A NARRATIVE STUDY OF THE RESILIENCE AND COPING OF UNACCOMPANIED ASYLUM-SEEKING CHILDREN AND YOUNG PEOPLE (UASC) ARRIVING IN A RURAL LOCAL AUTHORITY (LA)

By

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Abstract

Building on a small body of research that conceptualises unaccompanied asylum-seeking children and young people (UASC) as "active survivors" despite their vulnerability, this study aimed to: 1) investigate processes by which UASC develop and maintain resilience within the specific context of a rural county; and 2) develop understanding of the context-dependent nature of resilience, in terms of interactions between UASC coping styles and environmental variables. A narrative approach was adopted to explore UASC experience and meaning making. Three male UASCs aged 17-19 years participated in narrative interviews and completed The Resiliency Scales self-report questionnaires. Transcripts were subject to detailed thematic and structural narrative analysis. Five coping strategies were identified in UASC narratives: appreciating the positive; cultural distancing; suppression of reflection; externalising locus of control; and seeking personal agency (which itself included negotiation, non-compliance, being proactive, perseverance and having ambition). Key environmental influences were: school and relationships (which itself included social support and key adults). Two key findings were the interactions between agency and relationships, and between suppression and coherence. Recruitment and sample issues in research with 'hard to reach' groups are highlighted. Implications for professional practice with UASC based on an increased understanding of dynamics of resilience are discussed.

Dedication

For M, N and N - living in the UK without their families.

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VOLUME TWO: PROFESSIONAL PRACTICE REPORTS

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CHAPTER ONE: INTRODUCTION TO VOLUME TWO

1.1 Introduction

At the University of Birmingham Trainee Educational Psychologists (TEPs) are required to complete a two volume thesis during the second and third years of the Applied Educational and Child Psychology Doctorate. Volume One reports an original piece of research undertaken by the TEP. Volume Two comprises four Professional Practice Reports (PPRs) which constitute small-scale pieces of research undertaken in the Local Authority (LA) in which the TEP is employed during Years 2 and 3 of the training course.

This first chapter of Volume Two provides an overview of the work undertaken in relation to the four PPRs. Background information and context for practice is also discussed, as the LA context did influence the opportunities and decisions regarding research projects. The PPRs represent four distinct areas of practice and each contains critical reflections on both the research skills required and implications for EP practice, both of which were critical to my development as a trainee and practitioner.

1.2 Local Authority context

During Years 2 and 3 of the training course I was employed by WCC, a large rural local authority in the West Midlands. WCC has a resident population of 123,000 children and young people aged 0-18 years, representing 22.2% of the county's total population (Ofsted, 2010). The socio-economic status of the children and families living in the county varies hugely, with contrasting areas of affluence and deprivation. The county does not have a high level of ethnic diversity

compared to some of it's urban LA neighbours; 8.8% of the school population is classified as belonging to an ethnic group other than White British, which is much lower than the national average (22.5%), and 4.1% of pupils speak English as an Additional Language (EAL) (Ofsted, 2010). There is a significant Gypsy Traveller community in the county; in 2008 this group represented approximately 5,000 residents in WCC of which just under 400 were children aged 4-16 years (Ofsted, 2008).

There are 243 schools in WCC (Ofsted, 2010) with some areas of the county operating primary and secondary provision, whilst other areas offer first, middle and high school provision. Some first schools transition at Year 4 whilst others do so at Year 5. During my second and third years of training I was the named psychologist for one high school, two middle schools and eight first schools in the south east region of the county. This 'patch' represented a mixture of town and village schools. There were two traveller sites located near this cluster of schools as well as a significant Eastern European (mainly Polish) immigrant community in the town. These two communities were reflected in the school populations I worked with. Furthermore, in the surrounding villages there were a notable number of Foster Carers, resulting in a reasonably significant number of 'looked after' children (LAC) in these schools. In November 2010 there were 604 LAC in the county as a whole, the vast majority of whom were school age i.e. 5-16 years old (Ofsted, 2010).

1.3 Service context

WCC Educational Psychology Service (EPS) is made up of three area teams in the south, north-west and north-east of the county and employs 30 educational psychologists (EPs) (figure

includes Principle, 4 Seniors and a number of part-time colleagues). The service has a history of employing TEPs in their second and third years of the doctoral training course, and so there is a good understanding and commitment to the research projects undertaken by TEPs.

The service operates a 'time allocation' model whereby each school is allocated a 'banding' and associated number of hours depending on socio-economic indicators as well as historic levels of need demonstrated by the school for EP services. Since April 2011 the service has been moving towards becoming a traded service, which means schools now pay for EP services on an annual basis. In 2010-11 schools bought back one third of EP time allocated to them with the LA funding the remaining two thirds. In 2011-12 the costs have been split 50:50 between schools and the LA with a high level of 'buy back' from schools (over 98%). These changes have developed in response to events at local and national levels; the cuts in public spending during the recession resulting in re-structuring of LA services and streamlining of public service delivery. Thus for the two years I have worked within WCC the backdrop has been once of great uncertainty and change in relation to developments in service delivery and ongoing risk of redundancies.

1.4 Overview of Professional Practice Reports (PPRs)

The subjects of the four PPRs were developed with the University of Birmingham's guidelines in mind as well as consideration of the opportunities presented through my service, managers and schools. The table below summarises this balance for each PPR.

PPR	University criteria/guidance	LA influence/opportunity
1	An operational analysis/evaluation of specialist setting which caters for complex needs of children and young people and/or families.	Request from Special School to my Senior EP for support evaluating their specialist outreach service to mainstream pre-school settings.
2	An account of assessment and intervention with a group.	Request from a Short Stay School (SSS) to my Senior for support developing the literacy skills of KS1 and KS2 pupils.
3	An account of work where the focus of the trainee's involvement is a child or young person with complex needs and/or provision of therapeutic intervention to a child or young person.	Casework arising from a middle school in my 'patch'. Female pupil at risk of emotionally based school refusal.
4	An account of trainee's own direct involvement in a planned change process in an organisation, or within a community project.	Appreciative Inquiry (AI) project which all EPs participated in. Suggested by the Principle and Senior EP that TEPs be involved in the planning, implementation and evaluation.

PPR1: Evaluation of an Early Years Outreach service from special school to mainstream pre-school settings.

This study was undertaken in the first two terms of my employment as a TEP. I was asked by my Senior to support a local special school evaluating their Early Years Outreach support service which supported numerous mainstream pre-school settings. This was timely research as the school wanted to demonstrate the value and impact of their service to the LA at a time when many services were being cut. I used the Research and Development in Organisations (RADIO) model to structure the approach to evaluation and gathered the views of staff through distribution of questionnaires to all settings and semi-structured interviews with five settings. The findings led directly into recommendations to support the special school improve their outreach service. The issues highlighted were pertinent to EP practice, most especially I reflected on our style and effectiveness of service delivery (issues of follow-up and modelling vs. stand

alone assessment and advice), as well barriers that exist in terms parental understanding and perceptions of 'special needs'.

PPR2: Precision Teaching (PT) and Direct Instruction (DI) as a combined intervention to improve the basic reading skills of children with emotional and behavioural difficulties (EBD).

This project arose primarily out of discussion between myself and Senior EP regarding my professional development needs, one of which was to gain more experience delivering training. Staff at a Short-Stay School (SSS) had requested training from the EPS in Precision Teaching (PT) as part of drive towards improving the literacy skills of children with emotional and behavioural difficulties in their setting. I was allocated the task of delivering this training and in negotiation with the SSS staff, then created a project whereby training covered both PT and DI (as complimentary approaches) and was followed by an intervention period with pre- and post-measures to demonstrate impact. Key learning points for myself related to effective training delivering (e.g. issues of follow-up, organisational constraints and meaningful evaluation).

PPR3: An account of Cognitive Behavioural Therapy (CBT) as an intervention to support a young person at risk of emotionally based non-attendance (EBNA).

This report arose out of my 'patch' casework in Summer 2011, as well as from my own personal interest in developing professional skills to work therapeutically with children and young people. The pupil concerned was at risk of emotionally based non-attendance (EBNA). I undertook a thorough process of assessment, problem formulation and therapeutic intervention within a Cognitive Behavioural Therapy (CBT) framework over the course of 5 months, covering transition from middle to high school. Numerous points for critical reflection arose making this a meaningful learning curve. Issues relating to motivation to change and the ethics of encouraging

behavioural change where strategies may be adaptive and functional to the individual, were particularly highlighted. The influence of family context and importance of working with other agencies were also key learning points.

PPR4: Appreciative Inquiry (AI): An organisational change process and it's relevance to reducing occupational stress relating to job insecurity.

My fourth and final PPR4 was a longitudinal study that took place over the course of approximately 18 months (November 2010 – June 2012). This report is an account of my involvement (as a member of the planning group and as a participant) in an Appreciative Inquiry (AI) process that took place within the EPS itself to facilitate change in our practice. The specific focus of the AI was on communication with schools (in all it's forms) and sought to facilitate EPs sharing and developing good practice. This PPR sought to give an account of this process with reflections on each stage that will support future AI ventures in the service. Furthermore the report highlights the benefits of empowering practitioners with control to make changes at individual and service levels, at a time when high levels of anxiety and uncertainty were being experienced due to changes and restructuring at the LA level. Thus the benefits of the AI process in relation to occupational stress are discussed.

1.5 Reflections

The PPRs in Volume Two of this thesis represent work at the individual child level and at the organisational levels of schools, the community and the EP service, which is reflective of the range of work undertaken by qualified EPs also.

The activity detailed in PPRs 1, 2 and 3 enabled me to build and maintain links with schools and other professionals in my 'patch' as well as the wider local authority, which has facilitated my routine work as a TEP beyond the scope of these reports. The work undertaken in PPRs 2 and 3 have had a positive impact for the individual children/young people involved, whilst the work detailed in PPRs 1 and 4 have had benefits for the organisations of schools and the EPS.

The range of topics covered in the four reports has developed my own knowledge and understanding of each area. In particular I feel I have a heightened awareness of issues relating to effective delivery of training, which incorporates meaningful evaluation as an integral part (PPR2). I particular enjoyed the way in which the AI process detailed in PPR4 developed relationships with colleagues within the EPS and has also equipped me with a framework for organisational change that I can apply to my schools work in the future. Furthermore, I feel that my therapeutic skills working with individual young people, and my awareness of both the practical and ethical issues associated with such work, has greatly developed with the work undertaken for PPR3. This is an area of particular interest to me and I have continued to develop my practice through a monthly CBT supervision group since completing this PPR. Finally, all four PPRs have developed my research skills (i.e. designing questionnaires, engaging in interviews, analysing quantitative and qualitative data, selecting meaningful pre and post intervention measures for groups and individuals), which I consider to be a highly valuable skill set to take into a career as a qualified EP, especially in the current climate of traded services and the need to prove our 'worth' through offering breadth and quality of services.

1.6 References

Office for Standards in Education (Ofsted). 2008. **Joint Area Review: Worcestershire Children's Services Authority Area: Review of service for children and young people.**

Office for Standards in Education (Ofsted). 2010. **Worcestershire Inspection of safeguarding and looked after children services.**

CHAPTER TWO: PROFESSIONAL PRACTICE REPORT ONE.

EVALUATION OF AN EARLY YEARS OUTREACH SERVICE FROM SPECIAL SCHOOL TO MAINSTREAM PRE-SCHOOL SETTINGS

ABSTRACT

This study aimed to evaluate the efficiency, impact and value of the Early Years Outreach support service provided by a specialist school to numerous local mainstream pre-school settings. The evaluation was commissioned by the special school Head Teacher and Outreach service Manager. The Research and Development in Organisations (RADIO) model was used to structure the approach to evaluation. Data was gathered through the distribution of questionnaires to all pre-school settings with experience of Outreach support, followed by semi-structured interviews with five settings. Data was subject to both quantitative and qualitative analysis using Excel software and thematic analysis. Key sub-themes were created within the key themes of: process, impact and value. Findings indicate that generally the service was recognised to have a positive impact on outcomes for children, social inclusion and staff skills and abilities. Furthermore the service was valued in terms of delivery style, uniqueness of service and facilitation of access to wider support. Some barriers were identified in terms parental understanding and perceptions of the service and issues of access. Recommendations for future developments to improve the service are discussed, as well as consideration of the implications of findings for the practice of educational psychologists (EPs).

1.0 INTRODUCTION

1.1 Inclusive education and the development of special school Outreach services

Policy, legislation and practice in special and inclusive education have been the source of much debate over time. Trends in thinking have fluctuated, often dependent on contextual, economic and political factors as much as theoretical philosophies and ideals. The 1978 Warnock Report is usually considered critical in terms of laying the foundations for the special education system we have presently. The 1981 Education Act, which was strongly influenced by the Warnock Report, introduced the concept of special educational needs (SEN), with guidance indicating that approximately 1 in 5 children may experience some difficulties; that 18% of these were to be supported in mainstream education and only 2% were expected to need special provision. At this time there also emerged the philosophy that inclusion into mainstream education was the best and indeed the right thing, for children with SEN. However, variations existed between different local authorities in terms of how the 1981 legislation was interpreted and implemented. In 1994 the Salamanca Declaration (UNESCO) again emphasised the importance of including children with disabilities and encouraged schools to adopt inclusive policies, further promoting the inclusion agenda, influencing Government policy and sparking debate around whether special educational provision should exist at all. At the same time, the Special Educational Needs Code of Practice (1994) was introduced and aimed to enhance the capability of mainstream schools to identify and meet the diverse needs of pupils with SEN.

Recent research indicates that what matters most for children with SEN is the quality of the provision, rather than location (Frederickson & Cline, 2002; DfES, 2004; HMCI/OfSTED, 2006). Thus inclusion may be best understood as a dynamic process of assessment and identification of the needs of children with SEN in order to provide a package of educational provision that best meets those identified and individual needs. Provision that is considered inclusive (by many but not all commentators) is neither wholly mainstream or wholly special but rather may exist somewhere along a continuum which includes options such as mainstream with additional support, bases or units attached to mainstream, split placements between special and mainstream and so on. The possibilities are numerous and should be tailored to ensure the child is able to access learning, reach their potential and also participate socially within the school community. Booth et al. (2000, p12) summarise that inclusive education may be usefully understood as:

> *"a set of never ending processes….It requires schools to engage in critical examination of what can be done to increase the learning and participation of the diversity of students within the school and its locality".*

Mainstream and special schools are usually seen as opposing rather than mutually sustaining facilities (Fletcher-Campbell & Kington, 2001). However, numerous research studies identify some form of collaborative working as key to effective inclusive practice. Amongst other factors found in successful inclusion are: a commitment to collaborative planning (Ainscow, 1995); professional development that builds collaborative work structures, joint problem solving and the sharing of expertise (McLaughlin, 1995); and support from special education personnel (Scruggs & Mastropieri, 1994). The Outreach services offered by many special schools to mainstream settings may be

viewed as one mechanism whereby expertise may be shared and collaborative working practiced. By providing Outreach services to the surrounding mainstream settings, special schools can support their own pupils to spend increasing amounts of time in mainstream provision, support mainstream pupils who have complex needs and/or are in danger of exclusion and also demonstrate specialist methods of teaching, curriculum materials and equipment to mainstream staff (Mittler, 2002).

The contribution of Outreach services is one that has been encouraged through government policy, which recognises collaboration between mainstream and special schools as key to achieving effective education for all. In 1998 the government outlined it's intention to (DfEE, 1998; p43):

> *"redefine the role of special schools to bring out their contribution in working with mainstream schools to support greater inclusion"*.

The government made a commitment to disseminate the good practice that exists in special schools through collaborative working with mainstream and wanted special schools to operate as *"outward looking centres of excellence"*, capable of flexible working practices. By 1999, OFSTED (p14) reported:

> *"indications of a gradual increase in the number of special schools that have developed outreach services to support their own or other schools' pupils in mainstream and primary schools".*

In 2004 the government continued to seek to develop the role of special schools to include the provision of Outreach support; Local Authorities were encouraged to (DfES, 2004; p35):

> *"consider the potential of special school outreach to complement existing advice and support services, and plan strategically to promote such developments".*

It is the Outreach Support service developed by Valley Special School (pseudonym) in Worthshire Local Authority (pseudonym) that will form the focus of this research.

It is worth noting at this point that despite the gathering of momentum towards increasingly inclusive practice over the past 30 years, the recent change in government may mark a change of direction. In 'The Coalition: Our Programme for Government' (HM Government, 2010; p29) the new Government state they will *"remove the bias towards inclusion".* This declaration may have far reaching implications for special schools and their Outreach services which have ultimately developed in order to promote the inclusion of pupils with additional needs in mainstream settings.

The following review of research and literature concerning Outreach services is divided into three sections considering the benefits of Outreach, features of effective Outreach practice and difficulties facing Outreach services.

2.0 LITERATURE REVIEW

2.1 Benefits of Outreach services

Outreach services can take many different forms depending on the resources of the school offering the Outreach and the needs of those settings receiving Outreach. According to Ofsted (2005) the Outreach activities that have greatest impact are: support to assess pupils' needs; team teaching and mentoring; observations and feedback to teachers and other support staff; identification of appropriate resources; time for teachers to reflect on their teaching, share concerns and plan more successfully for individual pupils; demonstration of lessons with sufficient time to discuss teaching approaches and resources; and whole school training on specific teaching strategies (especially when followed by opportunities for observation). The benefits of Outreach services identified in research are summarised in Table 1.1:

Table 1.1: Benefits of Outreach services offered from special to mainstream settings.

Identifying authors	Benefits
Ainscow et al. (1999)	• Promoting collaboration between special and mainstream schools; • helping to maintain children with SEN in mainstream placements; • facilitating the sharing of complementary expertise and resources; • providing opportunities for professional development on both sides.
Fletcher-Campbell & Kington (2001)	• enhancing the capacity of mainstream schools to provide for a wider range of pupils; • enabling children to be supported in their local school (and therefore remain as part of their home community) rather than traveling distance to special schools.
Mittler (2002)	• facilitating genuine inclusion, not just integration; • supporting inclusive practice in mainstream via experience of special education staff; • presence of Outreach staff in school may reassure mainstream staff that support is available.

When considered altogether, these benefits illustrate how Outreach services enable special schools to take a positive role in supporting changes in attitudes and practice, thereby facilitating the commitment to inclusion to be translated from philosophy into action (Ainscow et al, 1999). Furthermore, Mittler (2002) argues that the existence of Outreach services, facilitating collaboration between mainstream and special schools, enables the UK's *"strong special school tradition"* and *"new commitment to inclusion"* to evolve together rather than being mutually exclusive and contradictory concepts.

2.2 Effective Outreach practice

Effective practice in Outreach services does not appear to have been extensively researched. Nonetheless factors identified as being key to effective Outreach practice and/or collaborative working between special and mainstream settings are summarised in Table 1.2:

Table 1.2: Factors associated with effective Outreach and/or collaborative practice.

Identifying authors	Factors
Carpenter et al. (1988)	• communication between mainstream and special staff; and • mainstream staff having an identified person to work with.
Mittler (2002)	• positive attitudes of both sets of staff; • joint planning; • clarity regarding the nature and aims of links and whose needs are being served; and • having a clear policy for operation.
Ofsted (2005)	• working effectively with school improvement services to target resources; • planning services coherently within an LEA to avoid overlap with other work; • having written agreements describing the level of services which should be delivered; • staff commitment to inclusion; • high quality advice and support based on extensive specialist knowledge not otherwise available to mainstream school; • coaching for teachers through demonstrating effective strategies; • specialist expertise of staff i.e. staff currently practicing teachers thus advice rooted in practical experience; • strategic whole school development; • involvement of other agencies within outreach offer (e.g. SaLT); and • ongoing training for Outreach staff.
Rose & Coles (2002)	• role clarification; and • professional development of staff.

2.3 Difficulties facing Outreach services

Research also suggests that there are difficulties within Outreach practice and provision. Ofsted (2006, p4) reports that mainstream and special schools often struggle to establish an *"equal partnership"* and that *"good collaboration is rare".* Mittler (2002) warns that where Outreach staff act as 'experts', there is a danger of reinforcing mainstream staff attitudes that special training and special school experience is necessary to teach children with SEN and therefore the experience of

receiving Outreach support may in fact be disempowering to staff. Furthermore, Mittler (2002) describes how Outreach staff rarely receive training in consultancy skills and can lack tact and sensitivity in communication with mainstream staff. This is especially important given the complexities of dialogue between staff from different backgrounds and contexts (Fletcher-Campbell & Kington, 2001). Conversely, from the point of view of the special schools providing the Outreach, there are challenges associated with serving wide geographical areas and also considerable resource, administration and management implications to running the service. (Fletcher-Campbell & Kington, 2001).

A further complication in the provision of Outreach is the lack of coherence at both local and national levels regarding the nature of Outreach services. Ofsted (2005) identified that little guidance has been given by the Government as to how Outreach Services should be developed or fit into local provision. Ongoing reorganization at Local Authority levels will impact on staff, school and service stability, whilst there may also be very variable rates of uptake with some mainstream schools accessing Outreach frequently whilst others are less receptive (Attfield & Williams, 2003). Furthermore, nationally there is weak evaluation of special school outreach services (Ofsted, 2005). Fletcher-Campbell and Kington (2001, p1) note that:

> *"the lack of a substantial corpus of research examining the way in which special schools interact with other schools within a national educational system is noteworthy and surprising".*

2.4 Evaluation research

Evaluation is a rapidly growing field of research and activity, especially within public services such as education, health and social services where accountability is of growing importance (Robson, 1997). The lack of evaluative research, local or national guidance around effective Outreach practice makes the ongoing provision and development of such services challenging for settings seeking to do so. The Valley Special School requested educational psychology input to gain some independent evaluation of their Outreach service that would: a) demonstrate the value of what exists; and b) refine those aspects of the service that may be improved. This was considered important in order to develop a more robust and sustainable service within the current climate of change, budget cuts and stream-lining of services.

Shufflebeam (2000) defines evaluation as: *"a study designed and conducted to assist some audience to assess an object's merit and worth."* The purpose of evaluation is likely to be to assess the effects and/or effectiveness of an intervention, policy, practice or service. There are numerous models of evaluation, classified differently by different authors in the field. For the purposes of this discussion, evaluation research may broadly be understood within four main categories: results or outcome oriented approaches; stakeholder or participatory approaches; theory based approaches and system evaluation approaches (Timmins, 2010). The specific evaluation design that is selected will be determined by both the purpose and the object of evaluation as well as other 'logics' that exist in practice (Hansen, 2005).

For the purposes of this study a stakeholder model seemed most appropriate as: a) the purpose of the research was to learn (i.e. what 'works', what doesn't and how can we develop the service); and b) the stakeholders (Headteacher of the Special school and Outreach Service Manager) were in a position to influence the programme being evaluated (Hansen, 2005), thereby making the research purposeful. The Research and Development in Organisations (RADIO) (Timmins et al., 2003; 2006) is a model that may be used to facilitate a stakeholder model of evaluation. This model was selected as oppose to other participatory frameworks for research for the following reasons. Firstly, other participatory frameworks such as Appreciative Inquiry (Cooperider et al, 2007) and Empowerment Evaluation (Fetterman, 2002) require longer time scales and a greater commitment of time from the stakeholders themselves than the RADIO model, both of which we did not have in this case. (However, please see PPR4 for record of the Appreciative Inquiry process applied to facilitate organisational change in an EPS). Secondly, the RADIO model provides a useful structure for the research process with eight clearly defined stages through which the researcher and stakeholder(s) can work together in order to facilitate a collaborative process that elicits and defines the needs of the client. This was important as initially the client was keen to address a number of potential research questions and thus needed support to clarify and focus the research so as to create a realistic project. Thirdly, there is an existing evidence base for the use of RADIO in educational contexts and within the research conducted by EPs which gave me confidence in terms of the appropriateness of RADIO for use in my context (Timmins et al., 2003; Timmins et al., 2006).

3.0 METHODOLOGY

3.1 Evaluation Design

Research and Development in Organisations (RADIO) (Timmins et al., 2003; 2006) was selected as an appropriate model for evaluation as it enables cooperative enquiry between the researcher and the stakeholders regarding their own practice. By engaging the stakeholders in the research process there is an increased likelihood that research findings will be acted upon and that recommendations and changes in practice will be ongoing beyond the life of the research project. See Appendix A for an outline of the stages of the RADIO model and how these were implemented in the evaluation process.

The focus of the study was to evaluate Outreach practice as it is naturally occurring and to promote development of this particular service. The key research questions were developed as detailed in Appendix A through discussion with the stakeholders, the school Head Teacher (HT) and the Outreach service Manager (OM). These questions may be summarised as:

1. Is Outreach perceived by pre-school settings to be delivering an efficient service?
2. What difference (impact) does Outreach make to the children and staff receiving the service? Specifically, does Outreach facilitate a successful model of inclusion?
3. Is Outreach valued by pre-school settings?
4. How can the Outreach service be improved?

In order to answer these questions, it was decided through discussion between the Trainee EP (TEP), special school HT and OM that research would focus on gaining views from the staff in those pre-school settings that had received Outreach support over the previous two years.

Constraints of both timescale and available resources governed to some extent the development of the methodology. A questionnaire (see Appendix D) was developed to be sent to all pre-school settings that had received or were receiving Early Years Outreach Support from the Valley School (20-30 settings in all). This questionnaire was to be followed up with more in-depth semi-structured interviews (see Appendix E) with selected settings. This mixed-method approach reflects a critical realist epistemology in so much as both quantitative and qualitative data are valued; objective, summative data were to be sought via the questionnaires, whilst further exploration and interpretation of perceptions was to be sought via both questionnaires and interviews. Details of how the questionnaire and interview schedule were developed are given in Appendices B and C.

3.2 Reliability and validity

Both the questionnaire and the interview used to collect data in this study were self-report techniques and thus rely upon the respondents being able and willing to give accurate and complete answers to the questions (Breakwell, 2000). Potentially, this has implications for both the reliability and the validity of the results gained. Problems can arise if the research question and aim is known by participants (as was the case) and if, within its wording there is an implication of a preferred

outcome, which may elicit biased or untruthful responses (social desirability). Therefore, in order to ensure practitioners did not feel expectation and pressure to give answers that were more positive regarding the Outreach service they had received than was actually the case, the following steps were taken: 1) the researcher ensured respondents knew that the researcher was an objective third party conducting research on behalf of the Valley school (i.e. not a member of the Outreach team or employee of the Valley school); 2) the researcher explained at the beginning of the interview that interviewees should feel free to be as honest as possible because without this feedback the Outreach service cannot develop and improve; and 3) respondents were not required to give identifying details on questionnaires and were informed that interview transcripts would be annonomised, both of which aimed to encourage respondents to be confident in the knowledge that their responses would not be linked back to them at a later date.

A second potential threat to both the reliability and validity of the study was researcher effects as a consequence of the researcher being participant in the interview process. The characteristics of the interviewer (gender, dress, age, demeanor etc) may affect the interviewee's willingness to participate and to answer accurately e.g. people engage in more self-disclosure to an interviewer they think is similar to themselves (Breakwell, 2000). In order to counteract this, the same interviewer conducted all interviews thus ensuring a consistent experience for all interviewees. Furthermore, I attempted to pre-empt any issues relating to perceptions of power and status by emphasising my position as a trainee EP and thanking them for their help in contributing to the research.

Thirdly, semi-structured interviews have reduced standardisation by comparison to structured interviews (e.g. due to the use of prompts and probes). Therefore every attempt was made to use only those probes agreed before the interview and detailed on the schedule (see appendix E) and to use them with consistency across interviews in order to maximise information elicited without compromising validity.

Finally, the reliability of results could potentially have been compromised by the sampling method. The Outreach Service Manager selected those settings to participate in interviews and therefore could have selected those whom she felt would give positive feedback and not those where difficulties had arisen. However, I felt it more likely that the OM selected a range of settings due to the fact the stakeholders had themselves commissioned the research and were keen to find out how the service could be improved i.e. were *inviting* constructive criticism. Furthermore, the questionnaires were sent to all settings who had received Outreach support to ensure that all views were represented, thus balancing an bias that may arise through the selection of settings for interviews.

3.3 Data analysis

Data gained via the questionnaires was accumulated and analysed using Excel spreadsheets. Data from the short answer questionnaire items and interviews was analysed using thematic analysis (Braun & Clarke, 2006) in order to gain an understanding of the main themes emerging from the

data which may then be used to answer the original research questions and generate potential recommendations for future practice.

Thematic analysis is a qualitative analytic method within psychology used for identifying, analysing and reporting patterns (themes) within data. According to Braun and Clarke (2006, p82) a 'theme' is something that:

> *"captures something important about the data in relation to the research question and represents some level of patterned response on meaning within the data set."*

Thematic analysis involved the following 6 stages (Braun & Clarke, 2006): 1) familiarization with the data; 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) refining and naming themes; and 6) producing the report. Description of data will be given in the following Results section, whilst interpretation and implications will be explored in the Discussion section.

3.4 Ethics

The methodology was designed with consideration of the British Psychological Society (BPS) Code of Ethics and Conduct (2009). Respondents to the questionnaires and participants in interviews were fully informed of the nature and purpose of research in written and/or verbal form prior to giving their consent to take part. There was no deception involved. Participation was on a voluntary basis; there were no consequences attached to not returning questionnaires and or declining the opportunity to be interviewed. Both questionnaires and interviews were completed anonymously; no personal or identifying data was held on file by the researcher. Participants were assured of

confidentiality. Interviewees were treated with respect and the study presented no threat of physical or emotional harm. Work was negotiated with those for whom the findings may have repercussions (i.e. special school HT and OM).

4.0 RESULTS

In the following section results from both the questionnaires and interviews are presented together in relation to each of the 4 research questions. Questionnaires were distributed to 25 settings who have previously and/or are currently receiving support from The Valley Outreach service. Fourteen settings returned completed questionnaires; a return rate of 56%.

Transcripts from 5 interviews were coded and codes organised into themes that related to the original research questions. The data produced was rich and diverse therefore the following constitutes a summary of the *key* emerging themes; it is not possible to include discussion of every detail raised by each interviewee. Three main themes were developed: process, impact and value (see Appendix F for the final thematic map). Within these themes, numerous sub-themes emerged, some of which linked to more than one theme e.g. 'content develops over time' was a sub-theme that linked to discourses of both 'process' and 'value' but for the purposes of clarity is discussed within 'value' theme. In the following section each theme is supported by key exemplar quotes from the interviewees.

4.1 Background contextual data

Figure 1.1 indicates that pre-school settings most frequently accessed the Outreach service to meet the communication, language and literacy (CLL) needs and the personal, social and emotional

development (PSED) needs of children in their care. By comparison, other areas of development as outlined in the EYFS framework (2008) were much less frequently cause for referral to Outreach.

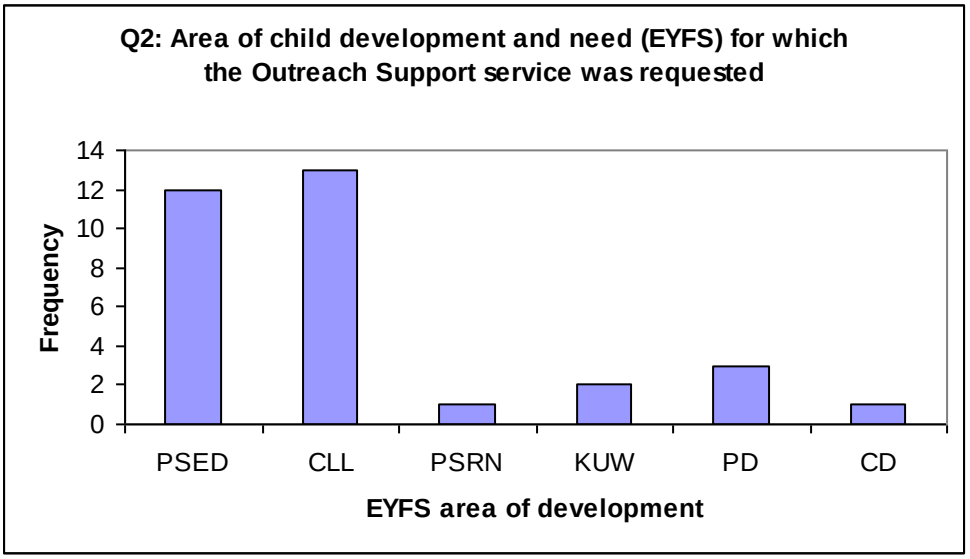

Figure 1.1: Total frequencies of settings accessing Outreach support to meet needs of children within EYFS categories (PSED = personal, social and emotional development; CLL = communication, language and learning; PSRN = problem-solving, reasoning and numeracy; KUW = knowledge of the world; PD = physical development; CD = creative development) (N=14).

Figure 1.2 illustrates the content of Outreach support received by settings and indicates quite a breadth, with most settings reporting a range of activities within overall Outreach involvement. Nevertheless, Outreach most frequently took the form of consultation and advice to staff re: developing communication (*N*=12), direct work with the child (*N*=11), assessment and identification of the needs of children (*N*=11), identification of appropriate resources (*N*=10) and observations and feedback to staff (*N*=10). By comparison Outreach support least frequently involved help setting up technology/technical aids/computer software (*N*=1), support and advice during transition periods

(*N*=3), working on curriculum materials (*N*=3) or demonstration of good practice in the specialist setting (*N*=3).

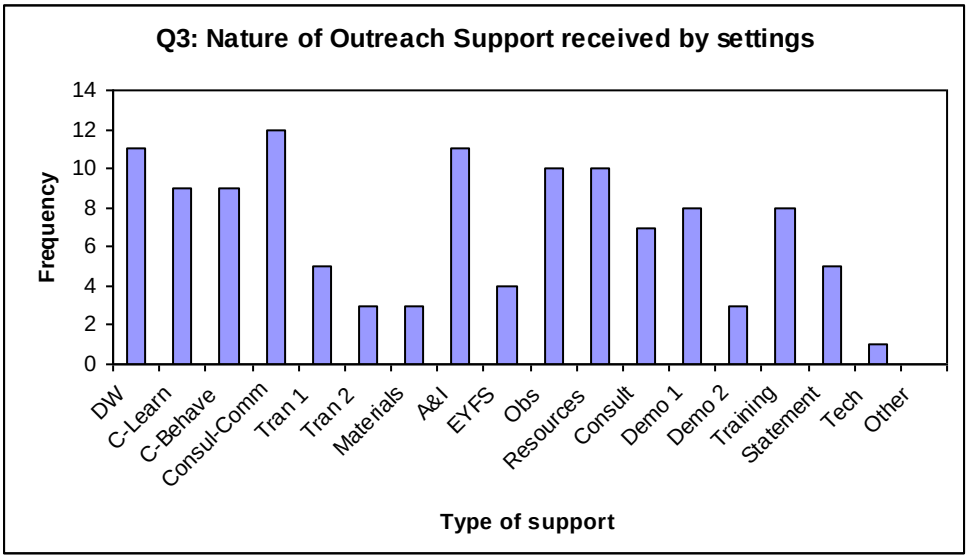

Figure 1.2: Total frequencies of different types of Outreach support activities received by pre-school settings (N=14).

4.2 **Research Question 1: Is Outreach support perceived by pre-school settings to be delivering an efficient service?**

4.2.1 Questionnaire data

Table 3.1 suggests that overall, settings rated the Outreach service very favourably in relation to all of the 6 standards for SEN support and Outreach services (DCSF, 2008). 92% of settings felt it was 'very true' that the Outreach service involved parents in consultation and intervention (Standard 3); 85% felt it was 'very true' the Outreach service had a clear purpose that relates to the setting and

children's needs (Standard 5) and 77% felt it was 'very true' that the service promotes interventions based on specialist knowledge and expertise (Standard 2). A greater spread and ambiguity of responses were given in relation to Standard 1, 4 and 6 (see Table 3.1) though the majority of responses were positive (i.e. 'quite true or 'very true').

Table 3.1: Performance of the Outreach service in relation to the six Quality Standards as perceived by pre-school settings and presented as percentages of total responses (N=14).

Quality Standards (summarized)	Not true	Somewhat true	Quite true	Very true
1. Progress towards outcomes systematically recorded & monitored	8%	15%	15%	62%
2. Promotes use of interventions based on up-to-date specialist knowledge & expertise	0%	8%	15%	77%
3. Parents consulted & involved in supporting the learning & development of their child	0%	8%	0%	92%
4. Clear outcomes negotiated with service user/setting & culture of dependency avoided	0%	8%	31%	62%
5. Clear purpose taking into account LA policies, needs of the setting & of the CYP	0%	8%	8%	85%
6. Feedback about interventions is regularly collected & used to improve quality of service	8%	0%	31%	62%

4.2.2 Interview data

Theme one: Process

- Access to the service. An interesting contrast emerged between the perceived accessibility of Outreach prior to vs. during involvement. Settings reported not having heard of the Outreach service previous to being signposted to them by their Area SENCo or having come across them

"by accident", whilst others expressed concern that the Outreach service is not very visible and so smaller settings may not know of it. However, once linked with Outreach involvement, all settings spoke positively of the relationship formed, commenting that support was always at the end of the phone either between visits or after support was officially closed.

> *"Now if I have a problem I know I can go direct to them. They operate a kind of 'open door policy' and I know I could call them right now."*
>
> *"They were really easy to access; really helpful and supportive; they're on the end of the phone if you have questions in between visits."*
>
> *"Only thing is I don't know who knows about it. Smaller settings that don't go on the courses we do, I'm not sure how they would access it. It was just by chance that we found out."*

- Approach and style of delivery. There was some diversity in settings' experiences of the approach and style of delivery from Outreach. Most of those interviewed felt that a real partnership had been formed, that non-judgemental support and positivity had been given. However, a minority felt that they had been given instructions rather than suggestions of what to do and the strategies, although good in theory, were experienced by staff as unreasonable in their setting and/or pushing the inclusion agenda for one child which was incompatible with approaches in the setting as a whole. In addition to this a minority reported concern around the assertive approach of Outreach when handling parents who were feeling vulnerable and fearful, coming to terms with their child's SEN.

"We had a couple of sessions and then she said 'this is what you need to do, we will do this'…but they don't just tell you what to do, they help you do it – she was very open and listened to us…They told us what they could offer and what they expect to be able to do and to achieve in this time…it was all very organised and smooth."

"We never felt intimidated, never felt we were doing things wrong. They were really supportive and she just fitted in. It was very joint working – felt like a partnership. Felt like two-way appreciation in that she knew that whatever she said would be put in place."

"It was 'you will' rather than 'you may like to', we were bombarded at first. Visiting the Valley should be the initial step and making links because then we could see what they were talking about and it was less abstract; would've made the process more smooth rather than fraught."

- Stigma (parent perceptions) as a barrier. An interesting discussion emerged in some interviews whereby interviewees explained that they as practitioners understood and valued the Outreach service, however struggled to 'sell' the service to parents who had negative perceptions of The Valley school and consequently any service coming from the establishment. Parents misconceptions around what Outreach support meant was also raised as a barrier to engagement e.g. belief that Outreach was a first step to their child attending special school full-time and forever, rather than a means of maintaining their place in mainstream provision.

"The name of the service doesn't help. In this area particularly families have stayed around so some of our parents have attended The Valley – local perception is that it is a bit of a dumping ground for no hopers who aren't going to succeed so as soon as I said 'The Valley' parents were like 'No' – it was a big issue. Seems as if we are accepting defeat and their child is going to 'The Valley'. Parents don't see that Outreach may be a short term measure and children may go to mainstream in the end. That's not evident to parents. As practitioners we understand their service; the problem is we have to sell the service to the parents. They feel quite vulnerable and frightened. In their heart of hearts they know there's a problem. Once parents understand it (outreach) they wish they'd done it earlier. She (mum) can see now the long-term benefit of that early intervention – it's getting that over to parents."

4.3 Research Question 2: What difference (impact) does Outreach Support make for the children and staff receiving the service? Specifically, does Outreach support facilitate a successful model of inclusion?

4.3.1 Questionnaire data

Table 3.2 indicates that for the majority of settings key outcomes of Outreach support for staff were increased skills and abilities to meet children's needs (85%) as well as increased understanding of children's needs (77%). In terms of outcomes perceived for the setting as a whole, 84% felt that it was 'quite true' or 'very true' that the learning environment had been developed, 75% that the role of the 'key person' had been developed and 75% that links with other agencies had been developed. However, Outreach supporting the development of links with the community received a more ambiguous range of responses.

In terms of outcomes for children, according to Every Child Matters (ECM, 2003) areas Outreach support was perceived by settings to have greatly supported children to enjoy and achieve (77%), engage in active learning (85%) and to participate and contribute with peers (77%); whilst the stay safe (38%) and be healthy (31%) outcomes were by comparison less strong. Outcomes for children in relation to EYFS areas of child development reinforce the trend noted in responses to Question 2. 93% of settings reported that Outreach had supported children's development of communication, language and literacy, whilst 85% reported that support received had helped develop children's

personal, social and emotional development (both 'quite true' and 'very true' responses). However development within other areas of the EYFS framework were less strongly reported as outcomes.

Table 3.2: Impact of Outreach support in relation to outcomes for staff, settings and children (ECM and EYFS targets) as perceived by pre-school settings and presented as percentages of total responses (N=14).

	Not true	**Somewhat true**	**Quite true**	**Very true**
Outreach input has increased staff…	**%**	**%**	**%**	**%**
..skills & ability to meet children's needs	8	0	8	85
..confidence to meet children's needs	8	0	23	69
..understanding of children's needs	0	8	15	77
..capacity to support children's learning	8	0	23	69
..ability to engage parents as partners	8	8	58	25
..observation skills	15	0	46	38
..assessment skills	15	0	46	38
..planning skills	17	0	50	33
Outreach input has supported the development of…				
..the role of the Key Person (adult/worker)	8	17	8	67
..the learning environment	8	8	42	42
..links with other agencies	8	17	17	58
..links with the wider community	25	17	33	25
Outreach input has supported children to…				
..enjoy play & exploration	8	8	8	77
…engage in active learning	0	15	0	85
..participate & contribute with peers	0	8	15	77
..stay safe	23	15	23	38
..be healthy	23	23	23	31
..transition successfully to a mainstream setting	23	8	23	46
..develop personal, social & emotional skills	0	15	23	62
..develop communication, language & literacy	0	8	31	62
..develop problem solving, reasoning & numeracy	15	31	31	23
..develop knowledge & understanding of the world	15	31	15	38
..progress physical development	8	31	15	46
..progress creative development	15	38	31	15

4.3.2 Interview data

Theme 2: Impact

- Positive outcomes for 'target' children. Outcomes of Outreach involvement for children were generally discussed in terms of: improved communication; reduced frustration and related behavioural difficulties; social inclusion in the wider context of the setting and friendships with peers; successful transition to mainstream school with reduced likelihood of exclusions or reduced timetables. Such positive outcomes were often attributed to having started early, accessed the relevant professionals and putting together appropriate support packages - all with Outreach support and guidance.

