualitative effect of FRIENDS from the perspectives of participants has been judged more appropriate for the current research project.

This research focuses on coping: a complicated process requiring research methodology and methods that capture these complexities. It has been argued that there is no one universal coping strategy that will be adaptive to all people and in all situations. Instead, perceived efficacy of coping will depend on a complex array of factors linked to an individual's culture, past experience, situation encountered, appraisal of the situation and social support available. This argument suggests that coping cannot be divorced from the situation and the individual, and so research of coping necessitates contextualised designs, where the researcher is closely involved in order to understand the factors impacting upon coping and perceived efficacy of coping style.

This research adopted a qualitative methodology. Data was collected from the children themselves, from the teacher assistant who knew the children well and also through

behavioural observations. This enabled an in-depth understanding of how the FRIENDS intervention affected coping style for a small group of children.

4.2 Design

When choosing the design for this research, I was guided by the research aims, my position as a researcher and the extant literature.

The research aims are to explore how FRIENDS affects the coping strategies used by children and investigate the use of Kidcope and behavioural observations in order to indicate the coping style.

As a researcher, I sought a collaborative relationship with the teaching assistant through whom the intervention was delivered, and prioritised understanding how the FRIENDS intervention was working, rather than aiming to provide data on the level of effectiveness of FRIENDS. Throughout the programme, I sought the views of the teaching assistant on the effectiveness of the FRIENDS intervention for different children. These conversations were not structured or recorded but helped me gain a greater understanding of her view of the FRIENDS programme and explore further the findings from behavioural observations and from Kidcope.

Researchers have recommended the use of multi-modal methods and sources (Briesch et al., 2010) and measures of ability to cope (Barrett et al., 2005). Therefore, this research used the Kidcope scale as a self-reported coping measure, complemented by behavioural observations carried out by the teaching assistant and me. Behavioural observations were carried out 6 weeks before the intervention started, at the start of FRIENDS and after the last session. Two baseline measures were carried out so that any natural fluctuations in behaviours could be accounted for when interpreting changes in coping style before and

after the intervention. Kidcope was used before and after the intervention. One baseline Kidcope measure was taken instead of two in order to reduce the tendency for children to become over-familiar and hence fatigued by the Kidcope scale.

Table X: An overview of the research design.

17.01.11	Behaviour observation 1
28.02.11	Behaviour observation 2 Kidcope 1 FRIENDS intervention started
10 sessions of FRIENDS took place over 18 weeks. FRIENDS did not take place weekly due to school holidays, bank holidays and school trips.	
11.07.11	FRIENDS intervention finished
19.07.11	Kidcope 2 Behaviour observation 3

4.2.1 Measures

The following paragraphs will give information on Kidcope and the behavioural observations.

4.2.1.1 Kidcope

Kidcope was used in order to provide information from the perspective of participants on the coping strategies that they use and the perceived effectiveness of each coping strategy. The use of pre and post measures enables comparisons concerning the range and type of coping strategy used and the perceived efficacy, in order to increase understanding of how FRIENDS might affect the coping style of children. Refer to section 2.2 for further information.

4.2.1.2 Behavioural observations

Behavioural observations were undertaken in order to complement data obtained using Kidcope and provide information on the overt strategies used by children on the playground

and their effectiveness from the perspective of the observers. Comparisons between the Kidcope and behavioural observations were made in order to indicate the effectiveness of Kidcope for giving a flavour of the coping style of children. The use of pre and post intervention measures was made to enable comparisons concerning the range and type of coping strategy used and the perceived efficacy in order to increase understanding of how FRIENDS might affect the coping style of children.

Children were observed on the playground at lunchtime for 50 minutes on three separate occasions. The teaching assistant observed all children in Year 5 and the researcher observed the five children selected to complete the Kidcope. This was to ensure that detailed, multi-modal information concerning the five selected children could be collated in order to increase understanding of how the FRIENDS programme influenced the coping style of individual children. Also, the children were initially unfamiliar to the researcher and so limiting the number of children to give helped to make the task more manageable.

