USING ACTION RESEARCH TO EXPLORE A DROP- IN SERVICE AT A CHILDREN'S CENTRE.

by

Carol. M. Booth

Submitted to
The University of Birmingham
in part fulfilment for the degree of Professional Doctorate in Educational Psychology (Ed Psych D)

School of Education
The University of Birmingham
July 2009

ABSTRACT

Children's Centres are a relatively new development. There is little published research available about their impact on improving outcomes for children and their families and about the role of the educational psychologist (EP) in Children's Centres. This thesis describes an action research project that was run in Children's Centre in the North East of England. The project explored the use of a drop-in service that was offered to parents and carers attending the Children's Centre. An EP provided this service and the purpose of the drop-in was for parents or carers to be able to speak confidentially to an EP about concerns or issues in connection with any aspect of their child's development or behaviour.

The drop-in service was run intermittently over a two-year period and approximately forty parents and carers attended. Data to inform the research aims and questions were collected using a variety of approaches including: semi-structured interviews, records of discussions, questionnaires, research diary, audio and video recordings. The audio recording was analysed using thematic analysis and the other data were analysed by using patterning to look for themes or issues from the various data collected. Reflective discussions during the action research process facilitated opportunities for triangulation and respondent validation.

The drop-in evolved from one where the EP waited for parents to visit them in a designated room to one where the EP attended the groups run by the Children's Centre staff. The latter model increased the uptake of the service. Another important factor in parents' engagement with the service was identified by staff at the Children's Centre. This was the need to develop trust between the parent and the EP. Although, initially, the service was for parents, the staff at the Children's Centre requested access to the drop-in service. A solution focussed framework was found to be a useful tool to guide the structure of the drop-in. A wide range of topics were brought to the drop-in reflecting Sheppard's et al's (2007) discussion about the types of issues upon which the parents were seeking support when they attended Children's Centres.

The study acknowledges that the drop-in is only one type of service that might be provided by an EP and that generalisations to other Children's Centres might not be appropriate or necessary. However, the study demonstrates the way in which an action research methodology helped to develop a service based around the needs of the community, and facilitated the provision of a drop-in service that was valued by parents and staff in the Children's Centre.

ACKNOWLEDGEMENTS

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CHAPTER ONE: INTRODUCTION

1.1: Context

It is expected that by 2010 there will be Children's Centres in every community in the United Kingdom (UK). This thesis describes an action research project that I carried out in a local Children's Centre. It describes and evaluates a drop-in service run by educational psychologists (EPs) between September 2006 and November 2008. The service was offered to parents and carers who accessed the Children's Centre.

The research takes place in a Local Authority (LA) in the North East of England. In 2007, the national census indicated that the LA had a population of 270,500 set in an area of 113sq km. It ranked as the 37th most deprived local authority as measured by The Index of Multiple Deprivation (IMD) 2007. The LA in which this research took place has clusters of communities that are amongst the most deprived in the United Kingdom and are described as lower level super output areas (LLSOA's). The statistics indicate that, in 2007, approximately 66,300 people (25.55% of the city's population) were living in the 10% most deprived areas, when compared nationally.

The research for this thesis was conducted in one of those LLSOA's. The Children's Centre, which co-operated with the research, is split across two communities (A & B) that are separated by a main road into the city centre. An article in the Guardian newspaper (June 29, 2007) described the area as:

> '…three miles from X's thriving city centre, the X estate is a world apart. It has no doctor, no pharmacy and its failing primary school is threatened with closure…unlike most deprived areas, there is not a high ethnic-minority population: it has one street where asylum seekers have been housed but the estate is 98% white. And poor'.

1.2: Rationale

As part of my work as an EP I have a specialist role within early years (EY) and work collaboratively with a specialist senior educational psychologist. During each academic year and as part of on-going continuing professional development we aim to carry out project work that will enhance our practice. As a practitioner I believe strongly in early intervention and the importance and value of working collaboratively with parents/carers. These core values were the ideal foundation for an action research project to develop EP work in Children's Centres. As suggested by McNiff et al. (2003, p.16):

> 'Action research begins with practitioners becoming aware of what is important to them- their values- and how they might act in the direction of those values'.

I was aware that at this time, in the LA, there were no EPs working in the Children's Centres. It was agreed that the focus of our work would be to try to develop a role for an EP within the Children's Centres. Literature searches and anecdotal evidence highlighted a gap in the body of knowledge about this aspect of the EP role. Therefore, the present study provides a unique contribution towards filling the gap.

My view is that services created should be designed to meet the needs of the community that they seek to serve and should be delivered where possible within that community. Concepts of community based initiatives to provide family support have been around since 1960 (Batchelor et al., 1999; Glass, 1999). However, Children's Centres are a new provision on the continuum of multi-agency community based support and intervention for children and their families. Children's Centres have created opportunities for community based work for EPs and that focus will be explored in the present study.

Evidence of the value of drop-ins is available but tends to focus on their use within a medical context, (Hall and Chesterton 2002; Jefferies 2003; Truman et al., 2007). What is clear from the literature is that there is no commonality as to what constitutes a drop-in. For the purpose of this research the drop-in refers to a service where parents and carers can speak, confidentially, to an EP about any issue in connection with their child's development. The following is the rationale for the use of a drop-in, which is discussed in more depth in Chapter 3.

- A different means of engaging in early intervention work with parents/ carers;

- A model of joint problem solving;

- A way for parents/carers to meet with an EP in an informal way;

- A short term intervention;

- Community based.

1.3: Research Question and Aims

The research was guided by the following overarching research question:

- How might a drop-in service run by EPs be used in a Children's Centre?

The aims of the research were:

- To develop an understanding of the type of issues that are important to children and their families in our local community;

- To explore a model of early intervention work with parents and carers;

- To evaluate the usefulness of a drop-in service for the parent, staff and EPs.

The methodological approach used in this research was action research. Carr and Kemmis, (1986, p.162) define action research as '...a self-reflective spiral of cycles of

planning, acting, observing and reflecting'. Action research was an appropriate tool to use as Carr and Kemmis (1986) suggest it involves:

- Collaboration – this occurred on many levels and with a number of people throughout the research. This key theme was vital to the success of the research and provided some areas for discussion in the thesis on community and organisational psychology.

- Research of genuine problems – the issue investigated was very important to my professional practice and development, and was a genuine issue of concern to my colleague and me. We were aware that other services were beginning to work within the Children's Centre but the EPS was not one of those services.

- Improve practice and aid change – the findings provided useful information for our Educational Psychology Service (EPS) about models of service delivery and made a new contribution to understanding the role of the EPs in Children's Centres. The work carried out has been pivotal in initiating discussions on the role of the EP into Children's Centres. As a result of the work carried out in this action research project additional research money was granted to extend the work. In addition, it provides further literature in what has proven to be a small field.

The data obtained were primarily in the form of qualitative data; however, for monitoring purposes some quantitative data were collected. I also kept a research diary and used this as a further data source.

1.4: Structure of Thesis

The next chapter contains an overview of the literature including: Children's Centres, early intervention, parental engagement with services, drop-in service, action research and community psychology. Chapter 3 contains a justification of the choice of action research methodology, data collection tools and data analysis. The structure of the remainder of the thesis is designed to reflect the three action research cycles that took place during the period of research. These are described in Chapters 4, 5 and 6 respectively. These chapters describe the action taken and also give information about the data collection, evaluation and reflections that took place. These reflections subsequently informed the next cycles of action. Chapter 7 provides a discussion of the findings, the methodological approach and concluding comments.

CHAPTER TWO: LITERATURE REVIEW

2.1: Introduction

This literature review aims to:

- Guide the reader through the historical and government context and current climate with regards to Sure Start Local Programmes (SSLPs) and Children's Centres. (Section 2.2)

- Explore literature that hypothesises about the reasons why some families tend to engage with services, whilst others remain outside the reach of agencies, and how these families are conceptualised by social discourse. (Sections 2.3, 2.4, 2.5)

- Explore what constitutes a drop-in service and examine current research into the usefulness of a drop-in as a means of accessing a specific client group. (Section 2.6)

- Explore the value of community psychology for the educational psychologist (EP) and the application of the methodological approach of action research. (Section 2.7, 2.8)

2.2: SSLPs and the Emergence of Children's Centres

Batchelor et al. (1999, p.199) highlighted that the concept of a community-based initiative to address local needs can be traced back to the 1960s with Family Advice Centres:

> '… Family Advice Centers were set up by the statutory children's departments with the aim of providing accessible, non-stigmatizing, preventative services which families could access…'

Batchelor et al. (1999) highlighted that the value of this initiative was in the implementation of a community work approach. Therefore, Family Advice Centres seem to have been at the forefront in relation to offering early intervention services which were community based and thereby aiming to improve outcomes for children and families. However, Batchelor et al. (1999) identified that there was a dearth of research into the effect of Family Advice Centres, especially in relation to outcomes. Batchelor et al. (1999), suggest that Family Advice Centres paved the way for community based support to respond to the needs of children through family interventions. Sheppard et al. (2007, p.61) discuss that Sure Start built on the philosophy laid by the Family Advice Centres in that they are:

> '…focussed on the practical consequences of the relationship between disadvantage and child development'.

The 1989 Childrens Act formalised the necessity of community based initiatives for family support. Batchelor et al. (1999) stated that, within the context of the 1989 Act, there was reference made to the type of services that would be provided and this was extended further in the Department of Health Guidance (1991).

The predecessor of Children's Centres was Sure Start Local Programmes (SSLPs). These emerged as a result of the Government's Comprehensive Spending Review and the concept was announced in 1998. The emergence of the SSLPs was as a result of the Government's social policy and was designed to reduce social exclusion, thereby improving the life chances of those most disadvantaged families (Glass 1999). The aim of this initiative was to target children (below the age of 4 years) and their families, in the 20% most deprived and disadvantaged wards in England, in order to enhance their developmental outcomes and life chances. The focus of

SSLPs was on improving access to early education, play and health services for these families. The evidence base for the development of this policy was taken mainly from research based in the United States and from a growing awareness that UK resources were response-based in relation to risk and child protection issues (Garbers et al., 2006). This reactive type of response would be a costly exercise for the Treasury and did not ensure equality of access to services for all children and families. The government invested £452 million across the UK and the focus of the spending was in the most disadvantaged areas.

> 'The local programmes will be universally available to those living in Sure Start localities but the localities will be selected to ensure that those in greatest need benefit most'.
>
> (Glass, 1999, p. 257)

Therefore, those families living within SSLPs areas would have access to this service; however this type of selective offering of services would, by its very nature, exclude many families. Sure Start Partnership Boards managed the programmes. Local Authorities (LAs) had no statutory duty and this restricted their jurisdiction and commitment. Belsky et al. (2006) suggested that the efficacy of Sure Start (and Children's Centres) in meeting the needs of the more disadvantaged families was in question. It was highlighted that:

> 'Research shows that there was a significant variability in the degree to which SSLPs reached all families with young children in their area'.
>
> (Sure Start Children's Centres Practice Guidance, DCFS, 2007, p.7)

Despite the criticism levelled at SSLPs, Garbers et al. (2006) argued that there were many lessons to learn from the way that SSLPs were developed. Indeed they commented that:

> 'SSLPs have provided a test bed for developing new and imaginative strategies around the enhancement and facilitation of access to services for children and families'.
>
> (Garbers et al., 2006, p.287)

Further to this, Garbers et al. (2006) suggested that Children's Centres and the services that work in them in the local community would encounter similar issues to the SSLPs. In many cases SSLPs have been the starting point for the developing Children's Centres, therefore this prediction is likely to be true.

In conjunction with the recognition of the importance of community based support was the growing awareness by the Government of social exclusion in relation to poverty (Glass 1999). This in turn leads to current practice and the emergence of Children's Centres with an emphasis on the importance of services which are integrated and cohesive in relation to the types of support that are offered to children and families. LAs now have a statutory duty in relation to the strategic management and mainstreaming of the Children's Centre. Mainstreaming, in this context, refers to the different types of agencies that will offer services from within the Children's Centres. In effect, multi-agency working, embedded in the principles of Every Child Matters (ECM) (DfES, 2003) to provide better outcomes for the children and young people within a community. Sure Start Children's Centres Practice Guidance (2007, p.6) states that:

> 'Children's Centres will play a central role in improving outcomes for all young children, and in reducing the inequalities in outcomes between the most disadvantaged children and the rest. Although they need to reflect local needs, in all areas they will be a central part of a local authority's provision for young people and their families'.

The Government time line for the completion of the roll out of Children's Centres is 2010. Within my LA, the Children's Centres Strategy (2005-2010, p.1) states that, 'we do not view the Children's Centre as a building, rather as a locality area'. This suggests that some of the Children's Centres will be 'virtual', rather than contained within a building. One might surmise that the Children's Centres will be run as a range of services that the local community can access. It is interesting to consider how families might be motivated or able to enlist the support of these services, especially if they are not physically accessible within the community. It would be informative to explore the efficacy of 'virtual' services but this is outside the remit of the present study.

Important points of difference from previous initiatives (Family Advice Centres and SSLPs) are that the services offered by Children's Centres are available to all families within the local area with children under four years of age (not just to those at risk), that local government has a greater involvement and that there is a greater focus on supporting a return to employment for parents (Pemberton and Mason, 2008). Given that the services in a Children's Centre will be universal for all local people within that area the Children's Centre can be viewed as a very important context for EP service delivery. I would suggest that this context is just as important as the local school. As Davis et al. (2008, p.6) suggest:

> 'Sure start children's centres provide excellent opportunities for EPs to work collaboratively with other agencies, parents and carers'.

2.3: Engagement with Services

The literature review will now focus on the consumers of the Children's Centres and explore what makes some families appear to have a propensity to engage with

services. This was important to my research because it helped me to understand the factors that either encourage or impinge on families using services. It encouraged me to think about why families did or did not engage with the drop-in.

Sheppard et al. (2007, p.62) highlighted the disparity between those families who meet the threshold for access to services and those who in some way 'fall through the net':

> 'There has been growing concern about the responsiveness of family support services to higher levels of need, which nevertheless do not reach the severity that would 'qualify families for tertiary preventative service….'

In the spirit of early prevention work it is those families who 'fall through the net', because they do not meet the criteria for access to certain services, who should be encouraged to use the services that are on offer within the Children's Centre. Thereby the concept of a 'gap' in services, which families 'fall through', might be negated. However, it was noted that:

> 'There has been a concern that Sure Start and Children's Centres have been less effective than had been hoped, in incorporating, and responding to the needs of, more vulnerable and deprived families'.
>
> (Sheppard et al., 2007, p. 62, citing Belsky et al., 2006)

Therefore, a drop-in service run by EPs might be of use to such families by providing a platform where they can seek help on a range of issues in relation to their child's development. However, it must be acknowledged by making this assertion that I am aware that it is not only EPs who would be able to provide such a service. A key question remains: is it only those types of families who actively seek to improve outcomes for themselves who might actually engage with interventions and services? Sheppard (2004) theorised that there is another level of intervention, that of 'proto

prevention'. This means that a positive change in a family's circumstances comes about through the actions of the family itself, rather than the actions of services. This concept would be very difficult to research. Surely, if a family wanted to change their circumstances, with or without external agencies, there would be, at some level, a change in their situation. As an EP, I have observed that the most successful interventions happen with people who want a change to occur; often that is the reason they are using the service. It has been suggested that effective preventative work is best achieved when parents 'are psychologically prepared to respond to it' (Sutton, 2003, p.26). In my opinion, a key issue in relation to successful change occurring is related to the locus of change. This term refers to the location of the change. For example, some families and teachers perceive that the actions or presence of an EP will improve the situation, whereas others realise that an improvement in their situation will come about with a change in their own actions. I perceive this to be internal change, rather than a change brought about by external forces. The role of the agency is then to be the facilitator of change rather than the agent of change. This fits with the concept of a drop-in service. The short time span and the solution focussed problem solving structure of the drop-in means that the locus of change cannot lie with the professional and must lie with the person using the drop-in. Therefore, it is possible that the EP drop-in service was, at some level, an example of 'proto prevention'.

Sheppard et al.'s (2007) study used focus groups comprised of people who utilised the Children's Centres. They examined the role that people who used Children's Centres had in contributing to the social environment of the centre; they defined this

as 'service users as gatekeepers'. This term refers to the fact that during their research they found that the behaviour of some of the 'users' of the Children's Centre either encouraged or inhibited other parents/carers from using the centre – thereby being effectively 'gatekeepers'. In their research they explored, from the service users' perspective, the reasons for initial attendance at the Children's Centre through to the reasons for continued attendance. Sheppard et al. (2007) found that there appeared to be layered reasons for this attendance:

- Initial reason was isolation and loneliness for the adult;

- Main reason was child centred concerns;

- Additional reasons for continued attendance were to maintain social networks established by attendance at the Children's Centre.

In relation to discussion about family engagement with Children's Centres, Sheppard et al. (2007, p.69), suggested that when a parent approached a Children's Centre their child centred concerns were 'routine rather than focused on higher need…. advice about routine issues of parenting and appropriate responses to child development'. Therefore a drop-in would be one method to address routine parental questions about child development and parenting. Sheppard et al.'s (2007) findings are interesting, in that they seem to be suggesting that those families with complex issues are not accessing the very centre that was designed to support them - as it is only those with routine concerns who approach the Children's Centre. Sheppard et al. (2007) seem to dismiss the effectiveness of addressing those 'routine concerns' in relation to early intervention and prevention. If these parents did not have access to this type of facility to address such concerns, it might be reasonable to assume that

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these concerns would not then be addressed. Sheppard et al. (2007) posited that the Children's Centre developed into 'friendship centres'. Although, this was probably not what was intended by the Government initiative, it might be that this type of facility provides an example of Sheppard's (2004), 'proto prevention', as highlighted earlier in this thesis on p.11. More research is required on the efficacy of these 'friendship groups' and the effect that informal networks have in providing support to vulnerable families.

In relation to Sheppard et al.'s (2007, p.64) methodology it is interesting to note that, of the forty-five people who took part in the focus groups, 'all but one was a mother'. They do not define if the person who was the exception was male or female (without a child) and provide no discussion in relation to gender issues. Participants were given a small financial incentive to take part and this might encourage demand characteristics in the responses given. Due to the methodology (focus groups) adopted, the views obtained would not necessarily have been a representative sample of all of the service users and therefore Sheppard et al. (2007) would only have obtained the views of those who wanted to be heard. They did not attempt to access the views of people who do not wish to use the Children's Centres. Nevertheless, Sheppard et al. (2007) provide a critique of their study in relation to generalisability of findings from rural to urban areas. They also acknowledged the limitations imposed by the self-selecting nature of their participants and the small sample size.

To expand on the discussion above, it is appropriate to examine the factors that contribute to a parent or carer engaging with a service.