> *"The first child they (Outreach) supported, when he first came to us he was communicating by pointing and making grunting noises. Now he's gone into First school, able to talk, making friends, hitting all the targets they set him."*
>
> *"The children we worked with in Nursery are more successful in Reception because we started early. They're coping so well because we've got things in place…The environment became more friendly to them. The climate they were learning in was adapted to make sense to the children we had so that they were then set up to succeed."*

- Inclusion. A diversity of feelings regarding inclusion was evident in the interview sample. Some settings valued and embraced strategies that enabled the child not to "miss out" and to communicate with adults and interact with peers. However, others found the focus of Outreach support on the one 'target' child difficult to assimilate into their practice, feeling a tension

between the apparent focus on this one child and their "duty of care" to the other children in their setting. For some there was an opinion that they couldn't (and shouldn't) adjust the environment and/or approach as much as was being suggested for just one child; a feeling of unreasonable expectations in a "setting like this".

> *"We noticed the other children started to sign to each other, copying the staff. The other children seemed to pick it up and know that they needed to use different forms of communication with him."*
>
> *"I was somewhat unhappy with the process…it was very much focused on that child which is difficult in settings such as ours where we have to be concerned about the other 20 children; we have a duty to the other children."*
>
> *"It was difficult for other children to understand why certain children might be treated differently, like why he was not expected to sit on the carpet as quickly or as well as others or got more time outdoors. It was difficult in group situations where strategies would work 1:1 but weren't kind of 'socially acceptable' for others."*

- Increased staff skills and abilities. Outcomes of Outreach involvement for staff were generally discussed in terms of: having increased knowledge and understanding of individual needs; an increased bank of resources and strategies for communication (especially visual resources); increased confidence to 'cope' with other children's needs in the future; opportunity to reflect and learn; improved team cohesion and shared understanding; increased awareness and reorganization of the learning environment; renewed appreciation of and efforts towards effective home-school liaison; feeling equipped to reassure parents. In only one case did the setting manager feel that her staff's confidence levels had not been improved.

"It's left us with the tools to work with all children…given us the building blocks for all children so we can support them whatever their needs. It's given us confidence in our own approach. I think if we had similar children again we would be able to meet their needs – we've got the building blocks now."

"We've developed so much as a team, given us bigger understanding. We've all come from different backgrounds so the whole experience united staff, brought us together."

"Helped me to reflect on things; very good at talking things through because I wasn't experienced in early identification."

"Gave the child's key worker, who didn't have any experience with special needs, more confidence and she felt more positive about what she could do – it generated discussion amongst staff. Gave the key worker knowledge so it wasn't just me nagging; she could see the way forward."

4.4 Research Question 3: Is Outreach support valued by pre-school settings?

4.4.1 Questionnaire data

Figure 1.3 illustrates high levels of satisfaction with the Outreach service. Nearly half of the sample (43%) indicated that the service had 'exceeded their expectations', whilst a further 50% were either 'satisfied' or 'very satisfied'. No setting reported being 'not at all satisfied' and only 1 setting was 'somewhat satisfied'.

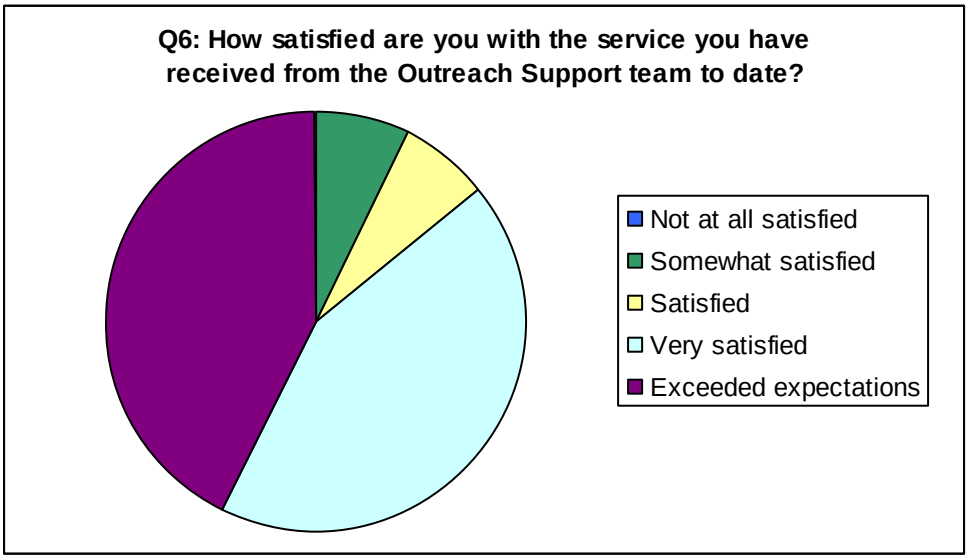

Figure 1.3: Level of satisfaction with Outreach service as reported by pre-school settings (N=14).

Figure 1.4 illustrates the likelihood of settings to recommend the Outreach service to colleagues in other settings (an indirect measure of satisfaction). Again, high levels of approval are reported with 93% reporting they would be either 'likely' or 'very likely' to recommend the service and only 1 setting responding 'do not know'.

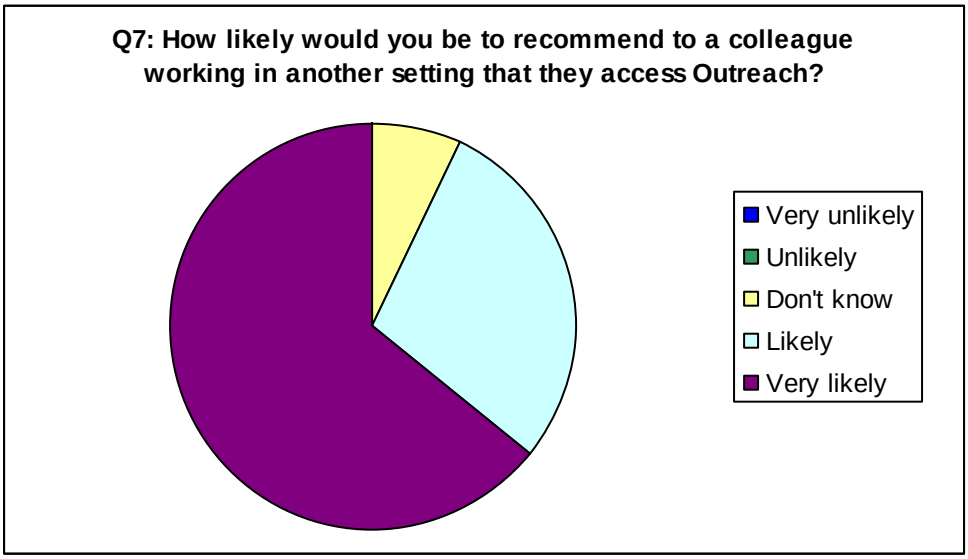

Figure 1.4: Likelihood of recommending the Outreach service to colleagues in another setting as reported by pre-school settings (N=14).

4.4.2 Interview data

Theme 3: Value

- Content (support) develops over time. Throughout the interviews a strong theme emerged whereby settings expressed how much they valued the nature of Outreach support in terms of being responsive to their needs and developing over time. Several settings emphasised how much more they valued the Outreach service in comparison to attending training or conferences where they may be "bombarded" with information and handouts. Instead there was clear appreciation of weekly visits from Outreach enabling them to take a 'plan-do-review' approach, developing strategies over time and according to their progress during each week, with ongoing advice from Outreach staff who were actually present in their setting. Also of particular value

was the fact the Outreach practitioner got "stuck in" and modelled the strategies in order for setting practitioners to observe; value was placed on being able to see strategies demonstrated and not just talked about or "thrown at you".

> *"Watching J in action, as a role-model made us feel it's ok to have a go, feel open to adapting and adjusting our approach….I honestly don't think you can go on a course to get that, you have to see it in action and develop strategies step by step."*
>
> *"When we've been on conferences you get bombarded with so much information, it's better to have something like Outreach that shows you how to do things and helps you develop strategies as you go along."*

- Unique service. The majority of interviewees expressed the opinion that they could not have coped or achieved the same outcomes without Outreach support and furthermore, could not think who else they might have accessed had Outreach not been available to them. In relation to this was discussion of the emotional, not just practical, support experienced at a time when they felt stretched and challenged (e.g. for one setting this meant during the build up to an OfSTED inspection and for another setting this was during a year in which 2 adults received a cohort of 26 children, 9 of whom had identified special needs).

> *"If it wasn't for them we wouldn't have got our Outstanding (OfSTED). They gave us the edge we needed."*
>
> *"She understood what you were going through and was a reassuring presence. You get emotionally attached to young children and especially those with SEN. It's a roller coaster – when they're doing well, you're doing well too, you're up with them but when they're down you go down too. She kept us sane. She was an absolute legend. I couldn't have done last year without her."*

- Facilitating wider support. This sub-theme encapsulates a feeling that many settings did not know what they should do in relation to involving other professionals, coordinating multi-agency meetings etc. Thus the facilitative role played by Outreach in coordinating these processes was highly valued by setting staff as the means by which they achieved early identification of needs and set up the necessary support beyond the pre-school and beyond Outreach involvement i.e. transition arrangements and ongoing support packages into First school.

> *"N really pushed having meetings and prompted us which professionals needed to be there – which was good because I wouldn't have known!"*
>
> *"They (Outreach) went into his First school and had conversations to prepare them for the needs of the child they were going to be receiving...(if Outreach support had not been available) then his First school would not have been as prepared for him as they were. N was very direct with them told them what they needed in place for him."*
>
> *"As Outreach support was ending N suggested a different outreach team to support us in Reception – the Inclusion Team – they're a bit different – work with the classroom, organisation and management not the children themselves but that's good for me as I'm new to Reception."*

4.5 Research Question 4: How can the Outreach support service be improved?

In terms of overall impressions and experience of Outreach support, all the interviewees spoke positively and clearly appreciated their input, with comments such as: *"We were very grateful to it; we found it really useful"; "They're just perfect, absolutely brilliant"; "Just fabulous"; "We can't speak highly enough of them";* and *"They were really kind, gave us so much".*

Nevertheless, via both the questionnaires and interviews some suggestions for the ongoing development of the Outreach service did emerge, often with more than one setting voicing the same thoughts. Please note that these suggestions are directly from interviewees themselves and not necessarily the recommendations of the author. See Appendix G for recommendations.

5.0 DISCUSSION

The views of pre-school setting staff regarding their experiences and perceptions of the Outreach service were collated through questionnaires and semi-structured interviews. Statistical and thematic analysis of their responses raised some useful and interesting answers to the original research questions posed by the stakeholders, the Special School Head Teacher (HT) and Outreach service Manager (OM).

5.1 Research Question 1: Is Outreach support perceived by pre-school settings to be delivering an efficient service?

Overall the Outreach service was very positively evaluated in relation to the six Quality Standards for SEN support and Outreach services (DCSF, 2008). Settings perceived the Outreach service as being particularly strong with regard to: involving parents in consultation and intervention; having clear purposes that relate to the setting and children's needs; and promoting interventions based on specialist knowledge and expertise. However, there was greater ambiguity in relation to systematically recording and monitoring progress towards outcomes, negotiating clear outcomes with settings and avoiding dependency and regularly collecting feedback about interventions in order to improve quality of service. These issues of monitoring and evaluation may be areas to consider for ongoing development and consistency across all settings, as joint planning, clarity regarding nature and aims and a clear policy for operation are all key to effective outreach practice (Mittler, 2002).

Throughout the interviews all settings spoke positively of the accessibility of the Outreach service in terms of availability and responsiveness. There were also significantly positive discourses around the approach and style of delivery with most settings perceiving a sense of partnership and non-judgemental support in both practical and emotional terms. This is especially encouraging as OfSTED (2006) reported that mainstream and special schools often struggle to establish equal partnerships and good collaboration. However, some barriers to efficiency of service were raised. Firstly, a minority of interviewees conveyed unease with the manner in which they had been supported. For some there was tension around the issue of inclusion whereby some staff felt the target child was unreasonably prioritised and that approaches were incompatible with the wider approach of their setting. In addition to this a minority reported concern in relation to parents in so much as, no matter how accurate the advice of Outreach may be, some parents struggled with the issues being raised due to the difficulty they were experiencing coming to terms with their child's SEN. Mittler (2002) observed that Outreach staff can sometimes lack sensitivity and consultancy skills, possibly due to lack of training and also due to their emersion within the special education arena making it harder to relate to those outside of it. Thus training and supervision in consultancy skills in order to facilitate effective communication with mainstream staff and parents may be recommended as a part, yet by no means full, solution to some of these issues affecting efficiency of service.

A second barrier to efficiency of service arose in terms of poor visibility and a lack of awareness and understanding of the service for some settings and parents. Numerous settings raised concerns of having not heard of the Outreach service prior to their Area SENCo signposting them to it or having

come across them “by accident”. Furthermore, some interviewees stressed that whilst they as practitioners understood and valued the Outreach service, they struggled to “sell the service to parents” who either lacked awareness of the service and/or held preconceived negative perceptions of The Valley school and consequently any service associated with it. Thus wider publicity of: a) the existence of the Outreach service; and b) the purpose and intended outcomes of involvement, may be recommended for the benefit of both settings and parents.

5.2 Research Question 2: What difference (impact) does Outreach Support make for the children and staff receiving the service? Specifically, does Outreach support facilitate a successful model of inclusion?

A great breadth of data emerged relating to the impact of Outreach for children, staff and parents, thus only highlights may be discussed here. In terms of impact for staff and specifically enhancing their capacity to provide for a wider range of pupils (Fletcher-Campbell & Kington, 2001), the evidence is mixed. Questionnaire responses indicated that Outreach tended to result in increased skills and abilities to meet children’s needs as well as increased understanding of children’s needs, however less convincing responses were given in relation to increased staff skills of observation, assessment and planning. Interview responses reflected a stronger sense amongst staff that in the event of receiving ‘similar’ children again they now felt better equipped and more confident to meet their needs, or at least now knew which services to go to for support.

In terms of outcomes for children, Outreach was perceived to have supported improved communication; reduced frustration and related behavioural difficulties; social inclusion in the context of the setting and friendships with peers; successful transition to mainstream school with reduced likelihood of exclusions or reduced timetables. Such positive outcomes were often attributed to having started early, accessed the relevant professionals and putting together appropriate support packages, all with Outreach support and guidance.

Social inclusion in the pre-school setting and successful transition to mainstream school were frequently cited outcomes of Outreach involvement. Evans and Lunt (2002, p6) discuss Outreach support as a *"weak form of inclusion"* whereby children with identified SEN are catered for on an individual basis and the mainstream setting does not have to adapt in major ways to the needs of the pupil. The responses from settings in this study would suggest quite the opposite to be true; that Outreach involvement resulted in significant adaptations to both the environment and staff practice with children. Whether these changes were perceived by the staff concerned as positive or negative varied. Most settings embraced strategies that facilitated successful inclusion and transition, however for some settings there were tensions around the perceived cost of this inclusion. The focus of Outreach support on the target child was experienced by some as difficult to assimilate into their practice, feeling strain between the apparent focus on one child and their duty of care to other children in their setting. Some held the opinion that they couldn't adjust the environment and/or approach as much as was being suggested and that expectations were unreasonable within their setting. Critically, staff commitment to inclusion is another variable identified in the literature as key to effective Outreach practice (OfSTED, 2005).

5.3 Research Question 3: Is Outreach support valued by pre-school settings?

High levels of satisfaction with the Outreach service were reported by settings. Nearly half of questionnaire respondents indicated that the service had 'exceeded their expectations', whilst a further 50% either 'satisfied' or 'very satisfied'. 93% reported they would be either 'likely' or 'very likely' to recommend the Outreach service to colleagues in another setting.

Interview data allowed exploration of which particular features of Outreach make it such a valued service. Firstly, settings valued the process by which Outreach support was delivered in terms of being responsive to their particular needs and developing over time. Several settings emphasised how much more they valued the Outreach service in comparison to attending training or conferences where they may be bombarded with information. Instead there was clear appreciation of weekly visits from Outreach enabling them to take a 'plan-do-review' approach to developing strategies over time and according to their progress during each week. Value was placed on being able to see strategies modelled by the Outreach practitioner and not just talked about or "thrown at you". Indeed OfSTED (2005) recognised that the coaching of teachers through demonstrating effective strategies is a key to effective Outreach practice. Secondly, the service was evidently considered unique in so much as the majority of interviewees expressed the opinion that they could not have coped or achieved the same outcomes without Outreach support and furthermore, could not think who else they might have accessed had Outreach not been available to them. Existing research suggests that just the presence of Outreach staff can give the reassurance mainstream staff

need that support is available, which may be considered a major benefit of Outreach services (Mittler, 2002). Finally, Outreach support was highly valued in terms of facilitating access to wider support both beyond pre-school. Many settings reflected that did not know what they should do in relation to involving other professionals and agencies. Thus the facilitative role played by Outreach in coordinating these processes was highly valued by setting staff as the means by which they achieved early identification of needs and set up the necessary support such as transition arrangements and ongoing support packages into First school. Again, OfSTED (2005) recognise that the involvement of other agencies within the Outreach offer is another key to effective practice.

5.4 Research Question 4: How can the Outreach support service be improved?

A number of areas for future development of the Outreach service have been highlighted during the discussion so far. However, several potentially useful and interesting suggestions were made by settings themselves (see Appendix G). Furthermore, a clear and significant emerging theme for development was the scope for work with parents. The message from settings seemed to be that they as practitioners understood and valued the service; however barriers lay in parents' lack of awareness and/or negative perceptions of the service and its link to specialist provision. Suggestions in relation to these issues included: using local press to raise a positive profile of the service; renaming the service; production of a pamphlet specifically to inform parents around purposes and outcomes of Outreach; and drop-in style sessions held in local Children's Centres omitting the need for a referral yet acting as a 'way in' to support with reduced stigma attached for concerned parents.

5.5 Evaluation

In addition to discussing the specific outcomes of this evaluation, it is also necessary to briefly consider the process of evaluation. Fletcher-Campbell and Kington (2001) advocated a need for more critical evaluation of collaboration between mainstream and special settings. This study constituted an examination of one way in which a specialist setting is collaborating with Early Years mainstream settings to promote and maintain the inclusion of children with SEN. However, OfSTED's (2005) review of the impact of outreach services recommended that evaluation should involve more objective analysis of impact, as oppose to the subjective opinions of schools, pupils and/or parents using agreed performance indicators. Checkland and Scholes (1993) express a similar view, that service evaluation should go beyond the views of the school to looking at outcomes for children and in so doing, demonstrate the added value.

Whilst the present study sought to make use of the Quality Standards for SEN services, ECM outcomes and EYFS framework as benchmarks for evaluation of the impact of outreach, nevertheless the findings broadly represent the perceptions of staff who have received Outreach support. Thus were a longer timescale possible, it might be suggested that evaluation of the Outreach service needs to focus on objective and measurable outcomes for children, for example using Goal Attainment Scaling (GAS; Kiresuk et al., 1994; Maher, 1983) or Targetted Monitoring and Evaluation (TME). Alternatively a longitudinal study may illustrate the value and impact of Outreach by tracking children who receive Outreach in pre-school settings through transition to first school and beyond, collating outcome information as they progress.

5.6 Implications for EP practice

Some important implications for the practice of educational psychologists (EPs) lie in the findings of this study. EPs function in similar ways to Outreach in some (whilst not other) respects and lessons learnt may be applied across professionals working within school support services. Specifically, how our role is understood by parents, our association with special needs and what this may mean to parents and our visibility to those who may have need to access our service, are all issues for careful consideration at individual EP and systemic EP service levels. Secondly, the way in which we communicate our recommendations to staff needs to be considerate of the tensions staff may feel in meeting the needs of the 'target' child with SEN alongside the other children to whom they feel responsibility. Strategies and interventions need to strike a balance between seeking the best (and the necessary) for children with SEN whilst remaining practical and reasonable for the staff expected to implement them. Regardless of the moral or ethical 'shoulds and oughts' in relation to inclusion, if staff perceive the requirements placed on them as unreasonable impractical, success will be limited. Therefore in addition to considering *what* we recommend to settings on behalf of children with SEN, additional time and effort may need to be given to educating mainstream staff as to *why* we recommend as we do, thereby raising commitment and ownership of staff to the inclusion of children with SEN. As one interviewee reflected, Outreach had helped her in:

> *"understanding why they (the children) work the way they do and why we're doing what we're doing – I always work better if I understand why, just like children do".*

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APPENDIX A: THE STAGES OF THE RADIO MODEL AND RELATED ACTIONS AS IMPLEMENTED FOR THE PURPOSE OF OUTREACH SERVICE EVALUATION.

Stage of the RADIO model	Action involved
Awareness of need	22.09.10: Visit by Trainee Educational Psychologist (TEP) to The Valley Special School as part of induction to the Local Authority generally and 'patch' of school specifically. Observation of provision made at The Valley generated conversation re: research opportunities.
Invitation to act	Emails exchanged during October and November 2010 involved discussion between TEP and Special School Head Teacher (HT) regarding research opportunities. TEP identified four possible areas of research (on the basis of previous visit), from which the HT requested research specifically to evaluate the impact of the Outreach Service; she was interested to know "what works and what doesn't and how the service to settings can be improved".
Clarifying organisational and cultural issues	16.11.10: Initial planning meeting held between TEP, Special School HT and Outreach service Manager (OM) to clarify what service the Outreach Team provide, what specifically the evaluation should aim to cover and any additional contextual information within which the research was to take place re: political agenda (i.e. potential use of research findings/recommendations), local practices and agreements between settings etc.
Identifying stakeholders	16.11.10: During the initial planning meeting it was agreed that correspondence and research development should continue to occur between myself, the Special school HT and the OM. The stakeholders may be seen as two groups: - initially the Special School HT and OM may be considered the stakeholders as they commissioned the research with a view to demonstrating the value and impact of the Outreach Service as well as learning ways in which it may be developed; - the Pre-school setting staff and children themselves who receive the Outreach Service may also be considered stakeholders, as it was hoped that ultimately they would be the individuals to benefit from the findings and recommendations of the research.
Agreeing the focus of concern	During the initial planning meeting, the HT and OM discussed the three strands of Outreach service offered by the Valley Special School: Early Years, Speech and Language and mainstream (primary and secondary). They agreed that they would most value research specifically focused on the Early Years Outreach. Through our discussion the following questions emerged as key concerns for the HT and OM: 1. Efficiency. Is the Outreach service efficient? 2. Value. Is Outreach perceived by service users to be value for money? 3. Impact. Does Outreach make a difference? What impact do service users perceive the Outreach service to be having?

	4. Process. How can the Outreach service be improved? An openness to identifying their own strengths and weaknesses and developing accordingly. 5. Inclusion. Does the Outreach service facilitate a successful model of inclusion?
Negotiating the framework for gathering information	The following approach to data collection was agreed between the TEP, HT and OM: • TEP to design a questionnaire and interview schedule. TEP to email drafts of these for checking and input from HT and OM prior to send out. • Questionnaires to be sent out by OM who holds contact details for all settings who have received Outreach Support at some point during the last two years; return address will be to TEP. • OM to give TEP contact details for those settings likely to be willing to engage in a more in-depth interview. • TEP to conduct semi-structured interviews with staff in pre-school settings. • TEP to analyse, interpret and feedback findings to HT and OM. Originally it was agreed that all information would be gathered before Christmas; analysis and interpretation would happen over Christmas ready for feedback in January.
Gathering information	The following is how information was gathered: • Dec: TEP designed a questionnaire for distribution to all settings that have received Outreach Support in the last 2 years. TEP emailed a draft of this for checking and input to HT and OM prior to send out. A second version was developed on the basis of their feedback. • Early Jan: Questionnaires sent to settings by OM. 14 returned. • Early Jan: TEP designs semi-structured interview format and OM informed TEP of contact details for those settings likely to be willing to engage in an interview. • Late Jan (25th, 27th, 31st, and 2nd): TEP conducts 5 semi-structured interviews with staff in pre-school settings. • Early Feb: data analysis and interpretation by TEP using Excel software for quantitative data and thematic analysis for qualitative data. Originally it was agreed that all information would be gathered before Christmas. However, delays in sending out the questionnaires and establishing contact details meant data collection was delayed until post-Christmas, in January.
Processing information with stakeholders	Feedback meeting between TEP, HT and OM. Report produced.

APPENDIX B: QUESTIONNAIRE DESIGN

Due to the fact the stakeholders were interested in the value, impact and efficiency of the Outreach service, the questionnaire items were developed around three main documents issued by the government relating to Outreach and Early Years 'best practice'. The Quality Standards for Special Educational Needs (SEN) Support and Outreach Services (DCSF, 2008) were specifically set out to enable evaluation of outreach services. These standards contribute directly to the achievement of the five Every Child Matters (DfES, 2003) outcomes for children and young people, stating that *"The Governments aim is for all children and young people, whatever their background or their circumstances, to have the support they need to meet these (ECM) outcomes. Effective SEN support and outreach services have an important part to play in achieving this aim" (DCSF, 2008; p2).* Thus it seemed appropriate to use both The Standards and ECM outcomes as benchmarks for Outreach evaluation. Furthermore, the Early Years Foundation Stage (EYFS) framework was used to shape some questionnaire items in recognition of the specifically Early Years focus of the particular Outreach service under evaluation in this study.

The four sections of the questionnaire (see Appendix C) were developed on the basis of the research questions that had emerged from discussions with the stakeholders. Section One 'The nature of Outreach Support' was intended to gain background, contextual information in order to establish what exact service had been provided prior to seeking views on it's impact and value. Items for Question 2 were based on the six areas of child development outlined in the EYFS framework, whilst Question 3 items were based on outreach activities cited in the literature (Fletcher-Campbell & Kington, 2004; OfSTED, 2005). Section Two of the questionnaire 'The process of Outreach Support' was intended to investigate the efficiency and effectiveness of the service received in relation to the six Quality Standards for SEN Support and Outreach Services (DCSF, 2008). Section Three 'The impact of Outreach Support' aimed to investigate the 'difference made' to staff and to children with reference to the five ECM outcomes (DfES, 2003) as well as the EYFS framework. Finally, Section Four 'Your experience of Outreach Support' aimed to elicit the extent to which respondents valued the Outreach service and furthermore what strengths and weaknesses they perceived there to be for consolidation and development respectively.

The format, as oppose to content, of questionnaire items was deliberately designed to be as user friendly as possible in order to encourage a high rate of return (i.e. not putting potential respondents off by requiring lengthy written answers). Return rates are notoriously low for such data collection tools. Thus Questions 2 and 3 required respondents to tick all those items that applied to their experience of Outreach Support; questions 4 and 5 required respondents to indicate on a 4-point likert type scale as to whether statements were 'not true - somewhat true - quite true - very true'. Questions 6 and 7 required similar scaled responses this time on a 5 point scale ranging from 'not at all satisfied' to 'exceeded expectations' and from 'very unlikely' to 'very likely'. Finally, Questions 8 and 9 did require some writing of short answers but space was deliberately limited and structured in bullet points with lines for answers to indicate that lengthy responses were not expected or required. A final box was included for further comments or suggestions, in the event that respondents did have more they would like to say in relation to the questions posed.

Questionnaires included a covering letter explaining the nature and purpose of research, contact details should they have queries and an address for return of completed questionnaires (see appendix C). In order to encourage a good response rate, accepted good practice in questionnaire design was employed, for example, using wording that is as simple as possible with clear instructions of what to do, ensuring items are spaced out, grouping items together that relate to a specific issue (Robson, 1997).

APPENDIX C: SEMI-STRUCTURED INTERVIEW DESIGN

The second tool developed to collect data was a semi-structured interview schedule (see appendix D). This was not based on an existing interview tool but developed from the questionnaire items with the aim of eliciting a greater depth and detail of information than is generally possible via a questionnaire.

Research interviews are most usually described as ranging from fully structured to semi-structured to unstructured. The present study used a semi-structured interview format in so much as a set of questions was worked out in advance of the interview, yet the interviewer was free to modify their order based upon perception of what seemed most appropriate in the context of the 'conversation' i.e. changing the wording, giving explanation or leaving out particular questions which seem inappropriate with a particular interviewee (Robson, 1997). A fully structured interview gives less flexibility to the researcher to pursue interesting information as and when it comes up. Conversely an unstructured interview approach may have led to missing important information necessary for subsequent analysis of the impact and value of the Outreach service to settings. Responses would be hugely varied making it difficult to identify emergent themes or trends in the data.

The exact interview structure and format was created using relevant literature as a guide. According to Robson's (1997) description semi-structured interviews are likely to include four sections: introductory comments, a list of topic headings each with key questions, a set of associated prompts and closing comments. This is the format around which the interview schedule was created. The introductory comments constituted a brief script thanking the interviewee for taking part, assuring them of confidentiality and anonymity and reassurance that the interviewee could, if they wished, stop the interview at any point. Four main topic headings mirrored those used in the questionnaire: 'The nature of Outreach Support'; 'The process of Outreach Support'; 'The impact of Outreach Support' and 'staff experience of Outreach Support'. The order in which these sections were presented was important, for example, 'nature of Outreach Support' needed to be first in order to establish the facts regarding what Outreach service had been provided to that particular setting, due to the fact the content, frequency and duration of support can vary hugely between settings. This section was also used to 'warm up' and build some rapport between the interviewer and interviewee.

Each section began with a one line script informing the interviewee what we would be discussing. Under each topic heading key questions were created most of which were open-ended. Open-ended questions were deliberately used in order to neither limit nor lead the content of interviewees' responses. Closed or scale items could have been used however it was felt these would limit interviewees responses by forcing them to chose from a list of alternative responses, none of which may actually reflect their true feeling or situation.

Prompts were created for each question (typed in purple for clarity) which were not to be used as part of the question but in circumstances where the interviewee was struggling to either understand the question or construct an answer. These prompts were designed with the intention of eliciting as rich as possible information from the interviewee whilst avoiding asking questions that were either

very lengthy or very leading. Probes were also incorporated into the interview in order to encourage the interviewee to expand and give more information where it was felt they might have more to say. Probes used included techniques such as allowing some silence, giving eye contact or an enquiring glance, making sounds such as “mmhmm” and repeating back all or part of what the interviewee has just said (Robson, 1997). Verbal probes such as “anything else?” where also used until the respondent indicated they had nothing else to say on that point.

Finally, the interview concluded with closing comments, scripted much like the introduction; thanking the interviewee for their participation and asking if they have anything else to add that they have not already had the opportunity to comment on. This was important so as to acknowledge that the interviewee may have come to the interview with their own expectations and information that they were keen to share.

This second phase of the research (interviews) was negotiated with the Manager of the Outreach Service who provided contact details for 6 settings she believed would be happy to participate in interviews. I then contacted these pre-schools, introducing myself and explaining the purpose and nature of the research before arranging an interview time and date. All the settings had by then received and completed the questionnaires and were therefore aware of the research. Questions of sample validity and bias may well be raised due to the fact the Outreach Service Manager herself acted as ‘gatekeeper’, deciding which settings I could contact for an interview. However, in the circumstances, I was presented with little alternative and believe that both the school Head Teacher and Service Manager had a genuine desire and interest to develop the service on the basis of the evaluation. During initial planning discussions they had commented that staff receiving Outreach Support always give positive feedback, which although encouraging, does not give them information on which to develop the service. Thus the sample selected was likely to be those the Service Manager perceived to be most likely to have the time and inclination to engage with an interview as oppose to simply those most likely to give favourable responses. Only one setting declined to conduct an interview on the basis that they had received brief support on one occasion only and felt they had no more information to share than had already been given via the questionnaire. The interviews were held at the pre-school settings.

APPENDIX D: QUESTIONNAIRE FOR SETTINGS RECEIVING SUPPORT FROM THE VALE OF EVESHAM EARLY YEARS OUTREACH SERVICE

Dear Nursery/Early Years staff,

My name is Caroline Doggett & I am an Educational Psychologist in Doctoral Training in South Worcesteshire. I am currently working alongside Ann Starr & Nicky Sentence at The Vale of Evesham School to conduct an evaluation of the Early Years Outreach service which they provide to Nurseries & Early Years settings. You have been sent this questionnaire having been identified as a setting that has received this service at some point over the past two years.

Completion of the questionnaire is by no means mandatory; however we would be extremely grateful if you could take the time to do so. The results of this survey will contribute to an evaluation process which is seeking to identify 'what works' & what doesn't & on the basis of this understanding, to develop & improve the service that is provided to you.

You do not need to record the name of your setting on the questionnaire; all responses will be kept anonymised & confidential. Questionnaires will be destroyed after all the data has been collated.

There are four sections in the following questionnaire:
Section One: the nature of Outreach support
Section Two: the process of Outreach support
Section Three: the impact of Outreach support
Section Four: your experience of Outreach support

In each of the four sections, most of the questions require you to tick boxes which are true for your setting or to indicate on scales of 1-5 your agreement with a statement. Three of the questions require short written answers.

Again, may I emphasis how valuable your input & feedback via this questionnaire will be in developing an Outreach service that meets the needs of both your staff & the children your staff work with.

If you have any queries or concerns about the content or purpose of this questionnaire, please to do not hesitate to contact Caroline Doggett (Educational Psychologist in Doctoral Training) using the following details:
Address: First Floor, Bridgewater House, Blackpole Road, Worcester, WR4 9FH
Tel: 01905 765862
Email: CDoggett@worcestershire.gov.uk

Many thanks,
Yours sincerely,

Caroline Doggett, Educational Psychologist in Doctoral Training

Section one: nature of Outreach Support

1. Please briefly describe how you usually access The Vale Outreach Support service:

2. Please indicate the areas of children's needs for which you have previously accessed the Outreach Support service *(please tick all relevant boxes):*

Personal, social & emotional development		Knowledge & understanding of the world	
Communication, language & literacy		Physical development	
Problem solving, reasoning & numeracy		Creative development	

3. Please tick ALL those items that reflect the nature of Outreach Support you as a setting have received (over time). *Please note that it is not expected that all of the following options will have been experienced in your setting.*

Nature of Outreach Activity	Tick √
Direct work/support to children with additional needs attending Nursery/Early Years setting	
Consultation & advice to staff re: promoting learning	
Consultation & advice to staff re: managing behavior	
Consultation & advice to staff re: developing communication	
Support & advice making transition arrangements	
Support & advice during transition periods	
Working on curriculum materials	
Assessment/identification of the needs of children	
Support to interpret & apply the EYFS framework	
Observations & feedback to staff	
Identification of appropriate resources	
Consultation time for staff to reflect on their practice, share concerns & plan more successfully for individual children	
Demonstration (modeling) of good practice (in Nursery/Early Years setting) with sufficient time to discuss approaches & resources	
Demonstration (modeling) of good practice (in specialist setting) with sufficient time to discuss approaches & resources	
Delivery of training to all staff on specific approaches/strategies	
Advice regarding changes to be made in child's Statement of Special Educational Needs	
Help setting up technology/technical aids/computer software	

Other (please specify):	

Section Two: the process of Outreach Support

4. Please indicate the extent to which you feel the following statements are true for the Outreach Support service you have received *(please tick one box for each statement):*

	Not true	Somewhat true	Quite true	Very true
1. Progress towards outcomes is systematically recorded & monitored				
2. The Outreach Service promotes the use of interventions based on up-to-date specialist knowledge & expertise of suitably qualified staff				
3. Parents are always consulted &, where appropriate, involved in supporting the learning & development of their child as part of any intervention				
4. Clear outcomes are agreed by the Outreach Service & user (school/nursery), & steps taken to avoid the development of a culture of dependency				
5. The Outreach Service has a clear purpose which takes into account local authority policies, the needs of particular schools, early years settings & other provisions in the area, & the range of children & young people's needs				
6. The Outreach Service regularly collects feedback about its interventions & uses it to improve the quality of service				

Section Three: the impact of Outreach Support

5. Please indicate the extent to which the following statements are true regarding the *impact* of Outreach Support received (please tick one box for each statement):

	Not true	Somewhat true	Quite true	Very true
Outreach input has increased staff…				
..skills & ability to meet children's needs				
..confidence to meet children's needs				
..understanding of children's needs				
..capacity to support children's learning				
..ability to engage parents as partners				
..observation skills				
..assessment skills				
..planning skills				

Outreach input has supported the development of…				
..the role of the Key Person (adult/worker)				
..the learning environment				
..links with other agencies				
..links with the wider community				
Outreach input has supported children to…				
..enjoy play & exploration				
…engage in active learning				
..participate & contribute with peers				
..stay safe				
..be healthy				
..transition successfully to a mainstream setting				
..develop personal, social & emotional skills				
..develop communication, language & literacy				
..develop problem solving, reasoning & numeracy				
..develop knowledge & understanding of the world				
..progress physical development				
..progress creative development				

Section Four: your experience of Outreach Support

6. How satisfied are you with the service you have received from the Outreach team to date (please circle a number to indicate level of satisfaction):

1	2	3	4	5
Not at all satisfied	Somewhat satisfied	Satisfied	Very Satisfied	Exceeded expectations

7. How likely would you be to recommend to a colleague working in another setting that they access the Outreach service? (Please circle a number to indicate your answer):

1	2	3	4	5
Very unlikely	Unlikely	Do not know	Likely	Very Likely

8. What are the 3 main benefits of the Outreach Support service to your setting?

- _____
- _____
- _____

9. What 3 areas for development &/or improvement do you feel the Outreach team could consider, in order to better support the needs of children & staff in your setting?

- _____
- _____
- _____

Finally, please use the space below to make any further comments or suggestions you have in relation to The Vale Early Years Outreach service:

Many thanks for taking the time to complete this questionnaire! Please return completed questionnaire to: ***Caroline Doggett (Educational Psychologist in Training), First Floor, Bridgewater House, Blackpole Road, Worcester, WR4 9FH.***

APPENDIX E: INTERVIEW SCHEDULE FOR EVALUATION OF THE VALE OF EVESHAM EARLY YEARS OUTREACH SERVICE

Introduction

Thank you for agreeing to take part in this interview. As I think you are already aware, the purpose of this interview is to explore your experience of the Early Years Outreach Support Service provided by The Vale of Evesham School. Your feedback via this interview will be extremely valuable in developing the Outreach service in such a way that meets the needs of both your staff and the children your staff work with.

I trust you have already received a questionnaire relating to this research/evaluation? (confirm) Well, this interview is intended to build on and 'flesh out' those responses.

Before we get started, can I first assure you that you will remain completely anonymous and no record of the interview will be kept with your name on it. If at any point you would like to stop the interview then please say and we will stop.

Can I also check that you are happy for me to record this interview (if necessary explain that recording means that I don't have to scribble notes whilst they are talking and the tape recordings will be erased after transcription).

Section One: the nature of Outreach Support (i.e. background info)

Firstly I'd like to ask a couple of questions relating to the nature of the Outreach Support you have received, in order to gain some understanding of context.

1. **How often and when/why do you as a setting access The Vale Outreach Support?**
   Prompt e.g. criteria for requesting involvement, anecdotes of past cases

2. **What does Outreach Support usually 'look like' in your setting?**
   Potential prompts: direct teaching, consultation and advice, transition arrangements, curriculum materials, assessment of needs, observations and feedback, identification of resources, whole school training, modeling/demonstrations etc.

Section Two: the process of Outreach Support (i.e. efficiency of service)

Ok, next I would like to ask you some questions regarding the process of receiving Outreach Support.

3. **How is the nature and progress of Outreach Support planned, agreed and monitored?**
   Potential prompts:
   service level agreement
   collaboration & clarity
   how are aims/objectives/outcomes agreed?
   parental involvement
   communication of information between setting & Outreach Support team?
   feedback regarding your experience of Outreach given?

4. **What happens in your setting after Outreach Support for a particular child/issue has come to an end?**
   Potential prompts:
   how do you ensure that recommended practice/strategies continues?
   possible themes = sustainability, capacity building, avoiding dependency

5. **In your experience, is there anything that has especially facilitated and/or hindered your access to Outreach Support service?**
   Potential prompts:
   systems, mechanisms, policies or people both within setting, at LA level etc.

Section Three: impact of Outreach Support

The next three questions relate to the impact of Outreach support in your setting.

6. **What difference has Outreach Support made to your staff?**
   Potential prompts:
   staff skills & ability to meet children's needs
   staff confidence to meet children's needs
   staff understanding of children's needs
   staff observation, assessment and planning skills
   developing the role of the Key Adult
   developing the learning environment

7. **What difference has Outreach Support made to your children?**
   Potential prompts:
   achievement according to the EYFS?

personal, social & emotional skills
communication, language & literacy
problem solving, reasoning & numeracy
knowledge & understanding of the world
physical development
creative development
participation and interaction with others
safety of children whilst in your care
health of children in your care

8. **What difference has Outreach Support made to the families and wider community in which you are located?**
   Potential prompts:
   parental involvement
   developing links with other agencies
   developing links with the wider community

Section Four: your experience of Outreach Support (i.e. value)

Finally, I would like to talk about your overall experience of receiving Outreach.

9. **If Outreach Support was not available how would you as a setting seek to support these children's needs?**
   Potential prompts:
   If not Outreach what services would/could be accessed instead?
   How else might you have accessed the resources, knowledge, interventions, strategies provided by the Outreach service?

10. **What outcomes might you predict for children had Outreach Support not been available over the past two years?**
    Potential prompts:
    Could they be maintained in mainstream settings without Outreach input?
    Included socially/academically?