<i>Coping strategies</i>	Examples	Frequency of use of coping strategy	Effective (calmer)	Ineffective
Problem solving	Talks to teacher or another child about possible solutions. Tries out solutions.			
Blaming others (gossiping)	Talks to the teacher about who is to blame.			
	Talks to another child about who is to blame			
Social support	Approaches others but doesn't talk about difficult situation.			
Distraction (time out)	Does something different to calm self			
Social withdrawal	Walks away. Doesn't discuss it with anyone			
Emotional response	Shouts, screams and appears angry.			
	Appear angry and physically aggressive to others			

Figure 2: Event-sampling recording sheet

The event-sampling recording sheet (see Figure 2) was created by the researcher and lists overt, observable coping strategies taken from the Kidcope self-report scale (see Table 2). The behavioural observations required the researcher and teaching assistant to notice when a child faced a difficult situation, indicate the overt coping strategy used by the child and whether the child appeared calmer. In cases where more than one strategy was used, all strategies were recorded. Before the behavioural observations took place, the researcher and teaching assistant discussed and recorded possible difficult situations (e.g. difficulties with sharing) and responses that might be observed (e.g. telling the teacher). Possible

categorisations of responses were also discussed so that there was some consistency in how the event-sampling recording sheet was used

It is acknowledged that the observations involve judging the effectiveness of a coping strategy from the researcher's / teaching assistant's frame of reference without considering whether the child viewed the coping strategy as effective, indicative of a positive epistemology where all views are considered to be aligned to form a single reality. However, the behavioural observations are intended to complement information from other sources in informing conclusions concerning how FRIENDS affected children's coping strategies . Furthermore, for five children, views as to the effectiveness of coping strategies were obtained through other means (use of Kidcope).

It is also acknowledged that the use of event sampling excludes contextual information important to the understanding of how difficult situations are managed by children. However, the teaching assistant and researcher were both encouraged to record any additional contextual or descriptive information to increase understanding of the situation faced by the child. Furthermore, following each observation, the teaching assistant and researcher discussed at length the situations and coping strategies observed and came to a shared understanding of the strategy used and its effectiveness. Therefore, the event-sampling recording sheet, although reductionist in nature, was completed following detailed discussions involving different views of the coping strategies used and their effectiveness, taking account of the context.

4.3 Participants

A whole class of 22 Year 5 children took part in the universally implemented FRIENDS intervention. All 22 children were observed by the teaching assistant.

Kidcope was administered to five children selected from the class of Year 5 children by the teaching assistant in order to represent a range of achievement levels, ethnicity, gender and children showing different levels of social and emotional difficulty. By selecting a range of children rather than children showing the same characteristics and needs, it was hoped to gain a richer picture of how FRIENDS works. This is not so that findings can be extrapolated to other populations, rather to increase understanding of the processes through which FRIENDS affects coping style.

The characteristics of the children are given in Table X:

Table X: Demographic data relating to the children taking part in the research project

Gender	Ethnicity	Achievement level	Receiving support in school for social and emotional needs
Female	African Caribbean	Average (L3)	Yes
Female	White-British	Average (L3)	No
Male	White-British	Below average (L2)	No
Male	White-British	Below average (L2)	No
Male	Asian Pakistani	Average (L3)	No

NB: L refers to teacher assessed National Curriculum level. Expected levels for children in year 5 are between 2 and 4.

4.4 Procedure

The teaching assistant attended a one-day training course on 14.01.11, organised and delivered by a local educational psychology service. The training included an overview of the

theoretical underpinnings of FRIENDS and information on how to run FRIENDS sessions, with practical and interactive activities.

Six weeks before the FRIENDS intervention started, the first behavioural observation took place (17.01.11). In the week before the first session, the second behavioural observation took place (28.02.11) and the five selected children completed the Kidcope with the teaching assistant. The teaching assistant read the instructions and items individually to each child, discussing items if necessary in order to improve the child's understanding of the strategy. The teaching assistant noted that one child, 'child 2' seemed to have difficulty understanding the nature of the questions but otherwise judged Kidcope to be an appropriate measure for use with the five children.