2.4: Parental Participation

Garbers et al.'s (2006) study into facilitating access to services for children and families based on SSLPs, addressed the many interrelated factors that affect a family's participation in community-based initiatives. They based their paper on data obtained from the government-commissioned National Evaluation of Sure Start (NESS, 2005). There is no explanation of how these NESS (2005) data have been analysed and how conclusions from the data have been drawn. They do point the reader to another paper, Tunstill et al. (2005b) (cited in Garbers et al., 2006, p.290) for 'a full account of our data'. They provide useful descriptions of the tasks that SSLPs had to undertake to try to increase access to their services. These were:

- Publicity;
- Identification of individual families;
- Developing outreach strategies;
- Overcoming physical barriers.

These descriptors of tasks might be useful discussion points during the reflection stage of the present research, however it must be noted that all the points might not be applicable to such a small-scale study.

Within their analysis of the NESS (2005) data Garbers et al.'s study (2006), unlike that of Sheppard et al. (2007), explore the reasons why fathers did not engage in

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SSLPs. I briefly address the issue of the uptake of fathers using the drop-in service on p.162.

As a result of their analysis of the NESS data, Garbers et al. (2006, p.293) suggested that access to services should be seen as a 'continuum, in other words, not as a one-off event'. Unsurprisingly, Garbers et al. (2006) suggested that not all parents will access services in the same way and they observed three different parental styles of service use. These parental styles were characterised as:

- Parents who independently take up services (autonomous);

- Parents who might need to be encouraged to take up services (facilitated);

- Parents who will take up services on specific conditions (conditional).

Garbers et al.'s (2006) research was useful in that when planning the drop-in, it made me aware and sensitive to the different styles of engagement that parents might display. By considering these parental styles, Garbers et al. (2006, p.293) argued that:

> '…it is only possible to understand the tasks involved in successfully facilitating access within the context of parental expectations and preferences'.

They suggested that understanding the parental style of engagement is a more helpful way of conceptualising 'hard to reach' families. The social discourse of 'hard to reach' leads one to envisage families who are not willing to engage in initiatives, which have been designed to 'help them'. By having an understanding of the concepts involved in parental participation this should lead to a greater understanding of how to provide useful and appropriate services for children and families. Furthermore, it will help to develop services that will encourage participation and access to services.

Related to Garbers et al.'s (2006) proposal that it is useful to consider the types of

services that are offered by providers and the ease of parental access, Gewirtz et al.

(2005) conducted a qualitative study (based on social capital theory) into Education

Action Zones (EAZs). Part of their research examined the experience of parents in

being involved in such initiatives as EAZs. They suggest that:

> '…we need to ask how the education system can be developed so that it can properly engage with the concerns and interests of parents'.
>
> (Gewirtz et al., 2005, p.663)

Gewirtz et al. (2005) found that such schemes as EAZs tend to operate a 'deficit

view' of parents. This 'deficit view' appears akin to that of the concept of the 'hard to

reach parent'. The picture is of a working class family who have little or no interest in

education and are 'bereft of social organisations and networks', (Gewirtz et al., 2005,

p. 663). Unsurprisingly, Gewirtz et al. (2005) discovered that parents did not tend to

identify with the deficit model. It appears that Gewirtz et al. (2005) are suggesting

that this deficit model becomes a model of default thinking, insidious in social policy,

about families and therefore this becomes the dominant discourse. Thereby, this type

of thinking would lead to mass generalisations about families and their engagement

or non-engagement with services. It was important for me to be aware of this

dominant discourse and to ensure that I did not fall into this mode of thinking. The

reason for this was that using parental non-engagement as an excuse for poor

uptake might have prevented me from exploring what it was about the set-up or

structure of the drop-in that inhibited engagement.

The research examined (Gewirtz et al., 2005; Garbers et al., 2006;) suggests that it is

not helpful for services to have a negative or deficit view of families who fail to

engage in schemes designed to 'help them'. They argue that social policy, when considering how to meet the needs of families who are classed as socially excluded, should take into account their actual experiences and perspectives in order to design appropriate services. Jones (2006, p.17) proposed that 'actions and interventions for the community that are owned by the community are seen as more likely to succeed than imposed solutions'. Gewirtz et al. (2005) term this as working <u>with</u> parents rather than working <u>on</u> them. I would define this as a 'bottom up' model and it is diametrically opposite to a 'top down' model, which is characterised by a reactive model of policy development. Top down models are Government led and result in initiatives, which are designed to address mass social problems, for example, social exclusion and poverty. Some 'top down' initiatives, for example, SSLPs and EAZs were discussed in the previous section of the literature review. Some of the problems identified in relation to their operation were about the provision of services that did not meet the needs of the local communities (Gewirtz et al., 2005; Garbers et al., 2006;). In connection with this argument Gewirtz et al. (2005, p.668) suggest it would be beneficial for:

> '…policy makers and practitioners to move away from deficit models of working-class families towards a more differentiated account of forms of social capital'.

To some extent, the present study reflected the 'bottom up' model of social policy as the drop-in was developed after I sought the views of those families who might have used the service. It could be argued that, to some extent, I designed a service that is 'top down', in that I decided to offer a drop-in service, which was not a service that was explicitly requested by the parents/carers of the Children's Centre.

2.5: Early Intervention

The importance of early intervention has been well documented in research. For example, Sutton (2003) carried out a detailed and comprehensive review of a number of longitudinal studies in relation to early patterns of behaviour in childhood and subsequent antisocial behaviour and offending. She grouped the findings of studies into the following headings:

- Community factors;

- Parenting factors;

- Personal factors/experience;

- Interventions.

Under each of the headings she identified, from a wide variety of studies, specific protective and risk factors of patterns of early behaviour that might lead to difficulties in later life. Sutton (2003, p.26) concluded that in terms of preventative work:

> '…it makes sense to offer support and training to families *at the earliest opportunity* certainly when children are toddlers. Services can then be tailored to the wishes and circumstances of the parents'.

This is exactly what the drop-in is designed to do: to reach families early and to be structured around their needs.

White et al. (2002) describe a clinical psychology pilot project designed to provide community support for pre-school children with emotional and behavioural problems. Relative to my research this was a useful piece of work, especially in relation to early intervention strategies, that used psychology within a community context. White et al. (2002) aimed to work with the 'hard to reach families', defined as those who might not access clinical psychology input until a much later juncture when problems had become more entrenched in the young person's life. They highlighted the effects of

non-intervention in relation to psychosocial outcomes for children who display early emotional difficulties. They advocated that:

> 'The value of early detection and identification of problems and consequent intervention with young children and their families has been recognised for many years'.
>
> <div align="right">(White et al., 2002, p.10)</div>

It is interesting to note that White et al. (2002) commented that interventions for early behaviour problems are carried out mainly by health professionals, for example, health visitors. There appears to be no acknowledgement or awareness of the long-standing contribution played by early years education specialists including: EPs and Portage Services. This thesis will provide some evidence to counterbalance this viewpoint.

As part of the approach in White et al.'s (2002, p.11) pilot project, they offered a clinic-based session with the aim being 'to see cases where brief involvement was likely to be appropriate'. This appears to be similar to the purpose of the drop-in designed for this research. However, in White et al.'s paper (2002) they assess the effectiveness of the other services that they offered, namely parenting groups and consultancy, but not of their clinic based session. White et al. (2002, p.11) mentioned that the sessions 'although set up solely for pre-school children' became more flexible and it became more of a hospital out-reach assessment service. They did not elaborate how the service evolved. It is interesting to note that when evaluating their service, White et al. (2002, p.14) discussed that 'a multi-agency approach was central to the project…', however, they only included the health service.

Early intervention is a core value in terms of my practice as a psychologist. At this stage, the focus of the research does not require a justification for early intervention. It is more pertinent to examine an approach, (drop-in) which contributes towards early intervention.

2.6: Drop-in

> 'The drop-in, which has its origins in the walk-in surgery model of the (GP) practice, allows people to be seen promptly, without prior appointment, generally on the same day'.
>
> (Jeffries, 2003, p.174)

Drop-in is a term that is used widely across a range of different services. It is argued that 'the term has been used to describe services which vary in respect of activities, aims, management and resources', (Truman et al., 2007, p.22). Therefore, it might be useful to assume that the individual's expectation of a drop-in will be framed in relation to their previous encounters, especially if they have been within a mental health context. This emphasises the importance of the need for clarity when stating what a service is able to do and will provide. For the purpose of this research the drop-in refers to a service where parents or carers can speak, confidentially, to an EP about any issue in connection with their child's development. It is now important to consider the evidence base in relation to drop-ins.

The literature search indicated that most of the drop-ins were conducted within a medical framework, especially pertaining to mental health issues, (Hall and Chesterton 2002; Jefferies 2003; Truman et al., 2007). Kay's et al.'s (2006), study

was the only one, that I could find, that conducted the drop-in within an educational context, therefore my research will provide some new information in this area.

Truman et al.'s (2007) study into health service drop-ins discovered that there is a great deal of variety in the services offered in a drop-in. However, through their literature search, they identified three commonalities in the types of services offered:

- Signposting to alternative services;

- Offering of support;

- Offering information, which would improve outcomes for the individual.

These commonalities help me to understand what the parents or carers might expect from a drop-in. Other literature reviewed indicated that there were a variety of services offered within the drop-in, including: support to change behaviours, information to increase knowledge and training in new skills (Meek 1994; Mowbary et al., 2002).

Hall and Cheston (2002, p.31) summarise that: 'the main characteristic that drop-ins have in common is that they aim to offer social support, particularly for more isolated people'. This describes a different kind of drop-in where people with similar issues to address, e.g. addictions, meet on a regular basis. It was not considered an appropriate model for this present study, as I wanted to offer parents a private service where they could talk about their own concerns. My previous experience when working with groups of parents indicates that unless there is a structure to the group there is not always an opportunity, for a variety of reason, for all parties to voice their concerns.

Jefferies (2003, p.179) highlights that the person conducting the drop-in needs to 'take a more active role than would be necessary or desirable in longer term work'. Obviously, this would be influenced by the psychological approach adopted. However, it is a useful point to consider as it suggests that it might be appropriate to design a framework to guide the session. As an applied psychologist it was therefore appropriate to use a psychological model. I chose a solution focused model as this is a common framework used in EP practice; its aim being to create a positive and purposeful interaction developing a solution within a short time, O'Connell (2003, p.2) provides a succinct summary:

> 'The helper attends to clients' favoured futures rather than to their problem-laden histories. Instead of analysing problems they co-construct solutions. They set out to clarify what the clients want to happen in their lives and to seek strategies to bring this about. The solution-focused emphasis is on what the clients are doing that is right; on what works; on what the past has taught them; on their strengths and on what they can already do'.

Furthermore, a solution focused framework was considered to be useful especially if a parent or carer found it difficult to discuss the concerns or was entrenched in problem talk. In connection with this discussion, Jefferies (2003, p.179) highlights an important point in relation to the joint working of the consultant and the client:

> 'A vital task for the counsellor and client is to formulate a clear focus for the work which is realistic and, above all, meaningful'.

This is very important given that the planned time slots for the consultation were short and I wanted to engage proactively with parents. It is important to note that Jefferies (2003) views herself as a counsellor and that this view would change the dynamics of the relationship and the purpose and outcome of the drop-in. I did not wish to adopt a counselling model for the drop-in.

Kay et al.'s (2006) study evaluated the effectiveness of school drop-in clinics for children and young people as provided by the school nurse. Their study highlighted a number of important factors concerning the access of services by the young people. These included: knowledge of when the drop-in is to be held; location of the drop-in; the qualities of the person facilitating the drop-in and the choice of person, as regards their gender. Another issue, when holding the drop-in within the school community was that other students would be aware of who visited the drop-in. Kay et al. (2006) suggests that this could be perceived as a deterrent to attendance. This study has raised some interesting issues around the design the present study. These issues include dissemination of information to attract people to the drop-in, and how to avoid Kay et al.'s (2006) suggestion that it can be stigmatising when seen attending the drop-in. However, caution must be exercised in generalising from these findings as they are researched from a health perspective and with a different age group and social context.

The only reference to EPs involvement in a drop-in is by Stringer and Powell (2006). Their paper on community psychology briefly discusses an appointment based drop-in that uses problem solving approaches. Anyone with a concern about a child, regarding their learning or social and emotional development could use the drop-in service. The only caveat being that the child must not involved with other agencies. They described the aims of these sessions in relation to 'early intervention and increasing community access' (Stringer and Powell 2006, p.65). Unfortunately, they do not expand on the design and success of the model within this paper. It would be

interesting to follow up the model of delivery and to read an evaluation of their service.

The literature examined about drop-ins tends to be medically orientated; it is run by medical practitioners and tends to describe people seeking solutions or advice for health issues. However, it does provide some useful information regarding the purpose of the drop-in and the eclectic style of approaches that are adopted. It is important to consider that, because of the medical origins of the drop-in, there is the potential for it to be perceived as falling within the 'medical model'; that is it might be seen by the parents/carers in a diagnostic sense. Indeed, the nurse practitioner offers a drop-in at the Children's Centre in which this study was based - the aim of which is health advice. The implications for this study are that it was important to be explicit about the nature and extent of my involvement, so that the drop-in was not perceived in the same light as a medical drop-in.

Despite a paucity of research, there have been some useful points raised in relation to designing a drop-in, including: logistical considerations and commonalities in types of services offered in a drop-in (Kay et al., 2006 and Truman et al., 2007). These points were reflected in the structure of the drop-in. It is a useful juncture to examine my rationale for the use of a drop-in as a tool for early intervention work in Children's Centres.

- It was a means of early intervention work with parents and carers without engaging in complex casework, which can be time consuming, and the intervention was to be time limited to the duration of the drop-in. It would not

have been appropriate to engage in complex casework. I was unclear as to the length of time that I could be involved beyond the initial cycle due to other service commitments. It would have been unethical to engage in complex work then withdraw.

- It allowed a collaborative, solution focused approach with parents aimed at problem solving rather than offering an expert practitioner model. This would allow me to respond flexibly to the needs of the parents/carers.

- It was a means for parents/carers to meet with an EP in an informal way, hopefully de-mystifying our role, especially if the parents and carers were to have later contact with an EP at school.

- The drop-in would be based in the Children's Centre, within the community, and this would allow me to develop insight into how a Children's Centre might operate and to understand the needs of the local community.

As discussed above, the rationale behind offering a drop-in service was to become part of the services offered to the Centre and to be able to match the service to the needs of the community. It is acknowledged that designing community-based services for children and families is an onerous task (Garbers et al., 2006). They highlight that consideration must be given to such issues as designing appropriate user-friendly services. They found that this, amongst many others, is an important factor in people accessing what is on offer. Furthermore, my LA Children's Centres Strategy (2005-2010, p.3) states that:

> 'Service providers and community members in each Children's Centre area will need to continue to develop greater understanding of each others' role, resources, skills and values'.

By providing such a service I aimed to develop my knowledge base regarding

effective working within the Children's Centres context.

In order to define the theoretical framework in which the drop-in was be embedded, it

is now pertinent to reflect on community psychology and to explore the way in which

this contributed to the present study.

2.7: Community Psychology

It is necessary to define what is meant by community psychology:

> 'Community psychology is about understanding people within their social worlds
> and using this understanding to improve people's well-being'
>
> (Orford, 1992, p. vii)

Yoshikawa (2006, p.31) highlighted that community psychology has a focus on

'multiple levels of analysis… coupled with its focus on social justice and action'.

Community psychology embraces the philosophical foundations of social justice, anti-

oppression and empowerment. A review of the available literature indicates that

community psychology emerged as an applied model in America in the 1960s. The

reason for the growth of this approach is related to the climate of social change and

civil rights (Prilleltensky, 2001; MacKay, 2006).

Nelson and Prilleltensky (2005) suggest that the emergence of community

psychology is related to:

- A developing discontentment with deficit models (medical model) in relation to
  mental health issues;

- The relationship between resource issues and mental health problems;

- A growing awareness of the impact of the social environment.

It is interesting to note that the issues cited relating to the emergence of community psychology would not be dissimilar to some of the concerns that are prevalent in educational psychology work. This is in relation to 'medical model' thinking, labeling of children and the importance of the social context in which we all operate. By having some fundamental principles in common, I would suggest that educational psychology and community psychology share some commonalities. Orford (2008) lists the foundations and assumptions of community psychology. Table 1, p.29 attempts to draw parallels between the areas that, in my opinion, are in common with educational psychology within my practice and epistemological stance.

Table 1: Commonalties between educational and community psychology.

Assumptions in community psychology (adapted from Orford 2008)	Assumptions in educational psychology
Places people in their social contexts	Social constructivist influences have, to some extent, shaped EP practices. Our view of the child in the 'social model' looks at the child and family within the context in which they operate and the multiple influences that could be at play. Eschews 'within child' factors.
Causation is seen as operating over time and with multiple influences	Use of theories, such as activity theory, Leadbetter (2005) help to uncover multiple influences that constrain or facilitate change within a context. The EP generally tries to seek an understanding of the significance of the contributing and maintaining factors in a given situation, depending on type of approach adopted.
Notion of cause is seen as problematic	In assessment work the EP tries to think of and promote the child or family's strengths, whilst highlighting areas of difficulty, if relevant. This helps to develop positive thinking to promote change. The notion of cause is perceived to be somewhat diagnostic. We try to avoid problem talk, for example in a solution focused framework (O'Connell 2003).
Concerned with power, empowerment and disempowerment, '…to find ways of helping people combat inequality and injustice…' Orford (2008, p.xiii).	This is often a key area of our work, especially when thinking about disability discrimination, inclusion, schools and LAs. Supporting and working with schools and families to seek new understanding of situations and to address barriers that occur. This often involves systemic thinking.
Diversity is a key concept	EPs have a valuable insight into diversity and the issues that arise out of helping people accept diversity and to challenge systems that are not inclusive.
Works collaboratively with others	Most of our work is done in collaboration with the young people and families with whom we work. Multi-agency working is another facet to collaborative work. (Davis et al. 2008).
Uses a plurality of research and action methods	EPs adopt an eclectic mix of approaches towards their application of psychology. This encourages diversity; however work is placed within a psychological paradigm. Work undertaken is always evaluated in light of outcomes and changes that might have occurred.

By drawing such parallels between educational and community psychology there are some implications for this research. I was able to consider the similarities between the two in light of praxis. This contributes more evidence as to the potential role of EPs in community psychology.

Despite the areas of similarity highlighted above, it has been argued that educational psychology has been too involved, when assessing children, with considerations of resources and provisions; this has restricted the profession from applying psychological models in different ways (Moore 2005; Jones 2006; MacKay 2006; Powell and Stringer 2006). MacKay (2006) argues that the founding father of educational psychology, Cyril Burt, was essentially developing a model of community psychology. This is an interesting proposition; it could be argued that community, in the sense in which MacKay (2006) is referring to Burt, relates to the physical context in which the psychologist is operating. This type of community psychology might be different from an applied community model. MacKay's (2006) interpretation of Burt's meaning might be better viewed as pertaining to the physical location of the psychologist, based within the community, rather than an applied model of working. Jones (2006, p.17) questions 'can there be a non-community EP?' This highlights that there is some confusion in the literature (Jones 2006; Stringer and Powell 2006) between working in a community setting and applying a community psychology approach.