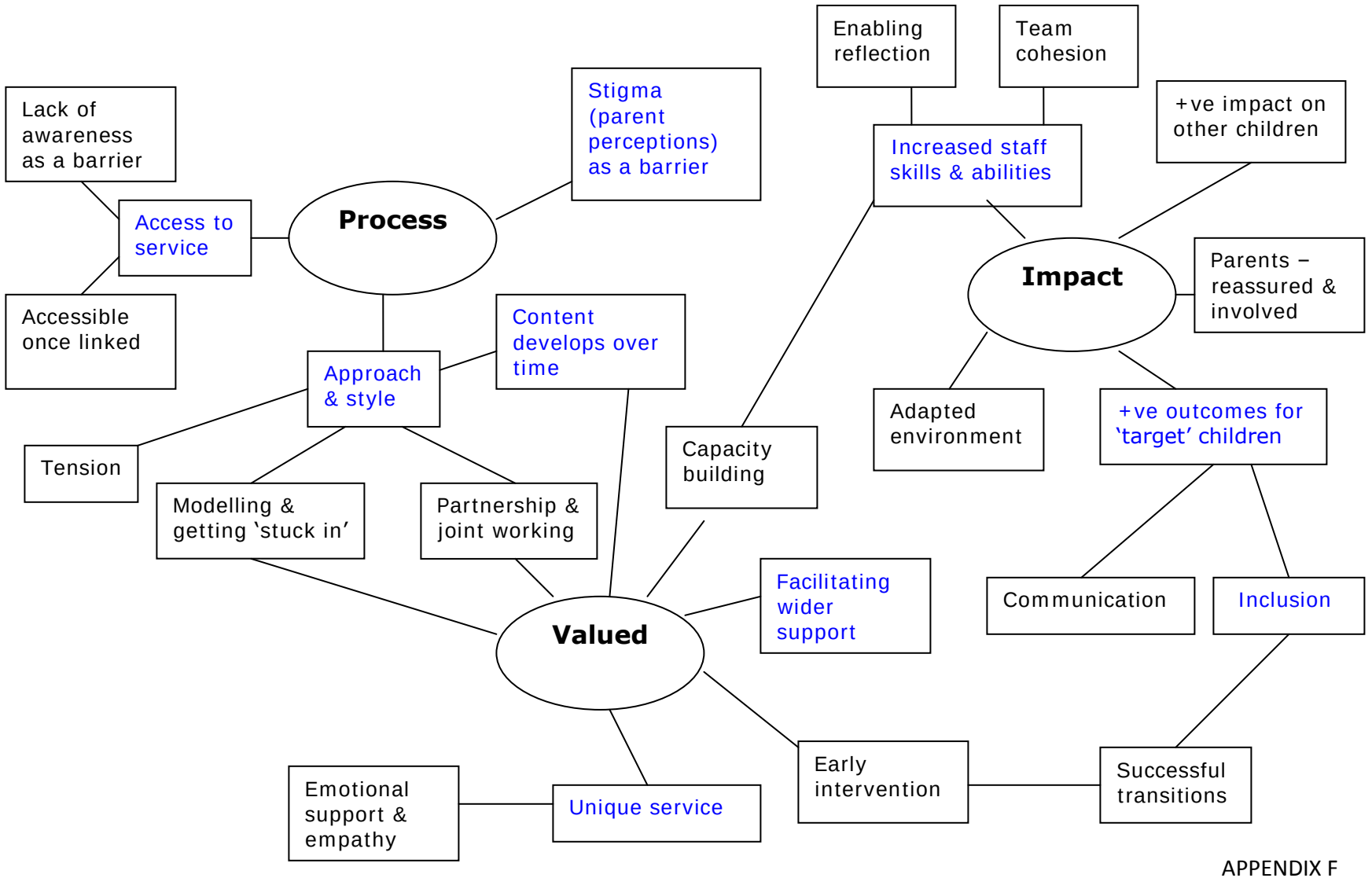
11. **Have you ever recommended to a colleague who works in another setting that they access the Outreach service? Why/why not?**
    Potential prompts:
    Qualities in the Outreach workers' approach do you value most?
    Aspects of Outreach Support that are hard to understand or 'navigate'?
    Aspects of Outreach Support that are most useful?

If not already gained through previous questions finish with:

12. **What 3 areas for development &/or improvement do you feel the Outreach team could consider, in order to better support the needs of children & staff in your setting?**

Closing comments:

Thank you very much for your time and participation in this interview. Can I ask if there is any aspect of your experience of The Vale EYs Outreach Support Service that has not been covered in this interview and that you would like to comment on?


Enabling reflection
Team cohesion
Lack of awareness as a barrier
Stigma (parent perceptions) as a barrier
Increased staff skills & abilities
+ve impact on other children
Access to service
Process
Impact
Parents – reassured & involved
Accessible once linked
Content develops over time
Approach & style
Adapted environment
+ve outcomes for 'target' children
Tension
Capacity building
Modelling & getting 'stuck in'
Partnership & joint working
Facilitating wider support
Communication
Inclusion
Valued
Emotional support & empathy
Unique service
Early intervention
Successful transitions

APPENDIX F

APPENDIX G: SUGGESTIONS OF PRE-SCHOOL SETTINGS FOR DEVELOPMENT OF OUTREACH SERVICE

- More staff on the Outreach team, more visits and longer visits (more time in settings) i.e. an increased service.
- Provision of a certificate or some such to acknowledge Outreach input and partnership with the setting and to celebrate their achievements.
- Follow-up visits/reviews:
    - to check how are things going etc;
    - to soften the feeling that the service 'just stops' abruptly;
    - to continue the relationship and maintain links formed.
- Training/workshops:
    - run at the Valley by Outreach for staff to attend and continue to be 'skilled-up' without necessarily having the full involvement of Outreach in the setting;
    - run 'in-house' (in settings) to 'skill-up' staff and also to maintain links that have been forged via receiving Outreach;
    - to increase staff knowledge around supporting children with additional needs, to increasing staff confidence and skills in practical day to day practice and to increase knowledge about specific conditions (this was suggested to be for managers only so as not to overload all staff with the theoretical 'stuff').
- Setting staff to visit the Valley in the *first* instance *prior* to implementing strategies in their own setting in order to enable better understanding and appreciation of the suggestions being made; 'seeing the theory in practice'.
- Raise awareness and profile of the Outreach service amongst pre-school settings, so when needs arise they can be accessed.
- Raise awareness and (positive) profile of the Outreach service amongst parents.
    - The Valley school has been seen in the local press but not Outreach. Suggested that parents do read the local papers and if Outreach was to have some positive press, then parents would be more aware of its existence and purpose, and more receptive to involvement.
    - Consider renaming the Outreach service and assessment nursery so as to reduce association with the Valley school and thereby remove a barrier to parental engagement.
    - Produce a pamphlet for parents with pictures of children in their mainstream school uniforms and/or comments from parents in order to educate parents re: outcomes of Outreach involvement.
- Consider holding 'drop-in' style sessions in local Children's Centres to make the Outreach service accessible to parents for advice without need for referral (and perceived stigma). The setting that suggested this described the success of 'drop-in' sessions offered by the speech and language service in their Children's Centre. They felt this had been successful with parents for two reasons: a) parents recognised the sessions as an opportunity to access specialist support with no need for a referral or waiting list; and b) the sessions were perceived as low key ('just' a

play session) so parents do not feel their child is being singled out, yet the session can act as a 'way in' for support for those who need it.

- Increased advice and support for setting staff regarding how to approach and talk with parents.
- Resources that are given to settings rather than having to make their own.
- Reduce the amount of paperwork accompanying Outreach involvement.
- Initial visits of Outreach staff to settings at a time when children are not there i.e. to enable undisrupted conversation and consultation.

CHAPTER THREE: PROFESSIONAL PRACTICE REPORT TWO.

PRECISION TEACHING (PT) AND DIRECT INSTRUCTION (DI) AS A COMBINED INTERVENTION TO IMPROVE THE BASIC READING SKILLS OF CHILDREN WITH EMOTIONAL AND BEHAVIOURAL DIFFICULTIES (EBD)

ABSTRACT

The aims of this study were two-fold: 1) to pilot Precision Teaching (PT) and Direct Instruction (DI) applied in unison as complementary approaches to improving reading; and 2) to pilot the use of PT and DI specifically with children with emotional and behavioural difficulties. Training in both PT and DI was delivered to staff at a Short Stay School (SSS) for KS1 and KS2 children. Pre and post assessments were conducted around a 9-week intervention period. Children's skill to read High-Frequency Words (HFW) and phonologically regular words was assessed using curriculum-based assessment. Self-esteem in relation to reading was also measured using the Reading Self-Concept Scale (Chapman & Tumner, 1995). Staff views relating to the implementation and feasibility of the intervention were collated through feedback interviews. Overall children demonstrated some improvements in reading skill, self-esteem in relation to reading and also social skills in the learning context. However, individual results varied depending on factors such as attendance and organisational constraints affecting intervention delivery. Implications for EPs seeking to deliver and evaluate training that is effective in relation to desired outcomes are discussed.

1.0 LITERATURE REVIEW

The following literature review provides a brief overview of the key defining features of the instructional psychology paradigm and following this, focuses on the specific models of Precision Teaching (PT) and Direct Instruction (DI) which are rooted within instructional psychology. I discuss the existing evidence base for both the PT and DI approaches in relation to teaching children to read and then outline the basis for my research.

1.1 Instructional Psychology

Instructional psychology is a paradigm which stems from both behavioural and cognitive psychology, whereby the focus is shifted away from *"inducing what happens 'in the mind' to looking at the structure of the environment and how it influences cognition"* (Solity, 2011). Instructional psychology draws upon rational analysis, direct instruction and behavioural psychology (Solity, 2011). Rational analysis (developed by J. Anderson) refers to the process by which the human memory system adapts and develops in response to the environment, in so much as material that is used in our recent past is more likely to be used subsequently in the future: i.e. human memory develops according to probability of information being needed again in the future. Direct instruction (developed by Engelmann and colleagues) may be understood as a means of teaching which stems from behavioural psychology, yet emphasises and promotes skills of generalisation and application to different contexts, rather than acquisition alone. Finally behavioural psychology is a paradigm whereby behaviour may be understood in terms of the environment in which it occurs i.e. as a

response to positive or negative reinforcement. Behavioural psychology links to instructional psychology in so much as both advocate that any child can learn, if we get the teaching and the context 'right' for the individual child.

The significance of the interaction between the learner and their environment as emphasised by instructional psychology is recognised more widely by researchers within the field of reading acquisition, development and difficulty. In a recent review of evidence-based interventions for reading and language difficulties, Snowling and Hulme (2011; p2) state that: *"at all stages of development, the role of the literacy environment is also crucial".*

In terms of understanding and promoting learning, Pareto's Law (Koch, 1998) is a key concept drawn upon within instructional psychology. According to Pareto's Law, a minority of causes, inputs or effort usually lead to the majority of results, outputs and rewards. Applied to the task of learning to read, Pareto's Law would suggest that teaching a small number of the most useful skills and high frequency words or phonemes is likely to enable individuals to read a large amount of the English language.

1.2 Precision Teaching

Precision Teaching (PT) was developed by Lindsley in the 1960s as an approach to measuring the effectiveness of a teaching programme. PT is a method for accurately assessing or monitoring performance and progress by measuring frequency (rate) of response. It is not, as the name may

imply, a teaching method. PT is based on the Instructional Hierarchy (Haring and Eaton, 1978) which outlines 5 stages of learning that can be applied to developing a new skill, including in the case of PT, reading (see Table 1.1 below):

Stage of Instructional Hierarchy	Skill
Level 1: Acquisition	The pupil has acquired a new skill i.e. they have learnt to read a new word during the teaching session, although they will not necessarily be able to read it accurately the next time it is presented.
Level 2: Fluency	With practice the pupil has become competent at the new skill; they have read the word on a number of occasions and at a suitable rate. When a pupil can read fluently they are able to read quickly enough to make sense of what they are reading.
Level 3: Maintenance	The new skill has been learned so that the pupil can read the word after a period of time.
Level 4: Generalisation	The pupil is now able to read the word in different contexts e.g. in a reading book, on a wall display, in different typefaces.
Level 5: Adaptation	The pupil is now able to apply the skill to a new situation; they may transfer their knowledge of one word to a word that looks similar e.g. a word with the same beginning or a rhyming word.

Table 1.1: The Instructional Hierarchy applied to learning to read (Haring & Eaton, 1978).

Within PT the concept of fluency is especially important as once fluency has been reached, the task can be carried out automatically. Fluency in reading is vital as it means we are able to pay more attention to what words mean and thus read with comprehension. PT allows the teacher to measure the fluency of a pupil's reading using a timed measure of progress, which in turn enables them to decide when the pupil is ready to move on to a new target.

The basic format of a PT programme (see Appendix A for training PowerPoint slides with more details of PT structure and delivery) is as follows: initial assessment using curriculum-based measures to establish a baseline; creation of probes to be used for daily assessment; direct teaching which is frequent (daily), short and target-specific (4-6 target words); daily assessment which is timed so that fluency as well as accuracy is measured; daily charting to demonstrate performance and progress visually.

PT has a strong evidence base in the US as reflected in the Journal of Precision Teaching (1980 Volume 1 – 1999 Volume 12) which later became the Journal of Precision Teaching and Celeration (1995 Volume 13 to the present time). The UK evidence base is currently somewhat limited yet nevertheless reflects some effective use of PT with primary and secondary age pupils to improve basic reading and maths skills (Chiesa & Robertson, 2000; Downer, 2007; Roberts & Norwich, 2010). The effectiveness of PT is attributed by researchers in the field to a number of factors: the emphasis on teaching to fluency and frequent monitoring of progress (Chiesa & Robertson, 2000); the structured, targeted nature of the regime with immediate feedback of results (Downer, 2007); and the structure to intervention delivery and continuous development of staff skills (Roberts & Norwich, 2010).

PT has nonetheless been met with some resistance. It has been suggested that curriculum-based assessments (CBA) such as PT are too focused on the child's achievement in relation to the curriculum and so overlook other aspects of children's learning such as attitudes, values and

motivation (Lauchlan, 2001). Advocates of PT would counter this criticism with studies that demonstrate improvements in confidence, self-esteem, motivation and academic self-concept for children receiving PT (Binder & Watkins, 1990; Chiesa & Robertson, 2000; Downer, 2007). However, these studies have been critiqued for making claims that are not necessarily substantiated by the results, especially given the small sample sizes and also the possibility that improvements in reading performance and attitude may be due to factors other than the use of CBA (Lauchlan, 2001). It has also been suggested that CBA in general does not take into account the whole of the child's learning environment, including for example school and home factors, which influence learning. Thus CBA *"does not stand up well to the demand for a more ecological approach to assessment that considers the social and emotional needs of children"* with difficulties in learning (Lauchlan, 2001; p4). However, Solity (1993) argues that the assessment through teaching approach in particular (of which PT is an example) does in fact give consideration to the curriculum, the learner and the learning context. Finally, it has been argued that CBA such as PT, places too great an emphasis on what is taught and not enough on how it is taught (Lauchlan, 2001). For cognitive psychologists and proponents of approaches such as dynamic assessment, there is not enough understanding of the processes of learning within CBA; the child is merely viewed as *"passive recipient of knowledge"* (p9). On this point, the use of PT and DI may be defended, given their bases in psychological theories of learning, including the instructional hierarchy and other principles to be discussed in the following section.

1.3 Direct Instruction

The Direct Instruction System for Teaching Arithmetic and Reading (DISTAR) was developed in the 60s and 70s by Siegfried Engelmann and colleagues (1988). DI involves explicit, systematic teaching of particular skills and strategies rather than content per se. In the case of reading this means teaching reading skills of synthesis, segmentation and blending rather than word lists. *"DI at its best teaches strategies, not skills and provides children with a repertoire of strategies to meet reading needs"* (Spiegel, 1992; p41)

DI is based on a three-step instructional approach derived from principles of instructional psychology (Englemann & Carnine, 1982) as follows:

1. Model → teacher provides the correct response
2. Lead → teacher and pupils say the correct response together
3. Test → teacher provides immediate feedback and test

This three-step instructional approach is supported by research. Cunningham (1990) reported improvements in reading were found where: instruction was given and then strategies demonstrated; children are guided in practice; and previously learnt material is reviewed. As with PT, fluency is again a key concept in DI. Children need to respond within 2 seconds without errors on 3 consecutive occasions for fluency to be demonstrated, and teaching material changed. Table 1.2 provides a summary of the other key features of DI evident in the literature (Carnine et al., 2004).

Key feature of DI	Description
Fast-paced	DI sessions are fast-paced, in order to keep pupils 100% on-task, and focused on a clear goal i.e. what is to be learnt
Teacher-led	DI sessions are teacher-led, meaning the teacher explains and models the skill, guides the pupils' practice and provides immediate feedback with correction if necessary
Child-centred	Despite being teacher-led, the DI sessions are in fact child-centred in so much as what the children currently know acts as the starting place for the material to be taught. The content and pace of the programme will be determined by the child's skill and progress
Interleaved learning	As sessions progress, teaching takes an interleaved learning approach, which means mixing old, familiar material with new, unfamiliar material. DI sessions will never involve presenting entirely new material only. Therefore, the teacher is able to provide the pupil with plenty of opportunity to experience success in the reading process and thereby encourage confidence and motivation
Small groups	DI intervention is usually delivered in small groups, meaning children have opportunities to respond individually and in unison depending on their skill and teacher judgement
Distributed practice	DI sessions follow a principle of distributed practice, meaning sessions are short and frequent leading to greater retention and rates of learning, than teaching sessions that are infrequent and longer

Table 1.2 Key features of DI (Carnine et al., 2004)

There is a good evidence base for the effectiveness of DI to improve reading, writing and spelling with a variety of groups of pupils considered 'at-risk' of reading difficulties including: pupils from low-income families/lower socio-economic backgrounds; those with learning difficulties; and pupils speaking English as an additional language (EAL) (Becker, 1977; Carnine et al., 2004; Copley & Doggett, 2009; Kamps et al., 2007; NRP, 2000). DI has also been demonstrated to be effective across age groups including: secondary (Grossen, 2004; Shippen et al., 2005); primary (Carlson & Francis,

2002; Jones, 2008; Wright & Jacobs, 2003); and kindergarten pupils (Lennon & Slesinski, 1999). Furthermore, a 2-year longitudinal follow-up of the kindergarten cohort indicated lower rates of placement in special education. Thus it is perhaps unsurprising that a survey of special education teachers and school psychologists (US) found that DI was the most frequently used instructional methodology in terms of evidence-based practices used in education of pupils with disabilities (Burns & Ysseldyke, 2009).

The effectiveness of DI is attributed by researchers in the field to a number of factors: the provision of explicit explanation, modelling and guided practice (Rupley et al., 2009); consistency and frequency of implementation (i.e. distributed practice) (Grossen, 2004); fidelity to the programme (Silbert, 2002); clearly defined objectives and teacher-directed instruction (Spiegel, 1992). Perhaps most importantly, DI in reading adopts a systematic and synthetic approach which teaches letter-sound correspondences in isolation and blending of individual sounds into whole words, as opposed to analytic phonics approaches which teach children to work out letter-sound correspondences from words (Carnine et al., 2004). Snowling and Hulme (2011; p4-5) support such an approach:

> *"Interventions that train letter-sound knowledge and phoneme manipulation skills should help children who are struggling to master decoding skills...starting from the premise that poor decoders have phonological difficulties, there is now considerable evidence pointing to the importance of explicit training in the alphabetic principle (understanding how letters in printed words map onto the phonemes in spoken words they represent) as a key component of a successful intervention for children who have decoding difficulties".*

Nevertheless, despite the evidence base and grounding in theoretical principles, some practitioners object to DI (and PT) on philosophical grounds. Some practitioners dislike the *"detailed scripting of teachers' behaviour"* (Binder & Watkins 1990; p80). Others dislike the adult-led nature of intervention which leads to the assumption that the process is not empowering to learners. However, it may be suggested that despite being teacher-led in terms of delivery, the DI sessions are in fact child-centred in so much as what the children currently know acts as the starting place for the material to be taught, and the subsequent content and pace of the programme is determined by the child's skill and progress.

1.4 Summary

Firstly, both PT and DI are interventions rooted in instructional psychology, sharing the key principles of interleaved learning, distributed practice and an emphasis on teaching for accuracy *and* fluency. However, a crucial difference to appreciate is that PT is a form of assessment and DI a form of teaching. Both can be applied to the development of basic reading skills and thus may be used in unison as complementary approaches: *"while DI is a powerful skill and knowledge acquisition technology, PT offers superior tools for practice to the point of fluency, criterion-referenced assessment and decision making"* (Binder & Watkins, 1990; p93). Notwithstanding this view, to date there is little actually published as to the effective use of PT and DI together.

Secondly, both PT and DI have convincing evidence bases for their effectiveness as interventions to improve reading skills across a range of ages, ability levels and demographic variables in children

and young people. However, in a survey of primary teachers' perception of DI as a teaching method, whilst overall attitudes were very positive, there was only a 39% agreement level with the statement "DI is an effective method with all students" (Demant & Yates, 2003). This would suggest that teachers delivering DI perceive it to be effective with some, but not all children. Indeed within the literature much is made of PT and DI's effectiveness with 'disadvantaged' pupils in terms of socio-economic background and/or learning difficulties; yet little is published regarding the application of either approach to pupils with emotional and behavioural difficulties.

1.5 Project aims

In light of the above summary the aims of the present research were two-fold: the first aim was to test the effective use of PT and DI interventions applied in unison as complimentary approaches to improving reading. Indeed, on the basis of their review of evidence-based approaches, Snowling and Hulme (2011) highlight the potential benefits of combining different approaches to intervention for struggling readers. The second aim was to pilot the use of PT and DI with children with recognised emotional and behavioural difficulties; a population for whom a complex interplay frequently emerges between children's behavioural difficulties and learning progress, with each affecting the other. Downer (2007) notes that junior aged boys in particular, some with behavioural difficulties, demonstrated particular benefit from the PT programme delivered by TAs, and such findings may be built upon.

Thus the purpose of the project was to improve the basic reading and literacy skills of children attending a Key Stage 1 and 2 Short Stay School (SSS, previously known as a Pupil Referral Unit) in XXX county. It was hoped that the combined use of DI and PT techniques would support children's progress in literacy as well as increasing their confidence, self-esteem and enjoyment in relation to reading.

2.0 METHODOLOGY

Staff at a KS1 and KS2 Short Stay School (SSS) in XXX county requested training in Precision Teaching (PT) from the Educational Psychology Service (EPS) due to concerns that the children placed in the SSS due to emotional and behavioural difficulties (EBD) also tended to have very poor reading and basic literacy skills. Training was delivered to two class teachers, two teaching assistants and the Head teacher of the SSS. Training took place during one morning, divided into two 1½ hour sessions before and after a coffee break. See Appendices A and C for PowerPoint slide presentations relating to PT and DI theory, evidence base and techniques. The staff were given booklets with guiding principles and tips on running both PT and DI sessions, with photocopiable materials (see Appendices B and D).

2.1 Participants

The SSS has two classes, one class for KS1 and one for KS2 pupils with approximately eight pupils in each. PT and DI interventions may in due course be used by staff with all pupils. However, during the training morning there was considerable discussion regarding how the programmes could be incorporated into existing timetables. Staff felt that they would be confident to identify and pilot the PT and DI interventions with two pupils in each class. Thus four children in total (one female and three male; two in Year 2 and two in Year 5) participated in this pilot project. Three of the children had been permanently excluded from their mainstream primary schools due to behavioural difficulties; the fourth had been moved from mainstream to the SSS pending decisions regarding

transition to specialist EBD provision. Two of the children had statements of special educational needs (SEN) for EBD, whilst the other two were likely to be applied for in due course. Two of the children were Looked After (LAC). Thus, although small, this sample is representative of a population of children whose difficulties are not purely in learning, but represent a complex interplay between EBD and learning needs.

2.2 Assessment measures

I administered three assessments as pre and post measures, before and after the pilot intervention period.

In order to measure changes in reading skill in response to intervention, two curriculum-based assessments were administered. The first assessment was a sheet of the first 100 high frequency words (Daly et al., 1996; Appendix E) intended to measure sight vocabulary. The second assessment listed phonologically regular words in sections covering letter sounds, VC words, CVC words, CVCC words and CCVC words (Daly et al., 1996; Appendix F). Pupils were asked to read aloud the words one line at a time, with later items covered by another sheet in order to avoid distraction or intimidation. Children were encouraged that if they did not know a word they could say “I don’t know” and move on. If an incorrect answer was given the child was not corrected but guided to try the next word. Assessment ceased when either four successive errors were made, or if the child was visibly distressed with the task difficulty and/or the child requested to stop. I made a note of correct

and incorrect responses on a separate sheet, also observing the nature of errors made i.e. where a word was read incorrectly but an attempt made, then the word spoken by the child was recorded.

The third assessment administered was the Reading Self-Concept Scale (Chapman & Tumner, 1995). This assessment tool is a self-report questionnaire containing 30 items all of which are statements relating to reading. The child is asked to indicate on a Likert-type scale of 1-5 the extent to which statements are true for them (1= no never to 5 = yes always). Scores for particular items are then totalled and give sub-scores for the child's perception of reading difficulty, reading competence and attitude to reading. This measure was chosen as part of the pre and post assessment process due to interest in investigating whether PT and DI may result in increased feelings of confidence and self-esteem in relation to reading as well as, or aside from, increased skill (Downer, 2007; Roberts & Norwich, 2010).

2.3 Procedure

Pre-intervention assessments took approximately 30 minutes with each child depending on their skill, speed and, to an extent, willingness to engage. Each child was introduced to me by the Head teacher and the activities explained. Each child was praised for their good effort and given a sticker upon completion of the assessment. The assessments took place in a separate room near to the main classroom, so that the environment was quiet and distraction-free to enable the child to listen and to concentrate.

Once the pre-intervention assessments had been completed, the DI/PT intervention ran for nine weeks. The procedure for this was discussed with staff during the original training morning (see Appendices A, B, C, D and G). During the intervention period there were breaks for Easter and half-term holidays. It was discussed and agreed between myself and SSS staff that they would remain in contact via telephone and email in order to address any questions and difficulties that staff may encounter as they arise during implementation of the intervention. The option for me to come back and discuss in person with the group as a whole the intervention and any implementation issues after an initial 2-3 week period was also offered to staff. Both of these measures were intended to engender feelings of support and empowerment in the staff and also to ensure fidelity to the programme. However the effectiveness of these design decisions will be further discussed in following sections.

Post-intervention assessments took place using the same three assessment tools. During this morning, feedback from SSS staff delivering the interventions was also sought. Staff were engaged in informal discussion (see Appendix H for agenda) regarding their experience of delivering the intervention in terms of perceived impact, ease of implementation, problems encountered and modifications for future delivery.

3.0 RESULTS

3.1 Reading skill

Table 2.1 shows results of curriculum-based assessments of reading skill pre and post the nine week intervention period. It should be noted that the four pupils had very different starting points in terms of reading attainment which would have led to different emphases for intervention and teaching, thus progress would not be expected in every category. It should also be noted that there is a ceiling for performance in each category; the following scores were the maximum achievable: HFW = 100, Letter sounds = 26, VC = 10, CVC = 23, CVCC = 10 and CCVC = 10.

Pupil	HFW		Letter sounds		V-C		C-V-C		C-V-C-C		C-C-V-C	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
L (Y2)	8	11	23	20	0	9	0	5	0	0	0	0
D (Y2)	0	12	24	22	3	10	0	2	0	0	0	0
R (Y5)	94	-	26	-	10	-	23	-	10	-	10	-
B (Y5)	92	88	26	26	10	10	23	23	3	3	7	10

Table 2.1 Raw scores for reading skill at pre and post assessment (N=3).

3.2 Reading Self-Concept Scale

Table 2.2 shows results of assessment of children's reading self-concept pre and post intervention. The Reading Self-Concept Scale has 30 items with a maximum score of 150 overall: 50 for each sub-category. The intervention aimed to increase self assessments of Competence and Attitude and decrease Difficulty. Scores in Table 2.2 are mean responses where 1 = 'no never' 2 = 'no not usually', 3 = 'sometimes/do not know', 4 = 'yes usually' and 5 = 'yes always'.

Pupil	Difficulty		Competence		Attitude	
	Pre	Post	Pre	Post	Pre	Post
L (Y2)	2.6	1.8	2.7	3.0	3.5	3.7
D (Y2)	2.7	3.3	2.7	3.3	3.7	4.3
R (Y5)	3.4	-	3.2	-	4.4	-
B (Y5)	2.8	3.2	2.7	3.6	4.2	3.4

Table 2.2 Mean scores within sub-scales of the Reading Self-Concept Scale (N=3).

3.3 Pupil L summary

In terms of reading skill, pupil L demonstrated improvement within her reading of HFW, VC and CVC words. At pre-assessment pupil L would sound individual letters of VC words but could not blend them and therefore read no VC or CVC words correctly. At post-assessment Pupil L would start by guessing a word but subsequently 'sound out' each letter and blend them. This strategy enabled her to read more words than she had previously. Furthermore, the errors she made at post-assessment were usually nearly correct; she would correctly 'sound out' each letter but struggled to blend with 100% accuracy e.g. 'but' read as 'bit'. It seemed that some of her errors were due to either abandoning the strategy and returning to guessing and/or distraction due to keenness to get words right and thus constantly looking up at the adult for reassurance, rather than focusing on the words in front of her.

Pupil L's perception of competence as a reader and attitude towards reading both improved and perception of difficulty of reading decreased. Although these were all small changes in scores, they were nonetheless in the right direction.

3.4 Pupil D summary

In terms of reading skill, pupil D demonstrated improvement in response to intervention within his reading of HFW, VC and CVC words. At pre-assessment pupil D would not attempt any HFW; at post-assessment he read 12 correctly and made errors that were near correct e.g. 'the' read as 'then'. However, he was not keen to slow down or try again with such words. Pupil D's reading of VC words was much improved from guessing to reading with speed and accuracy (e.g. 'if' read as 'frog' at pre-assessment and correctly at post-assessment). Although pupil D only managed to read 2 CVC words at post-assessment this was a notable improvement when compared to pre-assessment, where D had refused to even 'have a go' at any CVC words. He also made good attempts at a further 6 CVC words; he would correctly 'sound out' each letter sound but struggle to blend with 100% accuracy e.g. 'get' read as 'git'. Nevertheless this was a considerable improvement on pre-assessment attempts (or lack thereof).

Perception of competence as a reader and attitude towards reading both improved as had been hoped with intervention. However, perception of difficulty of reading also increased counter to intervention aims.

3.5 Pupil R summary

Unfortunately pupil R did not receive intervention due to moving schools and no longer attending the SSS.

3.6 Pupil B summary

In terms of reading skill, pupil B had reached a ceiling on measures of letter sounds, VC and CVC words at pre-assessment and therefore could not show any more progress in these areas. He demonstrated improved reading of CCVC words; at post-assessment pupil B sounded out and blended these words with confidence and consistency. However, Pupil B continued to struggle with the majority CVCC words; even correct items were somewhat inconsistent over time. Pupil B also appeared to demonstrate reduced accuracy in reading HFW at post-assessment. Some errors were consistent over time, whilst other errors varied (e.g. correct at pre-assessment yet incorrect at post-assessment). This suggests either lapses in concentration for words known (perhaps due to nerves) and/or knowledge of some HFW at the level of acquisition but not yet fluency and maintenance.

Pupil B's perception of competence as a reader increased. However perception of the difficulty of reading increased and attitude to reading decreased, both of which are counter to the aims of intervention and staff reports of progress and attitude. Validity of the Reading Self-Concept Scale will be discussed later in this report.

3.7 Staff perceptions

Staff completed evaluation questionnaires immediately following the training morning (see Appendix I). Staff were asked to rate on scales of 0-10 their knowledge of the area before and after

training and also their feelings of competence to support children in this area before and after training. Results given in Table 2.3 indicate that all the SSS staff felt that they knew more about PT and DI following training and also felt more competent and able to use PT and DI to support children in their setting following the training.

	Knowledge about PT/DI			**Feelings of competence to support children using PT/DI**		
	Pre-training	Post-training	Improvement	Pre-training	Post-training	Improvement
Staff 1	1	9	+8	1.5	8	+6.5
Staff 2	1	9	+8	2.5	9	+6.5
Staff 3	1	9	+8	1	9	+8
Staff 4	1	6	+5	2	6	+4
Staff 5	1	10	+9	5	10	+5

Table 2.3 Staff ratings of knowledge and competence according to post-training evaluation questionnaires (N=5).

Reflections regarding the process of implementing PT and DI as well as perceived successes and difficulties associated with the interventions, were gained through informal interviews with class teachers and teaching assistants following the 9-week intervention period. The feedback is summarised in tables 2.4,2.5 and 2.6 below.

3.7.1 How was the intervention implemented?

KS1 staff	**KS2 staff**
- Whole-class teaching during phonics slot (9.30-9.45) made specific to the PT target words. - Target children withdrawn for individual PT assessment during computer time (9.45-9.55). - Staff did not use DI as their method for teaching PT	- During IEP time from 9-9.30 children have their own tray of independent work which includes some handwriting, spelling and maths work. During this time the teacher and TA hear individual

target words. They continued to use the phonics games they were used to and knew the children enjoyed, such as Bingo, the Fish Game and Education City word games. - Staff perception was that games engage children the most (implied but not said that DI did not appeal at a face value level and thus was not even trialled by staff).	children read. The plan was for the TA to implement PT during this time with target children. - DI had not been used as the means of teaching target words but PT had been attempted.

Table 2.4 Staff comments re: the implementation of PT/DI intervention (N=5).

3.7.2. What went well (success)?

KS1 staff	KS2 staff
- Improvements in target children's attitude i.e. "I can do this" mentality emerged. - Enabled repetition and reinforcement of learning for the whole class, not only target children. This in turn boosted the learning and self-esteem of other learners not receiving PT. - Felt that both Pupil D and Pupil L progressed in terms of their reading ability and self-esteem. - Generalisation of skills was noted by the TA who felt the PT work helped the children with their spelling sheets and gave them increased confidence meaning they "tried harder" when reading books. - Pupil D started taking books from the SSS to read on the bus; an effect which cannot be attributed directly to PT but nevertheless meant intervention had not put him off reading. - Pleased that PT helps staff to demonstrate that children who arrive with significant EBD do have potential to make good progress in relation to learning. - Children enjoyed the PT probes and being timed; the 'challenge' was not perceived negatively. - Intervention promoted other skills besides reading, such as turn-taking and social skills to engage with peers in a collaborative effort and with adults in learning activities; all key yet difficult for this particular cohort of children who have usually been permanently excluded for aggressive/non-compliant behaviour.	- Pupil B is really keen to progress with reading and like Pupil D he was taking books onto the minibus to read and also did not mind being timed with the probe sheets. - Staff tried to be creative when PT time in SSS was not happening regularly e.g. sent target words home for Pupil B to practice and learn.

Table 2.5 Staff comments re: the success of the PT/DI intervention (N=5).

3.7.3. What did not go well (difficulties)?

KS1 staff	KS2 staff
- Pupil L made less progress which was attributed to poor attendance. - Difficulty implementing the intervention when children's rates of progress diverge. Pupil D attends the SSS full-time and made faster progress through his target words than Pupil L who attends on a part-time basis and has poor attendance due to illness. Thus identified a link between progress in response to intervention and attendance. - Staff anticipated difficulties of implementing intervention with the whole class (i.e. 6-8 pupils) due to the range of ability and thus likelihood of several very different sets of target words. PT would not be a problem but staff queried how they could style DI or other teaching input to cater for all without being too difficult for some or too easy for others. - Difficulties associated with the logistics of intervention within the specific context of a SSS: 1. The timetable is more changeable than mainstream settings because of smaller class sizes and most children experiencing difficulties maintaining attention and concentration. Thus the day is broken up into many shorter sessions/activities and within this context it was perceived as difficult to commit and stick to a regular slot every day for a set intervention; 2. Most children come to the SSS on short-term placements for a 6-week behaviour course. Children need time to settle before	- Pupil B preferred to read books that were meaningful rather than repeating lists of words over and again. Rapid Reading was also being used with Pupil B and seemed to appeal more because it involves reading a short story and a factual story as well as a joke at the end followed by spelling and grammar learning points. Pupil B seems to motivated by and interested in the topics. - Competing demands and priorities i.e. in order to do the PT/DI during IEP time then the pupil would not be doing either their spelling, handwriting or maths and this was problematic from the point of view of teaching and meeting IEP targets. Also children in such a small class notice and get upset about any differentiated treatment as being 'not fair'. Staff also felt that if you were to do PT/DI after IEP time the child would be missing whole class teaching input which again would be disruptive to the child and the whole class. - Difficulties associated with the logistics of intervention within the specific context of a SSS: 1. Intention to withdraw pupils and implement PT during IEP time did not work out on a regular basis due to the arrival of another pupil in class who is particularly disruptive and required near 1:1 TA support whilst the Class Teacher managed the remaining 5 pupils. Thus 1:1 withdrawal was not possible at the present time. Both teacher and TA felt the intervention would be useful at a time with a more settled group, however the make-up of the group regularly changes with short and long term placements. Thus pupils requiring a high level

interventions are put in place and therefore implementing DI/PT with children who are only present in the setting for 6 weeks was perceived as problematic at best and unrealistic at worst; 3. Due to behavioural difficulties/needs of children the intervention is highly dependent on having enough staff available to deliver PT with target children and teach the rest of the children in class. If and when the TA was away the intervention simply didn't/couldn't happen (not unlike mainstream).	of support impact on the capacity of staff to deliver interventions that require 1:1, even for a short amount of time. The need for adequate 'manpower' and 1:1 time to implement interventions can be problematic in a SSS where other children are frequently misbehaving and requiring additional adult attention; 2. Attempted to implement PT in the main classroom whilst other pupils were getting on with independent work but this did not work due to others pupils' disruptive behaviour distracting and/or 'drawing in' the target pupil. Thus to be successful, PT does require withdrawal of the pupil from the class for focused period.

Table 2.6 Staff comments re: difficulties encountered with the PT/DI intervention (N=5)

4.0 DISCUSSION

4.1 Impact of PT/DI on reading skill

When pre- and post-assessment scores are compared, Pupil D made the most progress, demonstrating improvements in reading HFW, VC and CVC words. Pupil L made some progress, again within the domains of HFW, VC and CVC words, however gains were limited and according to staff report this may be attributed to her poor attendance. Pupil B made very little progress. Based on the feedback gained from staff (detailed in the Results) it became clear that in KS2 (i.e. Pupil B) staff had not been able to implement DI at all and PT only partially. Thus it is unsurprising that progress was not made, as the intervention for the most part never happened. It also became clear from staff report that in KS1 (Pupils D and L) staff focused their attentions on implementation of PT whilst making no changes to their teaching methods i.e. did not make use of DI. Therefore again, greater progress might have been observed had the intervention using PT and DI combined, been carried out as planned. Therefore, on the basis of Pupil D's results, as a case study of sorts, we may agree with Downer (2007) in saying that programmes such as PT may be used to improve reading as effectively with children exhibiting behavioural difficulties as those who are demonstrate more classic learning needs. However, clearly there is a need for studies with larger sample sizes and greater fidelity to the programme to demonstrate this with confidence.

For the purposes of considering the effectiveness of interventions such as PT and DI specifically with an EBD cohort, observations of children's approach to task seem as valuable as raw test scores. For

example, in cases where children achieved a lower score at post assessment than pre assessment, it is suggested that the reading skill demonstrated by children during assessments was mediated by several factors other than their true reading skill. Mediating variables may include: a) *self-esteem as a reader* and it's link to children's confidence and willingness to 'have a go' (i.e. facing the risk of failure) with an adult who (to all intents and purposes) is testing them (e.g. both pupils B and D rushed through the words in front of them and tended not to slow down to work out harder words, preferring to guess and carry on); b) *approach to task* and especially *response to mediation* (e.g. pupil B turned down my suggestion to sound out individual letters when reading CVCC words but then subsequently adopted this strategy to read the CCVC words); and c) *attention and listening skills/capacity* (e.g. pupil D was very quick to say when he did not want to do anymore after a short burst of good reading). All of these factors are likely to be issues for pupils with emotional and behavioural difficulties (EBD) and thus likely to impact on both their actual and demonstrated reading skill. Thus issues relating to the processes of children's learning as oppose to merely focusing on the content and product, as advocated by cognitive psychologists (e.g. Lauchlan, 2001) seem all the pertinent when working with children with EBD.

4.2 Impact of PT/DI on self-esteem and confidence

Comparison of pre and post assessment scores according to the Reading Self-Concept Scale generates a mixed picture. Of the three children receiving intervention, only one perceived reading to be less difficult following intervention; however all three reported increased feelings of competence as a reader and two demonstrated improved attitude towards reading.

The feedback of KS1 staff both matches and exceeds the improvements indicated by pupil self-report. KS1 staff reported observation of an emerging 'can do' attitude in pupils and notable enjoyment of reading extending to children voluntarily reading on the bus to and from school. These improvements in attitude was perceived and celebrated by staff as just as important (if not more so) as the improvements in reading skill, given the children's history of exclusion and tendency towards disaffection with education. In addition to self-esteem, staff reported side effects of intervention in terms of the promotion of social skills such as turn-taking and engaging with peers and adults in a collaborative effort to learn. These skills were not the focus of intervention and may come quite naturally to the majority of children in mainstream schools and yet present as key areas of difficulty for children with EBD, who have often been permanently excluded for aggressive and/or disruptive behaviour.

Improvements according to the Reading Self-Concept Scale were small and sometimes non-existent. This could have been a true reflection of children's views, especially given partial implementation of the intervention. However during assessment it was very clear that children found the questionnaire to be long, repetitive and unengaging. Thus as an observer it seemed that their responses were rushed and possibly meaningless to the child but given for the sake of finishing the questionnaire. Therefore we may query the validity and usefulness of the Reading Self-Concept Scale with KS1 and KS2 children with EBD. Whilst the tool is standardised, it may be suggested that it's content validity (i.e. measurement of the domain it purports to cover) is poor when used with children with EBD and/or attention and listening difficulties.

4.3 Intervention implementation issues

Unfortunately discussion of the impact of a DI/PT intervention with EBD children can only be taken so far in this report, as it became clear that the interventions were not implemented as intended. Therefore a more pertinent question to be discussed here is why this was so. The answer to this key question is two-fold and requires discussion of the following: 1) the organisational constraints within a specialist setting which affected intervention implementation; and 2) the (in)effectiveness of the training delivered.

4.3.1 Organisational constraints in a specialist EBD setting

Analysis of teacher and teaching assistant (TA) feedback suggests that there may be more logistical challenges associated with implementing PT and DI within a specialist setting such as a SSS or PRU, than within a mainstream setting.

Firstly, staff feedback reflected concern that PT and DI as teaching approaches are not engaging enough for this group of children. Staff seemed to perceive PT/DI as dry and repetitive in nature and thus were concerned it would not work with children known to have difficulties maintaining attention and also disruptive behaviour. For KS1 this was about needing games to teach reading skills and for KS2 this was about needing meaningful and informative texts to motivate children to read. Secondly, there was a clear link between attendance and progress made in response to

intervention. This is a link we would observe in mainstream also; however for children in a SSS, attendance is more likely to be inconsistent due to variations in full and part-time placements, processes of re-integration to mainstream and some complex home circumstances. Thirdly, there was concern that the intervention would only be appropriate for children on longer-term placements. For those on short-term 6 week behaviour courses, staff perceived that by the time they had settled the children, completed initial assessments and made up probes, there would be little time left in which to deliver the intervention before children left. Arguably, once staff have more experience and confidence in delivering PT/DI and are more rehearsed in the process, this perception may change. Fourthly, both groups expressed frustration that they were limited by staff time and availability. Despite the fact that both PT and DI do not require expensive resources and do not need to be time-consuming to deliver (Chiesa & Robertson, 2000), staff still struggled to achieve 1:1 slots in order to do PT probes and charting. Due to the very nature of the setting it is likely that there will usually be some pupils in class with particularly disruptive behaviour and requiring a higher level of adult support and therefore impacting on the capacity of staff to deliver interventions that require 1:1 interaction, even for a short amount of time. Finally, the dynamics between children themselves were a barrier to successful intervention. Children with EBD are often hyper-vigilant and thus selection of some but not all children for some additional 1:1 time was quickly noted by other children as 'not fair' causing disruption. Furthermore, on occasions that intervention was attempted the TA and/or target child frequently became distracted or 'drawn in' by the behaviour of other children in setting.

Taking all of these issues together, it would seem fair to conclude that the effectiveness of intervention with EBD children within a specialist setting is more dependent on establishment of the organisational conditions necessary to support implementation and less dependent on individual children's behavioural difficulties. Boxer et al. (1991) argue that children's learning will be influenced by many layers of their environment, including classroom-specific factors and whole-school issues, which must then be taken into account when assessing their learning ability and progress.