The teaching assistant who attended the training delivered the FRIENDS programme to two separate groups of children within the same class (n=11). The FRIENDS programme was delivered on a weekly basis. The teaching assistant reported that she was guided by, but did not adhere strictly to the manual. It is difficult to judge how closely the manual was followed. I arranged to observe the delivery of FRIENDS in order to monitor fidelity of implementation but the chosen session had been cancelled at short notice. From discussions with the teaching assistant, it appeared that the main learning points of each session, as described in the manual were consistently reinforced throughout the sessions and the sessions were delivered in the correct order. However, some activities were missed due to the need to go at a slower pace to ensure that children understood the learning points and give additional time for discussion.

After the final FRIENDS session, the Kidcope was repeated and the final behavioural observation took place (19.07.11). The delay in finishing the FRIENDS programme was caused by disruptions to the programme through school holidays and school trips.

4.5 Data analysis

Data obtained from the behavioural observations and Kidcope were tabulated, so that comparisons of coping strategy used and effectiveness of coping strategy can be made before and after the intervention, giving an indication of how the FRIENDS intervention may have affected the coping style of children. Comparisons can also be made between sources of information in order to indicate how useful Kidcope is for finding out how an intervention affects the coping style of children. Additional descriptive data will also be provided.

Data obtained using Kidcope will be presented individually for each child so that different responses to the FRIENDS programme can be inferred. Descriptive accounts of changes to coping style for three children who were deemed to have varying responses to the programme will be provided. Child 1 responded well to the programme and the teaching assistant believed that she benefited immensely in terms of her willingness to solve problems. Child 5 took a while to respond to the programme but was perceived to benefit in terms of seeking social support. Child 2 responded least well to the programme. In discussion with the teaching assistant, he had difficulties understanding some of the activities and learning points in the FRIENDS programme. The descriptive accounts will be derived from the Kidcope self-report scale, the behavioural observations, and from discussions with the teaching assistant.

Section 5: FINDINGS

5.1 Kidcope

The following table compares the efficacy ratings pre and post intervention for all five children to give a general indication of how coping styles changed.

Table 3: Kidcope data: Sum of self-reported efficacy ratings for coping strategies pre and post-intervention for the five children

Coping strategy	Sum of efficacy ratings pre-intervention	Sum of efficacy ratings post-intervention
Problem- solving	8	8
Cognitive re-structuring	/	6
Emotional regulation	8	10
Social support	2	7
Distraction	4	6
Social withdrawal	2	4
Wishful thinking	3	7
Resignation	0	2
Self-criticism	1	0
Blaming others	2	0

NB: / means that the coping strategy was reported not to be used by any of the five children and so efficacy ratings were not obtained.

The data tabulated above indicate that children reported greater use of cognitive re-structuring and social support post intervention compared to pre-intervention. Children also reported less use of blaming others and lower efficacy rating for self-criticism and blaming others. The reported use of problem solving as a coping strategy did not change. For other coping strategies, efficacy ratings increased marginally (+2 across all five children) post-intervention.

5.2 Behavioural observations

The following table compares the behaviour observation data 6 weeks before the FRIENDS intervention started (Time 1), immediately before (Time 2) and immediately after the intervention finished (Time 3).

Table 4: Behaviour observations: The number of times different coping strategies were used 6 weeks before (t1), immediately before (T2) and immediately after (T3) the FRIENDS intervention

Coping strategy	Frequency Time 1	Number of times the strategy reduced overt distress	Frequency Time 2	Number of times the strategy reduced overt distress	Frequency Time 3	Number of times the strategy reduced overt distress
Problem-solving	1	1 (0)	0	0 (0)	4	2 (2)
Social support	1	1 (0)	1	1 (0)	0	0 (0)
Emotional response	6	2 (4)	1	0 (1)	1	0 (1)
Distraction	0	0 (0)	0	0 (0)	1	1 (0)
Social withdrawal	2	2 (0)	2	2 (0)	0	0 (0)
Blaming others	5	4 (1)	1	1 (0)	0	0 (0)

Note: numbers in brackets - e.g. (1) - indicate the number of times the coping strategy did not reduce overt distress.