In order to illustrate the EP's role in community psychology, Jones (2006) and Stringer and Powell (2006) cite examples of the types of work being undertaken in

their EPS. It is interesting to note that the examples given related to psychologists working in the community, and they did not address the epistemological and methodological foundations of the community psychology paradigm. In addition, Stringer and Powell (2006) described how, in consultation with key stakeholders, the notion of community was extended from schools into the wider community as a result of discussion about who pays council tax in that community. Wood's (2006) paper provides a more detailed explanation of the use of a specific (empowerment) model to develop a method of service delivery in relation to community psychology.

In my opinion, a key question when working as a community psychologist: is what are the key competencies needed? Does the EP need to adopt new core values in relation to personal and systemic change in order to practise community psychology? Or is it about using existing skills in a different way? This is a debate that is not reflected in the literature reviewed.

MacKay (2006) argues that in order to develop a community psychology model it is important to eschew the notion of EPs as 'experts'. The expert model creates a barrier to effective working. Indeed, it serves to provide additional boundaries to perceptions of the role of the EP. Also, in my opinion, there is the danger that it fosters territorial behaviour, in that people start to lay claim to certain pieces of work and view it as 'theirs', Chavis (1993, p.173) describes this as 'practitioner conservatism'. In order for a community psychology model to work productively it needs a collaborative approach from all involved. This effective multi-agency working requires a 'multi-dimensional gaze' (Dyson et al., 1998). This gaze requires the professionals, who are involved with children and families, to have the ability to take

on and understand others' perspectives and to move out of the 'expert mode' when required.

Jones (2006), a proponent of community psychology, has a different perspective about the role of the EP as an expert. He views the psychologist as having 'a valuable set of knowledge and skills' (Jones, 2006, p.17). This would suggest that the psychologist brings some particular kind of expertise or specialism to the realm of community psychology. This 'expert' view does not sit well beside the key core value, in community psychology, of empowerment; indeed, it seems to be the opposite. Problem solving or collaborative methodology would appear to be more appropriate to promote empowerment, not just at an organisational level, but also at the level of the individual. Wood (2006, p.53) describes the use of an empowerment model as a model of service delivery; she suggests that an important part of the process as 'using and enhancing the clients' existing skills and resources as being central to the process'. This is what the drop-in aimed to achieve.

Mackay (2006) points out that a community psychology model is needed in Britain due to the rise in mental health problems and the increase of poverty. He is pessimistic about the development of community psychology and cites a few reasons, including bureaucratic and governmental processes, for this viewpoint.

> 'The passage of almost an additional decade and a half… has brought the achievement of these ideals no closer, either in psychology generally or in educational psychology'.
>
> (Mackay, 2006, p.11)

Mackay (2006) appears to gloss over the new initiatives, such as Every Child Matters (DfES, 2003)*,* and the commitment and willingness of professionals to engage in new working practice. However, it must be noted that Mackay practises in Scotland and this legislation is not applicable in that part of the UK.

The literature reviewed highlights that there are a number of issues from community psychology that are relevant to EP practice and service delivery. These include; empowerment, collaborative practice, research methodologies, social models and views on causation. However, it would appear that there are still some tasks to be done if EPs wish to develop a community orientation. These include:

- A greater understanding of community psychology as a paradigm;
- A systemic perspective to the application of psychology in a community context;
- A re-conceptualisation (Government, LAs, EPS and communities) of the role of the EP;
- Greater inter/trans agency working.

The issues highlighted about community psychology and educational psychology are important for this present study, as they provide further evidence of the links between EPs and community psychology. Traditionally, EPs were required to work within the context of schools. Schools have developed the function that they serve within communities; for example, extended schools and Children's Centres being housed on school sites. As a result, this might have an effect on the demands that are placed on EPs and the way that we deliver psychology within the communities that are

encompassed by the school. This present study provides an opportunity to consider if EPs are applying community psychology principles, and how this will affect the educational psychology profession thereby providing a unique contribution to this field of research.

After exploring the role of EPs in community psychology, it is important to look at the chosen methodology (action research) and its application in community psychology.

2.8: Definition of Action Research

Action research as an approach which emerged in the 1940s from the work of Kurt Lewin,   '… it was lauded as an important innovation in social inquiry', (Taylor, 1994, p.108). There are some key elements that define the approach; these are 'self-reflective spiral of cycles of planning, acting, observing and reflecting' (Carr and Kemmis, 1986, p.162).

It has been described that action research is:

> '...the study of a social situation with a view to improving the quality of action within it...the validity of the 'theories' or hypotheses it generates depends not so much on 'scientific' tests of truth, as on their usefulness in helping people to act more intelligently and skilfully. In action research "theories'' are not validated independently and then applied to practice. They are validated through practice'.
>
> (Elliott, 1991, p.6)

The description proffered by Elliot (1991) highlights his awareness of a non-positivist application to action research and to problems that are encountered in real life situations. Taylor (1994, p.108) concur with this idea by stating that it 'involves abandoning the idea that there is a strict separation between science, research and action'. Furthermore, Elliot's (1991) quote suggests an emphasis on personal

development and a build-up of knowledge that emerges through a practical application.

Action research is frequently used in educational contexts as a methodological approach to explore genuine questions that occur in professional practice and to develop professional knowledge to improve outcomes (McNiff, et al., 2003; Herr and Anderson, 2005).   The application of action research leads to the suggestion that a change might occur and this could be at an individual or at a systemic/organisational level (Robson, 2002; McNiff et al., 2003). As an EP, I consider that one of my roles is to bring about change for children, families and those who work with them. This change can be brought about in various ways. I continually seek to develop and refine the tools that I use to initiate change, and I wish to improve my own skills during the application of my work.   Action research is an appropriate dynamic tool that I can use to bring about and evidence change in my role as an EP.

Action research and community psychology appear to be complementary. Bryan et al. (2007, p.383) proposed that:

> '…action research is integral to the field of community psychology and the pursuit of sustainable change in complex systems'.

Yoshikawa (2006, p.32) discussed that 'such research fits the values of community psychology as an action science'. There are many models of action research and they offer flexibility in design and data collection. It is suggested that the action researcher has two goals, which can be defined as being personally and socially orientated:

'The personal aim is the improvement of your own learning, while the social aim is an improvement of your situation'.

(McNiff et al., 2003, p.13)

Whilst in agreement with the first part of McNiff's (2003) statement, it is clear that the improvement in situation might not always belong to the researcher.

It was discussed that by using action research methodology praxis is central to community psychology 'action builds on knowledge and knowledge is acquired through action' (Orford, 2008, p. xiv). This highlights that action research is conducted in real life situations that involve the researchers' and others' participation. This helps to create 'ecological validity' for research. Another interesting point highlighted by Orford (2008, p.78) is that action research can challenge the 'dominance of vocabularies of deficit'. The deficit model was discussed earlier in the research in relation to a social discourse about 'hard to reach families'.

In a key article concerning community psychology and action research, Bryan et al. (2007) argued that community psychology could be enhanced by the application of theories from organisational psychology. They provide a robust argument for the use of 'open systems' and 'chaos theory' to action research methodology. They particularly emphasise the importance of the application of theory to three specific strands of action research in community settings.

These being:

- Ecological context;
- Collaborative partnerships;
- Sustainable practice.

In the methodology chapter I give consideration to Bryan's et al.'s (2007) work in light of the design of this present study. It was interesting to note that Bryan et al. (2007) highlight that some colleagues from community psychology adopt principles from organisational theory when doing their action research. They discuss that this is almost done unwittingly and has not always been acknowledged. The reason for considering action research in light of organisational and community psychology is that it can help the action researcher make sense of problems that occur during the research. It engenders collaborative working. It helps to provide multiple layers of understanding and analysis regarding phenomena that might otherwise not have been examined.

2.9: Conclusion

The literature that I have reviewed has helped to shape my research question and aims. I have summarised some of the key issues that have emerged as a result of the literature review and highlighted how they have implications for the present study.

SSLPs were designed to reduce social exclusion, thereby improving the life chances of those most disadvantaged families (Glass 1999). Children's Centres emerged from SSLPs. The efficacy of Sure Start and Children's Centres in meeting the needs of the more disadvantaged families was unclear (Belsky et al., 2006). It was important for me to develop an understanding of the historical context of how Children's Centres evolved so that I could be knowledgeable when the Children's Centre staff talked about developments and initiatives in order to meet the needs of the community. I have found that people tend to have assumptions about the level of knowledge that

one holds about their organisation. When carrying out research into another system it is important to have as much knowledge as possible. Also, it has been useful to understand and be sensitive to the criticisms that have been leveled at previous initiatives such as Sure Start; for example, Belsky et al.'s (2006) comments on the failure of some SSLPs to meet the needs of local families.

It was discussed that people engage with services in different ways and that there are different styles of engagement (Garbers et al., 2006). In connection with the present study, it was useful for my colleague and me to reflect on why parents have engaged with the drop-in service. For example, was the service recommended by the Children's Centre staff or has the parent/carer decided to utilise the drop-in voluntarily. Therefore, it is important to be aware that this drop-in service and type of approach might not suit all users of the Children's Centre and that a flexible approach may result in greater participation. The evaluation of the drop-in needs to take into account 'ecological context', (Yoshikawa, 2006; Bryan et al., 2007). Furthermore, Gewirtz et al. (2005) highlighted that conceptualising people as 'hard to reach' promotes a deficit model and may inhibit their engagement with services. Access and use of services are thought to be linked to parents' and carers' expectations (Garbers et al., 2006). Therefore, in order to ensure that the service would meet expectations I gave precise definitions about the EP role and the focus during the drop-in.

It was suggested that the services developed should reflect the experiences of the people who might access them (Garbers et al., 2006; Gewirtz et al., 2006; Jones 2006). It was important to understand the type of issues that were important to the

community that used the Children's Centre. The knowledge and experience of the

staff were used to develop an understanding of the service users and their

requirements. In terms of this present study it was important to meet the parents to

understand the needs of the community and develop a useful service. Therefore,

views collected helped design the service and to provide some information about of

the types of issues that were important to the families and children within the local

community. It was important to understand the issues to help evaluate if a drop-in

service was a useful model of work for an EP in Children's Centres, and if it met the

needs of the community. It is acknowledged that there are some limitations as the

methodology in some studies has shown; for example, Sheppard et al. (2007) that it

is not possible to collect all service users' views.

Jeffries (2003) highlighted that the drop-in has been perceived as a medical model.

The implications for the present study were that people who used the service may

have come with pre-conceived ideas about the type of services offered in a drop-in.

Potentially it could have been viewed as a diagnostic clinic rather than a problem

solving opportunity. Therefore, a clear remit was communicated in a positive and

constructive manner. Jefferies (2003) offered a useful suggestion pertaining to using

framework to structure the drop-in; this contributed to the decision to have a structure

for the interaction which was drawn from a solution focused approach in order to

avoid the 'expert' model and engage in collaborative problem solving. This present

study provided the opportunity to explore how a drop-in model might be run by an EP

within a Children's Centre.

The literature read proposes that there is a wealth of evidence to suggest that early intervention is vital to counteract psychological difficulties and offending behaviour in later life (White et al., 2002; Sutton 2003). The present study provides evidence to contrast White et al.'s (2002) suggestion that early intervention work is the domain of health professionals and demonstrates the value of educational psychology in a model of early intervention work. This is important for the educational psychology profession, as early intervention is one of the key components of directives such as Every Child Matters (DfES, 2003) and increasingly we are asked to work within a community context.

Some of the studies read suggest that EPs are trying to engage in early intervention work within the paradigm of community psychology (Jones 2006; Powell and Stringer 2006). However, literature read suggests that the role of the EP as a community psychologist is not clearly defined (MacKay 2006). By comparing some of the key principles of each branch of psychology it has been possible to find some commonalities, where community psychology might be applicable to educational psychology role/service delivery.

This literature review helped to shape the research, when formulating the research question and aims. This present study contributes to a body of knowledge about the role of EPs within Children's Centres and how a model of early intervention work (drop-in) could be successful within that setting. Therefore, the over-arching research question is:

- How might a drop-in service run by EPs be used in a Children's Centre?

The research aims are to:

- Develop an understanding of the type of issues that are important to children and families in our local community;

- Explore a model of early intervention work with parents and carers;

- Evaluate the usefulness of a drop-in service for parents, staff and EPs;

The next chapter will focus on explaining the methodology of the action research project.

CHAPTER THREE: METHODOLOGY AND RESEARCH DESIGN

3.1: Introduction

This chapter describes the design and methodology used in the present study. The methodology in any research topic is chosen to answer the research questions. In order to provide continuity I will repeat the research question.   It is:

- How might a drop-in service run by educational psychologists (EPs) be used in a Children's Centre?

Sections 3.2, 3.3 & 3.4 explain the research context, qualitative approaches and epistemological and ontological issues which provide a foundation for the research. Action research, including advantages and disadvantages are discussed in Section 3.5. The final Sections 3.6 – 3.10 describe the participants, data collection tools, data analysis, ethics and validity.

3.2: The Research Context

The catalyst for this research was the result of a discussion between two EPs, the early years senior specialist, and me.   Bridges (1997, p.179) posits that, 'the notion of enquiry suggests some initial puzzlement or curiosity, a question which the individual seeks to clarify and answer'. My colleague and I were concerned that Children's Centres were developing and thriving throughout the city in the North East of England, yet EPs were not working within these contexts. With a very small amount of time taken from the early years allocation, my colleague and I decided to offering a drop-in service to Children's Centres. My rationale for offering a drop-in is detailed on p. 25-26. My underlying core values when carrying out this work were centred on my interest in early intervention and parenting support. Furthermore,

there were on-going discussions within the Educational Psychology Service (EPS) about the role and future of EPs in community psychology. Torrance (2004) highlighted that research needs to be more responsive at a local level. Another salient and realistic point is that the research needs to be 'researcher friendly', (Herr and Anderson 2005); the research needs to be carried out in a way that fits with the demands of the everyday job.

It was suggested that:

> 'Educational Psychology has rather lost its way in terms of the manner in which we think about it and practice it…our practice seems to have become narrowly prescribed, overly concerned with questions of assessment and the resource worthiness of children…'
>
> (Moore, 2005, p.102 -103)

This point has been reiterated by several other EPs (Jones 2006; Stringer and Powell 2006). Therefore, this research might demonstrate that the role of the EP has the potential to be more expansive and enriching than that identified in Moore's (2005) concerns.

3.3: Qualitative Approaches

Parker (1994, p.3) suggested that qualitative research is 'an attempt to structure what lies within'. Madill et al. (2000) emphasised the non-homogeneity of qualitative research. This refers to the broad range of methodologies and epistemological stances that can be adopted by the qualitative researcher. Madill et al. (2000) argue that objectivity in research was regarded as a 'given' in positivist approaches. However, they suggest that it is possible to have objectivity in qualitative research. They posit that it is the responsibility of the qualitative researcher to answer the difficult questions and explain why they reject mainstream approaches in order to

justify their stance. Willig (2001, p.9) highlighted that 'qualitative researchers tend to be concerned with meaning…. quality and texture of experience'. The present study is interested in how people view and experience the drop-in and if it is an effective use of the EP's time, therefore a qualitative approach is appropriate. The qualitative researcher does not make hypotheses when predicting events. They are concerned with what emerges from the action. This present study was not concerned with predictions about the drop-in. Hypotheses might be restrictive, might influence the actions of the researcher and might not allow naturalistic research to occur.

Madill et al. (2000, p.17) suggested that:

> '…qualitative researchers have a responsibility to make their epistemological position clear, conduct their research in a manner consistent with that position, and present their findings in a way that allows them to be evaluated approximately'.

Given the responsibility on the qualitative researcher, as highlighted in the quote above from Madill (2000), it is relevant to explore the epistemological and ontological perspective that forms the basis of this research.

3.4: Epistemological and Ontological Issues

The Concise Oxford Dictionary (1982) lists the following definitions:

Ontology - *branch of metaphysics dealing with the nature of being (p.712).*

Epistemology *- theory of the method or grounds of knowledge (p.325).*

Methodology *- science of method; body of methods used in a particular branch of activity (p.637).*

I find the setting out of the above definitions a useful way to revisit the research terminology. In the present study it is important for the reader to have insight into my

understanding of epistemology, ontology and methodology in order to provide justification for the work. Herr and Anderson (2005) discuss that the positionality of the research is key to setting the ethics, epistemology and methodology of the research. This requires the researcher to carry out certain tasks:

- To make explicit her understanding of the nature of the world when carrying out this research as a practitioner, set within the context of current scientific debate.

- To address the issues discussed in the above bullet; this should help to explain the principles of the knowledge pertaining to this research, whilst acknowledging the 'knowledge and nature of the relationship between the knower and what can be known' (Moore, 2005, p.106). Then, to bring into being the practical task of what the researcher will actually do to demonstrate her developing understanding of the world as applied to the current research.

Willig (2001, p.12) highlights that in any research there are certain epistemological questions that must be answered. These are:

- What kind of assumptions does the methodology make about the world?

- What kind of knowledge does the methodology aim to reproduce?

- How does the methodology conceptualise the role of the researcher in the research process?

The following sections will aim to answer Willig's questions in order to contextualise the methodological approach (action research) adopted.

<u>What Kind of Assumptions Does the Methodology Make About the World?</u>

It has been suggested that:

> 'Action Research is appropriate when specific knowledge is required for a specific problem in a specific situation, or when a new approach is to be grafted on to an existing system'.
> (Cohen and Manion,1980, cited in Taylor, 1994, p.113)

Burden (1997) suggests this type of research is rewarding and exciting. Furnham (1996) discusses the choice of methodology adopted by the researcher is governed by the nature of the problem. Concerning methodology, Herr and Anderson (2005) highlight that in action research there is a 'premise of evolving methodology'. Burden (1997, p.13), argues that there is a need for 'in-depth studies of educational practice' and that these should be in the real world.   He states that a benefit of action research is that it is conducted in a naturalistic setting; therefore, it will address problems at a level that is pertinent and relevant to the issues encountered within that setting.

I accessed a set of power point presentations (www.bgpinqmr.group.shef.ac.uk/ workshop /Module3.ppt.) from the University of Sheffield. These presentations posed the question, 'do we have epistemological beliefs or are epistemologies themselves social constructions?' This is a very interesting point. I think that human nature requires us to make sense of the events that happen in our lives. We seek to understand events as best we can, naturally influenced by our own experiences and perspectives. Therefore, it could be argued that epistemology can be applied either consciously (academic means) or subconsciously (the lay person trying to make sense of events). However, psychology aims to provide structures (methods, models and theories) that give a framework in our quest to understand. Therefore, in one

sense, epistemologies are tools made by humans to seek that understanding. In connection with this research I aimed to develop an understanding of how a drop-in might be run by examining my own reflections and by collecting the views of those involved. The research was enriched by validating my interpretations with the Children's Centre staff and parents; I would suggest that action research methodology facilitated this process.