4.3.2 EP training practice

A number of implications exist for EP practice in relation to training school staff and facilitating PT/DI intervention delivery. Firstly, given the issues surrounding the logistics of PT/DI delivery in specialist settings as discussed above, EPs will need to ensure that: a) the senior management of the setting understand the resource implications in terms of manpower and time; b) potential difficulties are fully anticipated, discussed and strategically planned for; and c) there is a high level of commitment to, and enthusiasm for, the PT/DI intervention itself amongst staff. The commitment and belief of staff in the intervention is critical to success. In a survey of evidence-based practice in special education Burns and Ysseldyke (2009) discuss possible reasons for the research-practice gap in education as being: 1) inaccessibility of research to classroom teachers; 2) inability of researchers to draw causal connections in research; and/or 3) distrust by teachers of claims made by research. This final point has relevance to the current project. During the initial training morning I took care to detail the theoretical underpinnings and current evidence base for the effectiveness of both PT and

DI (see Appendices A and C). Despite enthusiastic and thoughtful responses at the time it seems that staff did not judge DI in particular (less so with PT) as being likely to 'work' with their children, and thus did not make attempts to implement it i.e. they had distrusted the claims made by research. Alternatively, staff may have been keen on the theory of the PT/DI but lacked the necessary support to turn theory into practice. This point will now be discussed in greater detail.

4.3.2.1 Training delivery

When delivering training, EPs need to support teachers firstly to understand why they are doing what they do (and so build positive expectations that it will work), and secondly to support teachers to translate that theory into practice. It is on this second point that the training detailed in this report fell short. Bandura's (1977) social learning theory outlines the importance of observation and modelling in the process of learning. Applied to the training context, social learning theory suggests that through observation of the modelling provided by others we learn how to perform new behaviours or skills. Effective learning involves more than merely watching; key components include: attention (by the observer of the modelled event); retention (which includes processes of coding, organisation and rehearsal); motor reproduction (which includes practice and feedback); and motivation (including reinforcement). Social learning theory may be usefully applied to training where the aim of training is behaviour change (e.g. acquisition of a new skill such as PT/DI teaching practice) as oppose to knowledge acquisition (e.g. training staff on attachment theory and it's relevance to the classroom).

Thus effective training delivery needs to involve some form of follow-up beyond the initial training 'event', such as behavioural modelling and/or coaching. Latham and Saari (1979) report the positive effects of a behavioural modelling training programme designed to improve the interpersonal skills of supervisors. Performance ratings at 3, 6 and 12 month follow-ups were significantly better for supervisors undergoing training as compared to a control group. Crucially the training programme ran over 9 weeks with sessions designed around the key components of social learning theory. Trainees watched videos of the desired behaviour (attentional processes), discussed the scenario as a group (retention), rehearsed the responses through role-play (retention and motor reproduction) and received feedback from the group about their effectiveness (motivational). Trainees were also encouraged to practise the skills in the following week ready to feed back at the next week's session. Olivero et al., (1997) report on the effectiveness of training for managers that involved weekly coaching for 2 months following the initial training workshop. They report that the training event increased productivity by 22.4%, whilst the coaching increased productivity by 88%. Similarly to the behavioural modelling approach, the coaching involved goal setting, collaborative problem solving, practice, feedback and evaluation of the end results. Thus it is clear from such studies that a key factor in enabling the recipients of training to transfer training information to the 'on the job' skills, is the extent to which they have opportunity for practice and constructive feedback (Olivero et al., 1997). In the case of the DI/PT training presented in this report, the training morning itself should have been understood as just the start of the training process itself and follow-up that involved regular opportunities for modelling, rehearsal/practice and feedback was needed in order to promote lasting behaviour change in staff teaching approaches. Whilst this sort of behavioural modelling and coaching is undertaken by EPs less frequently than ought due largely to time

constraints, it nevertheless needs to be addressed if the original objectives of the training are to be accomplished. Creative solutions may be developed, such as requesting that staff video-tape themselves delivering DI with a group pf children. This approach would mean the EP does not have to be physically present in the setting but can still provide ongoing coaching and feedback via phone or email.

As a final note on the process of training delivery, it may also be suggested that training staff in two approaches to intervention simultaneously was too ambitious. Staff in this case took the PT forward but neglected to attempt DI, despite the fact PT and DI do in theory complement each other as interventions rooted in instructional psychology (Binder & Watkins, 1990). A long-term plan for staff development should be taken, for example training and piloting DI with staff and only once confidence and skill is built up with DI, introduce PT to complement the DI.

4.3.2.2 Training evaluation

In addition to modifying the process by which training is delivered, thorough evaluation of EP training is also critical to ensure effectiveness. Kirkpatrick's Four Levels model is a useful framework to evaluate training and also to facilitate the follow-up that was needed to encourage behaviour change in staff practice. The Four Levels of evaluation are as follows: 1) reaction, that is to what degree participants react favourably to the training events; 2) learning, that is to what degree the participants acquire the intended knowledge, skills and attitudes based on their participation in the learning event; 3) behaviour, that is to what degree the participants apply what they learned during

training when they are back on the job; and finally 4) results, that is to what degree targeted outcomes occur, as a result of the learning event(s) and subsequent reinforcement (Kirkpatrick & Kirkpatrick, 2009).

Level 1, evaluating the staff reaction to the PT/DI training programme, was done using the Training and Workshop Evaluation sheet that is used by all EPs when delivering training in XXX County (see Appendix I). This sheet meets Kirkpatrick's requirements by setting out the aims of training and collecting information about reactions to the training delivery and resources in such a way that can be quantified and tabulated (Kirkpatrick, 1996). Although enjoyment of training does not necessarily equate to learning, it is highly likely that those who experience the training as interesting and motivating are more likely to pay attention and learn the principles and information conveyed. This form of evaluation is also necessary and useful in order to gather suggestions to improve future training programmes. It is interesting to note that in this instance staff feedback was very positive (see table 2.3), and yet this did not subsequently result in effective implementation of the interventions that were the subject of training.

Level 2, evaluating the staff learning about PT/DI, was also done through administration of the Training and Workshop Evaluation sheet. Staff were asked to mark on a scale from 1-10 their knowledge about DI/PT before and after training. However, this measure is somewhat crude as it involves self-report immediately following the training and is therefore subjective and also arguably reflective of the participants' reactions (Level 1) rather than actual learning. Kirkpatrick (1996) suggests the use of before and after tests to demonstrate knowledge learned or demonstrations of

skills learnt, in order to gain meaningful Level 2 evaluation. Indeed during the training morning, staff were given opportunities to practice the DI techniques in pairs (role play as teacher and pupil) and also a practice activity completing a PT chart. Furthermore a true or false 'quiz' to check staff understanding of the key principles of PT was administered following the presentation and discussion. However, these informal checks and measures of learning could and should have been extended beyond the morning. For example, I could have gone back to observe DI practice in the setting one week after the initial training (and at other agreed intervals) in order to check and support teachers learning of techniques. Furthermore, where additional time to be in the setting could not be spared, perhaps a questionnaire such as that developed by Demant and Yates (2003) could have been sent out to staff to complete in order to check on theoretical understanding of principles of DI at a one or two week follow-up point.

Level 3, evaluating the extent to which participants changed their behaviour, was not attempted within this project and thus represents a key weakness in the design. During informal interviews at the post-intervention point it became clear that for a number of reasons (as detailed in the previous section re: organisational constraints) DI had not been attempted and PT had been implemented with varying degrees of commitment and success.

In order to change behaviour 'on the job' so to speak people must: a) want to improve; b) recognise their own weaknesses; c) work in a permissive environment; d) have help from someone who is interested and skilled; and e) have opportunity to try out new ideas (Katz, 1956). Arguably for the SSS staff involved in this project points (a) and (b) were present however organisational constraints as previously discussed impacted on points (c) and (e), and lack of my availability on site restricted

point (d) as previously discussed. Support that both enabled and evaluated behaviour change needed to be present within the training design from the start as oppose to simply offering for staff to 'get in touch' with questions/issues as needs arise. This was clearly not enough and a planned approach follow-up such as behavioural modelling and coaching was necessary. Dates for observations and further modelling by myself to the staff and/or meetings during the intervention period to discuss progress and troubleshoot arising issues, could have been arranged. The degree to which such reinforcement and coaching happens directly correlates to improved performance and positive outcomes (Kirkpatrick & Kirkpatrick, 2009). There is clearly a need for continuous staff development following training if interventions are to be delivered consistently, successfully and with fidelity to the programme (Roberts & Norwich, 2010).

Finally Level 4, evaluating the results which occur due to the training, was built into the design in the form of the pre and post assessments with the children themselves, measuring reading skill and self-esteem in relation to reading. However, these measures became less meaningful as it became clear that Level 3 behaviour change had occurred only to a limited extent, meaning any results we did observe cannot be confidently attributed to the PT/DI training and intervention.

Therefore, Levels 1, 2 and 4 of evaluation were done to a greater or lesser extent (with acknowledged room for improvement) however, Level 3 was not and ultimately resulted in training that was appreciated and enjoyed but ineffective in achieving behaviour change in staff or results for children. Kirkpatrick (1996) acknowledges that evaluation becomes more difficult, complicated and expensive as one progresses from Levels 1 through to 4, which may account for why Levels 3

and 4 are rarely engaged in by EPs pressed for time and resources. However, evaluation also becomes more important and meaningful as we progress through the levels. For EPs delivering training, application of such an evaluation model has become increasingly important in recent times for two main reasons. Firstly, thorough evaluation will involve follow-up by the EP that encourages behaviour change in staff (as oppose to 'hit and run' training so often done by EPs where time pressures and organisational constraints pressure them to do so). Secondly, thorough evaluation will demonstrate the 'value added' by training which is critical in a climate of budget cuts and traded services where consumers (schools) will be increasingly asking for evidence that EP services make a difference and are worth their investment. Training needs to be clearly linked to goals and value (Kirkpatrick, 2010). However, whilst it may be easy to criticise EP practice in training delivery, it should also be borne in mind that in Local Authorities where schools are paying for EP services, it is the schools that increasingly dictate how 'EP time' is to be used and often schools themselves who want one-off training without a commitment to follow-up activities or evaluation. EPs will have to become ever more skilled in negotiating the nature and scope of their work with clarity and conviction.

4.4 Ethical considerations

Scientific value is one key principle that should be used to guide the design and implementation of human research (BPS, 2010). Research should be designed and conducted in such a way that ensures its quality, integrity and contribution to the development of knowledge and understanding. Research that is *"poorly designed or conducted wastes resources and devalues the contribution of*

the participants" (p9). Given the small sample size recruited for this project, coupled with the flaws in the design of training delivery and evaluation as previously discussed, it may be queried as to whether this project (and other EP practice like it), is ethically 'sound'. Whilst I would agree that project design and training delivery need to be rigorous in order both to value and be of use to the recipients, I think that the small sample size is defensible. With a small sample it is true that the generalisability of the results is limited. However, the small sample was valid for two reasons. Firstly, from a practice point of view the teachers were clear that they wanted to develop their DI/PT skills with a few children before applying them to work with all. Had this endeavour been supported through coaching, then I believe it would have been an effective and realistic approach to facilitating skill development. Secondly, from a research point of view the small sample size would constitute a case study approach which is both defensible and valuable for a number of reasons, not least the following: 1) case study data is 'strong in reality' meaning it is often in line with and applicable to the readers own experience; 2) case studies are sensitive to the complexities and subtleties of situations, capturing unique features that may be lost in larger scale data and yet enable understanding of the situation in question; 3) case studies are a 'step in action' meaning their insights may be directly interpreted and put to use in other similar situations (Cohen et al., 2000). Nevertheless it is acknowledged that the addition of a control group as a point of comparison, would strengthen both the design integrity and the weight of any conclusions relating to the impact of PT/DI with an EBD population of children.

4.5 Conclusion

In conclusion, Kirkpatrick's Four Level Model is a useful evaluation framework to understand the relative successes and failures of the DI/PT training and intervention detailed in this report. Kirkpatrick and Kirkpatrick (2009) describe how Levels 1 and 2 (reaction and learning) are correlated in so much as positive learner engagement leads to higher degree of learning. Levels 3 and 4 (behaviour and results) are correlated in so much as if the target behaviour in consistently performed then results improve. However, Levels 2 and 3 (learning and behaviour) are not necessarily correlated meaning excellent and enjoyable training that results in a positive reaction and learning, does not necessarily equate to behaviour change and subsequent results. These principles help us to understand what 'went wrong' in this (and often in other) EP training situations. Staff receiving DI/PT training gave positive reactions and indicated learning following the initial training morning. However, behaviour change (in terms of teaching techniques) and related results (in terms of children's reading ability and esteem) were not found due to a lack of deliberate or consistent follow-up and reinforcement by myself, the EP. Application of social learning theory would also suggest that some form of behavioural modelling and coaching was necessary in order to achieve change in teaching techniques and thereby improvement in children's reading.

Thus there remains a need for research demonstrating the compatibility and effectiveness of DI and PT delivered in unison and also a need for further research on factors affecting success of such interventions specifically with the EBD population. Important implications for settings and EPs alike have been drawn that may be applied to delivering interventions other than just PT and DI. A key

discussion and recommendation emerging from the experience reflected in this report is the necessity and value of well planned and thorough follow-up, coaching and evaluation as 'part and parcel' of any training package offered to schools by EPs. This will be critical in order to ensure actual behaviour change in the recipients of training and achievement of the very outcomes for which training was originally sought.

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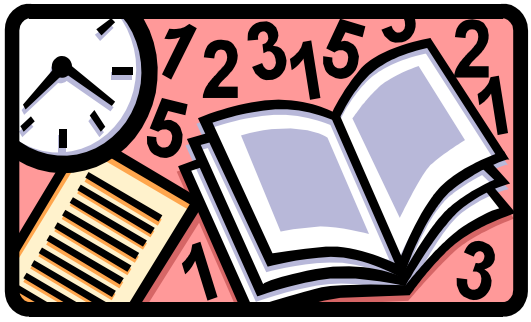
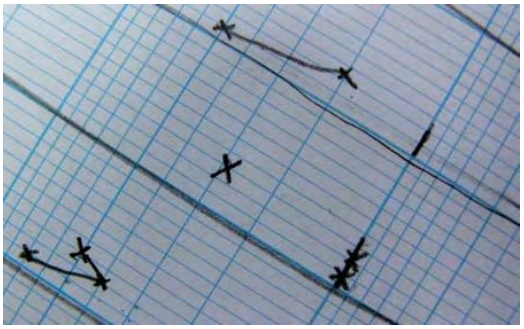
APPENDIX B: PRECISION TEACHING TRAINING BOOKLET

Precision Teaching

Guidance notes for Teachers and Teaching Assistants





Caroline Doggett
Trainee Educational Psychologist
Worcestershire LA

Typical Daily Session
(10 – 15 minutes)

1. Share SMART target with pupil

Targets should be Specific, Measurable, Achievable, Realistic and Time-limited.

Example of a SMART target:
"Lucy will read correctly 5 words (is, at, on, and, the) at the rate of 50 per minute, when they are presented randomly on 3 different occasions."

2. Assess pupil using Precision Teaching Probe

See information further on.

3. Teach!

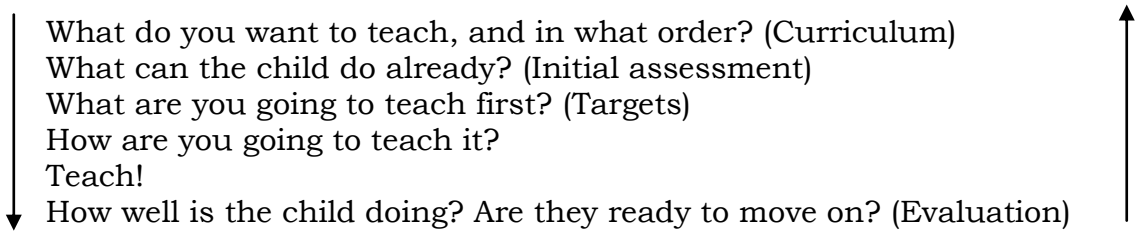
Once the pupil has one or more SMART target teaching needs to take place daily.
The pupil should be taught for 5-10 minutes every day.
The teacher can be flexible in the range of teaching approaches they use, some suggestions are (you wouldn't do all of these everyday!):

- Sight words and phonics activities:
  - Direct Instruction
  - Flashcards
  - Word games (e.g. word-searches, hangman, matching pairs etc ideas available on the internet).
- Sentence activities – Using the key words being focused on to read sentences, compose sentences or make sense of muddled sentences.
- Read books, magazines, newspapers, signs, lists etc.
  - Pupils read aloud, read together, read to other pupils, paired reading, group reading, silent reading.
  - Comprehension – discuss what has been read.
  - Reading books.

Precision Teaching

What is Precision Teaching?

Precision Teaching is a way of accurately measuring a pupil's progress everyday, it is NOT a teaching method. It is based on the Assessment-Through-Teaching model:



Why use Precision Teaching?

- It is a precise means of measuring a pupil's performance on a set task.
- It is a means of measuring a pupil's progress, however slow, on a direct and daily basis. It indicates whether the pupil is meeting expectations in terms of whether they are reaching objectives and whether they are reaching them fast enough.
- It is a means of measuring the effectiveness of any teaching method.
- It provides clear information to help plan future steps for an individual teaching programme.
- It provides an efficient form of record keeping.
- It can be used to show pupils what they are expected to do and how they are performing – **it is motivating**.

Precision Teaching – the theory

Precision Teaching was developed from the theory of the Instructional Hierarchy (Haring and Eaton, 1978) to describe the stages of learning. There are 5 levels, this example shows how the hierarchy can be applied to reading:

Level 1: Acquisition - The pupil has acquired a new skill i.e. they have learnt a new word during the teaching session, though they will not necessarily be able to read it accurately the next time it is presented.

Level 2: Fluency – With practice the pupil has become competent at the new skill, they have read the word on a number of occasions and at a suitable rate. When a pupil can read fluently they are able to read quickly enough to make sense of what they are reading.

Level 3: Maintenance – The new skill has been learned so that the pupil can read the word after a period of time.

Level 4: Generalisation – The pupil is now able to read the word in different contexts e.g. in reading book, on wall, in different typefaces.

Level 5: Adaptation – The pupil is now able to apply the skill to a new situation; they may transfer their knowledge of one word to a word that looks similar e.g. a word with the same beginning or a rhyming word.

These 5 stages can be applied to the learning of any new skill.

The importance of fluency

Fluency = the speed with which we can read text.

If we have to hesitate to decode words we are not reading fluently. When we have reached fluency we can carry the task out automatically, when reading this means we are able to pay more attention to what the words mean. Precision Teaching allows the teacher to measure the fluency of a pupil's reading using a timed measure of progress. This allows the teacher to decide when the pupil is ready to move on to a new target.

Uses of Precision Teaching

Precision Teaching programmes can be used to improve a pupil's reading of high frequency words, phonics, and arithmetic skills.
Precision Teaching can also be used in teaching spelling, using hear-to-write probes, this is where the teacher reads the word and the pupil writes it down.

Precision Teaching Materials

- ✓ **Placement Probes –** To be used for initial assessment of child's reading/numeracy.
- ✓ **Daily Probes –** To be used to assess daily progress. Create own probes using web-site. Need 2 copies – 1 for child, 1 for you to mark.
- ✓ **Charts –** Used to record progress daily.
- ✓ **1 minute egg timer**
- ✓ **Materials required for teaching session**

Using Precision Teaching Probes

Probe sheets contain the sight words/phonics/numbers/sums etc that you would like the child to learn. In this explanation the probe sheets referred to have words. It is most realistic to **aim to teach 4 to 6 words at a time**. Each probe sheet will contain 40 words; not 40 different words but the 4 to 6 words which are being targeted, presented repeatedly and in a random order. The words are presented in a random order so the pupil will not learn the sequence.

Assessing progress using the PT probe:

- ***You will need 2 copies of the probe, a pen and a 1 minute timer.***
- The teacher sits next to the pupil and explains to them that they are going to time them reading the words, the teacher must emphasise that they are **measuring both time and accuracy**.
- The probe is timed so that the pupil has exactly 1 minute to read as many words as they can each day. **If they get to the end of the sheet they simply start again at the beginning until the 1 minute is up.**
- If the pupil hesitates when reading the words, give them 5 seconds and then prompt them to move on to the next word.
- The teacher needs a copy of the probe on which they can mark words read correctly / incorrectly as the pupil is reading.
- The results then need to be transferred to the record sheet.
- When the minute is up, stop the pupil and praise them! Positive feedback in the form of a reward chart?

The same probe is used each day until the pupil is assessed as having read the words fluently.

↓

The standard criteria for fluency is to **read 50 words in 1 minute with no more than 2 errors**. This is called the **aim rate**.

The 3 day rule: once the aim rate has been reached on 3 consecutive days the probe can be changed.

The 8 day rule: if the pupil is not near the aim rate after 8 days the programme should not continue without a change being made, e.g. change teaching methods or the target words. The **aim rate should NOT be changed**.

Charting Your Data

The chart provides a quick and easy way to monitor progress.

Every time the probe is used the pupil's progress should be recorded on the chart.

The chart is known as a ratio chart, unlike more conventional charts it **measures the pupil's rate of progress**.

For example:
John knows 100 high frequency words and learns 5 more in a week.
Julie knows 2 high frequency words and learns 1 more in a week.
Which pupil has made greater progress?

The chart **allows the pupil to see their progress**, it can be customised with stickers etc to make it look more attractive to younger children. Thus the chart can be used to **motivate and encourage children**.

Completing the chart:

- The horizontal axis has a space for recording the results of the probe each day (days of the week initialled along the top of the chart).
- The top half of the vertical axis is used to record the number of correct responses per minute.
- The bottom half of the vertical axis is used to record the number of incorrect responses per minute.
- The chart needs to be completed every day.
- The number of correct responses should be marked with a dot.
- The number of incorrect responses should be marked with a cross.
- The dot and cross should be joined to the previous day's dot and cross unless:
  1. The pupil was absent. (This should be marked as A in the table *below* the chart but *no mark on the chart*).
  2. A different probe was being used (a new line on the same chart begins with a new probe).
- Draw a vertical line down the whole chart when starting with a new set of target words and a new probe.
- Record the target words in the blank box below the chart.

Creating Precision Teaching Probes

Placement probes are used to assess where to begin a Precision Teaching programme. Therefore they are used for assessment NOT teaching.

Placement probes are used in the same way as daily probes i.e. timed for 1 minute with an aim rate of 50 words per minute with no more than 2 errors made.

Results from initial assessment with placement probes indicate where to start in terms of target words for the child.

When designing individual probes for a child:

- ✓ **Do** use 4-6 words: 2 words the child is already able to read fluently and 3 that they can not. (*This ensures that the child will experience some success whilst also learning; especially important if the child has low self-esteem as a learner.)*
- ✓ **Do not** use words that are too similar (so as to avoid confusion or lucky guessing) e.g. CAT, CAR, CAN.
- ✓ **Do** teach one sound within one probe e.g. CAT, HAT and SAT together but not to be mixed with FAR and SAY in the same probe.

Once you have decided what the pupil needs to learn next you need to create your own probe to be used in the daily sessions.

Creating your own probe:

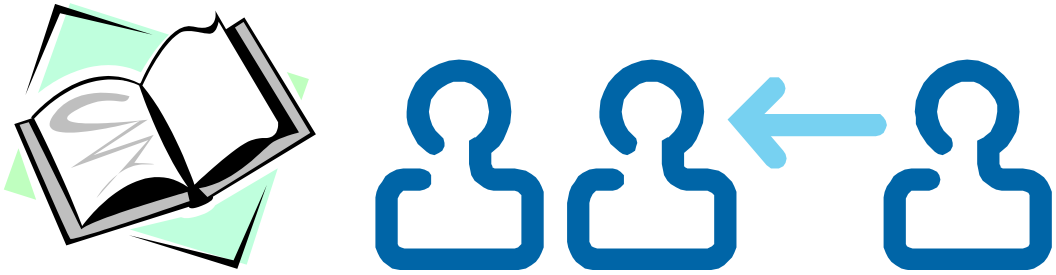
Go to: www.johnandgwyn.co.uk/probe.html

Scroll down and find the 'smaller print version' and right click to save it onto your computer / disk.
Open it up and you will get a yellow instructions screen, you need to look at the numbers across the bottom of the screen and click on the one which corresponds to the number of different words that you want on the probe (i.e. if you wanted 'it', 'is', 'in' and 'if', you would need to click '4'.
On the blank probe sheet you type each word into a red box, they will then randomly appear elsewhere on the sheet.
Print a copy for the pupil and one for you to mark the results on.

APPENDIX D: DIRECT INSTRUCTION TRAINING BOOKLET

Direct Instruction

Guidance notes for Teachers and Teaching Assistants



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Worcestershire LA

With thanks to Mel Jones, Birmingham EPS

Typical Daily Session (15 minutes)

Synthesis	2 mins
Segmentation	2 mins
Phonics (letter sounds or phonologically reg. words)	2 mins
Sight vocabulary	2 mins
Reading with children	7 mins
Total time	*15 mins*

Resources you will need:

- ✓ Phonics cards
- ✓ Sightwords card
- ✓ Whiteboard/Paper and pen
- ✓ Story books
- ✓ Teachers notes (for reference)

Format:

In DI sessions we may use 3 variations of the procedure:

- '**Teacher led procedure**' to teach children new skills
  Basic script: My turn – Together – Your turn

- '**Shortened procedure**' to enable fluency
  Basic script: My turn – Your turn

- '**Child procedure**' to check progress
  Basic script: Your turn

Principles and tips

- DI is **evidence based!** Short, frequent sessions help retention and faster rates of learning than longer, less frequent sessions.

- **Interleaved learning** maximises retention of taught material i.e. mixing the old, familiar material with the new material. Using this approach the teacher never presents the child with a whole set of unfamiliar items.

- **Error-less learning** means as a teacher you will step in before a child makes a mistake or hesitates. You will use a 2 second hesitation rule to guide you and will not need to say 'no' but ask the child to listen again if they have made an error. This encourages confidence and motivation.

- **Distributed practice** – 'little and often' principle of implementation leads to greater retention and rates of learning than long, infrequent sessions**.**

- **Fast paced** - keeping to time helps maintain pace and child's interest. Short and snappy sessions keep pupils 100% on task and focused on a clear goal.

- **Minimise teacher talk and maximise practice.** Giving children clear and minimal instructions maximises their learning. They are unlikely to have a clear grasp of lengthy sentences and will not transfer your explanations to their learning. Show them what you mean and get them to copy you.

- Always use a **finger cue** to tell the children when to respond. This helps them to be confident in the process and concentrate on their learning:
  - Use a quick touch to signal a stop sound;
  - Use a long touch to signal continuous sound;
  - Use a sliding motion to signal blending sounds together;
  - Teach the children to say the sounds as long as you have your finger on the letter.

- **Fluency** is the ability to say a word/sound within 2 seconds of presentation.

- **Success criteria** = children to respond to each activity within 2 seconds without errors on 3 consecutive occasions.

- **Teacher led.** Teacher explains and models the skill, guides the pupils practice and provides immediate feedback with correction if necessary.

- **Child centred.** Despite being teacher led the DI sessions are child centred in so much as the starting place for the material to be taught is what the children currently know. **Content and pace of programme is determined by the child's abilities and progress. Thus the following is a guide**.

Synthesis

Suggested script:

"We are going to learn to listen to sounds very carefully. This is going to help us read words better, because once you know the sounds, you will be able to work out the words.

TEACHER-LED PROCEDURE (to teach new words):

"We are going to play a 'say-the-word' game. I'll say the sounds and you tell me what word it is."

1. LEAD

Teacher: Listen. iii fff makes if.

2. MODEL

Teacher: Let's say it together (cue with finger to card)
Teacher & children: iii fff if

3. TEST

Teacher: Now you say it (cue with finger to card)
Children: iii fff if

4. Repeat steps 1-3 with each target word.
5. Shorten format to "I'll say it, you say it" until children respond with no errors.
6. Give all children individual turns to say words.

SHORTENED PROCEDURE (to practice fluency):
Practice words by pointing and saying "My turn, your turn" i.e. omitting the "let's say it together" stage.

CHILD PROCEDURE (to test learning):
Practice previously learnt words at random, pointing to the word and saying "You say it" or "Your turn"

Segmentation

Suggested script:

"Do you remember the 'say-the-word' game we've been doing? Well we're going to start another game. This is to help you hear the sounds in a word, which will help you spell better.

TEACHER-LED PROCEDURE (to teach new words):

1. Initial sounds

We are going to say a word and I want you to tell me the sound the word begins with. I'll show you want I mean. Book begins with the sound 'b'. snake begins with the sound 's'. Gate begins with the sound 'g'. Ok?"

1. LEAD

Teacher:	The first word is cat. It starts with C. Listen again. Cat. Starts with a C.

2. MODEL

Teacher:	Let's say it together. Ready? (Cue finger)
Teacher & children:	Cat starts with a C.

3. TEST

Teacher:	Now you say it. (Cue finger)
Children:	Cat. C.

4. Repeat steps 1-3 with each target word (up to 5).
5. Shorten format to "I'll say it, you say it" until children respond with no errors or hesitation.
6. Give all children individual turns to say words.

2. All sounds in a word

"We are going to say some words. Then we will say the sounds in the words."

1. LEAD

Teacher: The first word is sad. I'll say it first. Listen. (cue finger) Sad. S-a-d.

2. MODEL

Teacher: Now let's say it together. Ready? (Cue finger)
Teacher & children: Sad. S-a-d.

3. TEST

Teacher: Now you say it. (Cue finger)
Children: Sad. S-a-d.

4. Repeat steps 1-3 with each target word (up to 5).
5. Shorten format to "I'll say it, you say it" until children respond with no errors or hesitation.
6. Give all children individual turns to say words.

SHORTENED PROCEDURE (to practice fluency):
Practice words by pointing and saying "My turn, your turn" i.e. omitting the "let's say it together" stage.

CHILD PROCEDURE (to test learning):
Practice previously learnt words at random, pointing to the word and saying "You say it" or "Your turn". In this case, the teacher says the word and the child should respond with the word and the sound e.g. "apple. a".

Phonics

1. Letter sounds

Order in which letter sounds may be taught (suggested):
a m t s i f d r o g l h u c b n k v e w j z p y x q

Suggested script:

"We're going to learn some letter sounds. Each letter makes a sound and they help us to be able to read lots of words."

TEACHER-LED PROCEDURE (to teach new sounds):

Write on the board: a. *"We are going to say some sounds together. When I point to the letter, we are going to say the sound. Keep saying the sound for as long as*

I touch the letter. I'll go first, then we'll say it together, then you'll have a go on your own. Ready?"

1. LEAD

Teacher:	I'll say it first. (Cue finger). aaaaa.

2. MODEL

Teacher:	Let's say it together. Ready? (Cue finger)
Teacher & children:	aaaaa.

3. TEST

Teacher:	Now you say it. (Cue finger)
Children:	aaaaa.
Teacher:	And again (repeat several times)
Children:	aaaaa.

4. Repeat TEST for each child in the group.
5. Repeat steps 1-3 with each target sound (up to 5).
6. Shorten format to "I'll say it, you say it" until children respond with no errors or hesitation.
7. Give all children individual turns to say words.

SHORTENED PROCEDURE (to practice fluency):
Practice sounds by pointing and saying "My turn, your turn" i.e. omitting the "let's say it together" stage.

CHILD PROCEDURE (to test learning):
Write all letter sounds on a board. Practice the 'your turn' procedure by pointing to a letter and the children saying the answer as a group and then individually.

2. VC & CVC words

Suggested script:

"Now we're going to work on putting sounds together to read words. This is important because words are made up of sounds. Look, the sounds 'm…a…t' makes 'mat'. The sounds 'l…i…d' make 'lid'. The sounds 'r…e…d' make 'red'. If you practice putting sounds together to make words you will find it easier to read a word that you're not sure of.

TEACHER-LED PROCEDURE (to teach new words):

Write on the board: s i t. *"We are going to say these sounds together. When I point to the letter, we are going to say the sound. Keep saying the sound until I reach the next letter. When I run my finger under the word, I want you to say the word. Let's have a practice. Ready?"*

1. LEAD

Teacher:	I'll say it first. (cue finger) 'ssss' (cue finger) 'iiiii' (cue finger *quick touch*) 't' (cue finger) 'sit'

2. MODEL

Teacher:	Now let's do that together. Ready?
Teacher & children:	(cue finger) 'ssss iiiii t' (cue finger) 'sit'

3. TEST

Teacher:	Now you say it.
Children:	(cue finger) 'ssss iiiii t' (cue finger) 'sit'
Teacher:	And again (repeat several times)
Children:	(cue finger) 'ssss iiiii t' (cue finger) 'sit'

4. Repeat TEST for each child in the group.
   i.e. "Tommy, what sound do the letters make? (cue finger) What word? (cue finger). Well done!"
5. Repeat steps 1-3 with each target word (up to 5) **NB. Ensure they are dissimilar words.**
6. Shorten format to "I'll say it, you say it" and repeat until children respond with no errors or hesitation.
7. Give all children individual turns to say words.

Sight vocabulary

Suggested script:

"This week we're going to learn to read five words. These ones are important because they are 'sight words' and you can't sound these ones out, you just have to know them. You will find these words in your reading books, so when you have learned them all you will be able to read books more easily.

TEACHER-LED PROCEDURE (to teach new words):

Write on the board: and. *"We're going to learn these words together. When I point to the word I want you to say it, but I will do it first and you need to listen carefully."*

1. LEAD

Teacher: My turn. (Cue finger). And.

2. MODEL

Teacher: Let's say it together. Ready? (Cue finger)
Teacher & children: And.

3. TEST

Teacher: Now you say it. (Cue finger)
Children: And.
Teacher: Next word….

4. Repeat steps 1-3 with each target sound (up to 5).
5. Shorten format to "I'll say it, you say it" until children respond with no errors or hesitation.
6. Give all children individual turns to say words.

SHORTENED PROCEDURE (to practice fluency):
Practice words by pointing and saying "My turn, your turn" i.e. omitting the "let's say it together" stage.

CHILD PROCEDURE (to test learning):
Write all words on a board. Practice the 'your turn' procedure by pointing to a word and the children saying the answer as a group and then individually.

APPENDIX G: OVERVIEW OF PT/DI INTERVENTION PROCEDURE RECOMMENDED TO STAFF

The children may receive DI for 15 minutes per session followed by PT assessment, a minimum of 3 times a week for the duration of the intervention period. During this time the TEP was available for staff to contact if they wished with any queries or concerns. As per the training, each 15 minute DI session was to consist of 2 minutes spent developing each skill, followed by reading a book together. The following structure was suggested to staff during training:

Synthesis	2 minutes
Segmentation	2 minutes
Phonics	2 minutes
Letter sounds	
Phonologically regular words	
Sight vocabulary	2 minutes
Reading a book with children	7 minutes
Total time	15 minutes

The structure of the sessions was deliberately short and snappy so as to keep up the pace, maintain children's attention and not allow boredom or disinterest to creep in. Each 2 minute section of the session followed the same basic format: Model, Lead, Test. It was recommended that TA's start with the full teacher led procedure: *"My turn, Together, Your turn"*. If and when children were responding with 2 seconds hesitation or less, then TA's could progress to a shortened procedure of *"My turn, Your turn".* Equally if children started experiencing difficulty then the TA slowed down and returned to teacher led procedure. Thus the format in each session was based on the children's progress not a prescribed 'must do' method.

TA's were encouraged to use a finger cue throughout sessions. This meant pointing when it was time for the children to respond or for the teacher to lead. When pointing to words or letters on the board or card, TA's used a quick touch to signal a stop sound, a long touch to signal a continuous sound and a sliding motion to signal blending sounds together. The intention was that children say the sounds for as long as the teacher's finger is on the letter.
Finally, the reasoning behind reading a story together at the end of each session is two-fold. Firstly, to allow children to make the link between the skills they are learning such as synthesis and segmentation, with the intended outcome, that is reading. Secondly to ensure children enjoy the sessions and are motivated to respond during the earlier parts of the session.

APPENDIX H: SCHEDULE FOR PT & DI TEACHER FEEDBACK SESSION

General:
- How's it gone?

Practical:
- How many times a week did they manage to do DI/PT?
- How was DI delivered – group sizes?
- Logistics – ease of removal from class for DI/PT? Space availability?
- Preparation of resources?

The sessions:
- Which 'bits' of DI did they use?
- Which aspects of DI and PT did they find easier/harder to implement?
- Do they feel children understood what they had to do?
- Do they feel children generalised the skills back to the classroom? Was any difference noted in their reading? Did class teacher comment?

Individual children:
- What's their 'gut feeling' about whether children progressed in response to intervention?
- If children benefited/progressed – why do you think this was?
- If children did not benefit/progress – why do you think this is?
- Were there any attendance issues?
- Did children appear to enjoy sessions? Why do you think this was?

Future interventions:
- Would they use DI and/or PT again? Reasons?
- If they ran DI and/or PT again what would they do differently?
- Could anything have been added to the original training session? Is there anything you would have liked to now before getting started that they did not?
- Suppose you were to give advice about teaching via direct instruction to another teacher. What might you say?

APPENDIX I: TRAINING EVALUATION FORM

Educational Psychology Service

Training and Workshop Evaluation

Course Title: **Precision Teaching & Direct Instruction**

Aims:

1. To introduce Precision Teaching (PT) for staff to use to support and monitor children's learning.
2. To understand that PT is an assessment tool and *not* a teaching method.
3. To understand how to create and use placement probes, daily probes and charts.
4. To introduce Direct Instruction (DI) as a means of teaching children basic reading and phonological awareness skills.
5. To understand how to implement a DI programme.
6. To understand how DI and PT may be used in parallel as complimentary programmes of assessment and teaching.

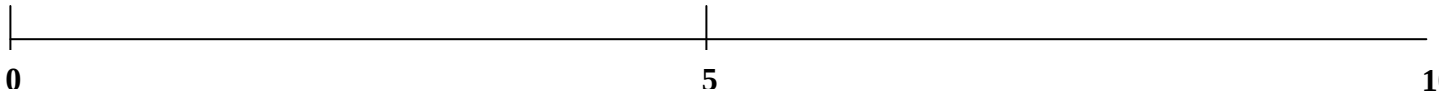
Presenter: Caroline Doggett Venue**:** Perryfields Short Stay School

Date: 21.03.11

Please rate the following with a tick:

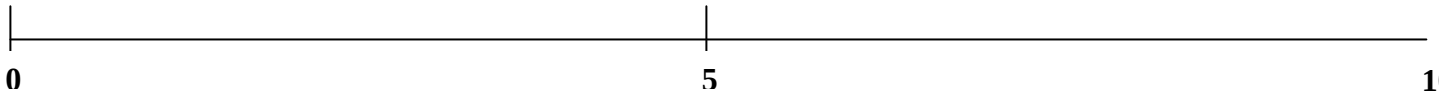
	Excellent	Good	Satisfactory	Unsatisfactory	Poor
					
Effectiveness of training/ workshop compared to aims (above)					
Quality of delivery					
Quality of resources and materials					

1. Please make 2 marks on the line below. The first should be a cross (X) which shows what you knew about this area at the beginning of the session. The second, a tick, (✔) should indicate where you think your knowledge about this subject is *now* - after the course.



And:

2. Please make 2 marks on the line below . The first should be a cross (X) which shows how able you felt to support children/ young people in this area before the course. The second, a tick (✔)should indicate how able you feel to support children/ young people in this area *now* - after the course.



Any other comments?

APPENDIX J: STAFF FEEDBACK

	KS1 staff	KS2 staff
How was the intervention implemented?	- Whole-class teaching during phonics slot (9.30-9.45) made specific to the PT target words. - Target children withdrawn for individual PT assessment during computer time (9.45-9.55). - Staff did not use DI as their method for teaching PT target words. They continued to use the phonics games they were used to and knew the children enjoyed, such as Bingo, the Fish Game and Education City word games. - Staff perception was that games engage children the most (implied but not said that DI did not appeal at a face value level and thus was not even trialled by staff).	- During IEP time from 9-9.30 children have their own tray of independent work which includes some handwriting, spelling and maths work. During this time the teacher and TA hear individual children read. The plan was for the TA to implement PT during this time with target children. - DI had not been used as the means of teaching target words but PT had been attempted.
Successes	- Improvements in target children's attitude i.e. "I can do this" mentality emerged. - Enabled repetition and reinforcement of learning for the whole class, not only target children. This in turn boosted the learning and self-esteem of other learners not receiving PT. - Felt that both Pupil D and Pupil L progressed in terms of their reading ability and self-esteem. - Generalisation of skills was noted by the TA who felt the PT work helped the children with their spelling sheets and gave them increased confidence meaning they "tried harder" when reading books. - Pupil D started taking books from the SSS to read on the bus; an effect which cannot be attributed directly to PT but nevertheless meant intervention had not put him off reading. - Pleased that PT helps staff to demonstrate that children who arrive with significant EBD do have potential to make good progress in relation to learning. - Children enjoyed the PT probes and being timed; the 'challenge' was not perceived negatively.	- Pupil B is really keen to progress with reading and like Pupil D he was taking books onto the minibus to read and also did not mind being timed with the probe sheets. - Staff tried to be creative when PT time in SSS was not happening regularly e.g. sent target words home for Pupil B to practice and learn.

	- Intervention promoted other skills besides reading, such as turn-taking and social skills to engage with peers in a collaborative effort and with adults in learning activities; all key yet difficult for this particular cohort of children who have usually been permanently excluded for aggressive/non-compliant behaviour.	
Difficulties	- Pupil L made less progress which was attributed to poor attendance. - Difficulty implementing the intervention when children's rates of progress diverge. Pupil D attends the SSS full-time and made faster progress through his target words than Pupil L who attends on a part-time basis and has poor attendance due to illness. Thus identified a link between progress in response to intervention and attendance. - Staff anticipated difficulties of implementing intervention with the whole class (i.e. 6-8 pupils) due to the range of ability and thus likelihood of several very different sets of target words. PT would not be a problem but staff queried how they could style DI or other teaching input to cater for all without being too difficult for some or too easy for others. - Difficulties associated with the logistics of intervention within the specific context of a SSS: 1. The timetable is more changeable than mainstream settings because of smaller class sizes and most children experiencing difficulties maintaining attention and concentration. Thus the day is broken up into many shorter sessions/activities and within this context it was perceived as difficult to commit and stick to a regular slot every day for a set intervention; 2. Most children come to the SSS on short-term placements for a 6-week behaviour course. Children need time to settle before interventions are put in place and therefore implementing DI/PT with children who are only present in	- Pupil B preferred to read books that were meaningful rather than repeating lists of words over and again. Rapid Reading was also being used with Pupil B and seemed to appeal more because it involves reading a short story and a factual story as well as a joke at the end followed by spelling and grammar learning points. Pupil B seems to motivated by and interested in the topics. - Competing demands and priorities i.e. in order to do the PT/DI during IEP time then the pupil would not be doing either their spelling, handwriting or maths and this was problematic from the point of view of teaching and meeting IEP targets. Also children in such a small class notice and get upset about any differentiated treatment as being 'not fair'. Staff also felt that if you were to do PT/DI after IEP time the child would be missing whole class teaching input which again would be disruptive to the child and the whole class. - Difficulties associated with the logistics of intervention within the specific context of a SSS: 1. Intention to withdraw pupils and implement PT during IEP time did not work out on a regular basis due to the arrival of another pupil in class who is particularly disruptive and required near 1:1 TA support whilst the Class Teacher managed the remaining 5 pupils. Thus 1:1 withdrawal was

	the setting for 6 weeks was perceived as problematic at best and unrealistic at worst; 3. Due to behavioural difficulties/needs of children the intervention is highly dependent on having enough staff available to deliver PT with target children and teach the rest of the children in class. If and when the TA was away the intervention simply didn't/couldn't happen (not unlike mainstream).	not possible at the present time. Both teacher and TA felt the intervention would be useful at a time with a more settled group, however the make-up of the group regularly changes with short and long term placements. Thus pupils requiring a high level of support impact on the capacity of staff to deliver interventions that require 1:1, even for a short amount of time. The need for adequate 'manpower' and 1:1 time to implement interventions can be problematic in a SSS where other children are frequently misbehaving and requiring additional adult attention; 2. Attempted to implement PT in the main classroom whilst other pupils were getting on with independent work but this did not work due to others pupils' disruptive behaviour distracting and/or 'drawing in' the target pupil. Thus to be successful, PT does require withdrawal of the pupil from the class for focused period.