The above data suggest that children used problem solving as a coping strategy more often after the FRIENDS intervention compared to before the intervention started. Social withdrawal seemed to decrease following FRIENDS. Blaming others and emotional response coping strategies also appeared to decrease. However, changes in frequency data 6 weeks before the intervention and immediately prior to the intervention suggest that natural

fluctuations in these coping strategies ('blaming others' and 'emotional response') may be occurring and may account for the decrease observed post intervention.

5.3 Individual child responses

The following table give the efficacy ratings for the five selected children pre and post intervention. Data for each individual child are presented to enable individual responses to the FRIENDS intervention to be inferred.

Table 5: Kidcope data: Self-reported efficacy ratings for coping strategies presented for each individual child **pre-intervention** and **post-intervention**

Coping strategy	Child 1	Child 1	Child 2	Child 2	Child 3	Child 3	Child 4	Child 4	Child 5	Child 5
Problem-solving	2	2	1	2	2	2	2	1	1	1
Cognitive re-structuring	*	1	*	2	*	2	*	*	*	1
Emotional regulation	2	2	2	2	1	2	2	2	1	2
Social support	2	2	*	1	*	*	*	2	*	2
Distraction	2	2	1	*	1	2	?	1	*	1
Social withdrawal	*	*	0	1	1	1	1	2	*	*
Wishful thinking	0	2	1	1	2	1	0	2	*	1
Resignation	*	*	*	*	*	0	*	2	?	*
Self-criticism	1	0	0	*	*	*	*	*	*	0
Blaming others	0	*	1	*	1	*	0	0	*	0

NB: * means that the coping strategy was not used by the child

? means that the child was unsure of the efficacy rating

0 = 'not a lot' 1 = 'a little' 2 = 'a lot'

The teaching assistant thought that Child 1 responded positively to the intervention. Child 1 is a female who was reported to argue frequently with her friends. The reported problems when completing Kidcope pre and post intervention were related to her friends falling out. After the FRIENDS intervention, the teaching assistant reported that Child 1 seemed more likely to talk through problems rather than walking away or arguing. Data from Kidcope suggest that she reported less use of 'blaming others' and more use of cognitive strategies, such as 're-structuring' and 'wishful thinking'. Her reported use and efficacy of problem solving remained the same (2).

The teaching assistant thought that Child 2 responded least well to the intervention due to some difficulties understanding some of the abstract concepts of the programme. Child 2 reported more use of and higher efficacy ratings for the following coping strategies: 'problem solving', 'cognitive re-structuring' and 'social support'. On the playground this child showed more emotional responses prior to the programme and more problem-solving strategies after the programme. The problem solving was often mediated by the lunchtime supervisor and was effective on some but not all occasions in terms of alleviating overt distress.

The teaching assistant reported that Child 5 responded positively to the programme. She reported that Child 5 was initially on the fringe of social interaction. Following the intervention, Child 5 was reported to interact more with other children and appeared happier on the playground. Child 5 reported more use of the 'social support' coping strategy after the FRIENDS intervention in comparison to before the intervention started. Other cognitive strategies were used more post-intervention, such as 'wishful thinking' and 'distraction'.

Section 6: DISCUSSION

The aims of this report were to further understanding of potential mechanisms through which FRIENDS improves the emotional well-being of children and to explore the use of multi-modal methods for evaluating FRIENDS that are based on the concept of 'coping'.

6.1 General findings

In relation to the aims, this research suggests that FRIENDS tended to increase the use of social support, problem solving and cognitive re-structuring and reduce the tendency of children to blame others when facing difficult situations.

Behavioural observations showed a greater tendency of children to attempt to solve problems by talking through possible solutions, which was often facilitated by a lunchtime supervisor, rather than walking away and blaming others. Kidcope showed an increase in reported cognitive restructuring (e.g. try to see the good side of things) for four out of five children and increases in social support (e.g. try to feel better by spending time with others like family, grown-ups or friends) for three out of five children. Kidcope also showed a reduction in the tendency to blame others for three out of five children.

The use of Kidcope and behavioural observations generated findings that generally converged. For instance, behavioural observations revealed less social withdrawal and Kidcope revealed a greater reported tendency to seek social support. There were some divergences due to the different methods used. For instance, Kidcope obtained information on covert coping strategies whereas behavioural observations were only able to reveal overt coping strategies.