In his paper, Moore (2005, p.104) requests a more 'reflective and questioning attitude to practice'. This requires the researcher to examine the philosophical debate underpinning her chosen profession. The diversity found in psychology can be highlighted by the argument concerning the nature of everyday knowledge. This will lead to different views, especially in different branches of psychology about the nature of reality. Wetherell and Still (1996) emphasise that knowledge can be viewed from a realist or relativist position (ontology); for example, one truth, or the view that there is no single correct reality. Perhaps it might be more appropriate to consider that the issues of realism and relativism are on a continuum rather than being seen as polar opposites. In any given research there will be viewpoints and points in time that reflect the continuum thinking and these might allow the researcher to view her research from different positions. Mays and Pope (2000, p.51) suggest that it is the job of qualitative researchers to hold a philosophical stance that aims to 'represent reality rather than search for the truth' - they define this as 'subtle realism'.

What Kind of Knowledge Does the Methodology Aim to Reproduce?

Stevens (1996, p.215) suggests that 'meanings are the essential subject matter of psychology'. The search for meanings or 'a truth' forms the foundations of research in any science. Wetherell and Still (1996) propose, that, because there are no objective criteria for choosing between points of view in psychology, 'anything goes'. This underpins the choice of theory and methodology. I have always questioned the 'truth' argument. In my opinion, research in psychology cannot present a stance that is totalitarian. It must be viewed within the social context and within the ever-fluctuating world in which we live. It would be more helpful to view findings as interpretations, which are placed in a given ontological and epistemological context. Moore (2005, p.107) succinctly and helpfully highlights the point:

> '..forms of practitioner practice are an expression of both a commitment to a particular view of reality and to ways of knowing the world, held by the practitioner'.

Furthermore, he argues that research could be just as effective when it is grounded in practitioner theory and it does not always have to question existing academic theory. Indeed, this requires an intuitive element but, as is often the case in my type of work, many questions and assumptions are generated through the actions of others in the context of everyday practice. Therefore this research reflects my work as I experience it. Due to the type of research adopted and the qualitative nature of the methodological approach (action research) a hermeneutic epistemology is appropriate. It favours an interpretative approach by 'differentiating meanings and exploring their forms and origins' (Stevens, 1996, p.215).

From a social constructivist perspective, the researcher is required to embed the research findings within the cultural context, and this pertains to the community and the Children's Centre. This is contrasted by the nomothetic approach that seeks to find universal generalisations. This approach is better placed in a positivist paradigm. By applying a hermeneutic approach there is, to some degree, an assumption of determinism, in that meanings are interpreted at individual and symbolic levels. This type of approach is open to criticism when applied to evaluation, subjectivity and replicability of the research. However, it is up to the researcher to offset these critiques against the richness of the data obtained. The subjective interpretations, which develop and evolve through the research process, may create alternative understandings about the subject matter. In my opinion, this would be as valuable as reproducibility of the findings.

The social constructionist perspective suggests that a cultural context is necessary to understand human social behaviour and experience. Stevens and Wetherell (1996) argue that humans are social beings and that context and culture play a central role in forming peoples' experiences and actions. They also suggest that culture is responsible for the construction of the self and hence shapes social behaviour and experience. This approach to psychology also considers the extent to which the social context in which one is embedded affects the individual's social behaviour. The implication for this present study was that it was important when evaluating the findings to be aware of the cultural context of the Children's Centre. The research aim of developing an understanding of the issues that were important to children and families within the community facilitated this process.

<u>How Does the Methodology Conceptualise the Role of the Researcher in the Research Process?</u>

The move to challenge the positivist-empiricist stance in psychology is identified as postmodernism. Bridges (1997) highlights that there has been much debate about the importance of philosophy in educational research versus the scientific paradigm. He almost describes it as a power struggle, and that educational research with philosophical foundations is seen as somewhat the poor relation beside the positivist methodologies. Moore (2005) posits that the current climate in which we conduct research as a practitioner aims to extend the understanding of how research and researcher are interrelated.

Cohen et al. (2000) discuss the merits of practitioner inside knowledge versus outside objectivity; they argue that the social world can only be interpreted from the perspective of the individuals who are involved in the research. One of the reasons for engaging in action research is that it relates to collaboration and allows me to engage in practitioner research. Robson (1993, p.447) highlights the advantages of practitioner-researcher as being:

- *'insider opportunities' – the idea that the researcher will have a knowledge and experiential foundation to the situation and personnel.* This is an interesting point as one of the reasons I developed this work with my colleague was to increase my knowledge, both theoretical and practical, of Children's Centres.

- *'practitioner opportunities' - implementation of action can be easier to achieve.* By offering an 'action piece of work' I believe that the Children's Centre was more willing to engage with me as an EP than if I had offered to research the role of the EP by using a questionnaire or focus group. By carrying out the

action (drop-in) the staff experienced the type of work in which we could engage and was in more of a position to discuss its effectiveness or otherwise.

- 'practitioner research synergies' - practitioner role and insights can help in making the design, carrying out and analysis of studies more relevant. This is a useful point as by employing action research the notion of cycles of planning, action and evaluation help the research evolve but not in a pre-ordained direction.   (Adapted from Robson, 1993, Box 15.1, p. 447)

McNiff et al. (2003, p.13) define that 'Action Research involves making public an explanatory account of practice'. The researcher is an active participant within the context of the research; therefore the need for reflexivity is vital. Reflexivity relates to the researcher being able to critically examine the research process. Schon (1983, p.242) describes this as:

> '..on-the-spot surfacing, criticising, restructuring and testing of intuitive understandings….often it takes the form of a reflective conversation with the situation'.

Reflexivity is very important in qualitative research. Parker (1994, p.13) discussed that it is important to take into account 'the realisation of the relative nature of social reality'. This means that the researcher must constantly question their position and interpretation of the research. By the nature of the action research methodology the researcher is involved and is a very active participant, therefore reflexivity is a key component of this type of approach.

Archer (2007) presented a lecture at the critical realism dictionary launch where the topic was reflexivity. A key point that she highlighted was that 'reflexivity is always a pursuit and never a destination'. This is an integral point to remember when conducting research. The results and the researcher's interpretations can never be final or conclusive. They only represent that given point in time when the research was being carried out. The act of publishing research sets it up for scrutiny; therefore, it requires the researcher to be reflexive in several modes, including the methodological and epistemological modes.

The discussion presented above argues that it is important for the researcher to explain their research in a context that makes explicit their epistemological and ontological perspectives as highlighted in Willig's (2000) questions at the start of the chapter.

The following section will discuss the use of action research as a methodological approach to this research.

3.5: Action Research

Models in Action Research

McNiff et al. (2003, p.58), describe action research 'as a continuous process of acting, reflecting on the action and then acting again in the light of what you have found'. Therefore, in terms of procedure, the approach incorporates a cycle of planning, action and data analysis, followed by evaluation of results and process.

McNiff et al. (2003) argue that there are several frameworks within which individuals can place their research. Hopkins (1985) presents action research models, for example, Carr and Kemmis (1986) and Elliott (1982). Models are presented as a series of steps and range from simple spirals to complex diagrams. The visual representation of the models is extremely useful to conceptualise the process. As a result of the literature surveyed (Elliott 1982; Schon 1983; Hopkins,1985; Robson,1993; McNiff et al., 2003) I distilled a list of the key phases in the process of action research:

They are:

- Development of a plan of action – this plan is based on the research or information gathered in the previous step. Consideration will be given to alternative courses of action and it will contain an outline of the action steps proposed.

- Take action – this involves following a course of action, using research tools to gather information.

- Evaluating – examine the consequences and outcomes of the action taken and this may involve further research and an amendment of plans for subsequent next steps. A new cycle of action and monitoring will emerge.

- Specifying learning – this involves analysing and describing the outcomes of the research after the cycles or phases have been completed. It may also contain ideas for future research to be implemented.

McNiff et al. (2003) emphasised that non-linearity is a useful way to conceptualise a framework. Whichever model is chosen or devised it must work for the researcher.

McNiff et al. (2003) suggested some useful starting points to consider when action planning and evaluating. These were:

- Review our current practice;

- Identify an aspect we want to improve;

- Imagine a way forward;

- Try it out;

- Take stock of what happens;

- Modify plan in line with the findings and continue with the action;

- Evaluate modified action;

- Reconsider the position in the light of the evaluation.

I took their suggestions and made it into a framework to guide my thinking as the cycles developed. I felt it was an important step to shape my own model, as McNiff (2002, p.7) states 'you must decide what is right for you'.   In creating my own model it allowed me to design something that was meaningful to me. Some of the models that I considered, such as Carr and Kemmis (1986) and Elliott (1982) felt too complex, cluttered and rigid; I felt that if I followed such models, I would spend so much time trying to shape the research to the flow chart or fitting the flow chart to the research, thereby directing the focus away from the data gathered.

The framework (Table 2, p.55) was used to structure discussions between the Children's Centre manager, my colleague and me. Also, I used it as a framework to set out subsequent chapters in the thesis.

Table 2: Framework adapted from McNiff et al. (2003).

• What are we doing now?
• What do we want to do differently?
• What do we plan to do?
• Take action, (what and when)
• Evaluate action, including reflections
• Plan modifications
• Take action

Justification for Action Research

Mc Niff et al. (2003) describe how action research is different from other types of research, and the headings that they use to evidence their argument embody my core values which are important to me when carrying out research. I have listed these below, in Table 3, as justification for the action research methodology:

Table 3: My reasons for engaging in action research as a methodology.

McNiff et al.'s (2003) reasons for difference between action research and other methodologies	My reasons for engaging in action research as a methodology.
Practitioner based	As this research was to be submitted to form part of my EdPsychD, it was important to me to carry out research that was useful to my work and involved me being central to the research.
It focuses on learning	This was not just about my learning; (which, I must stress, is very important to me). This research brought new knowledge to the staff of the Children's Centre, EPS and parents. Rather than the learning being acquired through teaching I saw it as emerging out of the action taken; I find this motivating.

It embodies good professional practice	This allowed me the opportunity to produce evidence to describe the work that I do, but in a more structured and thoughtful way, and reflection led to a change in practice at some level.
It can lead to personal and social improvement	This, in my opinion, would be the aim of any research. Also it would allow families to access educational psychology in a less formal way. It allowed me the opportunity to work in a different way as compared to my generic role.
It is responsive to social situations	This is important because the research I carried out required me to meet the needs of a number of people and contexts, therefore, after the action and reflection stages, research needed to be responsive within the social context in which it was set.
It demands higher order questioning	This is part of the criterion that I must demonstrate in order to successfully complete my degree. It also gave me the opportunity to work in a questioning way with colleagues and to apply epistemological stance to my research.
It is intentionally political	Having chosen Children's Centres as the focus, this research was current to the agenda of the LA and Children's Services.
The focus is on change and the self is the locus of change	I wanted to be able to improve the service that I offer, therefore I needed to be reflective and use the evidence that emerged as a result of the research. I wanted to develop my work with parents and focus on a model of early intervention.
Practitioners accept responsibility for their own actions	I think that this is a key principle of being an EP. All actions that are carried out in my work are thought through and not just applied in a random way. This research challenged me to justify my epistemological, ontological and ethical stance.
It emphasises the values base of practice	As discussed above, the basis for this research stemmed from my core values in relation to early intervention and parenting support.

I thought that action research was an appropriate methodology to answer my research question and aims, because the research addressed a genuine issue in my professional life, and could be tailored to the needs of the setting thereby being relevant and useful to the Children's Centre. Furthermore, action research is a methodology frequently used in community psychology and this present study reflects an interest in community psychology.

Bryan et al. (2007) discussed the use of organisational theory in community settings when carrying out action research. Bryan et al. (2007) placed particular emphasis on the following strands:

- Ecological context;
- Collaborative partnerships;
- Sustainable practice.

It is a useful point to discuss these and the implication for this present study.

Ecological Context – Bryan et al. (2007) use open systems theory to emphasis the multiple layers that operate within any organisation and stated that when change occurs at one level there is almost a ripple effect in the other layers. Bryan et al. (2007, p.384) described how 'an intervention at one level operates at different ecological levels in on-going ways'. The present study, although a small qualitative research project, needed to consider the effects of the action across several organisational layers and systems (Children's Centres, LA and EPS). This required the researcher to be aware of 'how these systems are interconnected, how they flow

into one another…. how they are influenced by suprasystems' (Bryan et al., 2007, p.384).

It is argued that in order to operate within the ecological context of an organisation the action researcher must pay heed to the organisational culture. To have regard for this means that it:

> '…ultimately determines how receptive the organisation will be to the new intervention, the level of collaboration that can be expected between reformer and participant'.
>
> (Bryan et al., 2007, p.385)

Schein (1990) proposed that 'culture is learned' therefore one of the tasks of the action researcher is to understand and learn the culture within which they are researching. It was important for me to achieve this as I was becoming part of the services that were being offered by the Children's Centre. Furthermore, one of the research aims was to develop an understanding of the issues that were important to the children and families in the community. It is a challenge to the action researcher when their research is not compatible with the culture or sub-culture of that organisation. Deal and Kennedy (1983) (cited in Stoll and Fink, 1996, p.81) encapsulated the essence of a culture in an organisation in the phrase, 'this is the way we do it round here'. Moreover, they discussed that 'when culture works against you, it's nearly impossible to get anything done', Deal and Kennedy (1983:4) (cited in Stoll and Fink, 1996, p.80). As the research progressed it became clear that the culture of the Children's Centre facilitated the research.

Bryan et al. (2007) highlighted the importance of chaos theory to the action researcher working into organisations. They suggested that 'chaos theory describes

the change process as a random movement from chaos to pattern and back' (Bryan et al., 2007, p.385). As an action researcher it helped me to understand the implications of the research in relation to influences beyond the control of the methodological approach. Bryan et al. (2007) suggest that it is important to help the researcher understand the non-static nature of the environment in which they are working. Therefore, a research diary was a useful tool for the action researcher to help document observations in relation to the ecological context in which they are researching. It is suggested that the researcher needs to:

> '…be vigilant and to continually evaluate the state of the system… because knowledge is never fixed'.
>
> (Bryan et al., 2007, p. 385)

Within the chaos theory framework, as with action research, the researcher will be required to be flexible and creative in their response to change within the organisational system. So, it was important to take account of such factors and the implications for the study during the reflection process in the research cycles.

Collaboration- Without collaboration this action research project would not have existed; the collaboration was on many different levels within organisations (Children's Centre, EPS and LA) and involved many different people (parents, children and a range of different professionals).

Bryan et al. (2005) suggests that sociotechnical systems design theory (STSD) is a useful tool to encourage collaboration within a social system. This theory proposes that it is important to collect as many perspectives as possible as this will 'improve the fit of the intervention to the social setting as well as increase commitment to the intervention' (Bryan et al., 2005, p.386). The implications for this present study were

that it was important for the EPs to meet as many people involved in the Children's

Centre in order to collect perspectives on the service and to build effective

relationships to enhance collaboration. Action research was a useful methodology to

achieve this because of the flexibility that it offers. Collaboration will be reflected on

in greater depth in the discussion section.

Sustainability- in this context, refers to practices that might continue after the

research has finished (Bryan et al., 2007). This is an interesting point to discuss in

relation to the present study. Part of the reason for the development of the drop-in,

was to explore how to expand the EP's role within Children's Centres and to provide

some evidence that there is a need for my service to develop ways of working in

such systems. However, due to the nature of this action research project I was not

offering a type of service that could exist on its own; it was contingent on the EPS

offering a service and developing a commitment to work within Children's Centres.

Consequently, for the foreseeable future, the sustainability of this research continued

for the length of time my colleague and I committed to the research.

Advantages and Disadvantages of Action Research

As with any research, there will be advantages and disadvantages of the

methodology chosen. Herr and Anderson's (2005) 'premise of evolving methodology'

links to Cook's (1998) view about the messiness of action research. Cook discussed

that due to the evolving nature and structure of action research it can be difficult to

encapsulate the complexity of the action research process into a 'linear, coherent

form' that could be read by others. Atkinson (1994) concurred with this issue; in her

paper she argued that action research models do not reflect the complexity of the

process, and that the planning, acting, observing and reflecting do not always happen in isolation and can be occurring at the same time. She makes some interesting points when she suggests that the process 'cannot be learned from a book' (Atkinson,1994, p.398).

I have previously used action research and can identify with Atkinson's (1994) and Cook's (1998) assertions. It is very difficult to capture all the events that occur in action research and to present them in a form that is readable and that represents an effective interpretation of the processes and unfolding knowledge within a social and cultural context. Despite this awareness of these difficulties both researchers use the approach. The issues highlighted are useful, as they made me aware of some of the potential difficulties that might occur when carrying out the research and writing up the thesis.

Atkinson (1994) warns that problems in action research can occur when the researcher and those involved have different aims. This is a valuable point that must be acknowledged in the research. Presumably, these differing aims or potential conflicts would be in existence with or without the action research process and might be potential barriers to effective working. However, in the present study, due to the collaborative and reflective aspect of action research this helped to ensure there were no conflicts.

Criticisms are levelled at action research in that it is not scientific (Robson 1983). The essence of control over the variables is not applicable, succinctly highlighted by

Taylor (1994, p.113) as 'a scientific researcher's nightmare'. Sapsford and Abbot (1992) take this further when they suggest that with action research it is impossible to know what action was responsible for which result. However, establishing direct casual links was not an aim of the present study.

Taylor (1994, p.110) suggests that action research gives '…practitioners the kinds of knowledge they can apply to their own behaviour in the midst of on-going events…' This is interesting to consider, as I would have carried out this work even if I were not writing it as a thesis. These changes in behaviour, alluded to by Banister (1994), are akin, in my opinion, to hunches or explanations that are generated to contextual behaviours, our own or that of others. Action research gave me a tool and the opportunity to provide some evidence regarding these hunches.

Kemmis (2006) has suggested that, recently, action research has become more interested in the 'how' of education than the 'what for'. Torrance (2004) might relate to this as a dichotomy between the need for theoretical knowledge versus practical knowledge. He highlights that practical knowledge might not be subject to 'methodological imperatives and scrutiny' (Torrance, 2004, p.188). Nevertheless, he does argue that theoretical knowledge can be divorced from practice. It is important to take cognisance of these criticisms but I would argue that this was an appropriate methodology for my chosen research. In summary, action research was chosen as an appropriate approach to investigate the research question because it:

- Involves praxis. In order to explore how a drop-in service might be run in the Children's Centre I researched, designed and implemented the structure of the

drop-in, in collaboration with others. Action research allowed me to be active in the research and to adopt several roles.

- Is practitioner based. As well as gaining and developing new knowledge, I was able to use my skills through the drop-in in an effective way that was of benefit to the people who used the Children's Centre. A service was provided that the Children's Centre did not, at that stage, have access to.

- Is collaborative. The people involved in the research contributed to the cycles; by using action research a drop-in service was developed that was a product of the cycles of action. This allowed the process to be responsive and flexible to the needs of the community. It ensured that a service was designed that was not just based on what I thought they needed.