CHAPTER FOUR: PROFESSIONAL PRACTICE REPORT THREE.

AN ACCOUNT OF COGNITIVE BEHAVIOURAL THERAPY (CBT) AS AN INTERVENTION TO SUPPORT A YOUNG PERSON AT RISK OF EMOTIONALLY BASED NON-ATTENDANCE (EBNA)

ABSTRACT

This report gives account of therapeutic involvement with a female pupil aged 12 years 10 months (CM) at risk of emotionally based non-attendance (EBNA). Processes of assessment, problem formulation and therapeutic intervention are detailed. In relation to assessment, issues arising such as the involvement of other agencies and CM's motivation to change, are discussed. In relation to problem formulation, the value of two key psychological frameworks are highlighted: risk and resilience framework (DCSF, 2008; p29; Rutter et al., 1998) and social learning theory (Bandura, 1977). In relation to intervention, 10 sessions of individual CBT were undertaken with CM. The value of CBT with young people exhibiting depressive symptoms and at risk of EBNA is discussed in relation to issues arising from CM's case specifically, and CBT literature more generally.

1.0 INTRODUCTION

When referred to the educational psychology service (EPS), CM was in Year 8 at Middle School. School concerns centred on poor attendance (61% for academic year 2010-2011) which had triggered a CAF (Common Assessment Framework) and involvement of the Education Welfare Officer (EWO). CM presented with very low mood and anxiety relating to both home and school. She

attended approximately half of her lessons, opting instead to complete her class work in the Personalised Learning Area (PLA). At break and lunchtimes she also sat in the PLA rather than go outside or into the lunch hall. Staff were concerned about her emotional wellbeing and upcoming transition to High School i.e. whether this change of setting would lead to increased anxiety and emotionally based non-attendance (EBNA). Therefore, EP assessment and therapeutic input was requested.

The role and remit of educational psychologists (EPs) in relation to therapeutic work has been much discussed and reviewed in recent years (Farrell et al., 2006; Greig, 2007; MacKay, 2007; Rait et al., 2010; Scottish Executive, 2002; Yates & Atkinson, 2011). 92% of EPs responding to a UK-wide survey indicated that therapeutic intervention is part of their practice (Atkinson et al., 2011), the range of which is evident in Table 1. The focus of this report is on the value of CBT within the EP's repertoire of skills.

Therapy used	***N***	**Percent**
Solution Focused Brief Therapy (SFBT)	349	84.1
Cognitive Behavioural Therapy (CBT)	263	63.4
Personal Construct Psychology (PCP)	260	62.7
Motivational Interviewing (MI)	131	31.6
Therapeutic Stories	119	28.7
Narrative Therapy (NT)	89	21.4
Art and play therapy	57	13.7
Neurolinguistic Programming (NLP)	27	6.5
Video Interactive Guidance (VIG)	18	4.3
Eye Movement Desensitisation Therapy (EMDR)	16	3.9
Human Givens (HG) Therapy	16	3.9
Other (including: Draw and Talk, Dramatic Techniques (role play/reversal), Family Therapy, Person-centred approaches, Hypnosis, Educational Therapy, Theraplay)	73	17.6

Table 1: Types of therapeutic approach used by EPs in the UK during the last 2 years (adapted from Atkinson et al., 2011; p8).

2.0 LITERATURE REVIEW

2.1 Theoretical origins of CBT

Numerous psychologists' work has contributed to the principles on which CBT is based (i.e. Pavlov, Skinner and Bandura). Aaran Beck's schema theory (1976) is central to understanding the specific rationale underpinning CBT. Beck suggested that individuals form schemas through their early childhood experiences. These schema or 'core beliefs' are important because: a) they remain relatively fixed throughout adult life; and b) once developed they influence most other cognitive processes such as attention, perception, learning and retrieval of information. Beck et al. (1979) suggested that a 'cognitive triad' of negative thoughts about one's self, the world and the future can result in processing biases, which in turn lead to cognitive distortions, which subsequently impact on one's affect or mood. Selective processing of only that information which confirms and reinforces negative schema perpetuates depressive or anxious affect. Table 2 details different types of cognitive distortions/errors identified by Beck, summarised by Rait and Greig. See Appendix A for Stallard's (2002a) illustration of the cognitive model.

	Rait et el. (2010): Cognitive distortions	**Greig (2007): Thinking errors**
Personalisation	Individual takes responsibility for events that are out of their control.	Taking things personally where there is no basis for it.
Dichotomous thinking	A polarised or absolute view is stated, e.g. everything is good or bad.	Black or white thinking with extreme negative self attribution.
Selective abstraction	Negative aspects are focused on rather than the positive or neutral.	Exaggerating one incident or event. Blowing up or minimising errors in an event.
Arbitrary interference	Individual arbitrarily reaches a negative conclusion without any evidence.	Jumping to conclusions.
Over generalisation	Individual maximises the negative and minimises the positive from limited information.	Over generalising the negative on the basis of one incident and ignoring the positive.
Emotional reasoning		Feelings of 'ought', 'must' or 'should'.

Table 2. Cognitive distortions or thinking errors in CBT with authors' definitions.

Two cautionary points are made regarding the theory outlined above. Firstly, cognitive and behavioural theories of mental health difficulties should be taken alongside biological models. For example, evidence suggests that genetic predispositions also play a role in the onset and maintenance of depression; having a mother who is depressed increases the chances of depression in C/YP (Davison et al., 2004). Secondly, whilst behavioural theories are open to empirical 'testing' due to their basis on what is observable, the cognitive theories on which CBT is based are not as falsifiable. Beck's cognitive theory is problematic in so much as it is very difficult to either prove or disprove the existence of the schema (core beliefs) on which the whole theory is based. Eysenck and Keane (2000; p497) highlight the theory's circularity:

> *"…behavioural evidence of a cognitive bias in anxious patients is used to infer the presence of a schema, and then that schema is used to 'explain' the observed cognitive bias…there is generally no direct or independent evidence of the existence of a schema"*.

2.2 Key principles of CBT

CBT is based on two main assumptions (Greig, 2007): 1) feelings and actions are the products of thoughts; and 2) feelings and actions can become maladaptive as a result of sustained errors in thinking processes. Therefore, CBT interventions seek to alter cognitive processes (thinking) in order to reduce the emotional distress (feelings) and/or maladaptive behaviour experienced by an individual. Intervention may start at any point in the cycle due to the close inter-relationships between thoughts, feelings and behaviours (Brent et al., 2002).

A CAMHS review of evidence based practice defines CBT as a treatment that aims:

> *"…to change dysfunctional beliefs by employing a range of behavioural techniques, by psycho-education and by structured form of Socratic questioning, whereby the individual is encouraged to first elucidate, and then to challenge, certain of their core beliefs" (Wolpert et al., 2006; p38).*

Paul Stallard, the psychologist frequently credited for CBT approaches applicable and relevant to work with C&YP, suggests that:

> *"CBT is concerned with understanding how events and experiences are interpreted, and with identifying and changing the distortions or deficits that occur in cognitive processing" (2002a; p3).*

From these two definitions, a key principle of CBT is highlighted: the need to encourage awareness of cognitive distortions (and their effect upon behaviour and emotions), prior to engaging in the

process of change in cognitions, emotions and/or behaviour. Other key principles of CBT approaches are summarised in Table 3.

Identifying author	Principles of CBT
Brent et al. (2002)	- Goal-orientated; - Focused; - Time-limited; - Therapist is active and directive; - Collaborative empiricism.
Carlson et al. (2000)	- Focused on the 'here and now' i.e. not concerned with events occurring in childhood as with some other 'talking therapies'.
Greig (2007)	- Contemporaneous; - Structured; - Time-limited; - Practical; - Collaborative i.e. therapist engages the client in active processes of guided self-discovery; - Experimentation and learning of alternative patterns and skills of behaviour and thinking.
Stallard (2002b)	PRECISE acronym: - Based upon **P**artnership working; - Pitched at the **R**ight developmental level; - Promotes **E**mpathy; - Is **C**reative; - Encourages **I**nvestigation and experimentation; - Facilitates **S**elf-discovery and efficacy; - Is **E**njoyable.
Stallard (2002a)	- Collaborative partnership between therapist and client; - Time limited to promote independence and self-help; - Objective and structured approach to a process of assessment, problem formulation, intervention, monitoring and evaluation; - 'Here and now' focus dealing with current difficulties and not necessarily seeking to understand their origins; - Process of self-discovery and experimentation in order to challenge one's assumptions and learn; - Skills-based approach to learning alternative patterns of thinking and behaviour.
Wolpert et al. (2006)	- Structured; - Relatively brief i.e. 6-24 sessions; - Children and/or parents may be seen individually, in groups or with other family members.

Table 3. Principles of CBT interventions and identifying authors.

2.3 CBT techniques

CBT programmes vary in details of content and delivery, which are in part dependent on the nature of the presenting difficulties and consequent problem formulation. Intervention may include some or all of the components summarised in Table 4, designed to assist self-discovery, reflection and change.

Identifying author	CBT techniques

Brent et al. (2002)	- Mood monitoring;
	- Cognitive restructuring;
	  o identification of cognitive distortions;
	  o attempts to determine if these cognitions are valid;
	  o learning to anticipate cognitions as responses in certain situations;
	  o preparing to counter distortions with more rational and adaptive self-talk, coping and balanced thinking.
	- Behavioural activation (identifying and increasing participation in pleasurable activities);
	- Relaxation and stress management (i.e. emotional regulation);
	- Social skills and conflict resolution (e.g. assertiveness training);
	- Problem-solving skills.

Greig (2007)	- Socratic questioning - *"a dialogue-based method of gently challenging the client's automatic thoughts and assumptions by raising the possibility of alternatives" (p29);* - Monitoring thoughts, feelings and behaviour through diaries or daily logs; - Behavioural experiments to test the reality of beliefs.
Stallard (2002b)	- See Appendix B for outline of 'the clinician's toolbox'.
Veale & Willson (2007)	- Activity scheduling; - Identifying negative thoughts and styles of thinking; - Learning to distance oneself from negative thoughts and questioning their content so that alternatives can be tested out; - Homework activities to practice skills between sessions.
Wolpert et al. (2006)	- Range of behavioural techniques; - Psycho-education; - Socratic questioning.

Table 4. CBT techniques and identifying authors.

2.4 Evidence base for CBT

CBT has been found to be effective with C&YP experiencing anxiety disorders (Brent et al., 2002; Cartwright-Hatton et al., 2004), depressive disorders (Brent et al., 2002; Greig, 2004b), phobias (Stallard, 2002a) and school refusal (King et al., 1998). Initial findings of positive effects with OCD, eating disorders, Asperger Syndrome, chronic fatigue, ADHD and the management of pain are also reported (Greig, 2007; Stallard, 2002a). Overall, the strongest evidence base for CBT with C&YP is in relation to the treatment of anxiety and depressive disorders, whilst there is less consistency of findings (and less research generally) for CBT in relation to other mental health difficulties. Research indicates that CBT is usually more effective than no intervention, however there is as yet inconsistent evidence as to the efficacy of CBT in comparison to other psychotherapeutic interventions (Brent et al. 2002; Cartwright-Hatton et al., 2004; Stallard, 2002a; Wolpert et al., 2006). Short-term benefits have been found, however there remains a lack of evidence demonstrating medium to long-term effectiveness of CBT with C&YP. Studies generally lack follow-up and where this has been carried out, positive outcomes have not been sustained (Brent et al., 2002; Cartwright-Hatton et al., 2004; Rait et al., 2010; Stallard, 2002a; Stallard 2002c; Squires & Dunsmuir, 2011).

In a review of the research, Rait et al. (2010) identified that CBTs produce positive outcomes particularly for C&YP with mild-moderate psychological difficulties. Contrary to this, Brent et al. (2002) report that in clinically referred samples, CBT produced better results than alternative active treatments, such as interpersonal psychotherapy (IPT); whilst in community samples (i.e. mild-moderate symptoms) there was little difference between CBT and other active interventions. This is

an important point for clarification through research as EPs delivering therapeutic interventions in schools are more likely to encounter the mild-moderate group who do not meet diagnostic criteria for referral to CAMHS. Rait et al. (2010) suggest CBT is most appropriate for use with this group. However, according to Brent et al. (2002) it would seem that the *process* of active intervention (i.e. therapeutic experience and relationship) is more important than *content* or exact therapy selected. Thus there remain unanswered questions of 'best fit' between presenting needs and intervention. For further critique of the CBT research base itself, see Appendix C.

2.5 CBT with children and young people

There are a number of considerations relevant to applying CBT with C&YP, which differ to adults. Firstly, an appropriate cognitive developmental approach must be adopted (Greig, 2007). Historically it has been held that CBT is not appropriate for use with C&YP due to their limited concrete thinking and abilities of abstraction, insight and reflection. It is harder for children (than adults) to 'decentre' or distance themselves in order to take the perspective of others which is a key element of CBT (Brent et al., 2002). However, research suggests that CBT is effective with C&YP where both assessment and intervention are adapted to the individual's level of cognitive development (Stallard, 2002a;b;c). Rait et al. (2010) argue that CBT can in fact be more successful with younger children (5-7 years) because they are at a stage of developing language to use to mediate behaviour and have developed fewer ineffective strategies to unlearn. Conversely older children (10-14 years) may be less responsive to CBT, having developed skills to undermine or avoid intervention. Also difficulties more entrenched with age are harder to shift. Adaptations for younger

children generally put greater emphasis on behavioural components of CBT and less on cognitive (Greig, 2007; Stallard, 2002c). Effective presentation of CBT concepts and strategies may involve visual aids, puppets and role-play. Arguably, EPs are well equipped to make these adaptations due to their routine practice eliciting children's views.

Secondly, C&YP rarely refer themselves for support; usually referral is made by concerned others i.e. teachers or parents. C/YP may not 'own' the problem or desire any change, therefore part of the assessment needs to be an appraisal of the C/YP's understanding of the 'problem' and motivation to engage (Brent et al., 2002; Prochaska et al., 1992). Establishing and maintaining a close therapeutic relationship with the C/YP, as well as ongoing development and revision of an accurate problem formulation will support effective engagement (Greig, 2007).

Thirdly, appreciation of the external influences on the C/YP is necessary. Emotional difficulties may be precipitated and/or maintained by environmental factors such a parenting or teaching styles, rendering direct individual work with the C/YP inappropriate (Fisak & Grills-Taquechel, 2007; Greig, 2007). Parental emotional difficulties have been found to be highly influential, likely to outweigh the influence and potential benefit of CBT if unaddressed (Brent et al., 2002). Even where individual work is appropriate, success of intervention will be greatly affected by degree of involvement of family members i.e. support and reinforcement offered (Brent et al., 2002). Children are more dependent on their parents than an adult or teenager receiving CBT, and this will affect their ability to carry out practice tasks and 'behavioural experiments'.

2.6 CBT with depression/EBNA

2.6.1 Depression

Depression may be defined as when low or sad feelings that are normal reactions to stressful life experiences dominate or interfere with a person's life (DCSF, 2008). Depression is an 'internalising' difficulty, estimated to affect 2 in 100 under 12 year olds and 5 in 100 teenagers (DCSF, 2008). Depression occurs approximately twice as often in females than males (Davison et al., 2004). It is suggested that girls are more likely to engage in rumination, focusing their attention on their depressive symptoms (e.g. asking themselves repetitive "what if" and "why" questions), whilst boys tend to engage in distraction with physical activity or TV, thereby avoiding this introspection (Davison et al., 2004). Based on this observation, the implications for treatment seem clear; to encourage an increase in active coping strategies, rather than dwelling excessively on mood or searching for the causes of depression. Targeted approaches (i.e. intervention that is additional to and beyond whole school approaches) are recommended for C&YP with additional mental health needs such as depression, anxiety and deliberate self-harm, and for C&YP in families experiencing separation (i.e. circumstances which pose a risk to mental health) (DCSF, 2008).

The TaMHS report (DCSF, 2008), CAMHS review of evidence-based practice (Wolpert et al., 2006) and NICE guidance for the identification and management of depression in C&YP (NICE, 2005), all recommend that for moderate-severe depression, psychological therapy such as CBT, family therapy or IPT lasting up to 3 months should be offered as the first line of treatment; only if this

psychological treatment does not produce improvement in symptoms by 6 weeks should medication be considered and offered in conjunction with ongoing psychological treatment. Alternative treatments for mild depression include: 'watchful waiting', counselling, problem-solving therapy, exercise, natural remedies (St John's Wort) and behavioural activation (BA) which is a development from CBT (Veale & Willson, 2007). Social skills training may also be successful in terms of providing C&YP with the behavioural and verbal means to access positive, reinforcing environments, make friends and get along with peers (Stark et al., 1987). However, in many cases this may not be enough as the C/YP knows how to relate to others in theory, but is inhibited from doing so by negative thoughts and/or physiological arousal (Stark et al., 1996), highlighting the value of CBT approaches with certain groups of C&YP.

CBT as a treatment for depression has a comparatively stronger evidence base than other active interventions, including psychotherapy, interpersonal psychotherapy (IPT) and medication (Wolpert et al., 2006). Brent et al. (2002) conducted a review of 13 RCTs applying CBT with clinical samples of C&YP with anxiety and/or depression. They concluded that: 1) there is currently a stronger evidence base to support the effectiveness of CBT with anxiety than depression, though it is acknowledged that the two are often co-occurring; 2) for the most complex cases, the combination of CBT with either family work (especially for female and younger children) and/or medication was the most effective treatment plan; and 3) the evidence points to short-term benefits of CBT, with less convincing evidence for lasting long-term benefits, over waiting list or other treatment groups. Whilst CBT might facilitate short-term recovery from an episode, it did not appear to affect relapse

rates. This may in part be due to environmental factors affecting likelihood of relapse e.g. maternal depressive symptoms and/ore family discord.

2.6.2 EBNA

The link between depression and school refusal is highlighted in the literature (Greig, 2004b). Yet whilst the evidence and national guidance points to the efficacy of CBT in managing depression, it is not so convincing in relation to EBNA (Stallard, 2002c). King et al. (1998) found CBT to be superior to waiting list in treating school refusal (i.e. increased school attendance) and these effects were maintained at 3 month follow-up. Hayward et al. (2000) also report CBT compared to waiting list group reduced social phobia symptoms according to diagnostic criteria; an improvement that was sustained at follow-up although the waiting list group had improved spontaneously so the difference between groups was no longer significant. Other studies have reported more neutral results. Last et al. (1998) found that both CBT and supportive-expressive therapy (SET) resulted in significant improvement in school attendance with no major between group differences. Within the CBT group, intervention was most effective with younger pupils. Bernstein et al. (2000) report CBT plus Imipramine medication was superior to CBT with placebo, increasing school attendance and reducing depressive symptoms. This study demonstrates the benefits of combining psychological therapy and medication, rather than the benefits of CBT as a stand-alone intervention.

The lack of RCTs and systematic evaluations of all types of interventions, including CBT, for EBNA has been acknowledged (Elliot, 1999). Nevertheless, in principle CBT may be considered an appropriate

treatment choice. CBT is based on the premise that many emotional health problems are associated with, though not necessarily caused by, irrational or distorted thinking. The aim of CBT is to help individuals to recognise and understand the relationship between thoughts, feelings and behaviour and to consider change in one of more of these areas. CBT therefore has great potential for addressing the difficulties experienced by pupils at risk of EBNA, supporting their reengagement with education.

Finally, we should not expect that 'one size fits all'. Decision making regarding therapeutic approach should be influenced by numerous factors in addition to the strength of evidence base, including characteristics of the referred C/YP, family circumstances and service context (Wolpert et al., 2006). These considerations are further explored in the Methodology section which includes discussion of assessment and problem formulation processes in relation to CM's particular case.

3.0 METHODOLOGY

We will now consider the four key processes of basic assessment, problem formulation, psycho-education and therapeutic process, as applied with pupil CM. Assessment is ongoing throughout the therapeutic process, as relationship and rapport is built between therapist and client (Greig, 2007), and results in adjustments being made to the problem formulation and intervention, as more is understood. Table 5 details an overview of involvement with CM.

Date	Session	Nature of involvement
28.03.11		Supervision with SR re: case selection
24.05.11	1	Assessment 1
20.06.11		Telephone contact with BH at CAMHS
23.06.11	2	Assessment 2
28.06.11	3	Assessment 3
29.06.11		Supervision with SR
05.07.11		Attendance at CAF meeting
06.07.11	4	Intervention 1
13.07.11	5	Intervention 2
19.07.11	6	Intervention 3
27.07.11		Supervision with SR
		Summer holidays
12.09.11	7	Intervention 4
20.09.11	8	Intervention 5
11.10.11	9	Intervention 6
17.10.11	10	Review and close with CM
		Half-term
03.11.11		Home visit to feedback and review with parent

Table 5: Overview of therapeutic intervention with CM.

3.1 Assessment

Assessment of predisposing, precipitating and maintaining factors, risk and readiness for change, are all necessary prior to therapeutic intervention. Information from all three types of assessment feeds into the problem formation, selection of intervention appropriate to the identified 'problem' and identification of the goals of intervention (in collaboration with the C/YP). For each session, whether assessment or therapeutic, I completed a 'Session Record' detailing: session agenda/content; practice task for CM (if any); date of next session; risk (if any arising) and associated action taken; and plan for next session. See Appendix D for overview of sessions 1-3 (the initial assessment period). During the assessment period various therapeutic techniques, including PCP, SFBT and MI, were used. This mixed method approach to elicit children's views for the purpose of assessment is common practice (Atkinson et al., 2011). In CM's case two key issues emerged through assessment that needed addressing prior to intervention: the involvement of other agencies and CM's motivation to change (see Table 6).

Issue	Action	Outcome
• CM was under CAMHS, seeing a Community Psychiatric Nurse (CPN) - BH; • Seek to avoid duplication of work and/or confusion for CM; • Need to clarify nature of CAMHS involvement and agree the suitability of mine.	• Telephone contact with BH (CPN) → informative and constructive discussion; • Established that BH had attempted EMDR with CM but CM was not ready/willing to engage; • BH perceived CM's father played a significant role in reinforcing CM's anxiety.	• BH to continue work with CM's father → has an established rapport; • CD to work with CM → advantages of being a fresh face, adopting a different therapeutic approach and being school based (CM seemed reluctant in clinic).
• CM's low motivation to change → *"I don't really feel happy unless I'm a bit sad"* and *"it's not a good time";* • CM very articulate, using highly emotive language and entrenched scripts to describe her feelings and experiences; • CM's behaviour was serving a function and 'worked' in meeting her needs (Kearney & Silverman, 1990); • CM clearly enjoyed time to talk 1:1 and was keen to continue meeting.	• Used stages of change framework (Prochaska et al., 1992) → CM at contemplative stage (stage 2), moving towards preparation (stage 3), not quite ready for action (stage 4); • Use of MI and PCP techniques to establish what CM needed/wanted; • CM acknowledged that a problem existed → but not embracing the potential benefits of change or ready to commit to such change.	• CM agreed to engage with therapeutic work because she liked *"learning how to problem solve so I can help myself and other people"*; • CM expressed worry about upcoming move to High school → liked the idea of my support through transition; • Therapeutic intervention aims → to increase CM's awareness and equip her with coping skills to draw upon if and when she chose.

Table 6: Issues arising from assessment with the associated actions and outcomes.

3.2 Problem formulation

Two main frameworks were used to enable understanding and inform therapeutic intervention: the risk and resilience framework (DCSF, 2008; p29; Rutter, 1990) and social learning theory (Bandura,

1977). See Appendix H for more detailed discussion of how both informed the problem formulation detailed below.

It was hypothesised that for CM there were predisposing variables to emotional difficulties in the form of early childhood experiences and genetic vulnerability; precipitating variables in a series of life events that triggered mental health difficulties; and perpetuating or maintaining variables in her own ways of thinking, feeling and acting that had initially developed in response to events and then became entrenched, problematic patterns of being. To explore this hypothesis with CM and illustrate how CBT could help break this cycle, the 'vicious flower' analogy (Veale & Willson, 2007) was used (see Appendix I for diagram). I shared the problem formulation with CM using the 'vicious flower' illustration and she was able to collaborate in the process by either verifying or adapting aspects of the diagram. The formulation for CM's experience of 'depression' or low mood is detailed in Table 7.

'vicious flower' analogy	Real life equivalent factors	CM's case
Roots	Genetic predisposition Early childhood	Mother's alcoholism Father's depression/anxiety
Stem	Early life experiences Personality	Marital break down and parental separation. 'Fall outs' between parents and various siblings. Possible neglect though not verified. Leaving Mum to live with Dad (8 yrs old). Subjugating temperament. Self-critical and low self-esteem.
Thunder clouds	Negative life experiences Triggers	Bullying at school. Mum 'in and out' of life, arguing with CM, brother and father. Conflict/arguments between CM and brother or brother and father.
Petals	Cycles of thoughts and behaviours perpetuating feelings of depression	Ruminating Inactivity Withdrawal / social isolation Avoidance Subjugation/self-criticism

Table 7: Problem formulation for CM using Veale & Willson's (2007) 'vicious flower' analogy.

Through our discussions it became apparent that CM was engaging in thinking patterns that were affecting her behaviour and maintaining her low mood. These were **inactivity** e.g. staying at home evenings and weekends leading to feeling lonely and more depressed so she continues not to go out; **withdrawal** e.g. staying in the PLA during some lessons and break times leading to feelings of failure and isolation from friends and therefore further depression; **avoidance** e.g. of opportunities to interact with others leading to more time for rumination, worry (*"whether what people have said is true")* and depression; and **subjugation** of own needs e.g. distract myself from my worries by *"looking after my dad"* which helps in the short-term but eventually leads to feeling resentful, *"small"* and like my own voice is not valued. Crucially, the reinforcement loops ('petals') aspect of

the problem formulation enabled a focus on the maintaining cycles of thoughts, feelings and behaviour that CM could chose to change, rather than dwelling on the 'roots', 'stem' or 'clouds' which CM was well versed in describing and felt hopeless with no power to alter them.

3.3 Intervention

3.3.1 Suitability of CBT

The suitability of CBT as an intervention depends on a number of factors, including: motivation of the C/YP to change; cognitive and verbal ability; maturity and emotional intelligence; communication skills and effectiveness of CBT for the presenting problem. CM's motivation has been discussed. She was achieving in line with age-expected National Curriculum levels and no cognitive/learning difficulties were apparent. CM consistently presented as articulate and emotionally literate e.g. able to perceive and describe her own and others' experiences and feelings. Considering that CM's symptoms were not sufficient for a clinical diagnosis of depression (with CAMHS), her condition may be conceptualised as moderate depressive symptoms, putting her at risk of EBNA. CM exhibited numerous indicators of depression within the school context across various domains of functioning (academic, social, behavioural, cognitive, affective and physical) including: loss of interest in subjects and decline in effort expended; poor attendance; alienates peers; unpopular; withdrawal from social interaction; bodily complaints; expression of suicidal wishes; expecting to do poorly/fail; thoughts about death; poor self-esteem; sleep disturbance; and change in appetite (Greig, 2004b). The evidence base as discussed, suggests CBT can be an effective

intervention for mild-moderate depression in the short-term at least and possibly the medium to long-term depending on family variables.

3.3.2 Intervention content

Whilst CM's difficulties were understood as fitting broadly under a label of depression linked to EBNA, myself and other involved staff deliberately avoided using the language of diagnosis. We talked about "feeling low" instead of depression, and "worry" instead of anxiety, seeking to normalise CM's perception of herself and her feelings. This was because CM's well rehearsed discourse about her "depression" appeared to be reinforcing both her own, and her father's behaviour. As Greig (2004b; p58) comments:

> *"…an important task for the educational psychologist is to resist any inappropriate 'pathologising' forces because the failure to do so will endorse the depressive cycle by inappropriately labelling and blaming some children."*

The focus of intervention with CM was cognitive restructuring and behavioural activation, given the hypothesis that: a) she had some very entrenched, highly negative ways of perceiving herself and the world which were not necessarily supported by evidence in 'reality'; b) she was engaged in social withdrawal and inactivity as coping strategies. The specific activities undertaken are detailed in Table 8. Where possible CM's existing coping mechanisms were identified, praised and built upon (Kendall & Chansky, 1991) in a somewhat solution-focused approach that promotes empowerment and collaboration. Socratic questions were used throughout where appropriate to facilitate self-

discovery and self-efficacy. Where possible activities involved drawing as CM had indicated she enjoys this and intervention should be tailored to C/YP's interests in order to engage them (Greig, 2007).

Cognitive	Behavioural
• Thought monitoring; • Identification of cognitive distortions and deficits; • Thought evaluation and development of alternative cognitive processes; • Learning new cognitive skills.	• Affective monitoring; • Affective management; • Target setting and activity rescheduling; • Behavioural experiments; • Modelling and rehearsal.

Table 8: Cognitive and behavioural components of CBT intervention undertaken with pupil CM.

The resources drawn upon included: Think Good - Feel Good (TGFG; Stallard, 2002a); A Clinician's Guide to Think Good - Feel Good (Stallard, 2002b); YP-CORE questionnaire; Manage Your Mood (Veale & Willson, 2007). See Appendix J for an overview of sessions 4-10 content. Each session followed approximately the same structure and sequence of activities: feedback and review of CM's week and any 'homework' tasks; risk assessment using the YP-CORE (accompanied by related and necessary discussion); introduction and discussion of new skills with illustrative, practice activities; agreement of new homework task or actions arising from the session (for me as well as CM). The YP-CORE (Young Person's Clinical Outcomes in Routine Evaluation) is a self-report measure suitable for adolescents aged 11-16 years old. It is completed at the beginning of each session and measures how the respondent has been feeling over the past week specifically. Although the primary function of the YP-CORE is ongoing risk assessment (especially necessary given CM's response to item 44 of the BYI), it was also a useful tool for monitoring response to intervention (see Appendix J for YP-CORE chart).

3.3.3 Family intervention

Whilst Appendix J outlines therapeutic intervention undertaken in terms of individual work with CM, it was acknowledged that the effectiveness of intervention would be much enhanced with the involvement of her father (see Appendix H). Interagency collaboration enabled work with the family and C/YP. BH from CAMHS continued work with CM's father helping him to learn skills to cope with his own problems and to recognise the effect of his own behaviour on the development and maintenance of CM's difficulties (Stallard, 2002c). Furthermore, my own work with CM was not entirely in isolation of CM's father. I met with him at a CAF meeting at which I was able to share the problem formulation/hypothesis and related plan for intervention. Later I met with him again, via a home visit to discuss the material CM and I had covered. Stallard (2002c) describes this parent role as that of 'a facilitator' whereby he was engaged 1 or 2 sessions designed to encourage his cooperation with treatment and to aid the transfer of skills from our sessions to the home environment. One might predict that the intervention would have had more long-term positive effects if CM's father had been positioned as 'co-therapist' and thereby taking a more active role in prompting, monitoring and reviewing CM's skills (Stallard, 2002c). However it was apparent through meetings with dad that he was 'full', so to speak, of his own anxieties and even told me he had "decided" to focus on his physically disabled son's needs at present as he felt CM had had enough of his attention. It was clear that he was not in a position to engage or be more involved with CM's intervention at that time.

3.4 Ethical considerations

Standards of ethical practice in keeping with principles of respect, competence, responsibility and integrity (BPS Code of Ethics and Conduct, 2009) were maintained throughout this piece of casework. Privacy and confidentiality (1.2) as well as informed consent (1.3), were sustained through the maintenance of appropriate records and the informed consent of both CM and her father to engage in CBT (see Appendix L). Information shared by CM was only disclosed with other staff/professionals in circumstances where I was concerned for her safety and/or welfare (1.2 vi, p11) as occurred following sessions 2 and 8. On these occasions CM was made aware of the concerns I held and that I would be sharing them with MD (school SENCo), which she consented to. These concerns and actions were documented in the notes made throughout the intervention period. I accessed regular supervision (2.3 iv & vii) in order to practice within the limits of my competence and develop my professional expertise. A policy of transparency was adopted whereby the length and nature of my involvement was made clear at the earliest opportunity; further checked and clarified at various points during intervention (3.2 i). Involvement was ceased when CM appeared not to be deriving any additional benefit from ongoing input (iii). Continuity of care was ensured through referral of CM to other sources of ongoing support i.e. a mentor within the school context (3.2 iv).

4.0 Results

Outcomes of intervention were evaluated in terms of behaviour (i.e. attendance and participation in school), affect and cognition (i.e. YP-CORE and BYI self-report measures). Whilst it is acknowledged that measuring changes in cognitions is particularly problematic (Stallard, 2002; Rait et al., 2010), the BYI and YP-CORE acted as indicators of change in CM's thinking and feeling about herself and the world, notwithstanding cautionary notes regarding issues of generalisation to 'real' life (Rait et al., 2010) and concerns associated with self-report (e.g. social desirability response bias).

4.1 Beck Youth Inventory: pre and post measure

Table 9, showing pre and post-intervention assessment using the BYI, indicates reductions in self-reported levels of anxiety, depression and anger. Self-concept remained much the same. Whilst these scores reflect progress in a positive direction, post-assessment scores still fall within the same brackets as pre-intervention scores i.e. depression reduced by 12 but still within the 'extremely elevated' bracket. Encouragingly, item 44 "I wish I were dead" reduced from 'always' at pre-assessment to 'sometimes' at post-assessment.

BYI subscale t-score	Self-concept	Anxiety	Depression	Anger	Disruptive behaviour
Pre-intervention (23.6.11)	27	95	90	67	45
Post-intervention (17.10.11)	29	82	78	58	45

Table 9: CM's pre- and post-intervention self-reported levels of emotional difficulties as measured by the BYI. T-scores of <30 = much below average; 31-44 = below average; 45-54 = average; 55-69 = mildly elevated; and >70 = extremely elevated.

4.2 YP-CORE: risk assessment and monitoring

Table 10 and Appendix K illustrate how, as with the BYI, CM's self-report tends to result in highly elevated scores in comparison to standardised norms. For most of the intervention period she was at moderate to severe risk. Of particular interest is how YP-CORE results illustrate the influence of home events, outweighing that of the intervention. Over the first 4 weeks, CM's symptoms appeared to be reducing. In the fifth week of intervention (session 8) CM's mother got back in touch after a quiet period and threatened to request DNA tests to establish who CM's 'real' father was in order to re-claim custody of CM and her brother. This chain of events stirred up a great deal of emotional upset and uncertainty for CM, as reflected in her YP-CORE score that week.

Session number	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Date	6.07	13.07	19.07	13.09	20.09	11.10	17.10
YP-CORE Score	28	24	20	21	35	24	22

Table 10: CM's weekly self-report of feelings experienced over the past week as measured by the YP-CORE. Scores of 0-3 = healthy; 4-10 low level; 10-15 = mild; 15-20 = moderate; 20-25 = moderate-severe; and 25+ = severe.

4.3 Staff report

Following session 6 (July), staff reflected that CM "seemed better" around school. Whilst this may or may not have been a direct consequence of the CBT intervention, it was apparent to both myself and staff that CM was responding positively to receiving support (i.e. her needs and general unhappiness having been noticed and taken seriously by adults in school). CM enjoyed and benefited from opportunities to chat with a concerned/interested adult outside her home context.

Following session 9 (October), staff at the High school reflected that CM had made a very positive start to Year 9 i.e. maintaining good attendance, spending breaktimes with a consistent group of friends and enjoying lessons. The SENCo felt CM had embraced the 'fresh start' that school transition had enabled.

5.0 DISCUSSION

5.1 Issues arising in relation to CM's specific case

Firstly, the cognitive elements of CBT intervention appeared to be well received by CM. Arguably cognitive restructuring techniques rely mostly on the individual's level of self-awareness, insight, verbal and cognitive skill levels all of which CM presented as well developed. However, the behavioural elements of CBT intervention were more challenging. As noted previously, 'success' of interventions will be greatly affected by the degree of involvement of family members (Brent et al., 2002). In CM's case, behavioural experiments and practice tasks frequently became 'stuck' e.g. in relation to the possibility of writing her worried thoughts down, placing in a box and discussing them with her dad at an agreed point in the week, she reported back: *"I'd like to tell dad, but there's never a good time. He's always busy, paying bills, talking to Cathy or yelling at Joe. I wish there was a different me, more confident, that could tell him"*. Thus CBT can be problematic in its application to C&YP as it assumes the strategies applied to adults will be transferable to C&YP but does not allow that C&YP have more limited control within home and school contexts (Rait et al., 2010).

Secondly, CM's case is a clear example of parental emotional difficulties being very influential in the YP's difficulties, possibly outweighing the benefit of CBT intervention (Brent et al., 2002). It was my observation that CM seemed visibly happier during session 5 (intervention 2) after having spent a weekend with her mother. However, during session 8 (intervention 5) CM was as disheartened, catastrophic and emotive in her discourse as when we first met 2 months previously, following an

incident and fall out with her mother (discussed in Results). Whilst myself and BH (at CAMHS) did recognise the role of the father's anxiety in CM's depression which necessitated a family approach (Creswell & Cartwright-Hatton, 2002), we could not engage with or mediate the mother's influence in CM's life. Furthermore, despite conversations with both BH and myself, it seemed that CM's father remained unaware of his own anxious behaviours and their influence on CM's world-view (Fisak & Grills-Taquechel, 2007). During my home visit, he diverted our discussion several times to talk about his own situations with his ex-wife, physically disabled son and new fiancé. His discourse around CM continued to reflect a degree of distance, conceptualising her difficulties as within-child and unrelated to his own. In cases such as CM's, where the influence of home life is so profoundly significant in relation to the YP's outlook, it seems false to claim that the intervention either was or was not a success. Perhaps all we can claim is that the intervention was purposeful in strengthening CM's capacity to cope with the ongoing adverse circumstances in her family, rather than solving her 'distorted thinking' which in fact may be more sympathetically understood as *"a very understandable response to specific events and in a particular context"* (Veale & Willson, 2007; p28). For this reason a pupil feedback letter was important as a source of reference for CM should she chose to use it (see Appendix M).

Thirdly, the experience of working with CM raises the question of whether therapy content or process is most beneficial. CM never completed practice tasks but was always keen to carry on meeting when we discussed continuation. She presented as a young woman, entering her teens with a difficult home life and a subsequent desire to talk to a supportive and interested adult. Greig (2004b) notes that there are some clearly identified times when depression is more likely in C&YP,

including transition to secondary school, changes in family, separation, loss and remarriage. It is important for C&YP to have someone to talk to at these times because parents often fail to notice their child's unhappiness when preoccupied with their own distress. Whilst CM's father was clearly concerned for CM's happiness, it was evident during both the CAF meeting and home visit that as a single parent somewhat older in age, he was feeling overwhelmed by the demands of caring for a physically disabled son and "depressed" teenage daughter, as well as managing his ex-wife's behaviour. Thus along with raising CM's resilience and equipping her with coping skills, perhaps the other main purpose and benefit of CBT in this instance was simply providing CM with a safe place to talk on a regular basis during a time of change and worry.

Finally, Squires and Dunsmuir (2011) describe various barriers experienced by TEPs engaging in therapeutic casework, three of which were common to my experience. Firstly, time pressures associated with LA demands and 'patch work' made doing the necessary reading around CBT theory and techniques (as signposted through university sessions) difficult and minimised opportunities for reflection, development and embedding of skills. This led to feeling very unsure of one's own competency to undertake the work. Secondly, there was the issue of the time allocation model of service delivery. Schools are not keen to use their hours for in-depth therapeutic work, resulting in the work being negotiated and undertaken as a 'favour', partly outside of school's hours i.e. TEP's own time. Thirdly, service culture can be a barrier, though interestingly this shifted during the period I was working with CM. Initially, there was a view that therapeutic work is not 'what we do' and fear that if TEPs engage in it then school's expectations will be raised. However, the rapid

change of economic climate and push towards traded services appears to have put therapeutic work back on the agenda in the battle to prove our worth to schools and the LA.

5.2 Issues arising in relation to CBT generally

Firstly, despite acknowledgement in the literature of the necessity and benefits of family approaches to therapeutic intervention, CBT still ultimately carries an implication that 'the problem' is within the C/YP. The YP is feeling anxious, depressed or angry because of how they think about themselves and the world. However, in many cases (including CM's) past and present circumstances can be easily recognised (by an outsider looking in) as 'real' and genuine cause for distress. Research suggests environmental factors such as parent emotional difficulties or modelling may outweigh the influence of therapeutic intervention (Fisak & Grills-Taquechel, 2007), yet by engaging the C/YP in a therapeutic process parents and/or teachers may feel justified in thinking 'the problem' is nothing to do with them. Therefore, clarity in communicating the problem formulation and intervention plan with involved others is a crucial responsibility of the practitioner. It must be demonstrated that whilst the individual can work to develop their personal beliefs and skills, these exist in interaction with environmental variables at the family and systemic levels (Bronfenbrenner, 2005).

A second issue is ethical concerns relating to behaviour modification. In behavioural psychology terms, behaviour is understood as communication and as functional (e.g. school refusal; Kearney & Silverman, 1990). As concerned adults we may judge C/YP's behaviour to be maladaptive and possibly even damaging, however one has to consider the risk associated with altering behaviours

that have developed as an adaptive and functional response in the context of the C/YP's perceived world. In extreme circumstances of abuse or neglect C&YP's behaviour can appear bizarre and even self-defeating in the school context, when in fact they serve a protective, survival function within the home. Therefore, care must be taken not to assume that we know what is best for C&YP. Psychologists have an ethical responsibility in practice; we should avoid harming clients and so weigh up the potential harm caused by alternative courses of action or indeed inaction (BPS, 2009; 3.1i). Like many interventions, CBT does not seek to merely extinguish the maladaptive behaviours but also to replace them with more adaptive alternatives. This is a principle that should be kept in mind at all times by practitioners, otherwise we risk leaving C&YP disarmed and vulnerable amidst life's challenges. The risk associated with behaviour change is also why principles of transparency, informed consent and collaborative experimentation are such essential values within the CBT process.