It is interesting to note that children reported high use and efficacy of problem solving as a coping strategy before FRIENDS was introduced. This may be explained by the thorough and holistic curriculum already in existence within Willow School for meeting the social and emotional needs of children.

6.2 Does FRIENDS improve the coping strategies used by children?

FRIENDS sessions aim to promote: learning about the relationship between thoughts, feelings and behaviours; identifying emotions and challenging negative thoughts; developing strategies for coping with worries, including positive self-talk and relaxation ('emotional tool-box'); developing problem solving skills; making plans for coping; and rewarding coping strategies used outside the group context (Barrett and Turner, 2004).

Coping strategies explicitly taught through the FRIENDS intervention were found to increase and to be viewed as more effective by children after the intervention had taken place. For instance, problem solving was observed to increase and children reported that they were more likely to engage in cognitive re-structuring, or 'try to see the good side of things'.

In relation to data for individual children, Child 1 reported high efficacy ratings for 'problem solving' pre and post intervention. The teaching assistant reported that her problem solving skills improved following FRIENDS. The reported improvement in the ability of Child 1 to solve problems could be explained by other elements of the programme or by the lack of reliability of feedback from the teaching assistant. Child 1 reported less 'blaming others', and lower efficacy ratings for 'self criticism'. These changes are likely to improve her ability to solve problems, showing how the FRIENDS programme may have assisted her in improving her problem solving skills.

Therefore, findings from this research suggest that the coping strategies used by children improved following the FRIENDS programme. However, it is unclear as to the subsequent effects on emotional well-being. We can hypothesise that children with improved coping strategies are likely to feel better about themselves and so coping may be one factor through which FRIENDS is able to bring about the positive changes in emotional well-being reported in the research literature.

6.3 Is Kidcope a useful indicator of the coping strategies used by children?

Findings obtained using Kidcope and through behaviour observations converged, suggesting that Kidcope may be a useful brief measure of coping style. Data from individual children suggest that Kidcope data are meaningful. For instance, Child 2 used reported the use of 'social support' as a coping strategy post-intervention and not pre-intervention. Similarly, the teaching assistant commented how Child 2 was more likely to engage in social interaction following the FRIENDS programme. However, there are some limitations to Kidcope that must be borne in mind when interpreting the findings of this research.

The finding that children reported more use of cognitive restructuring as a coping strategy was based upon one statement: 'try to see the good side of things'. This brings to mind the insensitive nature of Kidcope, which is a consequence of the scale's brevity.

Children are prone to give socially desirable responses (Dadds et al., 1988). The teaching assistant who delivered the programme also administered the Kidcope scale, increasing the tendency for children to respond out of a desire to please the teaching assistant. Children may have realised the nature and aims of the FRIENDS programme (i.e. cognitive restructuring and social support). They may have reported higher efficacy ratings for

statements relating to cognitive restructuring and social support out of a need to please the teaching assistant, whom they knew well.

In hindsight, children may have been less likely to answer according to social expectations had the researcher or someone wholly unconnected with the project administered the scale. However, it was judged that the teaching assistant, being a familiar adult to the children, would have been more likely to obtain meaningful data for the following reasons:

- Children are likely to be more relaxed when completing Kidcope with an adult that they know well.
- The teaching assistant can interpret responses in light of her knowledge of the children (e.g. academic achievement, understanding of the requirements of the scale, susceptibility to social desirability bias.)

Finally, the Kidcope scale consists of a series of rated statements, created by an adult (Spirito et al., 1988). The views of Spirito and his colleagues on the coping strategies used by children may differ from the views of children participating in the research, or from members of the community in which Willow School is located. The use of such statements in self-reported rating scales is culturally biased. What is an effective coping strategy from the perspective of members of one culture may not be viewed as effective for members of another culture (e.g. withdrawal from social interaction).

In this research, changes to coping strategies were explored in order to explore whether FRIENDS improves the ability to cope with difficult situations . Comparisons were made in individual children before and after the intervention. There were no cross-cultural comparisons. However, there may be a natural tendency to view some coping strategies as

more or less positive depending on the cultural background of the reader and this was borne in mind when interpreting the findings.