- Gives an 'analysis of the situation in-situ' and is reflective (Taylor, 1994, p.110). This is a key point, as I was actively working in the Children's Centre and was able to provide a perspective from inside the research. The action research process offered the opportunity for not only my reflections but those of others in order to provide a more rounded perspective on the process. The research diary was a vital part in this process.

3.6: Participants

The participants were parents/carers who wanted to access the service provided by EPs. A leaflet was designed to advertise the service and to highlight that the work was part of an action research project, a copy is included (Appendix 1). This was reiterated at the beginning of the consultation. Participants were asked to give their name and child's name and a brief outline of the nature of the difficulties. In the initial

stages they were asked to provide a telephone number so that a follow up call could be made, after a period of time, to check on their views about the usefulness of the service.

The Children's Centre staff were involved in the research process and accessed the drop-in. Consent to report on any findings was obtained by verbal consent from the individuals concerned. The staff at the Children's Centre gave verbal consent to be involved in the research during a staff meeting and this was obtained by the Children's Centre manager.

I have included Table 4 to illustrate the role of the participants in the research and to ensure clarity as they are frequently discussed throughout the research.

Table 4: Brief description of staff roles in Children's Centre.

Participants	Role in research
Parents	Refer to those parents and carers who attended the drop-in. This also includes a parent reference group which was involved in the initial stages of planning the drop-in.
Children's Centre manager	Managed the Children's Centre and staff. Key person who I liaised with throughout research. She provided her own views on research and collected those of the staff.
Children's Centre staff and group/playgroup leaders	Provided and supported services to the Children's Centres. The group leaders were in charge of running a number of different groups for parents and their children. After the first cycle of action the group leaders collected views on the service from the parents.
Outreach workers	Provided targeted home based support to children and families.

3.7: Data Collection

> 'You need to gather data in order to be in a position of being able to monitor the action which is at the centre of enquiry'.
>
> (Taylor, 1994, p.115)

McNiff et al. (2003, p.100) suggested that there are a number of actions involved in generating data in action research; these are:

- Monitoring your own action;

- Monitoring other people's actions;

- Possibly monitoring critical conversations about the research.

As a researcher, it is interesting to gather data that emerges from the process in which I am involved. The process may uncover new knowledge. By the nature of action research the data obtained is generally qualitative; however this does not preclude the inclusion of quantitative data. The data collected were primarily qualitative. However, a small amount of quantitative data was gathered for monitoring purposes, in order to provide some numerical evidence of the numbers that attended, and of the ratings of the usefulness of the service for both the Children's Centre and the EPS.

Dick (1999) discussed that action research as a research paradigm can utilise different methodologies and thus various methods. McTaggart (1996) (cited in Smith, 2005, p.248) concurs with this observation:

> 'AR is not a method or a procedure … but a series of commitments to observe and problematize through practice a series of principles for conducting social enquiry'.

Therefore, the tools used to collect the data for this research were eclectic and developed as the research progressed. This is described by Taylor (1994) as 'multi-

method research'. However, Taylor (1994, p.114) issues a cautionary note for the action researcher to chose data collection methods 'that do not distort or intrude on your practice'.

The next section will focus on justifying the choice of data collection tools used in this research.

Records of Discussions During Meetings

Meetings between the various partners in the research allowed an opportunity for: reflections on action taken, feedback after the drop-in, ideas or areas for change and future planning. This was facilitated by the use of the action research framework that I had developed. All parties involved came with items that they wanted to discuss and reflect on. Meetings usually took place at the end of a cycle of action, such as the EP carrying out a block of drop-ins or when there was new information to share or ideas to be developed. Only one discussion was audio taped and this was the initial meeting with the Children's Centre manager. The conversation was thematically analysed and the transcript is included (Appendix 2). I always took notes, which provided valuable data for this thesis. My colleague also took notes and this allowed us to engage in triangulation – comparing our data from our personal viewpoints. Each chapter, detailing the cycles of action, has more specific reference to meetings that took place and the data that was obtained.

Semi-Structured Interview and Interview Schedule

In order to provide some evidence for my research aim about the usefulness of a drop-in service, I needed to find out what the parents at the Children's Centre thought

about a drop-in being set up: Did they think it was a good idea? Would they use it? Did they have any suggestions? I also met with the Children's Centre staff but used a different questionnaire from the parents.Taylor (1994) highlighted that a semi-structured interview allows for greater flexibility and for the researcher to build on comments made by the interviewees. In addition a semi-structured interview:

> '.. can document perspectives not usually represented (or even envisaged by researchers), and hence the approach can empower disadvantaged groups…'
>   (Burman,1994, p.51)

I wanted to create a relaxed atmosphere; I wanted the parents to know and feel that their views mattered. Gerwitz et al. (2005, p.563) discuss that;

> 'schemes tend to work on rather than with parents, there is a failure to respect the perspectives and values of the parents the schemes are designed to help'.

Moreover, Burman (1994, p.51) states that 'an interview is at some level inevitably a personal and sometimes intimate, as well as public encounter.' This means that there cannot be a set code or blueprint to an interview. It has to be designed so that it meets the needs of the research. Therefore I decided that it was important to gather information in a more structured manner than might have been possible through an informal chat.

I prepared an interview schedule for the parents (Appendix 3), guided by Burman's (1994, p.55) suggestion that a list of topic headings in the form of questions was useful. The reason for doing it this way was to allow scope for discussion but also to allow me to cover the necessary areas - thus creating something akin to a checklist, that could be used flexibly but did not interfere with or dominate the interview. The schedule mainly used open-ended questions so that it was possible to gather views and opinions, and if required, explore discussion points in more depth. Closed questions would be too restrictive and might limit the richness and breadth of

the answers. This methodology was also used when we met the Children's Centre staff; however, the schedule (Appendix 4) was designed around the themes that had been clarified at the meeting with the Children's Centre manager. By doing this it meant that I could reflect back the themes and determine if these themes reflected the staff's perspective.

I am aware of the potential difficulties when employing this method of data collection in that it can be time consuming, has a bias on interpretations and a lack of standardisation - all of which can impact on reliability (Robson 1993; Banister et al., 1994 and Willig 2001). However, I thought it was appropriate as it was an effective and useful way to meet the parents who used the Children's Centre. Therefore the time used was necessary for the research. Prior to carrying out the interview schedule I piloted it with some colleagues. I used the interview because I felt that it was more personal and interactive.

Regarding the criticism about possible bias in interpretations (Robson 1993; Banister et al., 1994 and Willig 2001), after the interview schedule was completed and during the session I reflected a summary of my notes to the parents and staff to seek their opinions. In addition, I consulted with my colleague, who was present, to ensure that the data gathered reflected a joint understanding of the interview.

Rating Scale

The Children's Centre manager wanted a numerical record kept, for monitoring purposes, of the number of people who attended the drop-in. After a discussion with my colleague, the Children's Centre manager and my university tutor, I became

aware that it might be appropriate to provide a quantitative measure of the usefulness of the drop-in to inform my research aim. Furthermore, evaluation emerged as a theme from the initial meeting with the Children's Centre manager and therefore needed to be addressed. My colleague and I discussed the use of a questionnaire but felt that given the well-documented problems associated with percentage of returns, Robson (1993), this would not be appropriate.

After some research (Breakwell 1988; Spector 1992), I decided to design a rating scale (Appendix 5). My reasons for this were that Spector (1992) suggests that scales are appropriate to measure many variables including attitudes and opinions. Spector (1992) highlights that the following are the advantages of scales:

- Display good reliability and validity;

- Are straightforward to write;

- Easy for people to respond to.

In addition, it is suggested that scales provide a measure of depth of feeling about a statement that is not available by a yes or no answer (Breakwell 1988). As I was not aware of the literacy levels of the parents and carers who would use the drop-in, I felt that a measure that required a verbal response would be more user friendly. The visual nature of scales is advantageous as respondents can see on a line where they place their thoughts or feelings. Doctors commonly use rating scales as responses to pain levels, therefore I thought that this method would be more familiar to the participants in my research.

However, Breakwell (1988) argues that there is discontentment amongst some researchers that values/attitudes can be measured in a straight line. Spector (1992,

p.3) posits that in order to design rating scales 'a level of expertise and statistical sophistication is required'. It is appropriate to acknowledge that I lacked the statistical sophistication as posited by Spector (1992). However, both my colleague and I had previous experience of designing rating scales and felt that, as there would only be, at the most, four statements on the scale, it was the most appropriate tool to use. Spector (1992, p.7) highlights a series of steps that must be undertaken when designing a rating scale. I have detailed these in Table 5 below and I have identified how I addressed these issues.

Table 5: Spector's (1992) multi-step process for rating scales.

Spector's (1992) multi-step process	Steps taken to address
Define constructs	My colleague and I discussed that there were a number of issues that could be evaluated. However, the drop-in was only for 20 minutes and this was a short-time scale to deal with issues and evaluate. I did not want the respondents to become fatigued with questions.
	These issues were identified by writing out a list of what would be useful areas of knowledge, and individually we ranked the top three numerically. A consensus was agreed on the following areas:
	1. how worried people felt about the issue that they brought to discuss - pre and post the consultation;
	2. what they thought about the consultation;
	3. how confident they felt about dealing with the issue after the consultation.
Design scale – clear, simple and user friendly with single constructs to be measured.	This involved writing a number of statements and agreeing the ones that seemed to best measure the construct. e.g. worry, confidence and what they thought about the process.
	At this stage, prior to the pilot, two statements for each construct were selected.
	The response choices were selected, for example 1= not worried, 5 = very worried.
	Respondents were asked to give a number between 1-5 representing their response to each question. The instructions were written.

Pilot test	A few colleagues were asked to complete the scale and to point out the statement that best met the construct. Advice was sought on user friendliness, language and design. As a result of this process a rating scale was produced.
Administer	Spector (1992) suggests a sample of between 100/200 respondents; this was not possible.
Validate and norm	This process was not carried out. I did not have the required level of 'statistical sophistication', Spector (1992, p.3). For the purposes of this research simple descriptive statistics were required.

Questionnaire for Group Leaders

The rating scale discussed above was discarded during the second cycle of action because it was intrusive to the interaction with the parents; a full explanation of the reasons for this are given in Chapter 5. My colleague and I considered that it was still appropriate to collect some feedback on the service in order to answer the research aim about the usefulness of the service. However, the tool used to collect the data was adapted as it must be unobtrusive. At this stage, the drop-in was being conducted in groups and it was agreed to design a set of questions (Appendix 6) to obtain qualitative data from the group leaders rather than directly approach the participants in the drop-in. The development of this questionnaire is discussed on p. 118-119.

Research Diary

McNiff et al. (2003) highlight the variety of purposes for keeping a research diary including: annotation of dates, recording of thoughts and feelings, recording narratives or events, these data were a useful tool to help address my research question. I also used the research diary to collect data on the types of issues that were being brought to the drop-in to develop an understanding of the type of issues

that are important to children and their families in our local community; this was to inform my research aim.

A clear point of consensus amongst the authors (Robson 1993; Willig 2001; McNiff 2003) is that whatever data is recorded, it must serve the researcher's purpose. My rationale for a diary was to keep an accurate time-log of events and sequences, and to record my feelings when carrying out the drop-in, so that during meetings I would have some accurate reflections (raw qualitative data) and be able to recapture the essence of the action to include in this thesis. This was important so that I was not providing a retrospective account of my thoughts and feelings. These reflections provided evidence about my research question that I would not have been able to remember when I started to write up the present study.

When maintaining a research diary, it is important to consider ethical issues and to ensure confidentiality at all times. This was especially relevant for this research as I was making entries into the diary after the drop-in and the meetings that were carried out. Also, I was keeping a record of the type of issues that were brought to the drop-in. Criticisms pertaining to difficulty in motivation and commitment to maintain a diary, as cited by Willig (2001), were not relevant to this research as I did not ask anyone else to keep a diary, and I was highly motivated to maintain my own. My colleague kept a note of her reflections but I did not access them for this research.

<u>Audio and Video Recordings</u>

As mentioned, on p.66, I made an audio recording of the first meeting that took place between my colleague, the Children's Centre manager and myself. The purpose of recording was to ensure that I captured and had access to the rich data that this meeting provided towards my research question; it stored much more information for me than would have been available after note taking. Furthermore, it meant that I could concentrate on the discussion rather than worrying about keeping accurate notes. Heritage (1988) highlights that there are many benefits to be gained from transcribing. He suggests that it leads to multiple interpretations of the text; this may enhance the understanding of the interaction. Furthermore, a transcription of the interview may highlight points that might otherwise go unnoticed during the meeting. Heritage (1988) proposed that many other issues, such as relationships and even the interview process, could be explored through the transcripts. It also allows the interview to be re-visited as many times as necessary.

Conversely, Kvale (1996, p.115) proposes that transcripts are 'de-contextualised'. Therefore, transcripts may not provide a full account of an interaction. Nevertheless, one must acknowledge that they are extremely useful in recording information that would not otherwise be remembered. Kvale (1996, p.116) also suggests that transcripts can be 'frozen in time and abstracted from their base in a social situation'. This means that many of the nuances and intricacies of the spoken word could be taken out of context when being transcribed. This highlights the importance of note taking during the recording. Furthermore, it emphasises the need to listen to the tape and to revisit the transcript to check for accuracy when interpreting the spoken word.

I videotaped the Children's Centre manager, a group leader and two parents providing some feedback on their thoughts about the drop-in. This was done to provide some interactive evaluation for a presentation at a conference and to inform the research aim about the usefulness of the service. By using people who had been involved in different ways in the drop-in I presented a range of viewpoints. In addition, it provided some longitudinal evidence as the drop-in had been running for approximately two years and was embedded in the Children's Centre.

Prior to videotaping, the participants were given a list of questions (Appendix 7) that my colleague and I had developed so that they would be familiar with the issues that I wanted to explore. The questions were designed to be open-ended to allow access to the participants' thoughts about the drop-in and to draw out any of their future recommendations or ideas on areas for change. An issue with videotaping is demand characteristics; this means that participants respond with the answers that they think the researcher wants. To address this, I asked for volunteers to take part in the session and explained that I wanted them to be frank and honest. A transcript of their answers can be found in Appendix 8.

It was stated at the start of this chapter that action research requires a mix of tools to gather the data, and an eclectic mix of approaches was used and these evolved in response to methodological issues or reflections that were part of the action research process. The tools provided verbal, written, visual and auditory feedback in order to inform the research question and aims.

3.8: Data Analysis

The following section discusses the way in which the data was analysed.

Herr and Anderson (2005, p.86.) state that:

> 'reports of Action Research often tend to focus on process…Action Research lead to a deepened understanding of the questions posed as well as to more sophisticated questions. The findings should demonstrate this deepened understanding, but how the researcher wants to *represent them is more open….*'

Those lines emphasise the importance of the process - the action that occurred.

Therefore, the data analysis focused on the meanings and subsequent knowledge development that emerged after my research questions and as a result of the action taken. It is important to consider that neither meanings nor understandings occur in isolation. The key data emerged as a result of meetings between my colleague, the manager and staff from the Children's Centre and me, and from the parents' feedback.

Thematic Analysis – Initial Meeting with Children's Centre Manager

> 'A theme is a pattern found in the information that at the minimum describes and organises possible observations or at the maximum interprets aspects of the phenomenon'.
>
> (Boyatzis,1998, p.67)

In previous research (unpublished MSc thesis, Booth 2003) I used Boyatzis' (1998) thematic analysis approach to analysing some data. I found it to be a useful and thought-provoking methodology that helped to deepen my understanding of the data that I had gathered. I decided to use it as an approach to analyse the first meeting that took place between the Children's Centre manager, my colleague and I.

Thematic analysis can yield a great amount of information; it is a methodology which searches for themes that describe forms of social action. It was appropriate to use thematic analysis to interpret the initial meeting because it allowed me to ensure that there was a framework for joint understanding and it meant that I was able to reflect back the themes to those involved to check for a degree of concurrence. This gave a basis for action as agreed by those initially involved.

The coding process requires the researcher to examine and recognise important information in the data. This information is then assigned codes. Boyatzis (1998, p.1) identifies a 'good code' as capturing the qualitative richness in the data. The raw data continues to be analysed and examples from the data are categorised into these codes. This process allows themes to emerge by: 'bringing together components or fragments of ideas or experiences, which are often meaningless when viewed alone' (Leininger, 1985, p.60).

The advantages of thematic analysis are such that the researcher can interrogate the data and obtain codes based on their intuition, observation and experience – this would be described as deductive and inductive analysis (Fereday and Muir-Cochrane, 2006). Braun and Clarke (2006) suggest that this analysis is useful in qualitative research as a data analysis tool because of its flexibility in application, method and theory. In essence they are arguing that there is no real recipe for thematic analysis, and celebrating that this lack of recipe is what makes thematic analysis a tool that can be used effectively by different paradigms.

Boyatzis (1998) recognises that there are critics who suggest that thematic analysis relies too heavily on the researcher's own intuition. Furthermore, Braun and Clarke (2006) recognise, because of the flexibility factor, it is often seen as the poor relation amongst analysis tools. However, they do argue that if the process is clearly defined and justified, it is an appropriate and highly useful tool 'which can potentially provide a rich and detailed, yet complex account of data' (Braun and Clarke, 2006, p.78.)

There are criticisms concerning reliability and validity. Boyatzis (1998) tackles reliability and validity by providing steps to follow in the analyses of the information and code development. Boyatzis (1998) acknowledges problems with sampling, and tries to address these by offering strategies for maintaining reliability, through consistency of judgement. Some of these criticisms can be overcome by involving others in the process of code and theme development, by re-visiting the data and ensuring that all of the data is interrogated.

Boyatzis (1998) suggested that there are three possible ways to conduct thematic analysis: data driven, prior research driven, theory driven. However, he suggests that where there is a single unit of analysis, be it a person, system or culture, it is appropriate to use a hybrid method which draws on elements of all three approaches. The hybrid approach was used as suggested by Boyatzis (1998). He provides a framework within which to analyse the data; in addition, reference was made to Braun and Clarke's (2006, p.96) '15-point checklist of criteria for good thematic analysis'. This required the researcher to consider what actually was going on beneath the surface of the interview rather than describe or paraphrase the words.

The transcript was read and re-read to ensure familiarity with the data. I took note of multiple responses and patterns by highlighting in different coloured pens. These sections were grouped together and I intuitively identified and applied a code to the different highlighted sections. Boyatzis (1998) suggests that this is done in order to reduce the raw information to a manageable size and also to allow for internalisation of the data. The data were reviewed and I wrote down the questions or quotes that defined the code. This process meant that any codes that overlapped could be discarded or merged. The codes were then given a theme name; for example, role of EP, model of working, in total six themes were identified. The themes can be found in Figure 1, p.89.

The hybrid approach forces the researcher to use their 'own theories', to search for meaningful themes (Boyatzis,1998, p.52). I asked a colleague to check my interpretation of possible themes. This was an interesting process as we discussed many issues surrounding the coding of the data. It did demonstrate how difficult it was to decide on themes and whether certain information belonged to that theme. The transcript and identification of themes were sent to my colleague and the Children's Centre manager for comment.