Thirdly, the lack of a developmentally appropriate cognitive model for CBT with C&YP must raise caution (Stallard, 2002c). The theoretical basis for CBT has been largely based on work with adults and assumed to be applicable to C&YP also. Whilst Beck's schema theory suggests that we develop the cognitive triad through our early experiences, it is still unclear at what age C&YP develop distorted cognitions. We still need to understand how and when 'normal development' is affected in such a way as to create *"enduring maladaptive processes"* in C&YP and also to include the influence of parents' cognitions on child behaviour (Stallard, 2002c). One might question the validity, and indeed the ethics, of embarking on a process of self-discovery and change with C&YP who may in fact still be forming those very core beliefs we are seeking to challenge. For these reasons, some

argue that CBT with C&YP should adopt a greater focus on behaviour and feelings and less on thoughts. C&YP are undoubtedly more impressionable clients than adults; unlikely to fully know their own mind or resist the power of suggestion. Thus EPs need to give very careful thought to the power dynamics of their relationship with C&YP, as potentially a double imbalance exists: as therapist-client but also as adult-child. Appendix N details further implications for EP practice.

5.3 Conclusion

Historically, therapeutic work is a subject on which EPs have been divided in their views. Whilst preventative and systemic consultation based work that aims to address environmental factors influencing C&YP, and to build the capacity of professionals working with them is good and necessary, I would argue along with Greig and Mackay that there is a definite role for EPs delivering therapeutic work: *"No matter how important the role of fire prevention, we still must have people to put the fires out"* (MacKay, 2007; p14). Therapeutic work is valuable and necessary: to address mental health difficulties that have an observable and detrimental effect upon C&YP's daily functioning, learning and relationships; to raise the resilience and coping skills of C&YP living with enduring adverse circumstances; or to simply walk alongside C&YP during specific times of transition, change or challenge. As a means of doing any/all of these three things CBTs, *"provide a time limited, problem/solution focused and skills based approach that has a theoretical base with emerging evidence highlighting its effectiveness"* (Rait et al., 2010; p113).

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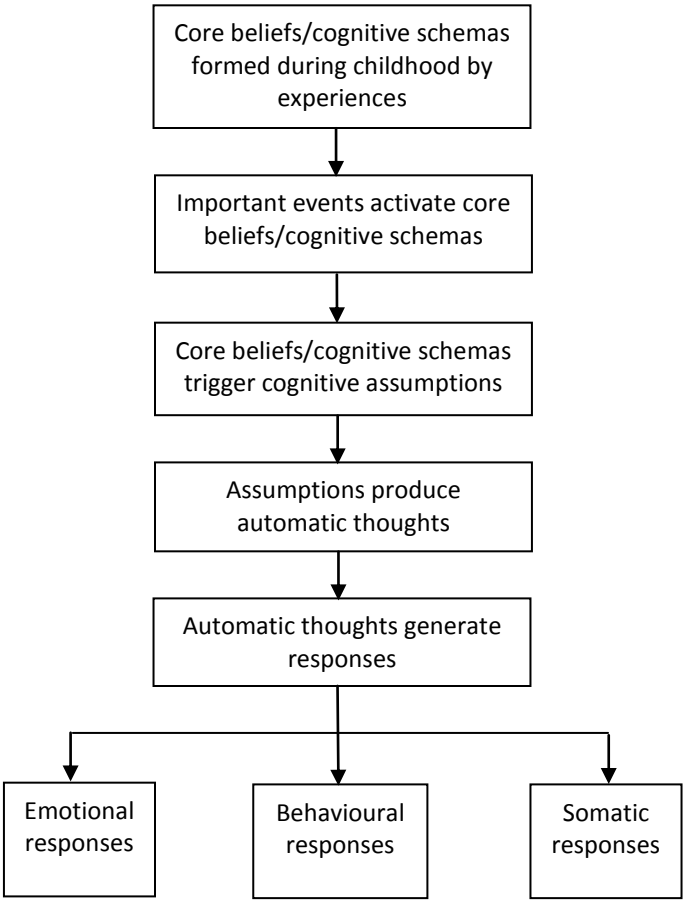
APPENDIX A: THE COGNITIVE MODEL BY P.STALLARD (2002A; P4).

A useful framework for understanding the psychological theory underpinning Cognitive Behavioural Therapy (CBT).



APPENDIX C: CRITIQUE OF THE RESEARCH BASE FOR CBT

Notes based on commentaries of Brent et al. (2002), Cartwright-Hatton et al. (2004), Rait et al. (2010), Stallard (2002a; 2002c) and Wolpert et al. (2006).

General points:

- Evidence base for CBT with C&YP is less well developed than with adults;
- Few well-designed RCTs with C&YP have been undertaken and/or reported to date;
- RCTs tend to employ extensive exclusion criteria which then reduces the generalisability of results;
- Reviews of research tend to employ strict inclusion criteria (e.g. diagnosis as outcome variable) meaning some interesting and valuable studies are not acknowledged or highlighted e.g. Cartwright-Hatton et al. found 22 RCTs in the literature, however 12 were excluded from the review for various reasons;
- Lack of a well developed theoretical cognitive framework for childhood mental health problems. Numerous interventions and techniques developed in recent years and all broadly fit under the umbrella term CBT → means we cannot be sure that every research study is using the term CBT to mean the same thing → *"lack of treatment specificity leads to confusion as to what is CBT with children and renders the question of whether CBT is effective with his client group meaningless" (Stallard, 2002c; p301).*

Research samples:

- Most research is based on groups of C&YP defined by diagnostic classifications (DSM-IV or ICD-10) → yet C&YP approaching 'real world' support services tend not to have neat diagnostic labels or fit exactly into specific diagnostic categories;
- Few studies demonstrate effectiveness of CBT with C&YP who present with severe or co-morbid disorders;
- Studies tend to group children altogether in a general bracket of 7-14 year olds → does not allow for *"developmental variations in the manifestation of emotional and behavioural problems" (Stallard, 2002c; p299).* E.g. anxiety → early childhood may manifest itself as fear of separation or objects (i.e. specific and concrete); by mid childhood fears are likely to be more generalized and socially based; and by adolescence fears are likely to more abstract e.g. negative evaluation by others of the future.

Research methodologies:

- Difficulty demonstrating whether CBT has in fact altered cognitions. Most studies measure outcomes of CBT intervention in terms of behaviour change and/or affect change (and even this is often self-report which has its own issues of validity) from which changes in cognition are *assumed* → therefore remains a need to 'prove' that CBT is in fact doing what we hope it is; altering the distorted cognitions → if not this could be the reason for inconsistent findings re: long-term effects of CBT → if cognitions are not altered and only behaviour and emotions are, then it is unsurprising that reductions in symptoms of anxiety, depression and other difficulties are not long-lasting;

- Studies tend to report on the <u>efficacy of CBT in relation to C&YP's diagnosis and in isolation of other, environmental variables.</u> C&YP with mental health difficulties, often (but not always) have complex family situations, yet research tends not to give consideration to the influence of significant adults, peers and the wider education system as mediating variables to both the maintenance of cognitive distortions and so the effectiveness of CBT for C&YP → E.G. Cartwright-Hatton et al. noted a third of children in the reviewed studies maintained their diagnosis of anxiety at the end of CBT treatment → explained this finding as an indication of inappropriate (rather than ineffective) treatment → in these cases, environmental and familial factors needed addressing, not the within-child thought, feeling and behaviour cycles.

APPENDIX D: OVERVIEW OF INITIAL ASSESSMENT (SESSIONS 1-3) WITH PUPIL CM

Session 1: assessment one

- Introductions including explanation of who I am, what EPs do etc.
- **'Let's Talk' PCP resource** (Simon Burnham, 2007) used as a tool to build rapport and get to know CM via a shared visual focus rather than clinical Q&A style interview. Elicited information about herself, home and school life, her interests, her family (lots which was central to her worries), her friends, her perceptions of her own strengths and difficulties in relation to work, her perception of herself (self-esteem and image), her goals for the future and so on. The interview covers a lot of variables which can be explored in little or a lot of detail. CM was very articulate and happy to chat so the materials worked well eliciting a lot of information that acted as helpful background information as well as initial insights into her view of the world. The process also helped me to gain a sense of her language and communication skills as well as her cognitive developmental level.

Session 2: assessment two

- **Beck Youth Inventory**; useful tool as a baseline measure (dimensions of self-concept, depression, anxiety and anger) and also as part of risk assessment (item 44 in particular to check out suicidal intent/risk). CM responded "always" to item 44 "I wish I were dead" so I explored this using Assessment of Risk Protocol for suicide/self harm (see Appendix E).
- **Solution-focused Motivational Interviewing** (MI) techniques and selected parts of **CBT Assessment Interview,** including BASIC ID questions (based on Wells, 1997) (see Appendix F) used to start to explore CM's desire and readiness for change.
- **Consultation** with MO (Interventions Manager) to gain greater context and history of CM's case.

Session 3: assessment three

- **Elaboration of Personal Troubles** (PCP technique) used to enable CM to express specifically the issues as she perceives them through a medium (drawing) she prefers. Proved very useful and effective in this case. See Appendix G.
- **'4-part negative trap'** template from 'Think Good-Feel Good' (Stallard, 2002a) to do some initial exploration of thoughts, feelings and behaviours as CM perceives/understands them in the situations drawn through the previous activity.
- **Scaling** to elicit her perception of the importance of change, her readiness and her confidence to do so. This was important as dialogue so far had indicated mixed messages and hesitance in relation to change.
- Gained CM's consent to continue with some CBT work.

APPENDIX E: ASSESSMENT OF RISK PROTOCOL – SUICIDE / SELF-HARM 18/04/11

Preceded by explanation of limited confidentiality

"Can we talk a bit about confidentiality? Everything you say to me I'm going to treat as confidential. What do you understand that to mean?

It means that what you say is just between you and me. I won't tell anyone else without your agreement.

However there are some exceptions that we need to be clear about:

- if you tell me that someone is hurting you or that you are thinking of hurting yourself then I will have to tell someone else. I won't just do that without talking to you first but I have to tell someone else to make sure you are safe.
- I also need to keep your parents/carers and teachers informed in a general way about the work we are doing together. So for example today I will say that we talked about confidentiality and filled out a questionnaire but no more details than that.
- I will also need to talk about our sessions together with my supervisor. Her name is.....and she helps me become better at helping young people. I talk to her once a month, won't use your real name and she won't talk to anyone else.

Do you have any questions or worries about this?

(Further exceptions: courts can require your notes, risk of terrorism, organised crime, harm to others)

Beck Youth Inventory Trigger and Follow-up

"Can I ask you to fill out this questionnaire? It should only take you about 5/10 minutes and I ask everyone to do it the first time I meet them. Thanks."

On completion of the BDI-Y immediately check the response to item 44 - I wish I were dead. If answered *never* move on but be prepared to re-assess (perhaps by asking question 44 again) at a later date if circumstances change. If answered *sometimes, often* or *always* ask...

"I see that you've put that *sometimes/often/always* you wish you were dead. Does that mean that you *sometimes/often/always* think of ending your life?

[N.B Asking about a suicide attempt or the ideation does not increase the risk of suicide (Verduyn et al 2009)]

If no...

"No I just sometimes wish that all this wasn't happening. I wouldn't really do it" - move on but be prepared to re-assess at a later date if circumstances change – good question being "Are you planning to do something this weekend, this holiday?

If yes...

"Do you have a plan for how you might do that?"

"Do you have access to the .....pills, bridge etc?"

"How often do you have thoughts like this? Are they stronger at sometimes than at others??

"Have you tried to do this before? Has anyone in your family taken their life or harmed themself?"

"Is that something I should worry about?"

Decision Point

1) Suicidal ideation with imminent risk harm. Young person is very distressed.
- Contact named person in the school immediately and contact parents/carers.
- Named person calls 999 for an ambulance (if you drive they are a potential risk to you) to take them to A and E.
- Restraint/prevention is justifiable to protect life
- Appropriate for Tier 3 CaMHS team
- EP withdraws offer of CBT.

2) Suicidal ideation but no focused plan to act on it now.
- Contact named person in the school and contact parents.
- Named person arranges urgent appointment with G.P. – referral to Tier 3 CaMHS team.
- Involvement of Social Care if necessary if family instability a factor.
- EP gives emergency contact numbers / web addresses e.g. Childline, G.P. School Contacts.
- EP Withdraws offer of CBT

3) No suicidal ideation – response to item 44 reflects a wish that it would all go away rather than a desire to end life.
- EP gives emergency contact numbers / web addresses e.g. Childline, NSPCC, G.P. School Contacts.
- EP delivers CBT.

APPENDIX F: ASSESSMENT INTERVIEW

Assessment Interview (CBT)

Aim to engage C/YP with acknowledgement that:
- there is a difficulty/problem
- this problem could be changed
- that the form of help offered could bring about this change
- that the EP is able to help the child develop the skills they require to secure the change

Aim = to elicit YP's view of
- **potential targets**
- **possibility of change**

1. Explain who I am, my job.

2. Explain the structure and goal of today's assessment.

"I'm going to ask you a range of questions about how you've been feeling recently over the past month or so. Then I'll ask you about some background details to any problems that come up. Try to be as clear and open as you can be with your answers; some people feel embarrassed talking about their fears, worries or feelings but all young people have them. This session will take about 45 minutes. If at anytime you want to take a break or stop talking that's fine, just say so. Hopefully at the end of this time we'll have a clearer idea of what's going on for you and therefore what we might be able to do about it."

3. Objective measures

- Beck Youth Inventory
- SDQ
- Explain as something I do to start with all C/YP I meet?
- NB. BDI-Y item 44 – high rating determine suicidal intent?

4. Exploring present problem

Aim = promote discrepancy between current situation and what the YP would like to achieve – identifying potential goals

Identifying the 'problem'
- build on some Beck answers if awareness of problem indicated
- kinetic family drawing
- scales for aspects of behaviour/learning/friendships etc in school
- MI questions from pre-contemplation stage
  - Promote discrepancy between current situation and what child would like to achieve
  - Is there anything at home/school that you would like to be different?
  - What are the biggest worries for you at the moment?
  - When would this become a worry/problem for you?

IF NECESSARY: SF-MI prompts: pre-contemplation (not yet thinking about change)

Asking for 3rd party perspective

- Someone looking at your situation might say you find it difficult to control your temper/worries. What would you say to someone who thought that way about you?
- How would you show your teacher that they were wrong about you?
- If I were to ask you teacher/parent what the thought of you, what would they say?
- What small things could you do differently to convince them?
- Who would notice first?
- What would they notice?
- What difference would that make?
- What could you be doing differently that would prove them wrong?

Scaling

- On a scale of 1-10, 1 is you don't need to do anything different, 10 is that you are willing to look at how things could be better. Where would you put yourself on this scale?
- On a scale of 1-10, how confident are you that your teacher/parent would share your view that there is no problem?
- So how come you're a 3, not a 2 or 1?
- If we come back next week, and you put yourself on a 4 instead of a 3, what would have to happen between now and next week?

Exploring the 'problem'

Aim = identifying potential goals and conducting thorough analysis of ambivalence and potential obstacles

(I'd like you to begin by describing the problem. How has it been recently over the past month?)

BASIC ID - Over past 2 weeks….

- Behaviour:
  - What are you doing now that you wish you weren't?
  - What are you not doing now that you wish you were?
  - Describe a specific and recent incident - Basic ABC of this event
- Affect
- Cognitions
  - Concentration
  - Memory
  - NATS – ask what think would happen if didn't engage in safety/coping behaviour
- Sleep
  - To bed?
  - To sleep?
  - Wake up?

  - Waking in the night?
- Medication (prescribed and non-prescribed)
- Diet

Cross sectional details
- ABC of specific incidents (Antecedents = who, where, when, what. Behaviours = how does it 'look'? Consequences = negative and positive)
- (Use firework model if anger to elicit triggers, fuse and explosion)
- Shared diagram to explore Thoughts, Feelings (emotional and physiological), Behaviours that are 'symptomatic' of the problem
- Practice eliciting thoughts, feelings and behaviour with a positive incident and then with a difficult one

Longitudinal details
- Time/event chart. River of my life.
  - Tell me about the events in your life that are important to you? Important for me to know about?
  - When did you first notice 'problems'?
  - How has the problem developed?
  - Always been this way?
  - A time when the problem wasn't there/in your life?
  - Historical triggers/critical events?
  - Past stressors, nature of family and school relationships, childhood factors and how have coped in past

IF NECESSARY SF-MI prompts: contemplation (weighing up the pro's and cons)

Exceptions
- Times when the problem does not happen
- Times when the problem happens less often or when the problem bothers or restricts them less
- Times when the problem is more manageable or when they are able to cope better (e.g. tell me about the times when you got the netter of your temper)

Ambivalence/obstacles
- What might stop you from trying this?
- What might go wrong?
- What might help you give this a try?
- What has helped in the past?

Preferred future
- How was your life before this problem?
- Let's imagine that tomorrow turns out to be a good day; how would you know that it is going well?
- When anger is no longer an issue in your life, how will life be different for you?
- When you resist the temptation to hit/swear what will you be doing instead?

Miracle question

- Suppose tonight while you are asleep a miracle happens and the problem no longer exists. You don't know immediately that it has happened because you were asleep. When you wake up what is the first thing you will notice that will let you know that there has been a miracle?

Deciding not to change

- Someone looking at your situation may say you wan to keep this problem. What would you say to them?
- What advice would you give to someone who decided to carry on with…?

Preparation (getting ready for change)

- What has worked for you in the past?
- Who has helped you?
- If change is going to happen soon, what needs to happen so that change can take place and who needs to help?
- How will you know that things are changing?
- Who would notice that things are changing and what might they say?

Scaling

- How confident are you that the skills you have will enable you to make changes?
- What other skills would you need to learn? Who could help you with that?

5. Check for remaining issues and feedback

- Anything we've not spoken about that you feel we need to/is important for me to now about at this stage?
- Summarise my understanding of the 'problem' so far and check for accuracy/agreement.

More tools…..

The scales of change – weighing up benefits vs. disadvantages of trying something new.
Reasons for doing vs. reasons for not doing it AND rate each reason in terms of importance.

Scales 1-10
- Importance of securing a different outcome?
- Readiness – how prepared feel to embark on an active process of change?
- Confidence – ability and perceived self-efficacy to achieve desired change?

APPENDIX G: ELABORATION OF PERSONAL TROUBLES PCP TECHNIQUE

PCP Work

Eliciting Children's Views

Elaboration of Personal Troubles

Fold a piece of paper into six and put a mark in five of them.

Explain, all people have times when they are troubled inside themselves. They feel hurt, angry, ashamed, embarrassed, worried and so forth…

- Draw pictures to show five occasions in which you would be upset or troubled. The mark is to help you get started and you don't have to use it. (Give an example of what another boy/ girl has done if the child has problems understanding.)
- In the sixth space, draw a situation in which everything would be fine, you would feel good and people would seem good.
- Ask what is happening in each picture.
- Think of a child who, in all of these troubling situations, would not be troubled. Give three descriptions of such a boy/ girl.
- When would this boy/ girl be upset?
- When might this boy/ girl best describe you?

APPENDIX H: THEORETICAL UNDERSTANDING INFORMING PROBLEM FORMULATION FOR PUPIL CM

1. Risk and resilience framework

Using the risk and resilience framework often cited by professionals working with C&YP (DCSF, 2008; p29; Rutter et al., 1998), CM was experiencing numerous factors at the family level that are considered to put C&YP at increased risk of mental health problems, including: overt parental conflict, family breakdown, hostile/rejecting relationships, parental alcoholism and loss. By comparison it became apparent that most of her protective factors (i.e. likely to help prevent mental health problems) were at the individual level, including: being female, having a positive attitude and problem-solving approach, good communication skills and capacity to reflect. We cannot consider children in isolation of the protective and risk factors which influence them (Stallard, 2002); consideration of CM's wider context informed decisions regarding intervention. Firstly, given CM's personal (and protective) attributes, individual therapeutic intervention was agreed as an appropriate means of building upon her existing strengths and raising her resilience to cope with family situations that were putting her at increased risk of mental health problems (yet which she had limited ability to change in the short-term at least). Secondly, it was clear from the risk and resilience analysis that individual therapeutic intervention would not be the complete answer for CM. Family work of some description would need to accompany the work undertaken with CM in order to improve her mental wellbeing.

2. Social Learning Theory (Bandura, 1977)

It became clear through discussions with CM and school staff that the problem formulation needed to include the influence of parental cognitions upon CM's behaviour (Stallard, 2002c). Whilst parental separation and conflict has already been acknowledged as a risk factor for CM, there was also the more present issue of her father's own anxiety that appeared to be influencing and even maintaining CM's difficulties. It is estimated that approximately a third of childhood anxiety disorders are explained by a genetic predisposition; the remaining variance highlights the potential importance of environmental factors (Fisak & Grills-Taquechel, 2007). Two dimensions of parenting behaviours that have been well documented as playing a role in childhood anxiety are rejection and control. These two dimensions seemed relevant to descriptions by CM of her relationship with her mother, who sent CM to her father when 8 years old (rejection) and due to alcohol and mental health difficulties, has been 'in and out' of CM's life ever since (control).

However in relation to her father, CM's difficulties appear to have been influenced by her learning experiences, rather than dynamics of rejection or control. Elevated prevalence rates of within family anxiety disorders (i.e. anxious parents more likely to have anxious children and vice versa) suggests that anxiety is to some extent "transmitted" within the family (Fisak & Grills-Taquechel, 2007). It is suggested that this may occur by one or more of three learning mechanisms: modelling (vicarious learning); reinforcement of anxious/avoidant behaviours; and information transfer (transmission of information). Both modelling and reinforcement were evident in CM's relationship with her father. Based on CM's report it seems likely she had observed her father employing avoidant behaviour,

anxious interpretations of ambiguous situations and catastrophic thinking as coping strategies in relation to his own anxiety in relationships e.g. making statements such as *"I give up"* and *"I might as well be dead"*, which appeared to be mimicked by CM. Evidence suggests that girls are more vulnerable to effects of parental modelling than boys (Fisak & Grills-Taquechel, 2007). In terms of reinforcement, it was apparent that CM's father tended to support her in avoiding anxiety-inducing situations (e.g. not going to school or meeting friends in evenings/weekends because she was 'ill' with a tummy ache) and then engage in comforting activities such as baking cakes together, intending to reduce her distress with special treatment, whilst probably in fact reinforcing her avoidant behaviour.

Furthermore, there is often an assumption that transmission of anxiety is parent-to-child, when in fact it can also occur child-to-parent and/or be bi-directional. For CM, it was hypothesised by both myself and BH (at CAMHS) that a bi-directional dynamic had developed between CM and her father. Initially CM may have learnt anxious talk and avoidant behaviour from her father's modelling, which was also reinforced by him. However, it became apparent through the CAF meeting and during my home visit, that CM's father has become *increasingly* anxious since learning of her suicide ideation, self-harm attempts and witnessing her ongoing negative self-talk, which may have served to perpetuate his anxious talk and behaviour around CM. Therefore, it was unclear where the anxiety started and where it could end within the family context.

Finally, CM's family (herself, father and brother) presented as somewhat isolated i.e. tending to stay at home in evenings and weekends and *"look after"* each other, which may also have been related to the development and maintenance of CM's difficulties (Fisak & Grills-Taquechel, 2007). It was abundantly clear through CM's responses that she perceived some responsibility to 'stay in' to care for her Dad and *"cheer him up"*. However, isolation of the family results in decreased social opportunities for CM which may have the unintended consequences of: a) reducing opportunities to develop alternative coping strategies modelled by others; and b) increasing levels of uncertainty and fear around social situations e.g. CM reflected that she didn't want to *"put myself out there"* by going to a youth group with friends from school.

APPENDIX J: OVERVIEW OF CBT INTERVENTION CONTENT (SESSIONS 4-10) WITH PUPIL CM

Session 4: intervention one

- **Shared the problem formulation** in order to seek confirmation/alteration of my understanding, raise CM's awareness and ownership of the change process. This discussion particularly focused on the reinforcing loops ('petals') that would form the focus of individual CBT intervention and the diagram enabled some psycho-education;
- **Discussion of 'thinking errors'** using TGFG chapter 6 resources;
- **Set homework/practice task** to keep a diary identifying thoughts and feelings in situations and the types of thinking errors made.

Session 5: intervention two

- **Reviewed homework task** – feedback that it made her realise that "things work out" and aren't always "as bad as I thought the day before";
- **Discussion of 'balanced thinking'** using TGFG chapter 7 resources;
- **Set homework/practice task** to keep a diary of situations, thoughts and the supporting/challenging evidence for those thoughts.

Session 6: intervention three

- **Reviewed homework task** – found this harder and became stuck challenging some NATs because "I know it's true";
- **Discussion of 'controlling your thoughts'** using TGFG chapter 9 resources. In particular coping self-talk, positive self-talk and testing thoughts were relevant to CM. Distraction not appropriate as CM is already good at avoidance and needs support to face and disprove her NATs. Discussion was made more interactive with: practise replacing 'red thoughts' with 'green thoughts' by throwing coloured balls back and forth (adapted from FRIENDS activity); drawing illustrations for her 3 positive self-talk statements.
- **No homework/practice task** due to CM "forgetting" to do the last 2 indicating it is unlikely she will engage with this aspect of therapy and also the summer holidays.

Session 7: intervention four

- **'Catch up' discussion** of the summer holidays and High School experience so far;
- **Recap** of content so far i.e. thinking errors, balanced thinking and controlling thoughts;
- **Check out** with CM whether still wants EP visits to continue support now she is at High School (a chance that she is enjoying the fresh start and would rather be left to it). Expressed wish to continue. Agreed I would see her fortnightly until half-term;
- **Set homework task** to keep an activity log with mood ratings/descriptions (switching emphasis from cognitive to behavioural elements of CBT).

Session 8: intervention five

- **Reviewed homework task** – not completed by CM therefore discussed together in session;
- **Discussion of the importance of what we do (behaviour) to prevent rumination** when balancing or controlling our thinking isn't working/not enough (Manage Your Mood chapter 7 and TGFG). Brainstormed: activities that make her feel good, bad, relaxed, sad etc; and activities she would like to do more of. Then put these activities on a ladder from easiest to hardest to achieve, and how she might go about first steps towards these goals.
- **Discussion of relaxation techniques/activities.**
- **No homework/practice task** set due to unlikelihood that CM will complete but agreed to give relation techniques a go and writing thoughts/feelings down, in a box, to discuss with Dad at an agreed time.

Session 9: intervention six

- **Reviewed strategies** discussed last session. Also reviewed home situation that had been discussed last session and causing concern;
- **Discussion of problem-solving approaches** (Manage Your Mood chapter 10 and TGFG) to cope with situations that are challenging and carry perceived powerlessness.

Session 10: review and close

- **Discussed the pupil letter** (see Appendix L) I had written CM as a summary of our discussions and aid memoir for her in the future. Checked out her understanding and agreement with my notes. As usual CM seemed keen to chat (about home and school life) but not so interested in specific strategies/topics addressed through CBT. Situations at home and school have progressed and largely in a positive way (e.g. clearly proud of her good attendance record) although some negativity regarding Dad's new girlfriend meaning CM doesn't "feel special" anymore.
- **Completed the BYI** as a post-intervention measure.

NB. Various suggestions are made in the literature regarding appropriate content of CBT intervention in cases of EBNA including: relaxation training (King & Gullone, 1990); cognitive restructuring and self-statement training (King et al., 1998); illustrative material to help the pupil distinguish between anxiety provoking thoughts and anxiety reducing thoughts (Kendall et al., 1992); social skills training - identifying social situations in school which may cause anxiety then rehearse these situations and how to cope with them (Bokhurst et al., 1995); combination of social skills training, cognitive restructuring and graded exposure (Spence et al., 2000); relaxation training combined with social skill training in groups, as well as parent/teacher training (King et al., 1998); educative and supportive CBT methods enabling discussion of fears and anxieties in relation to school with no specific instructions on how to confront fears (Last et al., 1998). Whilst aspects of the above list were used with CM, CBT cannot be applied with a 'recipe book' style approach given that each C/YP and their situation will differ and require a different response.

APPENDIX M: FEEDBACK LETTER TO YOUNG PERSON

worcestershire county council

Early Intervention and Targeted Support
Children's Services
Wildwood
County Hall Campus
Worcester
WR5 2NP
CDoggett@worcestershire.gov.uk

16th October 2011

Dear CM,

Firstly, can I say that really enjoyed meeting you and getting to know you over the past couple of months. Thank you for working with me and sharing some things that I know have been difficult for you to talk about. I was especially impressed with how articulate you are in describing your feelings and also your fantastic drawings! As we discussed, I am writing to you so that you have a record of the things we've been talking about; so that if and when you need a reminder, you have one!

After spending a couple of sessions getting to know you, about your family and school life, I understood that you felt particularly low about yourself and about some situations in your life. We talked about how the experience of feeling low can be pictured and explained as being like a flower. First, there are roots and a stem to your feelings, which are the events early on in your life that might originally lead to feeling low. Second, there are the thunder clouds above that might be the triggers to feeling low (the negative experiences in day to day life). Third, there are the petals…the cycles of thinking, feeling and behaving that you engage in that keep you feeling low. For example, we realised that you sometimes find it easiest to avoid and/or withdraw from situations and people in order to cope with your feelings. This makes sense to you at the time, but later on it can make you feel more lonely or sad or bad about yourself, and so the cycle goes on. So, because we cannot change the events in the past and because the events in the present might be out of our control to change right now, we focused on how you can tackle the cycles of thoughts and behaviour that might be making you feel low.

I hope you find the following notes to be helpful reminders whenever you need them. Remember: it takes practice and determination to break out of those cycles that we get used to, so keep going!

First of all we talked about the sorts of **'thinking errors'** we all make sometimes. You were really good at identifying which ones you tend to make and giving examples, which is fantastic – half the battle is being *self-aware* of what we do, think or say when we're upset. The thinking errors you thought you were most prone to were:

- Downers → focusing on the negative things that happen, only seeing what goes wrong or isn't right. Anything positive is overlooked, disbelieved or unimportant → it's like having your negative glasses on so that you only see the negative and don't count the positive.
- Blowing things up → so that negative things become even bigger than they really are → this may mean magnifying the negative or snowballing from one thing to another!
- Predicting failure or expecting the worst in situations.
- Feeling thoughts → our emotions can become very strong and cloud the way we're thinking → so then what we think depends on how we feel rather than what actually happened.
- Blaming myself → feeling responsible for the negative things that happen, even though we had no control over them!

Next we talked about how you can **balance your thinking** i.e. how to counter some of those automatic thinking errors. It is important to do this to stop yourself getting carried away and believing thoughts like *"I can't do anything right"* or *"I don't have any friends".* Strategies that you found helpful to challenge the negative thoughts included:

1. Changing roles in the conversation to help get 'unstuck' with certain thoughts e.g. asking yourself *"What would my friend/Dad/Form Tutor say to me if they heard me thinking in this way?"* or *"What would I say to my friend if he/she had this thought?"*
2. Collecting the evidence i.e. what evidence is there to support this negative thought and what evidence is there to question it? It sometimes helps to imagine this like weighing scales with evidence 'for' and 'against' your negative thought on either side. You were particularly good at doing this by remembering and telling yourself the facts of the situation (and past situations like the present one) in order to disprove your original negative thought.
3. Writing your thoughts down → you said that writing your thoughts down and then looking at them the next day was interesting because it helped you realise that "things worked out" and weren't as bad as you thought they were the day before.

Next we discussed ways in which we can control our thoughts. We practiced replacing negative thoughts with **coping or positive self-talk** (by throwing red and green balls to each other!). I also asked you to write down 3 positive statements that you can try to remember to tell yourself in any situation. We then explored how thinking these statements can positively affect how you feel and behave….

Thought "…. "		**Feeling** 👍		**Behaviour** ☺
I'm a kind person.	→	Proud	→	Being kind to others
My Dad loves me.	→	Happy	→	Smile, be confident
There are people who care about me.	→	I'm not alone, fulfilled	→	Talk more to people

↳ Then it was the summer holidays and when we came back in September, you had moved from Simon de Montfort Middle school to Evesham High School. We spent some time re-capping on the things we had discussed before the summer and catching up about the holidays as well as what you thought about EHS so far.

We then started some slightly different work. Having discussed ways in which you could balance and control your thinking, we moved on to think about things you can *do* to help yourself feel happier. We discussed how sometimes too much thinking can lead to rumination and a downward spiral into more worry. You could see that to make yourself feel better you were sometimes avoiding situations that might be difficult or withdrawing and staying where you felt safe. We discussed **ways in which you could become more active and take control!** When we do more it is likely that we will…..

- ✓ Feel better → because you have less time to listen to any negative thoughts.
- ✓ Feel more in control → feeling like you *can* change things for yourself!
- ✓ Feel less tired → it might seem silly but actually doing nothing can make you feel more tired and being active can give you more energy!
- ✓ Feel more motivated, confident and good about 'being me'.
- ✓ Help you think more clearly.
- ✓ Become more engaged with people around you.

We discussed what activities make you feel good and bad – you found it hard to think of many but here's a reminder of what you said (and remember the point was to try and do more of the things that makes you feel good):

Activities that make me feel good!	**Activities that make me feel sad**
☺ Watching TV – I feel calm and distracted from negative thoughts. ☺ Cooking – I feel happy because I enjoy it. ☺ Drawing and going online to websites that teach me how to draw better. ☺ Walking the dogs helps me feel calm.	☹ Arguing with my brother. ☹ Walking the dogs when Storm won't stop pulling and I get angry.

You said that you would like to have more things to do, so we listed your ideas of things you would like to start (or re-start) doing. We used a ladder with the easiest to achieve at the bottom (smaller steps for you) and the hardest at the top (bigger steps to build up to):

Meeting new people

Going back to Simon de Montfort at lunchtime to see Kieran (once, not regularly)

Re-starting horse riding

Trampolining club

The following week you told me that you had found out that there was a trampolining club on Wednesdays after school and you will be going with 3 friends, which is fantastic! As we discussed it can be easier to meet new people and make new friends via: 1) our existing friends; and 2) situations where people are doing a shared activity (like a club).

One way of taking action can be to use **problem-solving** strategies. Problem-solving strategies are helpful because they:

- ✓ Help us manage daily situations and feel less hopeless;
- ✓ Focus on the 'here and now' rather than the past;
- ✓ Help you tackle issues that you are trying to avoid and leads to activity when you try out your solutions.

Problem-solving approach 1:

When you're feeling upset it can be helpful to ask yourself "how" questions instead of "why" or "what if" questions. This is because…

- 👎 *"**Why** does this always happen to me?"* → leads to more rumination and stewing
- 👎 *"**What if**……?"* → leads to more worry

Neither of these questions will lead to any answers! BUT….

- 👍 *"**How** can I…."* → leads to solutions and problem solving!

Problem-solving approach 2:

1. Define the problem → what is the problem? E.g. I want to meet new people.
2. Brainstorm ALL the possible solutions, from the simple to the ridiculous! To help you think of some solutions try asking yourself these questions:
    a. How have I dealt with similar problems in the past?
    b. How have other people coped with similar problems?

   c. How would I imagine tackling the problem if I wasn't feeling low?
   d. How do I imagine someone else tackling the problem?
   e. Can the problem be broken down into smaller steps?
   f. Who else might be able to help me solve this problem?
3. List the advantages and disadvantages (pros and cons) for each possible solution.
4. Pick one solution and try it out! Plan when, where, how and with whom you will try your solution.
5. Review your situation. Has the solution helped? Do you need to take more steps or has the problem been overcome?

Finally, we discussed controlling our feelings with **relaxation techniques**. When we started talking about this it was clear that you already have some effective strategies that involved doing things you enjoy e.g. you told me about how when you're feeling nervous about school and having trouble sleeping, you have a hot chocolate before going to bed and watch some Family Guy to help you feel sleepy, or play with your dogs to distract you from your thoughts. I suggested some others to help with sleeping and staying calm when anxious (and we practiced them together):

- Physical relaxation → tense and release each set of muscles in your body for 3-5 seconds each, twice, starting from the toes and working up to your head. Remember sit in comfortable chair or lie in your bed to do this. Try to be somewhere that is warm and quiet and where you won't be interrupted.
- Controlled breathing to help you concentrate and calm down when you feel tense → slowly take in a deep breath → hold it for 5 seconds → let the breath out very slowly → do this 5 times or until you feel calmer and in control of your body.

The following week you told me the relaxation had been helping when you couldn't get to sleep which is great!

Finally, it seems to me that it is very helpful for you to have someone to talk to who is outside of your family home so that when things happen to upset you, you can share your worried thoughts and gain some perspective. In school, Ms Durrant is available to talk to. You have also told me that you get on well with the older girls in your Tutor Group, so don't be afraid to talk to them if you're feeling low!

We have talked about how difficult it can be to say what you're thinking and feeling to your Dad because you think he is busy or stressed – there never seems to be a good time! So why don't you try writing things down on some paper, put them in a box and discuss them with your Dad at a time you've both agreed e.g. Saturday morning.

I wish you all the best - keep practicing and remember you're a star! 

Best wishes,

Caroline Doggett
Educational Psychologist in Training

APPENDIX N: FURTHER NOTES ON IMPLICATIONS FOR EP PRACTICE ARISING FROM CM'S CASE

In addition to those already raised in the Discussion, there exist some clear implications for EP practice:

1. Follow-up;
2. Multi/interagency working;
3. Identification and negotiation of appropriate therapeutic work;
4. Trading services.

1. There is a duty to follow-up with C&YP receiving therapeutic interventions and to resist the time and workload pressures that could result in a 'hit-and-run' style of service delivery. The recent CAMHS review of evidence based practice highlights the high rates of relapse amongst treated and untreated groups displaying depressive disorders (Wolpert et al., 2006). Whilst is may be argued all emotional difficulties are at risk of recurring, *"depression is a condition which is liable to recur. Clinical follow-up and 'booster sessions' may be helpful in reducing relapse" (p19).* Thus, EPs need to carefully consider their involvement prior to committing to deliver CBT, or indeed other therapeutic interventions. For example, a plan may be agreed whereby the supporting role is handed over to and continued by a member of staff in school following EP input and/or planned sessions in the medium to long term between the EP and C/YP to recap and develop the coping strategies previously discussed.

2. The purpose and value of interagency working was demonstrated through CM's case. The relationship between myself and the CPN within CAMHS was amicable and our differing roles were discussed and agreed early on. With the 'rise' of therapeutic work within EP services (MacKay, 2007) we need to be clear in what our role and offer to schools is. Greig (2004b), herself an EP, suggests that EP's role can in the first instance be to provide initial clarification on the nature of suspected mental health difficulties and to advocate a non-medicalisation of the problem by addressing social sources of the emotional difficulties. Both Greig (2001b; 2007) and Mackay (2007) argue that therapeutic work is, and increasingly will be, a routine aspect of EP work. In relation to CBT specifically, Greig suggests that, *"with the emerging evidence base of its successful application in the child and adolescent population it appears set to become an integral part of the educational psychologist's repertoire" (2007; p19).* However, professionals from a health/clinical background might suggest that realistically EPs in their therapeutic role will not be 'treating' depression, anxiety or other difficulties but may have a negotiated role to support C/YP in their daily school and home life, with clear short to medium term goals (N.Hall). Thus the differing remits of professionals within health and education is evidently an ongoing point of debate and tension in need of clarification.

3. EPs are faced with a challenge when it comes to negotiating their work with schools. C&YP who may greatly benefit from an intervention such as CBT may not always be those that are readily referred to EP services. It is interesting to note that CM was not initially prioritised or even discussed with myself via our usual planning meeting discussions. CM was only referred when I raised the question of engaging in some therapeutic casework as part of my training. This may be due to the pressures of time-allocation models, forcing difficult questions of prioritisation

which usually result in statutory first and therapeutic/early intervention work if time allows. Schools also face increasing pressure to meet the demands of national standards, league tables and inspections, thus C&YP with emotional difficulties who are still 'achieving' academically, are even less likely to be prioritised. Furthermore, it has been my experience so far that middle and high schools tend to prioritise boys with externalising and disruptive behaviour (e.g. bad language, physical aggression, truancy and defiance) whilst girls with more internalised, emotional difficulties are rarely referred (unless pushed by assertive parents!). In relation to depression specifically, Greig (2004b) suggests that: *"even if teachers do note several signs this will perhaps be more likely to be dismissed as not serious. Very depressed and withdrawn children may not distract and absorb teacher's energy to the same extent as other difficult children." (p59).* Therefore, EPs need to be skilled in consultation skills, sensitivity and assertiveness, in order to elicit and discuss *all* potential cases for referral. We also have a duty to act upon concerned parents' attempts to contact and involve us in cases where school have not already done so. In situations where the EPs does not have the time or capacity to engage in 1:1 CBT therapeutic work, there is still a *"unique position"* for them to support others (teachers/TAs) delivering CBT through school-based projects, consultations, supervision, training and applied research (Rait et al., 2010). However one might argue, and indeed caution, that in order to be able to support others delivering CBT, one must be practising those skills to some degree oneself. Otherwise we risk becoming highly theoretical in our advice, disconnected from the reality and challenges of practice and possibly losing our relevance, usefulness and credibility with those whom we are supporting.

4. In the current climate we are faced with a new challenge of trading services; psychologists having to develop their business sense and savvy. *"Schools of the future will be commissioners of services to support children and young people with identified mental health needs (CAMHS Review, 2008). There is therefore a need for psychological services to develop competence, experience and capacity and to develop flexible service structures that will support this growing demand" (Squires & Dunsmuir, 2011; p130).* The need to develop services worth 'buying back' is interrelated with previous points discussed. Increasingly EP services will have to make deliberate decisions about the services they offer (their professional role and remit). For example, deciding whether CBT is understood and 'sold' as a discrete specialism we practice or an approach we use to inform all our work (Rait et al., 2010). We may find these choices are no longer a question of professional interests and preferences but in fact a question of survival in the newly competitive market of local authority education services. *"If mental health issues in educational settings are not addressed by EPs through a fresh commitment to therapeutic work then they will be bought in from other sources" (MacKay, 2007; p16).*

PROFESSIONAL PRACTICE REPORT FOUR

APPRECIATIVE INQUIRY (AI): AN ORGANISATIONAL CHANGE PROCESS AND ITS RELEVANCE TO REDUCING OCCUPATIONAL STRESS RELATING TO JOB INSECURITY

1.0 Abstract

The primary aim of this study was to pilot the application of Appreciative Inquiry (AI), an organisational change model (Cooperrider et al., 2008), in the context of a local authority (LA) educational psychology service (EPS). A secondary aim emerged during the pilot, to explore whether AI could have a buffering effect on EPs' experience of occupational stress arising through job insecurity relating to LA budget cuts and restructuring. AI is a type of participative action research (PAR) rooted in social constructionist epistemology. The 4-D cycle (Discovery, Dream, Design and Destiny) was undertaken over the course of 16 months. EPs reflections on their AI experience were collated via questionnaire. Positive outcomes of AI were found in terms of developing personal and collective practice, enabling effective communication with managers, strengthening relationships between colleagues, and enhancing feelings of agency and control. However, AI had a limited effect on stress relating to job uncertainty; reasons for this include the influence of the wider LA context and limitations of PAR interventions in contexts where participants cannot exercise participation or control, as well as issues with the timing of and time for AI. Critical reflections on each of the 4-D stages and suggestions for future applications of AI are discussed.