From a social constructivist standpoint, it might have been better to conduct interviews so that the understanding of children taking part in FRIENDS could be explored, misunderstandings avoided and further elaboration sought. Non-the-less, Kidcope did seem to provide meaningful data that when triangulated with data from behaviour observations, provides a useful basic indicator of changes in coping style.

6.4 Comparison with the literature

The findings reported here show relatively high efficacy ratings for emotional regulation, problem solving and social support coping strategies, which tends to converge with research conducted by Spirito et al. (1988). This is surprising given the different temporal and cultural contexts of the research reported here and research conducted by Spirito et al. (1988). Spirito's research took place in the United States and included children from paediatric populations. The stability in efficacy ratings may be explained by the brief and insensitive nature of the Kidcope scale, which may obscure subtle but non-the-less useful differences in coping style.

The findings reported here suggest that children are more likely to use problem solving and cognitive re-structuring as coping strategies following the FRIENDS intervention, which was delivered by a teaching assistant. Barrett and Turner (2001) concluded that teachers and psychologists were equally successful in reducing levels of self-reported anxiety when using FRIENDS. Therefore, this research would tend to align with the conclusions of Barrett and

Turner (2001) in showing that non-psychologists are able to implement FRIENDS successfully.

However, it is notable that the teaching assistant leading the FRIENDS intervention in this research had previous knowledge and experience of delivering interventions to support emotional and social well-being. She was also enthusiastic about FRIENDS and committed to delivering the intervention to the best of her ability. The commitment of the person delivering the programme, their knowledge and understanding of social and emotional well-being and the context in which the programme is delivered may be more important than the professional status of the person delivering the programme.

Briesch et al (2010) found greater effect sizes for FRIENDS when delivered as a targeted and selective programme compared to when FRIENDS was delivered as a universal programme. In this research comparisons were not made between groups of children. However, the findings reported here suggest that FRIENDS, when delivered universally, can improve the coping strategies of children, which may increase their emotional well-being. It is suggested here that the reduced effect sizes found in universal populations reported by Briesch et al (2010) may be explained by the inappropriateness of the measures chosen. Researchers have tended to use measures of anxiety and depression. However, some children in universal populations may report few symptoms of anxiety or depression pre-intervention and so reducing the potential for the scores to decrease post-intervention (floor effects).

Self-reported anxiety and depression scales give information on emotional regulation. However, emotional regulation is only part of the FRIENDS programme. Other aspects, such as psycho-education, cognitive restructuring, problem solving and group support are not directly measured by self-reported anxiety scales. In contrast, Kidcope gives an indication of

how the coping strategies of children change including cognitive re-structuring, problem solving, social support, social withdrawal, emotional regulation and distraction. Coping strategies are the common core running through the FRIENDS sessions (Barrett and Turner, 2004) and may be one factor mediating between delivery of FRIENDS and reduction of anxiety in children.

Section 7: CONCLUSION

This research suggests that FRIENDS can lead to changes in the coping strategies of children. The behavioural observations suggested that the use of problem solving increased. Measures taken using Kidcope suggested that cognitive re-structuring (4 out of 5) and social support (3 out of 5) strategies were used more often following the FRIENDS intervention. Efficacy ratings for cognitive re-structuring and social support also increased.

This research suggests that Kidcope may be a useful brief indicator of coping style. However, the use of self-reported data is susceptible to social desirability bias and the brevity of the scale may obscure important information concerning subtle differences in coping style. Furthermore, the statements presented to children may not be interpreted in the same way as by adults, limiting understandings of how coping strategies are understood by children and young people and how they change.

This research suggests that FRIENDS improve the effectiveness of coping strategy used by children. Further research could explore the implementation of the programme and associated changes to coping style and emotional well-being in more detail. This research has implications for educational psychologists working to enhance the coping skills of children and suggests that universal interventions may be an appropriate route to achieve this aim. Through universal interventions, children can learn together and therefore support each other when implementing strategies learned during the programme in other contexts. This provides a potentially powerful base from which programmes such as FRIENDS can take affect.

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