<u>Patterning</u>

I used the description below of data analysis to facilitate my thinking when analysing the other data collected:

> 'Data analysis can most simply described as a process of sifting, sorting, discarding, cataloguing in an attempt to answer two basic questions: are the important themes in this data? and (2) how much data supports each of these themes?'   (Sagor, 1992, p.48)

It has been suggested that data analysis relies on a combination of intuition and a systematic approach (McBride and Schostak, no date). During the course of the research and prior to any meetings to discuss the action research, I looked at any data that I had obtained from the range of sources identified in Section 3:7. I looked for any themes or patterns in each of the sources and then cross-referenced these data with that from the different sources. I did this by laying out large sheets of paper and putting post-it notes with the themes or issues that emerged from the different data collection tools. Robson (1993) defines this as 'patterning'. I created headings to categorise the data obtained, then merged the data from the post-it notes into these headings, and these became the issues to discuss during our reflections. This was a visual way to represent all the data gathered. I repeated this procedure to ensure that I was applying thoroughness to the analysis process.

During this process, I examined the data sources in light of my research questions. I discussed the process and my subsequent understandings from it with my colleague who also carried out a similar process with the data that she had obtained from her own reflections. The Children's Centre manager collected reflections and information from her staff and we met together bringing the key issues for reflection; these data informed the next stage in the cycle. By analysing the data is this way, I ensured that the process of action and analysis was not a distinct entity, but was viewed in a cycle with one informing the other. The rating scales provided some simple descriptive statistics and these are included in the chapters on cycles of action.

3.9: Ethical Considerations

I read and followed the British Educational Research Association (2004) 'Revised Ethical Guidelines for Educational Research' and the British Psychological Society (2006) 'Ethical Principles for conducting research with Human Participants'. Furthermore, the Association of Educational Psychologists (AEP) emphasise the need for 'informed consent'; this is pertinent to the methodological approach adopted in this study. The key ethical issue centres on the full knowledge and consent of those involved.

Lathlean (1996) (cited in Williamson and Prosser, 2002, p.589), state that:

> '...particular issues concerning the close relationship between researcher and participants, and the explicit aim of changing practice, make the ethical aspects of AR unique'.

Furthermore, Willig (1991) argues that it is not necessary to assume a detrimental view on the effects of action research on those involved. She argues that due to the nature of action research, in relation to change, there can be positive outcomes for those involved. Whilst I agree in principle about the positive nature of possible outcome, it would not be wise for me to assume that this might be an inevitable outcome of the action research process. Indeed, to adopt such a view might lead one to complacency in ethical considerations.

Robson (1993) posits that due to the collaborative and participatory nature of action research, ethical rigour must be brought about through negotiation with those involved. Robson (1993, p.33) helpfully provides a list of ethical principles that must be considered. He adapted this from Kemmis and McTaggart (1981). I have listed some of these points in Table 6 below and highlighted how this research addressed these ethical issues. The points that I have selected to omit from Robson's (1993)

model were chosen on the basis that I would not be engaging in that type of work in this research; for example, examining files, observing people and describing people's work. In Table 6, below, I have also included some of the suggestions pertaining to ethical issues made by Winter (1987) (cited in O'Brien,1998, p.11).

Table 6: Ethical considerations of action research applied to my research.

Ethical principles in action research	Exposition of how this research aims to meet these principles.
Observe protocol and make sure all relevant persons and committees are consulted. Principles guiding the work are accepted in advance.	I submitted form EC2 to the university. I used this form as a guiding principles document and made it available to the Children's Centre manager during the initial meeting. Verbal permission was obtained from the LA via the Principal EP. Verbal consent was obtained from the manager, staff and parents reference group at the Children's Centre. Indemnity insurance was provided to the Children's Centre from the EPS
Involve participants	All participants were volunteers and their consent to providing evaluation data and descriptions of their scenarios for the research was obtained prior to their drop-in slot. This consent was obtained by verbal agreement. The leaflet that was designed to attract people to the drop-in had a paragraph explaining the purpose of the work.
Negotiate with those affected	This links to the above point; however, participants were able to access the service even if they did not wish their data to be included in the research. I explained that they could withdraw at anytime and that any data collected would be destroyed or not used in the study. This was done at the start of the drop-in slot.
Report progress and this must be made available to all.	By the nature of the action research process this was on-going and the reflections of those participants will lead to further negotiations about the direction

	of the work. Parents' views were accessed through the Children's Centre staff.
Negotiate account of other points of view.	Any communications, for example, written records of meetings, schematic diagrams, were made available to those involved.
Obtain explicit authorisation before using quotations.	The thematic analysis and transcriptions were given back to those involved for their agreement. A video recording was made and verbal consent for this to be shown to a wider audience was obtained. Anonymity of two of the parents during the videoing was respected. Explicit consent for direct quotes was gained from those concerned before submitting the thesis.
Accept responsibility for maintaining confidentiality	Anonymity (information, identity and data) in the written report was guaranteed. I allocated participants' initials or numbers to ensure confidentiality of identity. I ensured that I did not report information that was of a personal or of a compromising nature. I took great care of written notes and ensured they were not left in any public place. Other information was stored on my computer and memory stick until the completion of the thesis, after which point it will be deleted. In the case of a safeguarding issue (child protection) I would have followed the LA's safeguarding procedure.
Negotiate reports for various levels of release.	All concerned were made aware that I would be writing the research as a thesis. Prior to presenting the work at a conference, I obtained consent for the name of the Children's Centre to be used and for us to present our findings. Educational psychology staff and Children's Centre commissioning managers viewed the presentation and their agreement was obtained.

It is vital to acknowledge, as Taylor (1994) suggests, that action research deals with

people and the variables involved with such a complex subject matter are multiple

and complex, and fraught with potential difficulties, including individuals'

interpretations, bias, viewpoint of the world and emotions. Throughout these present

challenges to the ethics of the research I was sensitive and responsive to the needs

of all parties.

3.10: Ensuring the Validity of the Research

May and Pope (2000, p.50) posited that:

> 'the status of all forms of research depends on the quality of the methods
> used, In qualitative research concern about assessing quality has manifested
> itself recently in the proliferation of guidelines for doing and judging qualitative
> work'.

Therefore, it seems that a number of dimensions can be used to judge the quality of

qualitative research; a literature search yields many such models.   It is argued that

criteria used to judge quantitative research is not an appropriate tool to judge

qualitative research (Chapple and Rogers, 1998; Angen, 2000; Mays and Pope,

2000). Barbour (2001, p.1115) extends this argument further and debates that rigour

in qualitative research design can be achieved only if we extend and embrace a

'broader understanding of qualitative research design and data analysis'.

Cohen et al. (2000) proposed that qualitative research validity relates to 'honesty,

depth, richness and scope of data achieved'. The arguments presented suggest that

there needs to be alternative ways to construct the validity. When examining validity

criteria for qualitative research there is a plethora of terms to describe the validity of

research, these include: credibility, transferability, dependability and conformability.

Whittemore et al. (2001) cite forty eight different descriptions coined by fifteen

authors. Cohen et al. (2000) suggested that validity could be achieved by the involvement of the researcher, as in action research. They argued that qualitative research should seek validity in terms of 'confidence' rather than certainty in results.

Positivist realism suggests that there is an objective world, governed by general laws, which can be evaluated and described. Extreme relativists might judge qualitative research as lacking creditability, this being assessed by positivistic validity and reliability. This realism might be regarded as somewhat simplistic. As there is general agreement, amongst qualitative and many quantitative researchers, that human experience cannot be captured in such reductionist ways, as different realities can be created through social discourse (Angen 2000). Therefore having reviewed the literature that suggested that traditional criteria were inappropriate for assessing validity in qualitative research, I decided to use some of the criteria from Mays and Pope (2000) as a tool to examine the 'validity' of the research. The reasons for this were that the criteria appeared to be applicable to my research and therefore were fit for purpose to describe the validity of this present study.

Mays and Pope (2000) criteria are:

- Use of Triangulation -   the research used a variety of methodological tools, which have been described in this chapter, in order to collect data. The interpretations placed on the data were as a result of a discussion with my colleague, the Children's Centre manager, staff and parents. This was vital to corroborate the meanings and interpretations that emerged.

- Respondent Validation – This refers to the extent to which the results reflect the experience from the perspective of those involved. Mays and Pope (2000)

view this as a measure of credibility. Lincoln and Guba (1985) suggested that an important aim of qualitative research is credibility. Also, this is important in ethical considerations. Throughout the research process due attention was given to checking the understanding and interpretations that were developed with those involved. Indeed the next cycles of action could not have emerged without this process occurring.

- Clear exposition of methods of data collection and analysis - this is an interesting point; as the researcher and writer of the thesis I have aimed to provide such detail and to explain how my interpretations are supported by the data. I would argue that this has been achieved in this chapter.

- Reflexivity – issues to do with reflexivity have been highlighted on p. 51 & p.190 and I have tried to acknowledge the relationship between the knowledge production and the context of action that took place.

- Relevance – this point links to generalisability. This refers to the degree to which the findings from this research can be applied to other settings. This is discussed in more detail in the final chapter.

(Adapted from Mays and Pope, 2000)

In Section 7.12 in the final chapter I have expanded my discussion on validity by using the Mays and Pope's framework. In connection with validity in action research Clarke et al. (1993) suggest that it is appropriate for each action research report to state their own criteria for judgement; this is due to the individuality of each action research project. Lomax (1994) argues that the action research project can be judged by the changes or improvements that have occurred as a result of the research. Furthermore, Lomax (1994) suggests that transparency and authenticity

are key criteria for judging action research. It is suggested that action research comprises of goals, and Herr and Anderson (2005) have applied five validity criteria (democratic, catalytic, dialogic, outcome and process validity). Therefore, in order to be specific about validity in action research I applied Herr and Anderson's (2005) validity criteria to the present study. There is a discussion of the application of the criteria in section 7.12.

3.11: Conclusion

This chapter has provided an exposition of the methods and analysis tools that were used to inform the research questions. I have provided rationales and justified these by use of the data collection tools. In addition, a number of issues have been explored including the concept of validity in qualitative research and the implications of quality research for the work that was carried out in this thesis.

Chapters 4, 5 and 6 describe each cycle.

CHAPTER 4: FIRST PHASE OF ACTION RESEARCH.

4.1: Introduction

Table 7 offers a brief overview of the action taken and that is described in this chapter.

Table 7: Overview of action taken in Cycle 1.

Research Cycle	Timescale	Brief synopsis of action taken
1	November 2006 - July 2007	- Initial idea and letter sent to Children's Centres. - Developed and planned service by meeting various stakeholders in Children's Centre. - Traditional drop-in (people came to EP). Used solution focused framework. It ran for eight weeks in two different locations. - Reflections inform Cycle 2

The layout of his chapter is based on the framework (Table 2), which I devised from

McNiff et al. (2003), and it describes:

- The action taken. (Sections 4.2)

- Evaluating the action. (Section 4.3)

- Modifications and reflections. (Section 4.4)

4.2: Taking Action

<u>Meeting the Children's Centre Manager</u>

The rationale for the drop-in was discussed in some detail on p.25-26. In order to

establish if the idea about a drop-in was an effective basis for action, a letter was

sent out to two Children's Centres offering them the opportunity to take part in a

drop-in service (Appendix 9). One Children's Centre responded immediately. A

meeting between the EPs and Children's Centre manager was organised to discuss

and explore the idea of a drop-in run by EPs. This meeting was recorded and transcribed (Appendix 2), then a thematic analysis was applied to the data. From the data analysis a number of key questions or issues supported the themes and these were summarised underneath the key themes as represented (Figure 1, p.89). This information, along with the transcript of the conversation, was sent to both my EP colleague and the Children's Centre manager for them to check if these data reflected the joint understandings created in the meeting. The initial meeting was a very useful way to start the work. It allowed us to develop some structure and clarity around what would and would not be offered, and how we could set about meeting all needs, thus beginning to shape the research.

By the end of the meeting the consensus view was that we would run a drop-in on a trial basis. However, there were several actions to be undertaken which would help to design a service that would meet the needs of the community:

- EPs to meet with parent reference group to collect their views on the usefulness of a drop-in service;
- EPs to meet with staff to discuss the drop-in within the Children's Centre;
- EPs would monitor the number of people who used the service and prepare an evaluation;
- The Children's Centre is run in two different sites in the city with two different communities. It was agreed that it would be important to try to offer the service to both centres and to use the resulting information in the evaluation

Figure 1: Thematic analysis of conversation between Centre Manager and EPs.

Structure of drop-in
- Appointment system?
- Individual meeting.
- Length of time slots.
- Do we offer repeat appointments?
- Do we provide a menu for parents?
- How many weeks to run programme?
- Age of children.
- One to one or group?

Role of Educational Psychologist
- What can we offer?
- What we cannot offer is just as important, therefore not raising expectations.
- How do we explain role to parents?
- Engaging with parents in an informal way.

Key themes and supporting questions emerging from discussion with Centre manager 12th December 2006

Model of working
- Solution focused.
- Early prevention around issues to do with:

  - child development;
  - social, emotional and behavioural issues;
  - parenting skills.

Evaluation
- Systems to evaluate change already in place and developed.
- Do we give parents questionnaire before and after session or do we follow up with telephone call?

Community
- Tailored to needs of community, therefore speak to parents and professionals.

Insurance
- EP needs insurance to work in children's centre.

<u>Reflections</u>

In my research diary I noted that I felt '*unprepared for how much thought and reflection the centre manager had given to our idea'.* I noted after the meeting that I had developed an 'idea' but no real notion of the praxis of the idea. McNiff et al. (2005) argue that idea exploration is as viable as a more structured hypothesis testing approach. To highlight this, it is useful to look at a quote from the transcript of our conversation. My explanation given to the Centre manager about our involvement was as follows:

> *"the aim was to see how we could understand the workings of the Children's Centre so that we could become more involved… so we thought that we would like to offer a drop-in as means of understanding the needs of the local community*".

In some sense, having a blank slate approach was useful as we were able to work with the Children's Centre manager to create something that was desirable for that community and for the Children's Centre staff. As McNiff et al. (2005, p.9) suggest, research is carried out when 'we want to find out something that we did not know before'*.* I noted in my research diary and discussed with my colleague how focussed the Children's Centre manager was on how she wanted services to engage within the Centre. She was concerned about the time available to commit to the work so that a clear purpose and outcome could be established. The following is a quote from the Centre manager made during the meeting:

> "*What is it that you are offering, as a pilot what does that really mean? How are you going to engage with the community? Do we have this year to find out how you might do that? I have thought of the logistics of it all really and I think we've had other sorts of questions. What use is it to parachute in offering a service? What would be the purpose really… what is the outcome, apart from trying to engage a community but not really giving it enough time to do it, what needs are being met, is it your needs as professional or is it the needs of the people that want the service. It is about balancing that really.*"

On p.31 of the thesis I discussed some of the advantages and disadvantages to the fact that the EP was perceived as an expert within the context of the drop-in. It was clear that the Children's Centre manager had some views which pertained to that discussion. During our meeting, when discussing the structure of the drop-in, the Children's Centre manager suggested that:

> "*Parents might come to the drop-in thinking that this professional is going to fix their problems, change their child, it's almost like the magic wand scenario".*

These words reflected my thinking that it was important for the EP to be clear about the role that he/she could play. The next step in developing the drop-in was to meet with a group of parents from the Children's Centre.

Meeting Parent Reference Group.

As mentioned earlier, at our meeting with the Children's Centre manager, it was agreed that a meeting between the EPs and parents (parents' reference group) who used the Children's Centre would be set up. The purpose of this was to gather the views of the parents so that I could start to design a service that would meet the needs of the local community and also to find out about and complement the existing services that are on offer and in line with the Sure Start Children's Centres Practice Guidance (DCSF, 2007, p.8):

> 'Centres should aim to tap into parents' knowledge and the interests of the local community in order to create opportunities for professionals to engage with parents, and identify any support needs that they might have'.

Garbers et al. (2006) discuss that it is important for researchers to consider the connection between the design of the service and the views of those who will be accessing it. My colleague and I explained to the parents what we planned to offer

and that I would be carrying out an action research project. In addition, the parents were provided with information about the role of the EP. In essence, it was a semi-structured interview with an interview schedule that was developed with cognisance to the themes that had emerged from the meeting with the Children's Centre manager. I was aware that the parents might have held a very different view from the Children's Centre manager. I wanted to be mindful of the themes, but flexible enough to ensure that I did not assume these themes were representative of the parents' views.

Eight parents came to the informal meeting, seven females, one male. The literature indicates that it can be challenging to engage fathers in participation in community-based initiatives (Daniel and Taylor 2001; Lloyd et al., 2003). Many factors appear to contribute to this difficulty. There is reference in the literature to criticism that exists around family centres perpetuating gender bias in relation to parenting models (Batchelor et al., 1999). It must be considered that this research was carried out a number of years ago. Therefore, it would be difficult to determine if this was still a current criticism.

Reflections

Dinnebeil and Hale (2003, p. 24) emphasise the importance of involving parents in programmes or interventions; they suggest that professionals should 'seek to clarify at the outset what is feasible and what is not'. The parents were insightful as to how the needs of their community could be met. They provided a list of topics that they thought parents may wish to talk about. Their suggestions were:

- How to explain sex education;

- Behaviour issues;

- Helping child cope with effects of bullying;

- Support siblings of children who have Special Educational Needs;

- Explaining and helping child cope with separation and divorce;

- Sibling rivalry - regression in behaviour;

- Helping parents to understand technical terms - plain English;

- Drug and alcohol issues.

One parent commented: "*I think it is a great idea, I can think of at least six parents who might use the service*". We also asked them if there were any other issues that we needed to consider. Again, their suggestions were:

- How we might be able to link up with the Community Paediatrician's clinic;

- Child care issues for the parents using the service;

- Running the drop-in during holidays – they did not think this was a good idea;

- To give consideration to other services that were operating in the Children's Centre so that we could direct people if they needed support from other services.

I then looked at the information gained during this meeting with the parents' reference group. The ideas expressed by the parents map onto the types of services offered by drop-ins as identified in Truman's research (2007). These were:

- Signposting to alternative services;

- Offering support;

- Offering information which would improve the outcomes for the individual.

The parents also provided some suggestions about advertising the service. This was useful as Kay et al.'s (2006) study highlighted that knowledge and location of the drop-in were useful factors when considering the access of the drop-in. This is an important point as it would be the service users of the Children's Centre who would have more awareness of how to successfully advertise a service within their community. The comments lead me to think further about designing a leaflet to advertise the service.

Meeting Staff

The next step of action was to attend the Children's Centre staff team meeting. At this, I reflected back the themes that emerged from the meeting with the Children's Centre manager and parent reference group. It also facilitated a discussion regarding the nature and structure of the drop-in. As with the parents group I designed an interview schedule (Appendix 4).