2.0 Introduction

"Every organisation has something that works right – things that give it life when it is most alive, effective, successful, and connected in healthy ways to its stakeholders and communities. AI begins by identifying what is positive and connecting to it in ways that heighten energy, vision and action for change." (Cooperrider et al., 2008; xv).

2.1 Appreciative Inquiry (AI)

Appreciative Inquiry (AI) is *"a philosophy that incorporates an approach, a process (4-D Cycle of Discovery, Dream, Design, and Destiny) for engaging people at any or all levels to produce effective, positive change."* (Cooperrider et al., 2008; p.xv). AI is an organisational development model developed in 1980 by David Cooperrider and Suresh Srivastva, and further developed with colleagues Diana Whitney and Jacqueline Stavros. AI has been applied in numerous different organisations, including British Airways and Save the Children (Cooperrider et al., 2008).

AI is a strengths-based approach allied to positive psychology, hence the term "appreciative". AI represents a shift away from traditional problem-solving approaches to change management; instead AI is based on the assumption that every organisation has some things that work well. AI starts by identifying these strengths (what *"gives life to an organisation's system when it's operating at its best"* Cooperrrider et al., 2008; p.xix) and uses them as the starting place for change. However, AI is more than just positive thinking; it is generative, creating momentum towards action. The *"positive effect in AI is more a means than an end"* (Fry, 2008). Appreciating 'what is' leads directly into inquiry about 'what could be' within a desired future i.e. exploration of shared meanings and possible future actions by members of the organisation. Bushe (1998; 2007; Bushe & Kassam, 2005) particularly highlights the importance of this generativity, and not simply using AI to focus on the positive.

AI is a participatory (or stakeholder) approach to organisational change and development. All members of an organisation cooperate together to identify the organisation's strengths and co-construct a desired future. Thus AI is not a top-down change process; it is *"a collaborative search to identify and understand the organisation's strengths, its potentials, the greatest opportunities, and people's hopes for the future."* (Cooperrider et al., 2008; p.151).

2.2 Philosophical principles and epistemological stance of AI

Cooperrider et al., (2008) outline 5 core principles central to AI's theoretical basis for organisational change. Firstly, the 'constructionist principle' reflects the epistemological foundations of AI. Social constructionism proposes that knowledge about ourselves and the

social world is 'constructed' through our interactions with others. Knowledge does not straightforwardly reflect an external reality, but is contingent on convention, human perception and social experience (Elliot, 2005). Realities are *"socially and experientially based, local and specific in nature (although elements can be shared among many individuals)"* (Guba & Lincoln, 1994; p.110). Thus reality is considered to be personal, subjective and unique; an assumption that stands in direct contrast to the positivist epistemology of more traditional, scientific approaches that consider reality as that which is objectively observable and tangible (Cohen & Manion, 1992). Whilst positivism may appeal as a more reliable source of 'truth', it is suggested that approaches rooted in social constructionism have greater value in relation to understanding (and changing) the social world. The ways in which individuals perceive and interpret the world will inform their actions; therefore in order to promote changes in human (and organisational) behaviour, the change process needs to take account of those perceptions. A fundamental social constructionism principle on which AI is based is that the language one uses creates one's reality. Thus the effective use of questions is critical to AI. Finegold et al (2002; p.235) surmise that:

> *"The theory of social constructionism informs this work asserting that individuals in relationship with one another can and will co-create an effective future when a positive inquiry into the heart and soul of the system, its greatest accomplishments and deepest values, generates new meaning and inspires new possibilities."*

The second principle of AI is the 'principle of simultaneity' which recognises that inquiry and change are not separate events but happen simultaneously: *"inquiry is intervention"* (Cooperrider et al., 2008; p.9). This means that simply by asking questions and engaging people in the initial stages of appreciation and discovery, 'seeds of change' are sown before action plans have even been considered. Thirdly, the 'poetic principle' suggests that human organisations are an 'open book', constantly changing. Therefore any aspect of human experience within the organisation is a potential topic for AI and members have this choice. Fourthly, the 'anticipatory principle' states that the current behaviour of any organisation is guided by the vision of the future. Expectations for the future motivate (or de-motivate) actions in the present. Thus to affect organisational change, there needs to be a shared discourse about the future. Finally, the 'positive principle' states that, *"momentum for change requires large amounts of positive affect and social bonding, attitudes such as hope, inspiration, and the sheer joy of creating with one*

another." (Cooperrider et al., 2008; p.10). Therefore, instead of focusing on the problems to be solved, AI considers 'what works' in order to encourage and motivate people to do more of it. AI therefore represents an alternative to the traditional problem-solving paradigm for organisational change (Finegold et al., 2002) (see Table 2.1).

Paradigm 1: Problem Solving	Paradigm 2: Appreciative Inquiry
"Felt need" Identification of Problem ⇩ Analysis of Causes ⇩ Analysis of Possible Solutions ⇩ Action Planning	Appreciating "Valuing the Best of What Is" ⇩ Envisioning "What Might Be" ⇩ Dialoguing "What Should Be" ⇩ Innovating "What Will Be"
Underlying belief: Organisation is a problem to be solved.	*Underlying belief: Organisation is a mystery to be embraced.*

Table 2.1: Two paradigms for organisational change, adapted from Cooperrider et al., (2008; p.16).

2.3 The 4-D cycle (Cooperrider et al., 2008)

The most commonly used model of AI is the 4-D cycle (outlined in Table 2.2) where each stage is based around an affirmative topic choice (i.e. the focus of the inquiry). Stage 1, the Discovery phase, involves the Appreciative Interview during which participants share stories and insights about past and present achievements, strengths, values, exceptional moments, competencies and so on. The following Dream phase involves sharing these individual stories with the whole group to create a shared vision of the group's potential. The Design phase involves collective co-construction of what the organisation could look like if it were designed to maximise the positive core previously discussed. Finally, Destiny phase involves action planning and implementation to enable the preferred future to become a reality (Kobayashi, 2005). Typically an AI will take two months planning, followed by 3-4 days activities based around the 3-D cycle (Discovery, Dream and Design stages) and several months of implementation and follow-up activities (Destiny stage) (Ludema & Fry, 2008).

AI stage		What happens?
• Affirmative topic choice	⇨	Selection of the topic that will become the focus of the intervention.
1. Discovery	⇨	Appreciate and value the best of what is i.e. what is positive about being here in order to act as a resource to enable strategies later.
2. Dream	⇨	Imagine and envision what might be i.e. what are we aiming to achieve?
3. Design	⇨	Co-construct how it will be in the future i.e. what is realistic to achieve in the next 6 months?
4. Destiny	⇨	Learn, empower and improvise to sustain it i.e. putting plans into action.

Table 2.2: The 4-D cycle model of Appreciative Inquiry (Cooperrider et al., 2008).

3.0 Literature review

3.1 Application of AI to promote organisational change

AI is usually applied as an organisational change and development model (Bushe, 1995; 1998; 2001; Cooperrider et al., 2008; Richer et al., 2009). AI may also be used as a model for evaluation (e.g. McNamee, 2003; Reed & Turner, 2005; Smart & Mann, 2003) and as a methodological framework for research interviews (Michael, 2005). AI has largely been applied in corporate settings (Dick, 2006) and health settings, frequently nursing (Carter, 2006; Carter et al., 2007; Farrell et al., 2007; Reed & Tuner, 2005; Reed et al., 2002; Richer et al., 2009) as well as in leadership and management (Hart et al., 2008) and community development (Finegold et al., 2002; Liebling et al., 1999; McAdam & Mirza, 2009; Smart & Mann, 2003). In education contexts, AI has been used to gather the views of pupils and teachers by engaging them in the research process (Calabrese et al., 2005; Carnell 2005), to undertake evaluation (McNamee, 2003) as well as to promote change (Clarke et al., 2006; Conklin, 2009; Doveston & Keenaghan, 2006). At the time of writing there were no published studies detailing the application of AI to promote change within the context of an educational psychology service (EPS).

Despite significant growth in the use of AI for organisational development, several researchers have warned that there is a lack of published evaluation of AI itself (Bushe & Kassam, 2005; Grant & Humphries, 2006; Van der Haar & Hosking, 2004) and furthermore, there is a danger

that with increasing popularity, AI could become a "fad phenomenon" and risk losing integrity in practice (Bushe & Kassam, 2005). Thus an acknowledged gap in the literature is robust evaluation studies to establish those aspects of AI which are fundamental to its efficacy and therefore non-negotiable for practitioners seeking to apply AI with fidelity to the programme. Grant and Humphries (2006) suggest that critical theory might offer one perspective from which to evaluate AI, whilst Van der Haar and Hosking (2004) suggest that the difficulties inherent in seeking to evaluate AI being a social constructionist approach, might be overcome using a 'responsive evaluation' approach.

3.2 Job insecurity and occupational stress

At the time at which the EPS in WCC started the AI with a view to developing and improving their practice, the wider local authority (LA) context was one of change and uncertainty. The global economic crisis was having knock-on effects at a local level, with budget cuts driving streamlining and re-structuring of services, expected to result in extensive job losses and for those remaining, radical changes to working conditions. Uncertainty associated with the aim, process, outcomes and implications of organisational change is recognised as a major source of psychological strain (Bordia et al., 2004a). The links between organisational change and individual stress levels are complex. Mack et al., (1998) propose the Dynamic Process Model as a framework for understanding the cyclical process and interrelationships between perceptions, stress responses and behaviour. The model appears to be (though not stated as such) aligned to the cognitive-behavioural theoretical domain i.e. illustrating how differing perceptions of the same triggering event (i.e. as a threat or a challenge) can lead to very different thoughts, feelings and consequent actions of those experiencing organisational change.

Gersch and Teuma (2005; p.220) define occupational or work-related stress as, *"that which derives specifically from conditions in the workplace (or exacerbated by such factors) and is thought to arise when workers perceive that they cannot adequately cope with the demands made on them, or with threats to their jobs and the circumstances in which they are carried out."* Whilst there is much research relating occupational stress to work load and/or pace, time pressures, conflicting demands and emotional tariffs of some job roles, for the purposes of this study we will be considering job insecurity as a particular and specific type of occupational

stress. Job insecurity may be defined as *"the subjectively experienced threat of involuntary job loss"* (Sverke et al., 2008; p.259) and is a qualitatively different experience from actual job loss for two main reasons. Firstly, it involves prolonged uncertainty and becomes an everyday experience; and secondly, it depends to an extent on individual's perceptions of the likelihood of job loss (i.e. is a more subjective experience than actual job loss) (Sverke et al., 2002; p.244). This is significant as it is a well established understanding in stress research that,

> *"…anticipation of a stressful event represents an equally important, or perhaps even greater, source of anxiety than the actual event…The expectation of, or confusion about, the occurrence of an event will…lead to heightened anxiety and impaired well-being."*

The consequences of job insecurity can be significant for the individual (e.g. sleep disturbance, chronic illness and minor psychiatric morbidity; Ferrie et al., 1998), as well as for the organisation (e.g. lost productivity, low morale and reduced workforce job satisfaction; Mack et al., 1998). Sverke et al. (2002) conducted a meta-analysis of 72 studies investigating outcomes of job insecurity. A summary of the different types of consequences relating to job insecurity is presented in Figure 3.1. The meta-analysis yielded statistically significantly relationships between job insecurity and all the factors/outcomes in Figure 3.1, except for performance which was non-significant. Particularly strong effects were noted between job insecurity and job satisfaction, trust and mental health. Thus it is suggested that job insecurity is likely to have a detrimental effect on psychological well-being and job satisfaction, as well as the workforce's attitudes toward the organisation and willingness to remain with the organisation. A limitation of this meta-analysis is that it did not take into account the moderating effects of demographic (e.g. status, age and gender) or personal (i.e. individual differences) variables.

		Focus of reaction	
		Individual	**Organisational**
Types of Reaction	**Immediate**	**Job attitudes** Job satisfaction Job involvement	**Organisational attitudes** Organisational commitment Trust
	Long-term	**Health** Physical health Mental health	**Work-related behavior** Performance Turnover intention

Figure 3.1: Types of consequences of job insecurity adapted from Sverke et al. (2002; p.244).

In relation to EPs specifically, it is suggested that job insecurity is a type of occupational stress that historically has not been experienced by the profession but in recent times has come to the fore as a dominating concern. Inspection of the three studies listed in Table 3.1 illustrates how job insecurity has not featured in research investigating the causes of stress reported by EPs. Nevertheless in my experience to date working within a local authority EPS, anxieties relating to job security and future working conditions have escalated rapidly, in line with equally rapidly developing organisational changes and risks of redundancy in the LA over the past 2 years.

Study	**Context**	**Causes of stress for EPs**
Wise (1985)	Questionnaire survey of school psychologists in the US *(N = 534).*	• Interpersonal conflict (e.g. staff disagreement with EP recommendations) • High risk to self and others (e.g. suicide or child abuse cases) • Obstacles to efficient job performance (e.g. inadequate admin support) • Public speaking • Time management e.g. backlog of reports • Keeping the district 'legal' • Hassles e.g. driving between schools • Professional enrichment e.g. CPD requirements • Insufficient recognition of one's work
Burden (1988)	Questionnaire survey of EPs in England *(N=20)* and Australia *(N = 34).*	English EPs results: • Incompetent and/or inflexible 'superiors' • Notification of unsatisfactory job performance • Not enough time to perform the job adequately • Threat of legal action • Potential suicide cases • Feeling caught between child's needs and administrative constraints • Child abuse cases • Work with uncooperative principles and other administrators • Conferences with resistant teachers
Gersch & Teuma (2005)	Questionnaire survey of EPs across 4 English local authorities *(N = 26).*	• Amount of work • Unpredictability of workload • Compromising on quality due to time demands • Competing demands (clients vs. service) • Meeting deadlines • Client expectations

Table 3.1. Summary of the research to date indentifying the main causes of stress for EPs in the UK, US and Australia.

3.3 Job insecurity and control

In research and in practice, organisations seeking to reduce the occupational stress experienced by employees often focus on the individual and developing their personal stress management techniques e.g. exercise, relaxation techniques, time management and cognitive/behavioural skills (Landsbergis & Vivona-Vaughan, 1995; Mack et al., 1998). However, consideration of the theoretical models presented in stress research suggests that, amongst other things, feelings of control are significantly related to levels of occupational stress experienced in the workplace (e.g. the Demands-Control model, Karasek, 1979). Bordia et al. (2004a; p.349) report that job uncertainty amidst service restructuring had both a direct and indirect (via feelings of lack of control) relationship with psychological strain: *"the reason uncertainty is stressful is because it leads to a feeling of lack of control".* Sverke et al. (2002) report that perceived control can moderate the negative outcomes associated with job insecurity (along with other variables including occupational status, type of insecurity, gender, mood dispositions, social support and union membership). In a review of the literature, Bond and Bunce (2001) suggest that increased job control is related to reductions in anxiety, psychological distress, burnout, irritability, psychosomatic health complaints, alcohol consumption and absenteeism. Furthermore, within Mack et al's (1998) Dynamic Process Model, locus of control is included as a moderating variable influencing the perception and stress response of individual's experiencing organisational change. Thus as an established and influential variable in the overall experience of occupational stress, sense of control can be raised through increasing the extent to which people have discretion and choice in their work, improving communication, clarifying roles (Bond & Bunce, 2001) as well as increasing participation in decision-making and developing job autonomy (Landsbergis & Vivona-Vaughan, 1995).

3.4 Participative Action Research (PAR)

One way in which the stress related to job uncertainty may be reduced is through the application of organisational development interventions that encourage participation in decision-making and increase employees sense of job control (Bond & Bunce, 2001; Bordia et al., 2004b; Landsbergis & Vivona-Vaughan, 1995). Participative Action Research (PAR) is one such approach to organisational change and development. PAR methods promote equality between the

researchers/facilitators and organisation members throughout the change process and in so doing are reported to generate more positive outcomes in relation to occupational stress (Karasek, 1992). PAR emphasises employee's role, input and control in the organisational change process and as such has potential to help reduce occupational stress. Other models for organisational development do not allow the employees to influence the process, and indeed the changes, as much yet it is the active participation aspect that is so important within the experience of occupational stress. Mack et al. (1998) suggest that often individuals do not know what to do in response to organisational change and that because of the cyclical nature of stress responses, taking some action, any action will produce some difference in perceptions and affect, hopefully positive.

Despite this reasonable theoretical basis for applying PAR as an intervention to reduce occupational stress, the research to date has not been so convincing. Landsbergis and Vivona-Vaughan (1995) report very mixed outcomes of a PAR organisational development intervention and no significant improvement in stress-related outcomes; however they discuss numerous organisational obstacles and contextual variables influencing the process. Bond and Bunce (2001) report that a PAR intervention designed to improve stress-related outcomes by increasing people's job control specifically, resulted in significantly improved mental health, sickness absence rates and self-rated performance at a 1 year follow-up. However, no significant change in job satisfaction was found.

AI is a type of PAR (Dick, 2006) and as such may be well suited to increasing feelings of control and participation in decision-making for members of an organisation. It is hypothesized that AI will be a particularly effective intervention to support employees at times of uncertainty, because as previously outlined, job insecurity is at least partially a subjective stress experience and AI is philosophically rooted in social constructionism i.e. an appreciation that engaging with individuals' perceptions and personal realities is key to change. Furthermore, in both the previously cited studies (Bond & Bunce, 2001; Landsbergis & Vivona-Vaughan, 1995) decisions were made by committee members representing the workforce. All members of the organisations were offered the opportunity to be on the committee but nevertheless this meant that not all of the people whom change affected were involved in designing that change. Whilst this was necessary due to the workforce size and limitations of the PAR methods used in these

studies, AI involves all members of the organisation and therefore is arguably more likely to be successful through enabling the participation of all.

3.5 This study

The primary aim of this project was to pilot the application of AI in a local authority EPS as a means of facilitating organisational change and improving our practice. However, a secondary aim emerged during the pilot as to whether AI would have a buffering effect on EPs' experience of occupational stress relating to job insecurity. It was hypothesized that increasing EPs' feelings of control amidst wider LA restructuring, through their participation in an AI, may moderate the negative effects of job insecurity.

4.0 Methodology

As described in the previous chapter, AI is a philosophy and an approach to organisational development (Cooperrider et al., 2008); a type of participative action research (PAR) (Dick, 2006; McAdam & Mirza, 2009; Reed et al., 2002) rooted in social constructionism (Finegold et al., 2002; Van der Haar & Hosking, 2004). The primary purpose of this report was to document the process of change using AI within the context of an EPS. This was considered a worthwhile venture given the identified gap in the literature. As part of this endeavour reflections from the participating EPs regarding their AI experience were collated, in order to inform future developments and applications of AI. A secondary aim was to explore any links between EPs' experience of AI and experience of occupational stress resulting from job insecurity at the time the AI was conducted. With these aims in mind the following section provides an account of both the process and the evaluation of AI in an EPS context.

4.1 An account of AI as applied to an EPS

The AI commenced in November 2010 and was ongoing at the time of writing (May 2012). The key stages of Discovery, Dream, Design and Destiny took place at Professional Development Meetings (PDMs) in November 2010 and January 2011. PDMs involve all members of the service and occur on a 6 weekly basis. The implementation of action plans and follow-up activities then

continued over the following 16 months, as would be expected according to the 4-D cycle. Table 4.1 provides an overview of the main events within this AI timeline.

Date	Action/event
2010	
8th Nov	AI Planning Group meeting (PEP, 1 x SEP, 2 x EPs, 2 x TEPs).
17th Nov	PDM: AI stages 1 & 2 (Discovery & Dream).
15th Dec	PDM: No AI action.
2011	
5th Jan	AI Planning Group meeting (same team as previously).
26th Jan	PDM: AI stages 3 & 4 (Design & Destiny).
23rd March	PDM: Time for small groups to clarify & complete stage 4 action plans.
11th May	PDM: No AI action.
8th June	PDM: Written Communication group give presentation & facilitate activity. Additional time given for small groups to update/continue developing actions.
20th July	PDM: Communication with Schools group give presentation & facilitate activity. All 4 small groups feedback to the whole service re: AI actions to date.
14th Sept	PDM: No AI action.
12th Oct	PDM: 30 min slot in small groups to follow-up/review AI work & progress.
23rd Nov	PDM: 15 min slot in small groups to review & discuss recommendations for PSG to discuss on 15th Dec with view to piloting from January 2012. Each small group feedback to the whole service re: proposed pilots.
15th Dec	PSG: Discussed all recommendations/actions put forward by AI small groups.
2012	
22nd Feb	PDM: Communication with High schools group update service re: PBAS pilot.
21st March	PDM: Questionnaire evaluating EPs experience of AI administered.
16th May	PDM: Peer Supervision group feedback to service re: pilot study & focus group.

Table 4.1: Key events in the Appreciative Inquiry process at WCC EPS taking place between November 2010 and May 2012.

4.1.1 Rationale and planning the AI

The Psychology Steering Group (PSG), which is made up of the Principal EP and 3 Senior EPs, agreed for a maingrade EP (AL), to pilot AI within the service. A small group of EPs were asked to be involved in the AI planning group. Planning teams should be made up of representatives of all levels and sections of the organisation in order to work most effectively (Cooperrider et al., 2008). The planning group was made up of the Principle EP, one Senior EP, two maingrade EPs and two Trainee EPs (including myself), together representing all three Area Teams (South,

North West and North East). The maingrade EP with special interest in AI, and previous experience facilitating the process in a school, broadly led the AI throughout.

The planning group met on 8.11.10 to discuss the topic for inquiry. The original suggestion made by PSG was 'communication' with a focus on report writing and psychological advices. This suggestion was made for a number of reasons, including: a) as a response to the Lamb Inquiry and National strategies suggestion that statements of Special Educational Needs (SEN) need to be more specific in terms of the objectives and strategies; b) the Local Authority's own SEN Service request to the EPS that EPs support SEN statement workers by supplying more specific psychological advices; and c) a growing awareness in the service itself of the variance in style and practice across and between Area Teams in written communication especially (statutory and non-statutory paperwork). It was hoped that the AI would help improve this area of the organisation's practice; that the AI would help uncover the range of good practice that already existed within the service, such that it may be shared and developed.

Through discussion of our own ideas and experiences relating to communication, the planning group generated five broad topics relating to the types and purposes of EP communication. These were: 1) consultation (empowering); 2) written communication (as a catalyst for innovation and change); 3) informal communication (integrity in action); 4) training and projects (changing perspectives); 5) meetings and supervision (optimistic and affirming). It was immediately apparent to us that the focus for AI had become broader than that originally intended by PSG, however this was not considered to be a problem at this point because AI needs to be relevant and meaningful to those participating. Whilst PSG had made their suggestion which had fuelled discussion, AI cannot operate as a top-down management process; *"topics should always be driven by genuine curiosity" (AL).*

Having clarified the topics for inquiry, the planning group then created the Appreciative Interview Guide (see Appendix A). Appendix B gives some further notes on the design of the guide, the purpose of which was to provide EPs with a structure for the Appreciative Interview during the initial Discovery stage of the AI.

4.1.2 Stage 1: Discovery

Stages 1 and 2 of the AI took place during the November PDM (17.11.10). AL gave an initial presentation setting the scene for AI. Following this EPs were asked to form pairs with another EP whom they do not usually work with i.e. suggested pairing up with someone from another team (S, NW, NE) or different stage in career (TEP, EP, SEP or PEP). It was important to start the AI with paired interviews for five main reasons (Ludema & Fry, 2008; p.286). Appreciative interviews:

1. Give everyone an equal voice;
2. Establish a model of sharing and listening in a deeply focused way;
3. Offer every participant a chance to explore their own thinking in the relative safety of a one-to-one dialogue;
4. Quickly generate a deep sense of connection amongst participants;
5. Draw out the appreciative foundations of the work to be done.

The pairs used the Interview Guide (Appendix A) as a starting point and aid-memoire for discussion with the overall aim of discovering our individual and collective best experiences of effective communication which has led to positive change. A key aim of the interviews was to be genuinely curious about each other's positive experiences so that from these stories the group as a whole could build some visions of how we would like to work in the future. Thus it was hoped that the inquiry as a whole, and especially the initial Discovery stage, should be a process of celebration that is affirming and optimistic for those involved.

Following the interviews, each pair formed a group of 6-10 EPs (with other pairs) and shared their best stories and quotes relating to the five communication topics. From these stories, the group agreed on the key themes (or success factors) that were emerging from their collective experiences and recorded these on the AI Interview Summary Sheet (see Appendix C for example of a completed sheet from one group).

4.1.3 Stage 2: Dream

During the same afternoon session and after a coffee break, the small groups then moved on to discuss their greatest hopes and wishes for the future of the service, based on the themes emerging from previously shared stories. Each group was asked to creatively develop and illustrate their ideas for feedback to the other groups. A range of creative materials were available for this activity including rolls of paper, coloured pens and markers, scissors and glue.

Group 1 performed a sketch relating to written psychological advices for statutory assessment. Group 2 created a model representing the process and benefits of peer supervision. Group 3 performed a physical demonstration relating to the different elements of effective consultation. Group 4 created a picture collage reflecting an ideal future for service delivery to schools. This stage of the AI was concluded with each group presenting and explaining their ideas to the whole service.

4.1.4 Follow-up Planning Group meeting

Following the Discovery and Dream session the AI planning group met again on the 5.1.11 to reflect on the session and plan the next Design and Destiny session. During the Dream stage we had ensured that each of the 4 groups had at least one member of the planning group within it. This person took responsibility for collating the themes, stories and visions emerging from that group during the Discovery stage within the agreed proforma (see Appendix C). That person also took responsibility for summarising the key messages of the Dream stage presentations through checking back with group members via email following the PDM. This information was then fed back into the Planning Group meeting to inform the Design and Destiny stages.

On the basis of the four presentations that had concluded the Dream stage as well as information from the Interview Summary sheets, the Planning Group extracted four main themes that had emerged as key hopes for the future. These were as follows: 1) more satisfying statutory work (written communication); 2) more formalised peer supervision (communication between ourselves); 3) schools understand how we work (communication with schools); and 4) more confidence in High Schools (communicating our expectations).

The Planning Group then emailed all EPs with descriptions of each of the four themes (see Appendix D) and requested that each EP reply with their preference for a group they wished to be part of for the Design and Destiny stages of the AI. People were encouraged to choose the idea they felt most passionately about. Regrouping people around the areas they most wish to work on for the Design and Destiny stages is an essential aspect of AI (Ludema & Fry, 2008) with people most likely to gravitate towards those areas in which they have most expertise and can make the greatest contribution.

4.1.5 Stage 3: Design

Stages 3 and 4 of the AI took place during the January PDM (26.1.11). The purpose of the Design stage is to identify our ideal future and co-construct this design. EPs gathered into their new groups according to the preferences they had expressed via email. Each of the four groups was dedicated to developing one particular area of communication. The first step was to create 'provocative propositions' that describe what the dreams would look like when working successfully. Time spent specifying what an ideal future looks like would help the action planning process at the Destiny stage: *"It is stories of the future that create the present more than the stories of the past"* (McAdam & Mirza, 2009; p.180). Drafts of the 'provocative propositions' were then shared by the small groups with the wider group, who in turn provided feedback to help refine the statements further. This was an important process to ensure that the AI remains collaborative and that 'provocative propositions' represent the whole group's dreams, not just those of the small group working on them. Groups were provided with supportive and explanatory prompt sheets to focus and guide this stage of the process.

4.1.6 Stage 4: Destiny

The purpose of the Destiny stage is to find innovative ways to make the Dreams happen. Following a coffee break at the PDM, the small groups were encouraged to use the 'provocative propositions' to create short-term targets and key actions for implementation. Action plans were created with each member of the group taking responsibility for action(s) they felt enthusiastic about. As before a prompt sheet was provided to help groups understand and approach the

Destiny stage of the inquiry. Due to a general consensus that groups had not managed to complete the Destiny stage during the January PDM to an extent that could be acted upon, additional time was allocated for this in the March PDM. On 23.3.11, AL provided a brief presentation reminding everyone where each small group was in relation to 'provocative propositions' and action plans (see Appendix E). This was particularly necessary given many part-time colleagues attend some but not all PDMs. EPs then re-assembled in their small groups and consolidated their 'provocative propositions' and action plans.

Once action plans had been agreed and fed back to the wider group, one member of each group volunteered to be part of a steering group that would monitor the implementation of the actions over the following 6 months and share best practices.

4.1.7 Implementation and follow-up activities

Following the PDM sessions that facilitated the 4-D cycle of AI, responsibility for action was transferred to the groups, and ultimately individuals, in the EPS. The ongoing process of follow-up activities continued over a period of approximately 16 months. Each group organised themselves via e-mail or meetings. Throughout this time, slots at PDMs were given to ensure EPs could re-group to discuss action plans and update each other, as well as the service, on their progress. This happened at June, July, October and November PDMs (8.6.11, 20.7.11, 12.10.11 and 23.11.11). As a result of their activity, groups were asked at the November PDM (23.11.11) to finalise the recommendations for action that they wanted to submit to PSG for approval. As part of this process each small group updated the whole service on their actions and proposals so the process remained as collaborative as possible and so that all were aware of any potential changes that would apply to them in near future. See Appendix F for a summary of each small group's actions during this time.

4.2 Evaluation of EP experience of AI

As a member of the original Planning Group I suggested evaluating EPs experience of AI in terms of whether they had enjoyed it, whether they perceived it be effective in facilitating positive change and how they would suggest improving the process for future applications. As the

literature review reflects, I became particularly interested in whether AI had helped mediate feelings of stress relating to wider LA restructuring of services with the associated risk of redundancies. A questionnaire was designed (see Appendix H) with the aim of eliciting enough information so as to be meaningful, whilst also remaining brief (i.e. contained to two sides of A4, one sheet when printed) to encourage completion. Questions 1 and 2 made use of Likert-type scales along which EPs indicated the extent of their agreement with various statements relating to the overall AI process (Question 1) as well as the individual 4-D stages (Question 2). Questions 3 and 4 were optional and asked EPs to provide suggestions of ways in which the process might be improved in future (Question 3) and suggestions for topics of inquiry in the event of another AI being undertaken by the service (Question 4).

The purpose of the questionnaire was explained to EPs at the March PDM (21.3.12). EPs completed the questionnaire during this meeting and their responses were anonymous. I subsequently emailed EPs absent from the PDM with an electronic copy of the questionnaire to complete. 21 questionnaires from a potential 29 EPs in the service were completed; a return rate of 72%.

4.3 Ethical issues

In human research, gaining the voluntary informed consent of the participants is critically important (BERA, 2004). In this project, EPs were not given a consent form to sign as such because the AI was first and foremost part of their routine continuing professional development activity facilitated through PDM meetings. The research and evaluation aspect of the AI was an 'add-on' to this service development activity. Nevertheless, the content and purpose of both the AI and the evaluation were explained to EPs at various points during the PDMs. Due to the positive, solution-focused nature of AI it is highly unlikely that participants would experience any distress or harm as a consequence of participation. Nevertheless, if for any reason EPs did not want to participate, and so did not attend PDMs during which AI activities were taking place and/or did not return a questionnaire, then there was no follow-up pressure or negative consequences in them so doing.

5.0 Results and Discussion

It should be noted in the following discussion of questionnaire results that not all EPs attended all stages of the AI due to being part-time colleagues, sickness or maternity leave. Part-time colleagues pro-rata their attendance at PDMs according to their contracted hours and therefore are not present at all PDMs.

5.1 EP experience of AI as an organisational development process

Figure 5.1 illustrates the degree to which EPs agreed with various statements about AI presented in Question 1 of the questionnaire. Inspection of this graph suggests that the majority of EPs had a highly positive experience of AI in numerous different respects. Table 1 in Appendix I details the percentages of agreement for each questionnaire item.

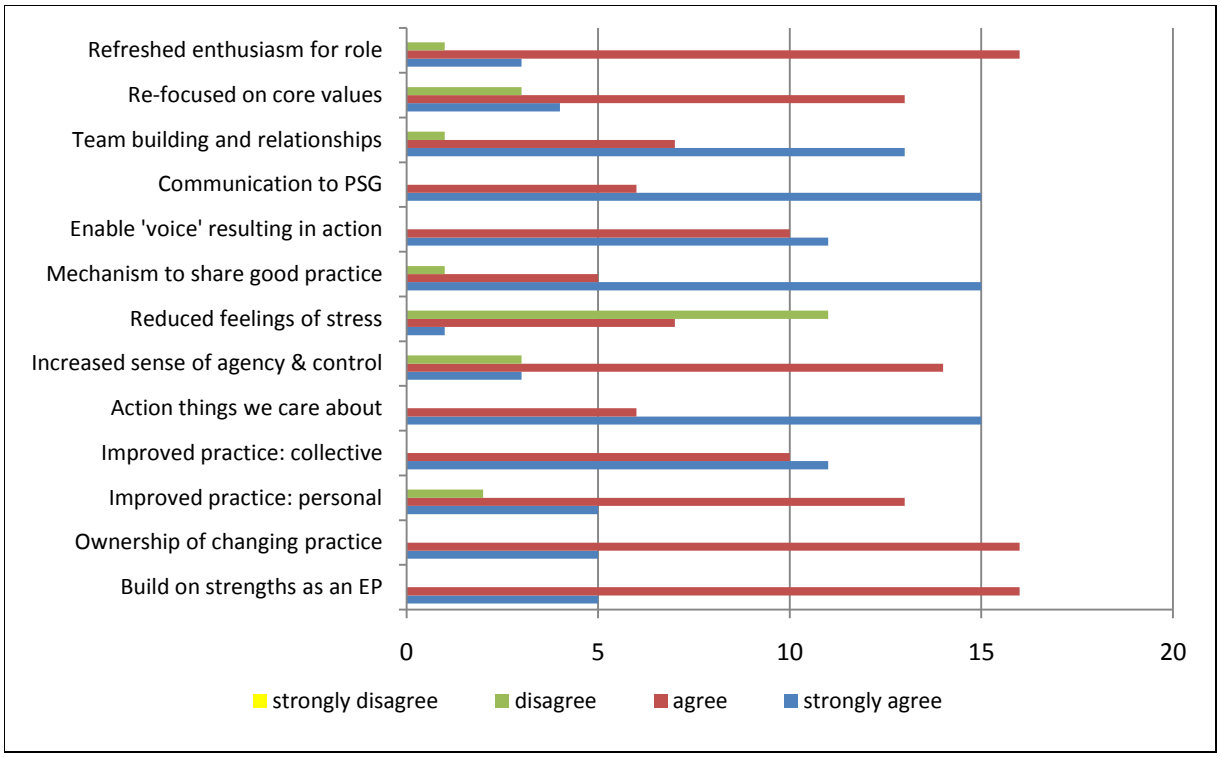


Figure 5.1: Responses of EPs to Question 1 of the AI evaluation questionnaire (N=21).

In particular it is noteworthy that every statement in Question 1 received 81-100% 'strongly agree' or 'agree' responses from EPs, with the exception of 'Reduced my feelings of stress amidst

wider LA restructuring' which received only 38% 'strongly agree' or 'agree' (discussed further in the section 5.2). The graph in figure 5.2 illustrates this finding.

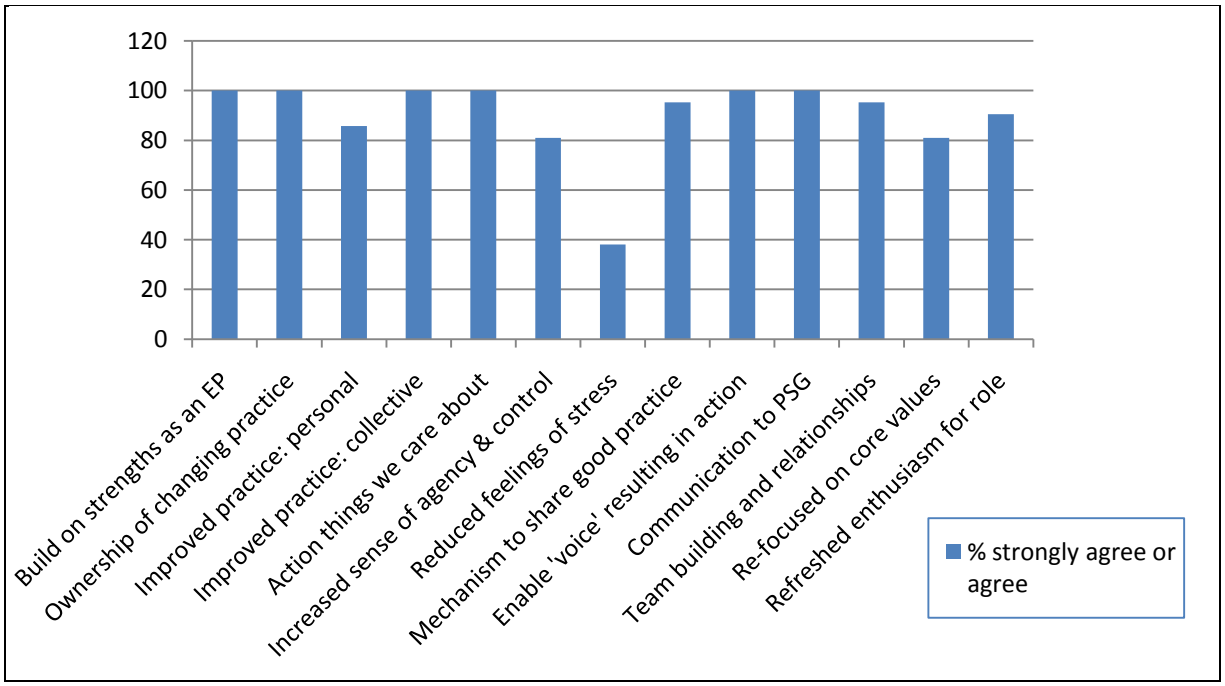


Figure 5.2: Percentages of EPs who 'strongly agreed' or 'agreed' with each statement about the AI process in Question 1 of the evaluation questionnaire (N=21).

The three most 'strongly agreed' with statements, and therefore valued aspects of AI were: enabling EPs to improve and/or 'action' the things they care about; providing an effective mechanism by which good practice was shared; and enabling EPs to communicate ideas and values to managers (PSG). Indeed during group discussion during the March PDM (23.3.11) EPs reflected that AI had proved a "good vehicle" for all members of the service (as opposed to just PSG) to contribute towards how they want to practice, whilst others reported feeling inspired to use AI for systemic work in schools to “invigorate change”, having now experienced the process for themselves. The most universally agreed upon value of AI (i.e. 100% of EPs either strongly agreed/agreed) was that it enabled them to: recognise and build upon their strengths; take ownership of change in their practice; improve the effectiveness of the service's collective practice; improve and/or 'action' the things they care about; have a 'voice' that resulted in action; communicate ideas and values to managers (PSG) (see Figure 5.2).

Thus, when applied as an organisational change model within an EPS, AI was valued by EPs for two key reasons: enabling ownership of action and facilitating communication within the organisation. Firstly, action was a key theme in terms of AI providing a means by which the issues EPs cared could become reality and furthermore, they could take ownership of the actions affecting their practice. Secondly, communication was enabled through AI in terms of facilitating 'bottom-up' communication from organisation members to management, which (based on my experience working within the service) was a contrast to the usual (and arguably necessary) 'top-down' management style that had dominated recent PDMs (i.e. information sharing and direction largely relating to LA and service delivery changes). Furthermore, the AI facilitated communication between peers/colleagues doing the same job in the organisation. EPs responses reflected an appreciation of the opportunity to share practice and consequently to improve their individual and collective practice.

Generally EPs reported very positive experiences of engaging with each of the four AI stages (Question 2). Figure 5.3 illustrates that all colleagues (100%) felt they had engaged with and enjoyed the Discovery stage of the AI either 'very much' or 'quite a lot'; 80% the Dream stage, 87% the Design stage and 94% the Destiny stage.

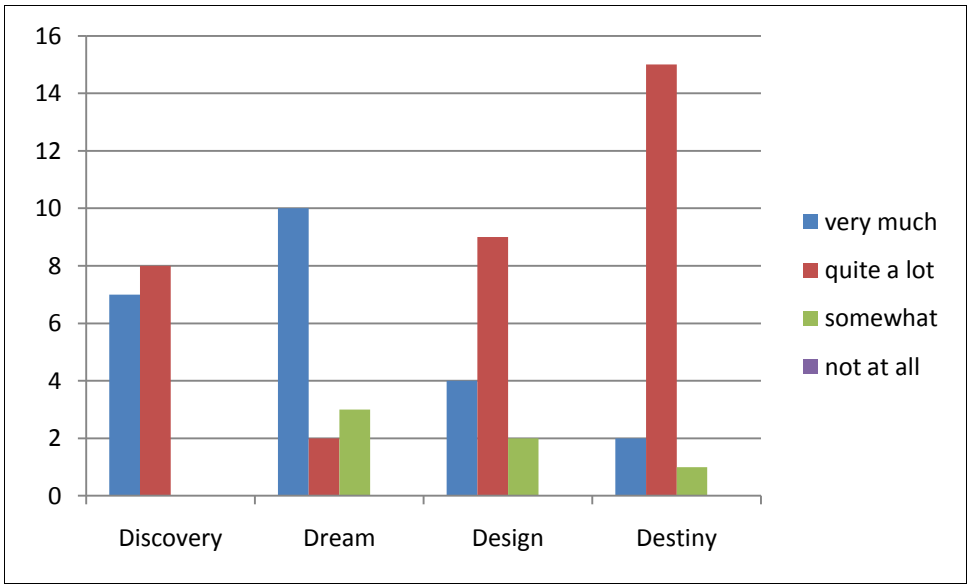


Figure 5.3: Responses of EPs to Question 2 of the AI evaluation questionnaire indicating the extent to which they felt they engaged with and enjoyed each of the 4 stages of the AI.

However, EPs' responses to Question 3 (see Table 5.1) suggest that despite the high levels of enjoyment and engagement with AI, time was a critical issue throughout the stages, and most especially at the Destiny stage. EPs reported feeling the process was rushed and they needed more time to understand what they were doing and to develop the ideas they had been discussing. Numerous EPs reflected that completing the actions linked to the plans created during the Design stage was problematic, both in terms of time to do them alongside routine job requirements and the logistics of coordinating with other group members. Other areas for improvement to AI applied to an EPS are also detailed in Table 5.1.