The Children's Centre staff was very positive about the service that we wanted to offer. They suggested that as a way of explaining our role and advertising the service that I should visit some of the existing groups that were run for families from the community by the Children's Centre staff. They too thought that it would be a good idea to design a leaflet to be distributed through the various groups on offer. As the Sure Start Children's Centres Practice Guidance (DCSF, 2007) suggested, leaflets are one way of advertising the service and that other methods of advertising services should be considered. As a result, the staff agreed to advertise the service, by word of mouth, at the various groups that they ran. We agreed suitable dates, times and locations for the drop-in to be held. We were allocated rooms in both Children's Centres. The

issues highlighted by the staff link Garbers et al.'s (2006) description of tasks that SSLPs had to carry out. In particular, there were two points mentioned by staff that were considered important. These were publicity and over-coming physical barriers such as the split site of the Children's Centre. Also they wanted to know what we would do if we encountered a child safeguarding issue. They were very keen to highlight to parents the early intervention nature of my work.

Reflections

My colleague and I met to reflect on the meetings and to discuss the structure of the drop-in. The structure of the drop-in was developed as a result of information gathered at the meetings with the Centre manager, parents and staff.

The bullet points detail some of our points of agreement in the proposed structure of the drop-in

- Solution focused;

- No appointment system;

- 20-minute slots;

- Drop-in to be run once a week for 4 weeks at each location;

- Parents can re-visit drop-in;

- EPs would not 'see' children but parents could bring their children if there were childcare issues and we would bring some toys for the children to play with;

- Both EPs would be at the drop-in.

In connection with the last bullet both my colleague and I felt that we wanted to run the drop-in at the same time. The reason for this was two fold: we could potentially

see more people and could provide each other with professional support if required. In order to provide some continuity between the service offered by the two EPs I designed a solution focused framework to be used when carrying out the consultation (Appendix 10). This was done because as an EPS we use solution focused approaches in our work; therefore it was appropriate to continue working in this way. At this stage we designed the rating scale as an evaluation sheet (Appendix 5). This sheet asked for some basic information and requested that the parent give a contact telephone number for the EP to follow up the success of the drop-in. This was entirely voluntary.

I developed Figure 2, p. 97 as a means of representing the information gathering and decisions that had taken place.

Figure 2: Information gathered (parents and staff)

Dates of Drop-in: May 16, June 6, 13, 20, 27, July 4, 11,18
Times: 9.30 - 10.30 a.m.
Venue: to be confirmed

Structure of drop-in
Appointments not necessary, unless parents have been unable to see us previous week e.g. too big a queue.
Leave first 20 mins of drop-in appointment free.
20 min slots max.
4 weeks at each Children's Centre
Parents can revisit drop-in.
CB & JW do not need to see children.   However if pre-school child - they can be with parent - we will bring some toys.

Role of EP
Menu of what we can offer, as well as visiting groups explaining the drop-in.

Information from conversations 28 February 2007

Model of working
CB & JW to visit groups prior to drop-in   starting.
Short leaflet with photographs.
Solution focussed & early prevention.
Consider CP issues.

Evaluation
Rating scale pre & post session with telephone follow up.

Monitoring
To be discussed how to monitor those using service
e.g. families known to the service; age & no of children - if not known

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Things to do: Design menu
  Arrange with C to visit staff 28 March 2007
  Arrange visits to groups

Issues raised by discussion: 6 weeks to start for pilot
  Child protection
  Providing services to both Centres– different needs

<u>Visiting Groups</u>

As the Children's Centre staff requested I visited two of the existing groups run by the Children's Centre. I visited a Baby Social and a Library Tots Group. I was given a brief time slot in which to introduce myself and discuss the service.

<u>Reflections</u>

The reason for meeting staff, parents and the groups was to take account of community views of the potential service. As McNiff et al. (2003, p13) posited in action research, 'there must be a praxis which embodies practice'. This means that through the action, knowledge will emerge and that is as important as 'successful action'.

Herr and Anderson (2005, p.78) discuss that, 'With action research and the assumption of the research spiral, this premise of evolving methodology is a virtual given'. This evolution of the methodological approach would be as a direct result of the nature of action, reflection and modification that is crucial to action research. However, in reality it makes it challenging for the researcher to capture and describe all the evidence and interpretations that have been made. This point was reflected in Atkinson's (1994) paper which was discussed in the preceding chapter. Therefore the task, within this chapter, is to justify 'the researcher's roles, actions and decisions' (Herr and Anderson, 2005, p.79). Addressing such challenges has been made easier by working collaboratively with a colleague throughout the research. In addition, I have had the benefit of my colleague reading the work, as it progresses, so that we can discuss and reflect on our joint understandings of the process. Rearick and Feldman (1999) would argue that this represents a process called

'collaborative reflection'. This means that the researcher moves beyond his/her own interpretations of the data (known as autobiographical reflection) and uses others to aid the process. The research diary has been invaluable in capturing my thoughts and decisions at the time when they were made.

4.3: Evaluating the Action

Numerical Data and Rating Scale Data

Herr and Anderson (2005, p.86) discuss:

> '…that solid action research leads to a deepening understanding of the question posed as well as to more sophisticated questions. The findings should demonstrate this kind of deepening understanding, but how the researcher wants to represent them is more open'.

The initial drop-in ran for eight weeks at two centres – 4 weeks each. During this time 5 people used the service; 2 at one centre and 3 at the other. In addition, 2 other people informally used the service when they were part of another group that was being run concurrently. I have discussed this in more detail on p.105.

The first person to come to the drop-in was a member of staff; my colleague and I asked if we could conduct the drop-in together. We asked the member of staff using the drop-in, if she felt this was appropriate. She was happy to proceed. It was interesting to reflect on this process. An excerpt from my research diary reads:

> '*very useful to both be involved, however it might be intimidating for some parents'.*

For the subsequent sessions my colleague and I attended the drop-in at the same time but we had separate rooms so that we could see parents individually. It was,

however, incredibly supportive to know that your colleague was close by in case there was an issue or query that proved problematic or difficult. It is interesting to note that this did not happen. I did find that the psychological support of knowing your colleague to be available, was invaluable.

The following data give the responses of the five people who used the drop-in in the first cycle. An average of their responses to the questions is given in the rating scale.

Table 8: Responses from question 1

Question 1 (Pre-consultation)	Client	Response
On a scale 1-5 (1 = not worried, 5 = very worried) could you rate how worried you feel about the issue?	1	3
	2	3
	3	4
	4	4
	5	3

The average response to *being worried about the issue* was 3.4 (pre-consultation)

(not worried) 1 -------------------------------I----------------5 (very worried)

Table 9: Responses from question 2

Question 2 (Post consultation)	Client	Response
On a scale 1-5 (1 = not worried, 5 = very worried) could you rate how worried you now feel about the issue?	1	2
	2	2
	3	3
	4	3
	5	2

The average response to *being worried about the issue* was 2.4 (post consultation)

(not worried) 1 ----------------I-------------------------------5 (very worried)

Table 10: Responses from question 3

Question 3 (Post consultation	Client	Response
On a scale of 1-5 (1= no good, 5 = very good) could you rate what you thought of the consultation	1	5
	2	4.5
	3	4
	4	3
	5	4

The average response to *what they thought about the consultation* was 4.1

(no good) 1 ----------------------------------I------------5 (very good)

Table 11: Responses from question 4

Question 4	Client	Response
On a scale 1-5 (1 = not confident, 5 = very confident) please rate how confident you feel to deal with the issue	1	4
	2	4
	3	3
	4	4
	5	4

The average response to *their confidence to address the issue* was 3.8

(not confident) 1 ---------------------------------I--------------5 (very confident)

There was a section on the form to carry out a follow-up telephone interview. This proved very difficult for a number of reasons, including parents' changing mobile numbers and when I phoned it was not always convenient. Our work telephone number comes up as unlisted; for some reason people are not willing to answer an unlisted call. We received responses from two of the clients who had attended the drop-in; one was answered in person. Both people felt that they were not so worried

about the issue that they had brought to the drop-in and they rated the service as a 4

and 5 respectively (5 =very good).

In addition to the quantitative data it is important to look at the qualitative evidence.

My research diary reads:

> 'I *am really enjoying the work; the parents who attend seem to find it useful. The staff are so positive and keen for parents to use the service. I am finding it a little bit daunting not knowing what we are going to be asked about, but that is challenging'*.

During one of our meetings my colleague commented that "*it is enjoyable to engage*

in a different type of work." The data produced some evidence from the parents and

EPs that the service was considered useful. These data collected provided some

evidence towards the research aim of evaluating the usefulness of a drop-in service

for parents and EPs.

In the next section, evidence is provided to suggest that the Children's Centre staff

also thought that the service was useful.

Data from Meeting with Children's Centre Manager

My colleague and I met the Children's Centre manager after the initial eight drop-in

sessions. Its purpose was to provide information on the number of people who had

used the service, to listen to the feedback from the Children's Centre staff and to

discuss any other issues that the Children's Centre manager and my colleague and I

thought pertinent. Prior to our meeting the Children's Centre manager had a briefing

with her staff so that she could obtain feedback from them. When we set the meeting

we did not know if the service would continue after the initial phase. However, we were given some extra time to continue our work and at this meeting we were able to give this information to the Children's Centre manager. This issue is pertinent especially when there are outside variables that cannot be influenced by the researcher. For the purpose of this research variables, such as time allocation, meant that I was unclear as to the amount and length of time that I would be able to commit to the work. However as action research is contextualised within the 'real world', these factors have to be acknowledged and discussed, but not necessarily taken as barriers to the research.

My colleague and I discussed our reflections and had a list of issues that we wanted to discuss with the Centre manager. These included:

- Do you wish the service to continue?

- Same or different service? What might that look like?

- Should we provide the drop-in to groups?

The service was described by staff as a great support and resource to which people should be directed. Evidence from the rating scales suggests that the service had helped people become less worried and more confident to deal with the issue that they brought to the drop-in. The service was valued and the Children's Centre staff wanted it to continue.

The Children's Centre staff wanted to know if the issues that were brought by the parents to the drop-in were appropriate. The reason for this was to establish if they

had correctly understood the nature and breadth of the service. Sheppard's et al. (2007) study discussed family engagement with Children's Centres. They suggested that when a parent approached a Children's Centre their concerns for their children were 'routine rather than focussed on higher need…. advice about routine issues of parenting and appropriate responses to child development' (Sheppard et al., 2007, p.69).

It is useful to look at the range of topics that were addressed in the drop-in. It corresponds with the type of issues highlighted by Sheppard et al.'s (2007) study. Furthermore, this data provides evidence of the range of concerns that might be addressed at an early intervention stage. The issues discussed were:

- How to deal with a child telling lies;
- Child experiencing social difficulties with peers and how should the parent respond;
- Sibling rivalry;
- Bed wetting;
- Tantrums.

In addition, collating this information about the range of topics alongside the data obtained from the parents' reference groups helped to create some information about one of the research aims. This aim was to provide information about the type of issues that are important to families and children in our local community. This initial phase has provided some information that may be useful to the Children's Centre when designing and providing training for their parents and carers.

Additional feedback suggested that the Children's Centre staff felt that the leaflet was too wordy and therefore not suitable for parents/carers in that area. It was agreed that we would not carry on with the leaflet. I thought about some modification but by this time we had decided to change the structure of the drop-in. The staff felt that the next step would be for the service to be placed in-situ at the various groups on offer. As they thought that parents and carers were more willing to talk when we dropped into the group; those incidental opportunities were valued. This concurred with my thinking. I had noted that when I went to visit the groups, prior to doing the drop-in, a few parents had wanted to talk about issues. Time constraints meant that I was not able to offer them a consultation immediately, but suggested that they come to the drop-in. None of these parents came to the drop-in even though they obviously wanted to talk about their children.

I mentioned on p. 99 that during one of the drop-in sessions staff asked me to visit a toddlers group in the same building (when no-one had arrived at the drop-in). Two parents wanted to talk to me about issues concerning their young children. Again, time constraints, accommodation and confidentiality issues prevented me from being able to fully engage with these families. I felt that these were missed opportunities, leading me to think about the type of opportunities that we could create by the EP dropping in, instead of the converse. Garbers et al. (2006) illustrated in their research that there are three parental styles of service use:

- Autonomous – parents take up services independently
- Facilitated – parents might need encouragement

- Conditional – parents are unlikely to ask for a service but might instigate conditions pertaining to their engagement with service, e.g. home visiting.

In light of Garber's et al.'s (2006) findings, the parents who willingly attend the drop-in might be considered 'autonomous'. However, those who did not come back might be viewed as requiring 'facilitation' and therefore might need additional and/or different support to take up the offer of the drop-in. It is interesting to consider if these are distinct groups of parental styles. Can parents move between these categories as I saw in this research? For example, they came to speak to me 'autonomously' in the first instance but for some reason were unable to re-visit the drop-in. Garber et al.'s (2006) research does not address such specifics. This could be an interesting line to follow up. At the time it did not occur to me to develop this notion further.

Reflections

The first cycle of action was effective in designing a framework for a drop-in that could be used in a Children's Centre. It is important to note that the service was not well used in this first cycle. During a casual conversation with another colleague the term 'loss leader' was used in connection with the take up of the service. By this I mean that despite the low usage of the drop-in we had raised the profile of EPs in the Children's Centre. One of the key issues in connection with working within this community was that of trust and of the families becoming familiar with our presence. The evidence for this assertion was that staff in casual conversation frequently mentioned that families needed to get to know us. As discussed in the literature review Gewirtz et al. (2005) appositely termed this as working <u>with</u> parents rather

than working <u>on</u> them. I think that the Children's Centre manager made this clear when she expressed concern about how long we would be able to engage with the Children's Centre and about services 'parachuting in'. She clearly understood that an important factor in families' willingness to engage would be related to their trust and familiarity with us. As Jones (2006, p.17) proposes, 'actions and interventions for the community that are owned by the community are seen more likely to succeed than imposed solutions'.

In order to increase the up-take of the service the drop-in could have been advertised on a much larger scale. For example, leaflets could have been sent to the two schools attached to the Children's Centres. My colleague and I felt that in the initial phase this was not appropriate. If the service became too busy then parents/carers might not wait. Furthermore, I wanted to offer the service to existing users of the Children's Centres. By targeting the schools this might not have happened. Also, we both wanted to develop our skills which are so necessary when facilitating the drop-in.

My colleague and I discussed that we found the evaluation form to be laborious and time consuming and I found it difficult to reflect on the usefulness of the data obtained. In some way it seemed to interfere with the flow of the drop-in. On reflection I should have taken more notice of Taylor's (1994, p. 114) cautionary note for the action researcher to chose data collection methods 'that do not distort or intrude on your practice'. The last question about the usefulness of the drop-in was extremely awkward and would be criticised for demand characteristics; by this I mean

that it would be very hard for a person to be as frank as they might want to be, hence they respond with the answer that they think you want. Obviously, the number of people who attended the drop-in was required by the Children's Centre for monitoring purposes. However, I found my reflections in my research diary a much more useful tool when trying to obtain data about my feelings and what I had learnt as the process developed.

4.4: Modifications and Reflections

Rearick and Feldman (1999, p.335) discuss that some of the purposes of action research include: 'professional understanding and personal growth'. When I consider the first cycle of action I think that both occurred. I developed a wider knowledge base about Children's Centres and the local community. I used a new model of working and was beginning to develop an understanding of the types of issues that were important to the local community.

The main findings from this cycle of action were that the staff and parent reference group were enthusiastic about the drop-in as a service to be provided in the Children's Centre. However, the service was not well used in this first cycle and the issue of parents becoming familiar with the presence of the EPs and trusting them were identified as contributory factors in the poor uptake of the service. This cycle of action provided evidence for all of the research aims. The modifications that were developed as a result of the findings and the reflections of those involved in this first cycle were that:

- EPs no longer carried out the model where they waited in a room, at an allocated time, for people to come to them. The EPs offered to carry out the drop-in in-situ at the various existing groups on offer at the Children's Centre.

The action arising from this change was that:

- Children's Centre staff provided a list of groups and times that they ran;

- EPs arranged to contact group leaders and to carry out drop-in at groups for a four-week block starting in September 2007;

- EPs continued to use solution focused framework.

Chapter 5 will describe the next cycle of action that arose from the above bullet points.

CHAPTER 5: SECOND PHASE OF ACTION RESEARCH

5.1: Introduction

Table 12 offers a brief overview of the action taken and that is described in this chapter.

Table 12: Overview of action taken in Cycle 2

Research Cycle	Timescale	Brief synopsis of action taken
2	September 2007- July 2008	- Moved away from traditional model. EPs ran the drop-in at existing groups that were run by the Children's Centre. - Drop-in was run at five different groups for a four-week block and lasted for one hour. - Evaluation done via group leaders - Staff started to use the drop-in - Reflections inform Cycle 3

The layout of this chapter is based on the framework (Table 2) which I devised, from

McNiff et al. (2003) and it describes:

- What I plan to do. (Section 5.2)

- The action taken. (Sections 5.3, 5.5, 5.6)

- Evaluating the action including data. (Sections 5.4, 5.7, 5.8)

- Modifications and reflections. (Section 5.9)

As a result of the last cycle of action, it was agreed that EPs would visit existing

groups on offer at the Children's Centre in order to carry out the drop-in service. The

reason for this was to allow parents and carers to have the opportunity to become

more familiar with the EP and it was reasoned that once the EPs were known the

service was more likely to be used. Moran and Ghate (2005, p.333) found that the

key element to success in parenting support is in 'the ability of workers to build good

relationships with parents'. They also used the term 'trustworthiness' as being a very important factor. Pemberton and Mason (2008) concur with this view. In addition, Dinnebeil and Hale (2003) suggested that a key role in early intervention strategies is to develop a partnership between the professional and parent. Indeed the Executive Summary: Division of Educational and Child Psychology (2007) highlights that one of the areas of the skill of EPs is developing and fostering family partnerships skills. Sure Start Children's Centre Practice Guidance (DCFS, 2007) highlights that 'how' we work with parents is as important as 'what' we do. Therefore, the emphasis of the drop-in was for the EPs to continue building relationships with the parents and carers who used the Children's Centres.

5.2: What I Plan to Do

Planning the Next Phase of the Drop-in

As I highlighted in the previous chapter, as a result of a meeting with the Children's Centre manager in July 2007, there were several agreed action points. These were:

- Children's Centre staff to provide a list of groups and times that they ran;
- EPs to arrange to contact group leaders and to arrange to carry out drop-in at groups for a four-week block starting in September 2007;
- EPs to continue to use solution focused framework.

In response to the first bullet point I received an e-mail from the Children's Centre manager. This e-mail led to the second bullet point being addressed. My colleague and I met in early September 2007, and we agreed to take on two groups each and to share the last one. At this time we were unclear if the service would continue

beyond December 2007. Therefore, to ensure that all the groups had access to the service we divided the number of available weeks between the groups that wanted the service. The split was decided by the days on which the groups ran. As I only work part of the week I agreed to contact the groups that ran on the Tuesday and Thursday. This meant the Playgroup and Baby Social and the shared group were to be the Library Tots. My colleague and I took responsibility for contacting the relevant groups and arranging the time that we would begin our four week block of drop-in sessions. This resulted in a master timetable shown as Table 13 below being drawn up that was sent to the Children's Centre manager so that she would have an over-view of the drop-in service.