Suggestions made by EPs to improve the AI process

Discovery

- More time to spend on Discovery and Dream stages.
- More time spent on the Discovery stage – felt like we moved to Dream/Design very quickly.
- Topic choice more invigorating/exciting/intriguing. Maybe allow initial topic to be more general so that EP practice 'high points' not restricted in any way.
- Thinking about a way which could enable people to do the initial interviews with someone they felt comfortable with, rather than just whoever was next to them at the time e.g. some colleagues felt uncomfortable working with SEP or PEP.
- Some issues with timing of the start to AI – when anxiety re jobs at risk was high – personally this made it a harder process to initially engage with – but easier once started!

Dream

- More time to spend on Discovery and Dream stages.

Design

None

Destiny

- Further presentations of what each group have done at PDM.
- More dedicated time e.g. in team meetings.
- Making group follow-up easier or enabling more time for this (i.e. activities between PDMs – can be difficult with part-time colleagues, other offices).
- Specific time allocated – felt a bind when trying to fit in actions around day to day work.
- Greater liaison with small groups.
- Developing a better structure in terms of getting the action points implemented.
- Protected time to work on the process outside PDMs.
- Allocated time to follow through actions in small groups.
- Set aside more meeting time to work on follow-up activities in groups as it was difficult to find time to meet.

General:

- Recap for 'new' members – but then I didn't ask for one!

- With hindsight I would like to have known some more of the theory behind AI. I think that would have helped me to understand the process more.
- Find a way to ensure groups are not so changeable between PDMs (difficult to maintain consistency of ideas/actions with variable attendance of part-time colleagues).
- More time!!
- Not sure whether having the sessions during the restructure was inspired or really awkward timing! Still enjoyed it though.

Table 5.1: EPs suggestions for improvements to the AI (verbatim quotes from responses to Question 3 of the AI evaluation questionnaire).

Finally, Table 5.2 lists suggestions made by EPs for future topics of inquiry, should the service or indeed other educational psychology services undertake another AI.

Suggested topics for future Appreciative Inquiries
• Creativity and/or change.
• Open to anything!
• How to market our service to a wider audience – potentially outside the LEA or within.
• I love the process and would be open to any topics ☺
• Liaison with CAMHS colleagues.
• Working with/supporting – liaising with SEN Services.
• File management and data protection.
• Procedural issues and consistency of delivery between teams.
• SLA (Service Level Agreement).
• Managing workload effectively.
• Working more preventatively within the new SLA's.
• Project work and specialism time.
• How best to "add value" in out involvement with service users.
• Pre-school work.
• High school EBD casework.
• Gaining a meaningful child's 'voice' in casework.

Table 5.2: EPs suggestions for future topics of inquiry (verbatim quotes from responses to Question 4 of the AI evaluation questionnaire).

5.2 EP experience of AI as a process to reduce occupational stress related to job insecurity

It was hypothesized that increasing EPs feelings of control amidst wider LA restructuring, through their participation in an AI, may moderate the negative effects of job insecurity. However, only 38% of EPs 'strongly agreed' or 'agreed' that participation in the AI had 'Reduced my feelings of stress amidst wider LA restructuring' (see Figure 5.4). However, 81% 'agreed' or

'strongly agreed' with the related item, AI 'Gave me an increased sense of agency and control amidst wider LA restructuring' (see Figure 5.5). As discussed further in section 5.3, the AI did make some additional demands on EPs' time and resources, most especially during the Destiny stage. Therefore it is suggested that AI did increase EPs sense of personal agency and empowerment amidst LA changes done 'to' them and around them, however AI did not reduce EPs stress per se because it was experienced as another demand on their time. EPs feedback would suggest that they enjoyed the process and perceived its value in terms of organisational development, however they also felt the pressure of it being another task 'to do'. These findings highlight a subtle difference between processes that increase feelings of agency and empowerment in the workplace and processes that reduce occupational stress. This study would suggest the two variables do not necessarily occur simultaneously. A challenge remains in striking the balance between providing an intervention that has potential to reduce stress through empowering activities and ensuring that intervention does not inadvertently increase stress through being perceived as another demand placed upon already stretched resources for coping.

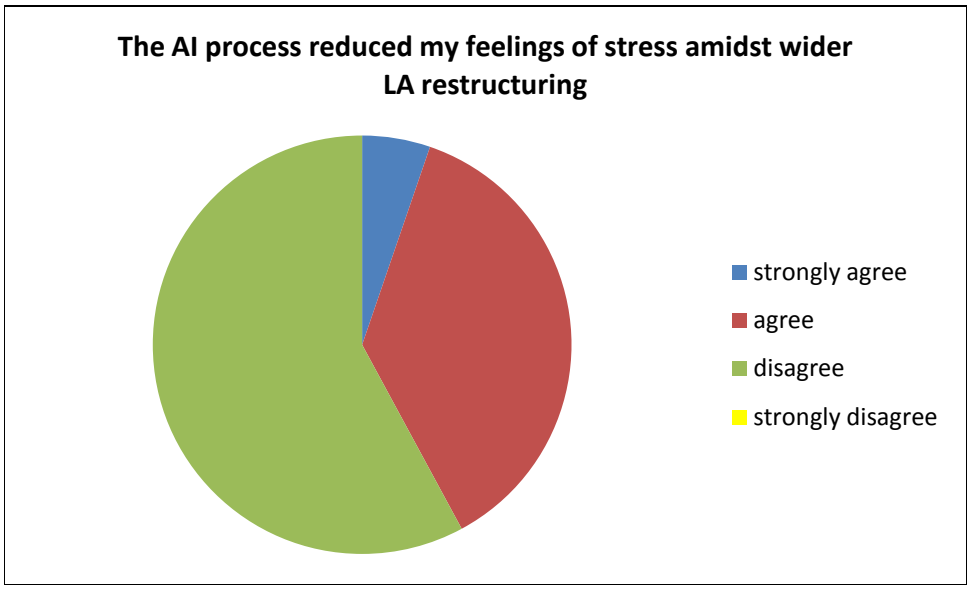


Figure 5.4: EPs responses to item 7 Question 1 of the AI evaluation questionnaire (N=21).

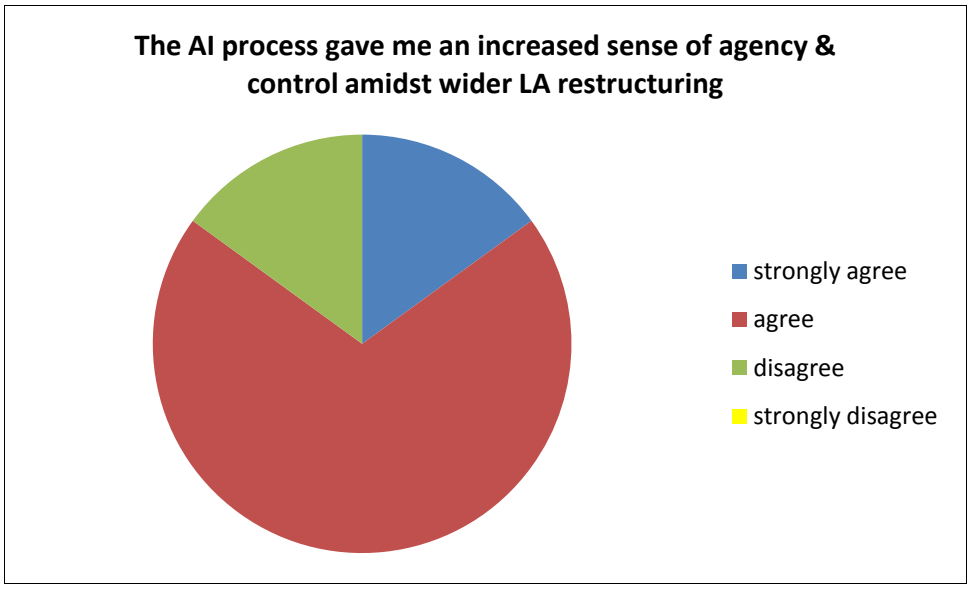


Figure 5.5: EPs responses to item 6 Question 1 of the AI evaluation questionnaire (N=21).

Furthermore, as anticipated the LA context in which the AI took place (one of budget cuts and restructuring) was a significant influence on the success of the process. During group discussion in which the EPs were encouraged to reflect on the AI experience so far (March PDM, 23.3.11) one EP reflected on the "good timing" of the AI for the EPS. This EP along with several others, appreciated the opportunity to be active (e.g. "grappling" with issues relating to how they want to work) rather than passive at a time of uncertainty and stress. EPs felt that AI enabled them to think about how they could make the new ways of working being imposed upon them, 'work' for the best. Furthermore, EPs enjoyed having a 'voice' at least within their service context through the AI, at a time when they felt relatively powerless within the wider LA context in which decisions were being made by senior managers i.e. maintaining some sense of control. However, conversely some EPs reported (via the questionnaires and not during group discussion) finding it difficult to fully engage with the Dream stage at a time of stress and pressure, most especially regarding risk of redundancies. Responses to Question 3 (see Table 5.1) suggest that some EPs were not convinced of the purpose or value in dreaming about ideal work practices given the wider LA circumstances that may result in there being no job in which to enact this ideal future. One EP wrote that they experienced *"Some issues with timing of the start to AI – when anxiety re jobs at risk was high – personally this made it a harder process to initially engage with – but easier once started!"*. Another reflected *"Not sure whether having the sessions during the restructure was inspired or really awkward timing! Still enjoyed it though."* This comment reflects

the (understandable) ambivalence that characterised some EPs engagement and commitment to the AI.

Landsbergis and Vivona-Vaughan (1995) also applied an organisational change model with the aim of reducing occupational stress in a public agency setting and reported that a *"major agency reorganisation"* limited the positive impact of the intervention. In particular, they cite lack of participation in decision-making and insufficient communication (at the organisational, not departmental level) as being particular obstacles to effective stress reduction: *"A crisis atmosphere has negative implications for organisational development or similar reform efforts."* (p.45). Furthermore, they observed that *"…despite the potential for organizational reform to reduce stress and improve health, macro economic factors…provide impediments to union and employer stress reduction programs, especially in the public sector…Federal and state budget deficits result in increased job insecurity, reduced public agency staffing, and increased workload"* (p.46). Similarly, the effectiveness of the AI within WCC EPS was hindered by anxieties relating to organisational change at the wider LA level, a prevailing atmosphere of uncertainty and confusion (due to lack of involvement and meaningful communication), as well as reduced staffing and increased workloads due to previous and ongoing budget cuts.

Furthermore, Landsbergis and Vivona-Vaughan (1995) suggest that organisational change processes (such as AI) are effective in reducing occupational stress in two ways: 1) modifying the objective stressful conditions in the social and/or technical environment (i.e. enabling actual change); and 2) enabling an active learning process for workers through which they feel they are affecting positive change, have an increased sense of control and influence, have developed their skills and strengthened relationships with co-workers (i.e. the positive subjective experience). The results of the questionnaire suggest that in the present study the AI was effective in achieving the latter but not the former. Questionnaire results illustrate that participation in the AI strengthened relationships between members and improved practice through sharing as well as enhancing feelings of agency and control. However, the AI did not have power to alter the wider (and fundamental) LA issues that represented the biggest concerns facing EPs i.e. threats to their jobs and working conditions.

Thus, whilst organisational change models may demonstrate potential to reduce occupational stress (Bond & Bunce, 2001; Bordia et al., 2004b; Landsbergis & Vivona-Vaughan, 1995), the limitations must be acknowledged and other ways to reduce occupational stress related to job insecurity explored. Bordia et al. (2004a&b) suggest that communication is vital in managing employees' uncertainty, sense of control and job satisfaction during change e.g. keeping employees informed about anticipated events and clarifying job roles. However, whilst increased communication may reduce uncertainty, it may also reduce morale depending on whether the information shared is good or bad. Mack et al. (1998) suggest that providing social support can mediate the negative effects of job insecurity, through increasing self-efficacy with encouragement from others, providing some positive feedback and stopping individual downward spirals.

Future studies exploring the relationship between AI and occupational stress should use pre and post-measures to demonstrate impact. The Occupational Stress Indicator (Cooper et al., 1988) or Job Content Questionnaire (Karasek et al., 1985) used by Bond and Bunce (2001) are two such measures. This was not done in this study as the original aim of the AI was to promote organisational change and its hypothesised effects on occupational stress emerged through feedback and discussions during the process itself (i.e. too late to administer pre-measures).

5.3 Critical reflections on the AI process

In addition to the areas for development highlighted through EPs responses to the questionnaires (Table 5.1), it was possible being a member of the Planning Group to reflect on the process of applying AI in terms of the relative strengths and difficulties encountered at each stage as well as the process as a whole.

Firstly, it was clear that clarity was an issue. There was a need for greater clarity regarding the aims of AI and underlying philosophical principles prior to commencing the process, as well as greater clarity at each stage in terms of the purpose and format of each. Attempts were made to provide this clarity (see Appendices C, D and E), however due to variable attendance of some service members as well as the gap in time between the Discovery/Dream session and Design/Destiny session, a sense of clarity was still lacking for some.

Secondly, there emerged a general consensus that there was not enough time to complete each of the four stages of AI adequately. Ludema and Fry (2008) suggest that Discovery, Dream and Design stages should be completed in 3-4 days of activities; however we took two afternoons to complete these. At the Discovery stage it seemed that more time would have benefited the group as a whole, being unfamiliar with AI and taking time to warm to the process. Pairs had to cut short the Appreciative Interviews in order to move on to the Dream stage group work, therefore with more time much more material could have been generated at this initial stage to support the subsequent stages. Similarly, during the Dream stage groups were very enthusiastic embracing the positive and creative aspects of the AI, however discussions had to be rushed in order to feedback to the larger group by the end of the afternoon. The group presentations that concluded this session might have had more clarity and focus (which would have benefited the Design stage) had groups had more time to work out their 'visions'. During the second session, most small groups spent the majority of time working out their 'provocative propositions' (Design stage) and ran out of time to create targets and action points (Destiny stage). However, the service could not afford to take all EPs out of 3-4 full days of routine 'patch work' with schools and this reflects the reality of applying theory in practice. Whilst lack of time was not ideal and certainly a barrier to achieving more, this project also demonstrates what can be achieved implementing AI in contexts where time is limited and timescales not ideal.

Thirdly, attendance was a key issue in the smooth running of the AI. As previously noted several colleagues were not present for all stages of the AI due to part-time contracts, sickness or maternity leave. Indeed 4 out of the 21 respondents to the questionnaire had not attended any of the Discovery, Dream or Design stages of the AI and yet were involved in the small group activities undertaken at the Destiny stage. Whilst this reflects admirable commitment to the service and its activity, one might suggest that effective organisational development requires all participants to understand the rationale that underpins their activity. Indeed having reviewed 20 cases of AI, Bushe and Kassam (2005) conclude that in order for AI to be truly transformational, the focus needs to be on changing how people think instead of what people do i.e. participation in the process and not just the actions. Furthermore, variable attendance of some members was problematic for other members participating in the AI. One EP recommended that we *"Find a way to ensure groups are not so changeable between PDMs - difficult to maintain consistency of*

ideas/actions with variable attendance of part-time colleagues". The changes in group members between meetings may have changed the focus and course of some group work away from the initial intentions of original members.

Finally, negotiating the 'direction of travel' of the AI was an issue. PSG originally requested that the topic of the AI be communication, most especially in terms of EPs written reports for a number of reasons detailed in section 4.1.1. Despite the valid rationale for the AI topic, during the Discovery and Dream stages particularly, the AI moved further away from this focus and onto other service issues (e.g. time allocation, physical working environment) which were more loosely linked to communication (i.e. as factors affecting effective communication). One EP feedback via email: *"In the excitement of this new way of working some of the focus on discussing methods of communication may have been lost".* AI became an opportunity for EPs to raise the areas for development that seemed most relevant to them (rather than those that were most pressing to the LA or PSG). Whilst this is critical to the very nature of AI as a form of Participative Action Research and as such a strength of the model, it is also an issue that managers should be aware of and prepared for when undertaking AI. Indeed Bushe and Kassam (2005; p.176-177) report that in order for AI to be most transformational managers need:

> *"…to let go of control in planned change efforts and nurture a more improvisational approach to the action phase…a great deal of change leading to increased organizational performance can occur if people are allowed and encouraged to take initiative and make it happen".*

For this reason Cooperrider et al. (2008) suggest that whilst some organisations have conducted successful AIs with pre-selected topic choices, success is most likely where members are committed to the topic through ownership of its choice.

Some further critical reflections on the difficulties encountered by the Planning Group facilitating the AI are noted in Table 5.3.

Additional difficulties encountered applying AI:
⇒ The Appreciative Interview Guide (Discovery stage) could have had fewer questions in order to bring more focus to paired discussion, which may in turn have enabled greater focus in small groups at the Dream stage more;
⇒ More space needed to enable groups to complete the creative Dream stage;

⇒ Some confusion amongst EPs entering the Design stage given that the Discovery and Dream stages were completed two months previously → some EPs couldn't remember/recognise the 'visions' they had discussed in the Design 'themes' presented for group work → however people did warm up (again!) after some initial hesitance/doubt;
⇒ Ongoing actions undertaken as part of the Destiny stage required careful monitoring to establish an 'end point' otherwise the refining process was potentially never ending due to the collaborative and participative nature of AI → e.g. Group 4 developing referral and consultations documents that were 'fit for purpose' → modifications made on the basis of feedback form other groups were later questioned by members of the small group and so on and so forth → whilst seeking to be inclusive of all service members, ultimately a 'best fit' or 'good enough' version needed to be agreed upon.

Table 5.3: Further critical reflections re: difficulties encountered facilitating AI in an EPS context.

Finally, whilst identifying areas for improvement is important, the strengths of the AI applied in the specific context of a local authority EPS should also be highlighted. Table 5.4 details the reflections of the Planning Group on the most successful aspects of AI for the EPS.

Reflections of the Planning Group on the strengths/successes of AI:
Discovery
✓ Good opportunity for all involved to rehearse and/or remind themselves of why we are EPs and get back in touch with our values and core beliefs as professionals;
✓ Some really positive stories emerged in the pairs and small groups → inspiring for others listening → found we can learn from each other's shared examples of good practice without going any further in AI process;
✓ Sharing stories was a positive and affirming experience → making us realise the depth and breadth of the work we do;
✓ Good to set aside time to focus on some positive experiences within our jobs → especially in 'current climate' of job threats and changes to working conditions.
Dream
✓ Very engaging and fun → groups had no problems with the creative aspects of the session;
✓ EPs valued the sense of team building in the afternoon → valued time to get to know others whom they did not know well, if at all previously (e.g. EPs from other Area teams and/or relatively new service members) and in such a positive way/format.
Design
✓ Highlighted the fact that we all want to focus on the psychology we use and help the people we work with (e.g. teachers, parents and other professionals) to understand psychology's place in our role and remit.
Destiny
✓ Good opportunity to work with people from other teams who we would not usually encounter.

Table 5.4: Reflections on the strengths of AI applied to an EPS grouped according to the 4-D cycle.

The reflections in Table 5.4 and the feedback from EPs through questionnaires provide some evidence as to how and why AI has potential to be an effective organisational change model. Firstly, the motivation of individual members is engaged and nurtured from the first stage through to the last with their active and meaningful participation in the process. Kobayashi (2005; p.96) suggests that:

> *"AI can result in substantial improvements in organizational productivity, efficiency and effectiveness because employees are working to further improve what they already regard as beneficial to the organisation. Their motivation can also be substantially improved through this process because it allows them to prevail over the frustrations that bog them down and encourages them to concentrate on what they really want to do."*

Secondly, the positive, affirming, solution-focused nature of the process means the AI experience is refreshing and encouraging for both the individual participating and the collective group seeking to move forward. Finegold et al. (2002; p.235) surmise that AI is *"Deceptively simple, the system is based on a reversal of the expectations, practices, and limitations found in traditional problem-solving methodologies".*

5.4 Critical reflections on the evaluation design

Questionnaires were used to collect the evaluation data exploring EPs views of the AI experience, primarily in order to be able to obtain all EPs views. Interviews would have meant selecting only a sample of EPs as time constraints (for both the researcher and the respondents) would not have allowed all 29 EPs to be interviewed. However, it is acknowledged that the questionnaires had two key weaknesses. Firstly, self-report questionnaires rely upon the respondents being able and willing to give accurate and complete answers to the questions (Breakwell, 2000). Within the context of this project, the EPs participating in the AI and completing the questionnaires knew (professionally and personally) the planning group members who would be processing the evaluation data. They therefore may have felt pressure or desire to respond positively and possibly not honestly to the questions i.e. demand characteristics. In order to minimise the potential for this and ensure that EPs did not feel expectation to give answers that were more positive than they actually felt, EPs were asked to complete the questionnaires privately (not via group discussion of their views). Furthermore, respondents were not required to give any identifying details on the questionnaires so that they

could be confident in the knowledge that their responses could not be linked back to them. In future AI projects the validity of evaluation data might be further ensured by inviting an objective third party to conduct the evaluation on behalf of the EPS.

Secondly, a very small number of EPs did not return the questionnaire (8 out of 29). It is possible that those who did not complete the questionnaire would have given different responses to those who did, and furthermore did not return their questionnaire for this reason i.e. 'volunteer bias' (Cohen et al, 2000). In order to check for this bias I followed up the PDM at which the questionnaire was initially handed out with an email to all EPs encouraging them to complete the questionnaire if not already done so. Having done this (and in so doing received 7 more questionnaires electronically), I was satisfied that the remaining non-respondents were for reasons other than negative attitudes towards the AI. Of the 8 non-responding EPs, 5 had not been in the service for all of the AI period meaning they may have been less inclined to complete and return questionnaires. Two of these colleagues had joined the service in September 2011, two had been away for periods of maternity leave and one had been away for a period of long-term sick leave. It is likely that the three other non-respondents were part-time colleagues who did not return questionnaires due to busyness or feeling uninvolved with the full AI process.

5.5 Conclusion

EPs feedback through questionnaires and group discussions, as well as the Planning Group's observations suggest that the AI was successful in terms of being an active learning process through which EPs improved their personal and collective practice and were enabled to communicate effectively with their service managers ('bottom-up' change process), whilst also strengthening relationships between colleagues, and enhancing feelings of agency and control. However, it was clear that despite the sound theoretical basis for believing a PAR intervention could reduce occupational stress related to job uncertainty, the AI could not enable EPs to alter the wider (and fundamental) LA issues that represented their biggest concerns i.e. threats to their jobs and working conditions. This wider LA context had a limiting effect on the extent to which the AI could reduce occupational stress for EPS members. Thus it may be concluded that whilst PAR interventions such as AI can be effective in moderating the stress experienced due to job insecurity; they cannot be expected to reduce stress completely in situations where the most

concerning changes are beyond participants to control or influence. An awareness of this limitation was reflected in the ambivalence and differences of opinion amongst EPs as to whether conducting AI at a time of wider organisational change in the LA was positive (i.e. enabling empowerment, control and choice at a time of change perceived to be being done 'to' EPs) or negative (i.e. adding additional and possible irrelevant work demands at a time of heightened stress and job insecurity).

Job insecurity is not a new phenomenon. Ferrie et al. reflected in 1998 on the emergence of the "flexible labour market" praised as being more "competitive and efficient", whilst also leading to increased job insecurity for individuals amidst the major organisational changes. Exploring ways and means of moderating the negative effects of job insecurity by increasing individual's participation and control, such as Appreciative Inquiry enables, is important because *"job insecurity is a phenomenon that will continue to characterize modern working life also in the years to come."* (Sverke et al., 2002; p.259).

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Communication for Change

EPS Appreciative Inquiry Interview Guide 17.11.10

TOPICS

- Empowering consultations
- Written communication as a catalyst for innovation and change
- Informal communication: integrity in action
- Changing perspectives in training and projects
- Optimistic and affirming feelings in meetings and supervision

Introduction

Thank you for taking part in this inquiry. We are interviewing each other in order to collect information about when we are all at our best as EPs so that we can use this to genuinely create some new ways of working within our Service in the future.

The focus of this inquiry is how we can best communicate with others so that real positive change happens as a result of our work.

Please interview each other using these thought-provoking questions to support your discussions and make a note of the most powerful stories and themes that seem to be emerging as you actively listen and learn from each other. Look out for any 'quotable quotes' and jot them down.

Getting to know you

Let's start with something about you and what most attracted you to being an EP. What is it about being an EP that is most valuable, meaningful, challenging or exciting? Why is it important to you?

Think back over important times in your life. Can you think of a story to share about a moment when you became aware of what really matters in your life or what your purpose in life might be? What *defines* you as a person that you bring to being an EP?

What personal or philosophical beliefs/maxims drive your practice? How are these communicated to others to effect change?

When a major change or miracle has happened in a client's life, what aspect of your human/professional relationship made a positive difference?

Topic 1: Empowering consultations/conversations

- Spend a few moments reflecting on a time when your consultation with another professional was particularly successful. Please describe this situation and tell me how it made you feel and why it was successful

  If I had been able to watch what happened during this successful consultation what would I have noticed?

  What kind of things made this consultation possible?

- When have you felt that a consultee has really understood the nature of EP consultation and that it has been an empowering experience?

- Imagine we had a conversation with SENCos/teachers/parents with whom you regularly interact and asked them to share the 3 best qualities they experience in consultation/conversation with you. What would they say?

Topic 2: Written communication (e.g. School Visit Summary, AD, Form 1 and 2, psychological report or profile, consultation notes, leaflet, document etc) as a catalyst for innovation and change

- Think of something you have written that has been referred back to, reflected on and acted as the *start* of something (instead of an end-point or something read and put in a file)

- Describe a report you have read or written that has been particularly meaningful to you? Why was it memorable or meaningful?

- Imagine I had a conversation with SENCos/teachers/parents with whom you regularly interact and I asked them to share the 3 best qualities or useful aspects of your written reports or written feedback? What would they say?

- What other written work have you been particularly pleased with? How has it been effective in changing practices?

Topic 3: Informal communication (e.g. incidental talk, an email or phone call) with integrity

- Reflect back on any informal communication that had a real effect on you and led you forward. What was it? Why was it effective?

- Think of any communication as a psychologist that has taken a unique or new angle. What was it? What happened?

- What experiences of emails and phone calls really stand out as very positive and effective, either for you or for the person you were communicating with? Why so memorable?

- Reflect on a communication you have shared that led to affirming responses and feelings as a psychologist
    - How has it affected you over time?
    - What did you learn about your practice?
    - How have you done things differently as a result?

Topic 4: Optimistic and affirming feelings in meetings and supervision

- When have you felt that you have been influential in steering a meeting towards positive outcomes even in very difficult or challenging circumstances? What did you do? What helped?

- If I had a magic telephone to speak to your colleagues or a hidden camera in the room where you are part of a meeting, what would other people or I say were your top three professional qualities?

- In individual, group or peer supervision, think of a time that stands out for you when the contributions were particularly helpful.

Topic 5: Changing perspectives in training or projects

- What stands out as one of the most positive and effective training sessions you have delivered? Describe the impact it had on the trainees and on you. What made the experience so good?

- Think of a time when you have been really inspired or engaged by some training or CPD that you have received. Describe the effect it had on you and why you think it made such an impression on you.

- Can you share the personal and professional sources which you have found to be most useful and inspiring in developing your own practice in training or projects?

Future visions

What are the core factors that give life to our EP Service and make us feel valued?

Imagine you go into a deep sleep tonight, one that lasts for at least 5 years. When you wake up and go to work, everything has changed in our EP Service and it is exactly like you always wanted it to be. What's happened? What's different? What does your job look like now?

If you could have three wishes right now to enhance the work of Worcestershire EPS, what would they be?

Imagine Worcestershire EPS has just been awarded the new AEP/HPC top prize for outstanding communication with its clients or stakeholders. What is said about us at the award ceremony? What are the schools, parents, other professionals, children and young people saying? What are we doing that is so highly valued?

Thank you so much for participating in this inquiry. Please be ready to share your partner's most powerful or compelling story and any key theme(s) with your group...

Communication for Change

EPS Appreciative Inquiry Interview Guide 17.11.10

TOPICS

- Empowering consultations
- Written communication as a catalyst for innovation and change
- Informal communication: integrity in action

Introduction

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The focus of this inquiry is how we can best communicate with others so that real positive change happens as a result of our work.

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What personal or philosophical beliefs/maxims drive your practice? How are these communicated to others to effect change?

Topic 1: Empowering consultations

- Spend a few moments reflecting on a time when your consultation with another professional was particularly successful and led to real and possibly lasting changes. Please describe this situation and tell me how it made you feel and why it was successful

  If I had been able to watch what happened during this successful consultation what would I have noticed?

  What kind of things made this consultation possible?

- When have you felt that a consultee has really understood the nature of EP consultation and that it has been an empowering experience?

- Imagine we had a conversation with SENCos/teachers/parents with whom you regularly interact and asked them to share the 3 best qualities they experience in consultation/conversation with you. What would they say?

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- Think of something you have written that has been referred back to, reflected on and acted as the *start* of something (instead of an end-point or something read and put in a file)

- Imagine I had a conversation with SENCos/teachers/parents with whom you regularly interact and I asked them to share the 3 best qualities or useful aspects of your written reports or written feedback? What would they say?

- What other written work have you been particularly pleased with? Why? How has it been effective in changing practices?

Topic 3: Informal communication (e.g. incidental talk, an email or phone call) with integrity

- Reflect back on any informal communication that had a real effect on you and led you forward. What was it? Why was it effective?

- Think of any communication as a psychologist that has taken a unique or new angle. What was it? What happened?

Future visions

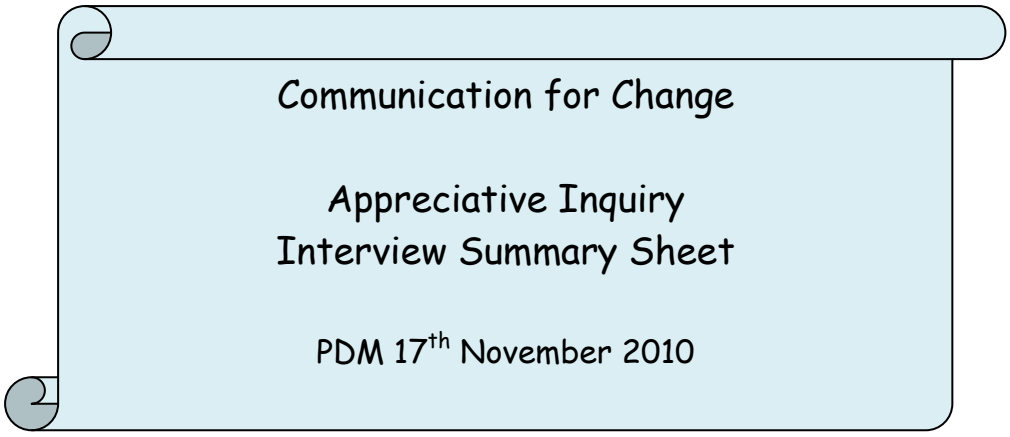
Imagine you go into a deep sleep tonight, one that lasts for at least 5 years. When you wake up and go to work, everything has changed in our EP Service and it is exactly like you always wanted it to be. What's happened? What's different? What does your job look like now?

Imagine Worcestershire EPS has just been awarded the new AEP/HPC top prize for outstanding communication with its clients or stakeholders. What is said about us at the award ceremony? What are the schools, parents, other professionals, children and young people saying? What are we doing that is so highly valued?

Thank you so much for participating in this inquiry. Please be ready to share your partner's most powerful or compelling story and any key theme(s) with your group...

Appendix B: Design considerations re the Appreciative Interview Guide.

- The starting point for AI is the collection of people's stories of something at it's best; the 'something' being whatever the focus of the inquiry is (Bushe, 1998). Given that improved communication was our goal, we started by collecting stories of our experiences of communicating at our best and most successful.
- Cooperrider et al. (2008; p.106-110) provide guidance for creating "engaging" appreciative questions and developing the Appreciative Interview Guide, which was used as a resource by the planning group.
- As a result of ongoing email communication following the first planning meeting, two versions of an Interview Guide were created; one longer and one shorter.
- We decided to use the longer version during the Discovery stage so as to give individuals plentiful prompts that would act as catalysts for conversation and to help elicit stories and quotes that could be used during later stages.
- We emphasised to EPs that they were in no way expected to discuss each and every question.
- The Interview Guide took interviewer and interviewee through an introduction to the inquiry, some 'getting to know you' prompts to facilitate 'warming up' in pairs, followed by various questions relating to the five communication topics, and concluded with future visions for the service.
- The Interview Guide was sent via email to all EPs prior to the PDM in order to provide them with a brief outline of what to expect from the AI activity and allow them time to prepare themselves with some stories and avoid feeling ‘on the spot’ on the day.



GROUP MEMBERS: UB, CD, DT, CM, LM, HW

Theme	Stories, quotes and visions
Consultation	• Use of metaphors and pictures to enable clarity in spoken communication • Frameworks we use for consultation, not just content, are key in terms of impact & capacity building (*how* we say things as well as *what* we say) • Solution-focused to enable new insight and understanding • 'swimming up stream' – effective consultation often results in us feeling uncomfortable (due to challenges we introduce/questions we ask)
Written communication	• Optimism – communicating that change *is* possible! • Visual models/approaches – to communicate child's perspective to adults • Communicating 'value' to children by writing to them • Re-focusing adults on that individual child
Informal communication	• Curiosity & enthusiasm (not being 'brought down' by situations because we understand why) • Empathy & understanding (to all involved) • Parents/teachers value the time made for them; "so nice to be listened to"
Training and projects	• Demonstrating (not just telling) that change is possible • Modelling to show potential/what is possible

Meetings and supervision	• Reflecting on and sharing practice/ideas with EP colleagues • 'lone voice' in meetings (re-framing/advocating for child/young person; 'planting a seed'; "could it be…")
Summary of future shared visions relating to communication underpinning our presentation	More time so that… ✓ Consultation is valued (i.e. protected time with teachers etc) ✓ We can be reflective (sharing practice/ideas with each other) ✓ Follow-up/review that is meaningful ✓ Build relationships to affect change (able to challenge etc) ✓ Develop inclusive practice (so we're 'swimming' in one direction) More time + less stress (re: aspects of physical working environment) → facilitates effective communication!

Appreciative Inquiry for EPs

Design and Destiny Stages on 26th January 2011

At the next PDM in January we are moving on to the final two stages of our Appreciative Inquiry into Communication for Change. From the future visions presented so creatively at our last meeting, the planning team have identified the following group activities:

More satisfying statutory work *Written communication* Ensuring that the written communication in our ADs has a psychological formulation that acts as an effective catalyst for positive change, which we review as critical friends afterwards. They might be shorter and more action-packed, with specific objectives, strategies and suggested interventions. They will be highly valued in school and viewed as part of a process, not an endpoint.	**More formalised peer supervision** *Communication between ourselves* Making supervision even better than it is now, with more formalised peer supervision. EPs of similar levels of experience would provide supervision for each other, which could be across areas to encourage inter-office communication. This would be less daunting than group supervision can sometimes feel and would be free of power differentials. It would support us with our more challenging work.
Schools understand how we work *Communication with schools* Developing ways to 'swim in the same direction' with schools so that they understand how and why we want to collaborate with them using our understanding of consultation - *facilitating* co-constructed ways forward. Being explicit about what consultation is and protecting time for it. Also focusing on the qualities and skills that we bring to consultation e.g. curiosity, clarity. (Perhaps have a 'Request for Consultation' form and/or a variety of prompts, leaflets, letters and questionnaires to support us).	**More confidence in High Schools** *Communicating our expectations* Being more confident in our ability to effect change in the complex world of High Schools, where communication between so many teachers as well as other agencies, pupils and families is needed. This might be a pilot study into setting our expectations of school before any complex casework even begins e.g. a commitment to a teachers' group consultation meeting after initial observations and assessments. Perhaps taking on fewer cases and allowing for joint working or longer term involvement.

Please could you choose **your first and second choice** from these activities, depending upon how passionately you feel about the issues or how much experience you already have in these areas? (The groups can change at this point in the inquiry so that people can sign up for what matters most to them.)

Thank you!

Appendix F: Summary of the four small groups activities during the Destiny stage of AI.

Group 1: Written communication

Group 1 ('written communication') gave a 45 minute presentation at the June PDM on (8.6.11) on '*Psychology in reports*' which provided a refresher on BPS guidelines for report writing as well as an aid memoir for EPs to take away. They followed this with a request to all EPs to supply one Appendix D (psychological report for statutory assessment) that they felt to be a good exemplar of psychological advice. The group then collate these and selected examples of good frameworks and scripts for report writing. At the time of writing, the group were meeting to create a document for circulation to all EPs with guidance on report writing (see email Appendix G).

Group 2: Communication between ourselves

Group 2 ('communication between ourselves') organised themselves into three pairs and undertook a period of structured (as opposed to incidental) peer supervision. A Trainee EP in the service conducted a Focus Group with all 6 EPs on 24.11.11 to evaluate this 'pilot' activity. The group then gave a presentation at the May PDM (16.5.12). This presentation included: a recap of the definitions and guidelines for effective supervision as supplied by the BPS and HPC; a detailed explanation of the findings of their pilot study; discussion of the Cyclical Model of Supervision (Page & Wosket, 1994) that colleagues may wish to adopt if inspired to do so by the findings of their pilot study.

Group 3: Communication with schools

Group 3 ('communication with schools') agreed an action plan to work on a number of documents to facilitate purposeful communication with schools and help clarify our role. This included work on new referral forms with glossaries of terms to be attached and some proforma's to support consultation. We delegated tasks to pairs or individuals within the group, who completed these and then fed-back to the small group via email to develop the documents further. This group then took a 30 minute slot at the July PDM (20.7.11) to share the materials they had developed so far with the other groups. A Blue Form (referral form for individual child/young person) and Green Form (referral form for whole school/project work) together with glossaries of terms were shared as well as two consultation records. The whole service was split into 3 groups, each facilitated by 1-2 members of the 'communication with schools' group to discuss and feedback around these materials. Comments were collated on large sheets of paper to feed directly back into development of the materials. This activity generated a lot of discussion and useful insights. It was an important stage in the development of tools because all EPs would eventually be using them and therefore needed to be involved and 'signed up' to their content. In so doing we maintained the philosophical principle of AI as a process that is inclusive, collaborative and creative as opposed to directive and restrictive to individual practice. Following this discussion and feedback, group members adapted the documents they had been responsible for developing and then reviewed their improved versions together as a small group during the October and November PDMs (12.10.11 and 23.11.11). These documents were then given to PSG in December and agreed for piloting by all EPs at their January planning meetings with schools and throughout the term, for review after Easter.

Group 4: Communicating our expectations (with Secondary Schools)

Group 4 ('communicating our expectations with High Schools') identified a small number of secondary schools in their 'patches' who agreed to take part in a pilot study. The group adapted the PBAS (Pupil Behaviour Assessment Survey) questionnaire so as to be a tool to facilitate consultation and communication with staff groups in secondary schools. They then piloted using the PBAS as a standardised approach to working with High schools during the spring term of 2012. This group were careful to liaise with Group 3 ('communication with schools') as their remits had potential to overlap and/or duplicate efforts.

Appendix G: An example of follow-up activity - Group 1 (written communication)

Email from Group 2 on 2.12.11

Hi Everyone,

During the last PDM the report writing Appreciative Inquiry group made a request: we invited everyone to send in a recent AD. Our aim is to use these examples to produce new guidelines for writing ADs. For example this is an extract from the current guidelines:

Strengths and Difficulties

Points to Consider	Examples
Where appropriate, reference can be made to the National Curriculum Levels the child is working on and basic skills acquisition. Evaluation of the child's rate of progress through the levels of attainment should be stated.	John has achieved level 2 in the recent Key Stage 2 SATS.

We want to re-write this sort of thing with more of a psychological emphasis and provide examples from real reports. All reports will be anonymised and no EP will be individually identified.

We hope that everyone will feel able to contribute. Please send the AD to Simon as he will be responsible for collating them.

Yours

The AI Group for Report Writing.

Appendix H: Evaluation questionnaire

Dear all,
Following the Appreciative Inquiry that we as a service have engaged in over the past 12-18 months, it seemed timely to collect some feedback on our experience of the process! It would be greatly appreciated if you could spend 5 minutes completing the following (brief!) questionnaire. Responses will remain anonymous and inform any future AI ventures! Many thanks.

1. **Please indicate the <u>extent to which you agree with the following statements</u> regarding the Appreciative Inquiry process (tick one box for each statement):**

The AI process….	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**
Enabled me to recognise and build upon my strengths as a practising EP				
Enabled me to take ownership of change in my practice as an EP				
Improved the effectiveness of my personal EP practice				
Improved the effectiveness of our collective EP practice				
Enabled us to improve and/or 'action' the things we care about				
Gave me an increased sense of agency & control amidst wider LA restructuring				
Reduced my feelings of stress amidst wider LA restructuring				
Was an effective mechanism by which good practice was shared				
Enabled EPs to have a 'voice' that resulted in action				
Enabled us to communicate ideas & values to PSG				
Resulted in team building & development of relationships within & across Area Teams				
Helped me to re-focus my core values as an EP				
Refreshed my enthusiasm for my role as an EP				
Other (please state):				

2. **Please indicate the <u>extent to which you feel you engaged with and enjoyed</u> each of the 4 stages of the Appreciative Inquiry process (tick one box for each statement):**

AI Stage….	**Very much**	**Quite a lot**	**Somewhat**	**Not at all**
Discovery: Interviewing each other and discussing in pairs and groups in order to appreciate and value the best of our current practice.				
Dream: Imagining and envisioning what might be through small group discussion followed by a creative demonstration to the whole service (drama/sketches, posters, presentations, the conga…!)				
Design: Co-constructing how it will be in the future i.e. writing our 'provocative propositions' and statements in newly formed small groups around 4 specific themes.				
Destiny: Learning, empowering and improvising to sustain change i.e. putting the plans into action in our small groups and as a wider service.				

3. **Please indicate one way in which you think the AI process could have been improved (or more than one if you have more ideas!):**

4. **If we as a service were to undertake a second AI cycle, what would you like to see as the central topic for change?**

Appendix I: Table of results – EP agreement with statements about their AI experience (Question 1 of the AI evaluation questionnaire) presented as percentages.

	% of EPs				
The AI process….	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**	**n/a**
Enabled me to recognise and build upon my strengths as a practising EP.	24	76	0	0	0
Enabled me to take ownership of change in my practice as an EP.	24	76	0	0	0
Improved the effectiveness of my personal EP practice.	24	62	10	0	4
Improved the effectiveness of our collective EP practice.	52	48	0	0	0
Enabled us to improve and/or 'action' the things we care about.	71	29	0	0	0
Gave me an increased sense of agency & control amidst wider LA restructuring.	14	67	14	0	5
Reduced my feelings of stress amidst wider LA restructuring.	5	33	52	0	10
Was an effective mechanism by which good practice was shared.	71	24	5	0	0
Enabled EPs to have a 'voice' that resulted in action.	52	48	0	0	0
Enabled us to communicate ideas & values to PSG.	71	29	0	0	0
Resulted in team building & development of relationships within & across Area Teams.	62	33	5	0	0
Helped me to re-focus my core values as an EP.	19	62	14	0	5
Refreshed my enthusiasm for my role as an EP.	14	76	5	0	5

Table 1: Responses of EPs to Question 1 of the AI evaluation questionnaire.