Table 13: Timetable for EP drop-in and details of function of the group

Group and function	Day & dates	Time	EP
Playgroup is a referral playgroup (targeted service). This means that all the parents, carers and children who accessed the service are known to local professionals, (e.g. health visitor, speech and language therapist) and have been referred specifically to the playgroup. There are spaces for 12 children and the playgroup is run by 3 members of staff. Additional support is offered from a family support worker.	Tuesday 18, 25 Sept. 2, 9 October.	9.00 - 10.00am	Carol

Little Explorers: A group for anyone looking after a one-two year old. This group offered a chance to meet other parents, carers and toddlers living in the area; 10 - 15 weeks of fun and learning.	Wednesday 17, 31 October. 7, 14 November	10.00-11.00 am	J
Baby Social - This was a group run for parents and carers of babies up to one year old. They met once a week and carried out a variety of fun activities.	Tuesday 16 October. 13, 27 Nov. 4 December	9.30-10.30am	Carol
Drop-in - Families could access this group once a week in the morning. Provided breakfast and a range of family activities.	Tuesday 30 October. 6, 13, 20 November	9.30- 10.30 am	J
Library Tots - A group for children aged < four years and their parents or carers. Set in the local library for one hour a week. Offering storytelling, action songs, rhymes, singing and the opportunity to borrow books from the local library.	Thursday 6, 13 December	9.30-10.30am	Carol and J

5.3: Taking Action: Playgroup Drop-ins

This next section describes the action taken during my four-week cycle of running the

drop-in at the playgroup and my subsequent reflections. I had telephoned the

playgroup leader to arrange the dates of the drop-in and we had met at the Children's

Centre staff meeting during the first cycle of action.

Week 1

I met with the playgroup leader the morning of the drop-in. The parents/carers drop

their children off and have the opportunity to leave them there for the morning. The

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playgroup leader had worked with psychologists in a different setting hence she had a good understanding of my role. She had identified a room that was available should parents want to access the drop-in.

At this stage the playgroup leader asked me if professionals could access the service. The reason was that some of the family support workers had mentioned that they might like to discuss some of their cases with me. I was happy for the service to be used in that way and decided I would mention it to my colleague in case she was approached. No parents stayed to access the drop-in.

Reflections

The first morning of my drop-in, I noted in my research diary that I felt:

> '*there was not really a role for me yet. The staff wanted to talk to me about a child who had left their setting and was refusing to attend nursery and that they felt was becoming school phobic'*.

I listened to staff concerns about the child but made no comments. I observed that the parents did not linger when they dropped their children off. Therefore, there was no real chance to engage in any informal chat that might have led to the types of conversations that would have been useful to explore in the drop-in. As no one used the service, in the first week, this made me reflect on the most effective way to communicate my presence to the parents/carers. Garbers et al. (2006, p. 289) (citing Moran et al.,2004) highlights that: '…ill designed access routes can clearly undermine every policy and practice aspiration'. Furthermore, Garbers et al. (2006) note that it is important to be adaptable when thinking about strategies to encourage people to access services. I realised that I was relying on the staff in charge of the

group to tell parents and perhaps suggest that they came to see me. I discussed this with the playgroup leader and, as the staff at the playgroup knew the families well, it was agreed the staff would introduce me to parents as they dropped their children at the playgroup. Also, they would discuss the service when the children were dropped off during other playgroup sessions.

<u>Week 2</u>

A family support worker used the drop-in as she wanted to discuss a particular case. She brought a number of issues to the consultation including one of the children being over familiar with adults, parental interaction concerns and some concerns over self-stimulatory behaviour in a young child. By using the solution focused framework we prioritised the actions that needed to be taken, decided which behaviours to refer to other agencies and devised a model for tracking some of the behaviour and how to deal with it when it occurred.

<u>Reflections</u>

In my research diary I noted that:

> *'I really enjoyed this work and found it to be very rewarding. It has got me thinking about the role of the drop-in for professionals as well as parents and carers'.*

At this stage I was still using the evaluation sheet with the rating scales. This was a really useful consultation and the support worker rated her worry at the start of the consultation as *medium* (numerical value 3) and by the time that we had finished it was rated as *not worried* (numerical value 1). She commented that it had "*been really useful and that she was happy that she had a plan to deal with her concerns*". She rated the consultation as being very good (numerical value 5).

A parent was waiting to see me about her concerns for her six year old son. He was described as being aggressive and cheeky at home. She explained none of her family would take him so that she could get some respite. Interestingly he behaved well at school. We explored the reasons and possible strategies that the school used to manage his behaviour. As a result of the complexity of the problems I felt that I had to spend some time reflecting on the issues. I asked the mum to talk to the school staff about how they managed her son and to bring back the information the following week. Then we could look to see if there were strategies that worked which she could adopt. We agreed that she would return the following week to the drop-in. I did not use the evaluation form as we had not finished the consultation.

Reflections

I found this case difficult, as there were so many entrenched behaviours and concerns that could not possibly be addressed in such a short drop-in. I really did not have space to think about the issues in the drop-in. I thought deeply about this case after the drop-in and took it to my supervision session. I made additional notes to aid my thinking as regards solutions and possible ways forward. This case highlighted to me the issue about the appropriateness of working with complex cases in a drop-in.

Week 4

The parent of the child from the previous week was unable to stay for the drop-in as she had to take her younger child home, as she was sick. I met briefly with another family support worker who wanted some advice about a family with whom she was

working. The issue was about the family's rights in relation to the nursery education of their child. The child's nursery placement was under threat due to tantrums and aggressive behaviour. The parent in the family was finding it difficult to deal with threats from the school about cutting the child's time in nursery. We had a discussion about procedures, Special Educational Needs, Code of Practice (DfES, 2001) and agencies that might give support around this issue; for example, Parent Partnership.

Reflections

I was disappointed that I was unable to see or speak to the parent from the previous week to find out if she would like the opportunity to meet with me again, especially as this was the last week that I was attending the playgroup. I spoke to playgroup staff and gave my contact details if the parent wanted to follow up the work that we did. I did not feel that I should contact the parent to offer follow up. My reason for not wanting to make contact was that I was aware that the 'sick sibling' could have been an excuse as she did not want to engage with me. It is interesting to note, that I met that parent again and I subsequently found out that she was not avoiding me. I explain the reason on p.148.

My consultation with the family support worker was really useful. She rated the consultation as *very good* (numerical value 5). In addition, she told me that she felt that she now had a '*plan and some confidence to deal with the situation'*.

5.4: Analysis and Evaluation

I used the rating scale with the two family support workers. I did not use all the questions with the second family support worker because she felt that as she did not 'own' the issue she would be unable to assign a rating. Both family support workers thought that the consultation was very good and their qualitative comments supported this assertion. The family support worker seen in week 2 indicated that her level of worry about the issue had diminished after the consultation. My colleague did not collect any data from the drop-in that she attended. The issues surrounding this are explored in the next paragraph.

Atkinson (1994) suggests that during action research there are occasions when the researcher has to make on the spot judgements and to rely on intuition. She defines this as being problematic for the practitioner as a researcher, when trying to meet dual needs of carrying out a job whilst researching. It was important to me, in conducting a study of a real social situation, that any decisions taken during the research about the appropriateness of the interaction would meet the needs of the people using the drop-in, rather than the needs of the researcher to collect data. During a reflective discussion with my colleague, we both commented that we found it really difficult to ask people to rate a service that they had just received whilst sitting in front of you; it led to an awkward interaction. My research diary records that I felt really *'uncomfortable asking these questions'.* I was aware that we needed to collect data on the service, but the existing method did not work well in practice. I noted in my research diary that it '*was designed for the initial phase and was no*

longer suitable for work in groups. In addition, it was time consuming when parents

were not familiar with a rating scale as it took a while to explain'.

As result of our reflections, my colleague and I decided that we would develop

another way to collect information. My research diary notes that '*it might be better to*

ask the people running the group what they thought'. I decided to design a form that

would be completed by the group leaders. The reason for this was that I knew that

the group leaders were asking parents and carers who attended if they felt their visit

was of use. Taylor (1994, p.111) suggest that this would be engaging the staff as 'co-

researchers'. It would be a less obtrusive way to collect information and might

encourage less demand characteristics. In addition, I wanted to collect qualitative

comments that might reflect the general feeling about the usefulness of the service

for my research aim. I decided to make the form as simple as possible so that it was

not time consuming to fill out. My colleague and I discussed the data that we needed

to obtain in order to provide evidence of the usefulness or otherwise of the research.

A list of questions was devised. The questions were informed by my research aims:

- How useful was the service for the people who used the Children's Centre?

- Did staff think that they might use the drop-in service if it was offered to them?

- What was the best method of conducting the drop-in?

- How could the drop-in be improved?

- Any other ideas about how an EP could work in a Children's Centre?

From that list I designed a short evaluation form, which included a rating question

linked to the usefulness of the service (Appendix 6). I passed this to my colleague

and to the Children's Centre manager to check and to make comments. This was

then used to gather the views about the service. It must be noted that this approach did not garner the direct views of those people who used the drop-in, but I feel that I have provided adequate justification why this was not appropriate. The new evaluation form was used in the Baby Social drop-in.

5.5: Taking Action: Baby Social Drop-in

This next section describes the drop-in at the Baby Social and Library Tots groups and my reflections. The section is followed by the data analysis using the new evaluation form.

The Baby Social was one of the groups that I visited as mentioned on p. 98. Therefore, I had met some of the parents on a previous visit. This group was run in a large gym hall in one of the local primary schools. It was a very big group with approximately 10-28 parents/carers attending at any one session. I introduced myself to the parents; then as agreed with the staff, I chatted to the parents where they sat. There was no side room available but if parents wanted to talk further we could move to a quiet area within the hall. But, as there was no childcare it would have been difficult for the parents to leave the large soft mat where their children were playing to accompany me to another part of the room.

Reflections

This group required me to be adaptable in my practice. This was a much more informal group where I moved between groups or individual parents, described my role, discussed the child and asked if there were any particular issues that they

wanted to highlight. It also reinforced my decision not to use the evaluation forms and I did not write notes as I spoke to the parents. This was mainly because we were sitting on the floor beside active, inquisitive and crawling babies. Also, note taking would have been a very conspicuous activity.

The parents in this group were interested in talking to me. This large group allowed me to work with a number of different parents on a wide range of topics. I have listed these in section 5.7. I also noted that there was a diverse mix of parents, including some fathers and a mix of socio-economic groups. I subsequently found out that a number of parents had travelled from more affluent areas in the city to this group, because they did not have, at this point, a Children's Centre within their catchment area. It was really interesting to observe the development of interactions and how some of the parents 'modelled' appropriate behaviour and interaction with their infants. Indeed this led me to think that this complex mix was in fact an 'intervention' in itself. Avis et al. (2007) examined the factors that affect parental participation in Sure Start programmes and their research validates my assertion. Avis et al. (2007, p. 207) found that:

> 'Parents appreciated they were obtaining parenting advice not only from staff members, but also from other parents attending the events'.

Furthermore, Barrett et al. (2000) suggested that unless there were appropriate opportunities for parents to have access to the modelling of positive relationship skills, problems are more likely to continue across generations.

5.6: Taking Action: Drop-in at Library Tots

As both my colleague and I were attending Library Tots we decided to give them two sessions with two EPs as opposed to four separate weeks. Unfortunately our first session was cancelled due to a power cut. The next session was just before the Christmas party. I spoke to a mother of a young child who had witnessed domestic violence. As this group had the first session cancelled, and I had a time slot in my diary, I agreed to visit in January for one more session. Also, I carried out a consultation with a parent about toddler tantrums.

<u>Reflections</u>

This was an incredibly busy and active group. I noted in my research diary that I did not really get to know the group. I think that there were several reasons for this: only visiting for two weeks was insufficient time – especially given the staff emphasis on parents needing to trust us. I think it was a very inconvenient time of year to start the drop-in, nevertheless the staff were very enthusiastic about our presence.

5.7: Data

The range of topics discussed and upon which advice was sought at the Baby Social was as follows:

- Sleeping;
- Baby signing and language development;
- Sibling rivalry – mother had post-natal depression and felt the child's behaviour had deteriorated and also her capacity to cope with toddler behaviour was diminished;

- Psychological and social impact of a birthmark on the child's development;

- Educational planning for a child with a learning disability (including working with and role of EP);

- Speech and language difficulties and impact on behaviour;

- Alternative ways (visual strategies) to support a child with expressive language difficulties;

- Social isolation and friendship skills;

- Separation anxiety.

In my opinion the range of topics that was discussed reflect the eclectic nature of an EP's work. Furthermore, I think that the list captures the diversity of issues that defines early intervention work. The list also provides evidence for my research aim about developing an understanding of the types of issues that are important within the community. It was very useful for staff to be aware of the types of issues upon which 'their' parents were seeking advice and support. In the discussion section of the thesis I will expand on the importance of these issues being addressed for parents.

Feedback from Evaluation Forms

1. Usefulness of the service

The average rating from all the groups, rated the usefulness of the drop-in as an average of 4. (1= not useful; 5 = very useful).

Qualitative comments included:
- *Parents have commented that they feel it is useful to be able to ask questions of someone attending the groups and not having to specifically seek out advice.*

- *Parents valued their time with X and encouraged other group members to access the service.*

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- *Busy session which makes it difficult for all carers to access Ed Psych if they need to.*

- *Parents value the opportunity to ask for professional support.*

- *Very useful service – once parents are aware and established within the group.*

- *Timing of talking to parents proved awkward on occasion particularly around song time or when parents were new to the group.*

2. Staff indicated it would be useful for them to use the service.

Qualitative comments included:

- *Extremely helpful service as we are working with a very diverse group of parents and children.*

- *It helps to reinforce the messages that we are putting across.*

- *Good arena to informally discuss concerns.*

3. They indicated that the service worked best when offered to groups within the Children's Centre rather than as an individual drop-in.

4. Suggestions to improve the service included:

- *Works well as it is currently being facilitated.*

- *Develop space for confidential discussion within the group.*

- *Have it as a permanent feature of the services we offer.*

5. Other suggestions to improve included:

- *As an advisory service – perhaps by telephone or at agreed times.*

- *Staff training.*

- *Opportunities for 1:1 time with the EP.*

- *Professional/staff drop-in to discuss cases' concerns.*
  .

It is interesting to note that one of the comments on the evaluation forms was in connection with parents encouraging other parents to use the drop-in service. Avis et al. (2007) recommended that a useful strategy to help parents engage with Sure Start services was to create opportunities for a dialogue between those who use the service and those who chose not to. Avis et al. (2007) thought that this might help encourage an uptake in the service. It would seem that this practice has occurred within the groups that had the opportunity to access the drop-in.

Avis et al. (2007) established that parents found it useful to obtain parenting advice when they were playing with their children or part of discussion groups, as in the model in the Baby Social Group. The opportunity for these incidental but purposeful conversations was found to be a useful approach because the parents highlighted that they did not feel that the advice 'was being rammed down their throat' (Avis et al., 2007, p.207). This point is highlighted by the comment that: *Parents have commented that they feel it is useful to be able to ask questions of someone attending the groups and not having to specifically seek out advice.* This might provide some evidence as to why the new model of the drop-in was more successful than the previous drop-in. It is a useful, pertinent point for professionals to consider when planning services for parents and carers.

The qualitative comments highlight that the service had the potential to develop in different directions and to be of value within the Children's Centre; for example, offering a staff drop-in and outreach workers accessing the service.   The next

section refers to my colleague and I meeting to discuss the evaluation forms and our reflections on the process.

5.8: Evaluating Action and Reflections: Meeting with Colleague

My colleague and I met in December 2007 after we had carried out most of the drop-ins (I still had to carry out an additional drop-in at Library Tots) and had collected the evaluation forms. Some of my notes from our joint discussion were as follows:

- *It feels experimental and is a steep learning curve.*

- *At times one feels vulnerable about going into a setting where the drop-in is not structured or prepared.*

- *It is useful to meet people from within the local community.*

- *As an EP it can feel daunting that issues or problems brought to the drop-in are massive; it is important to focus on small steps.*

- *Within the groups it is important to sit back, be patient and wait for people to engage.*

The reflections from that meeting reiterate Moran et al.'s (2005) point about the importance of the trustworthiness of the service provider to the parent. This important issue had been mentioned on numerous occasions by the Children's Centre staff throughout the action research cycles. If parents did not feel comfortable or trusting of the service they would not have engaged. The notes above emphasise our reflections on the process and capture the reality of what it can be like to engage in work that might be perceived as 'out of the comfort zone'.

The new evaluation forms were a discussion point for my colleague and me. It was much easier to carry out the drop-in and to have a worthwhile talk with the parent without the forms. We had a 100% return rate and this reflected the engagement of the group leaders who wanted to provide feedback and reflections from staff and parents. The feedback was really valuable and emphasised how well the drop-in had been received. The qualitative comments were positive and provided evidence of the usefulness of the drop-in for staff, parents and carers. This was one of my research aims.

There was one qualitative comment that was highlighted by my colleague. This was: '*Timing of talking to parents proved awkward on occasion particularly around song time or when parents were new to the group'.* She felt that this comment was reflecting her experience in one of the groups. There were several issues about preparation and timing (logistics) that needed to be resolved. These are reflected in my colleague's comments about *'visiting a setting where the drop-in is not structured or prepared'.* Avis et al.'s (2007) research emphasises the importance of putting time and effort into developing and maintaining the communication networks to ensure that best use was made of Sure Start services. Therefore, given this advice together with our practical experience of conducting the drop-in at various groups we felt that it would be useful to devise a checklist with issues and questions that needed to be clarified with the group leader, prior to starting the drop-in. These were:

- Clarification about start and finish times and dates of sessions.
- At what point in the session do you want the EP to be available?

- What is the best way for staff to prepare parents about our drop-in? (What are they going to say?)

- Location of drop-in. (Inside groups or in another room in the building and who will organise this?)

- Are staff still happy to talk to parents and evaluate the drop-in?

It was envisaged that the checklist would be carried out over the phone when arranging dates for the drop-in. Its purpose was to ensure that there was a clear understanding by both parties about the structure and timing of the drop-in. It was agreed that the checklist was to be discussed with the Children's Centre manager at our next meeting.

Another issue raised was that both my colleague and I were enjoying being part of the groups. On a professional note, I commented on the usefulness of being amongst large groups of children who, on the whole, were meeting on time most of their developmental milestones. In my role as an early years EP I often spend time with children who have complex difficulties and when doing this I tend to forget the routine milestones of child development. It was really interesting to have a discussion with a mum of a child with learning and development difficulties as the result of a syndrome. Due to the nature of the child's difficulties this mum might have the occasion to meet and use the services of an EP.

In my research diary I had noted that at the Baby Social the parents had good quality focussed support from the staff, including health visitors and family support workers. On several occasions parents told me that they had sleep issues with their children

but that the support and intervention programmes had been effective. It was interesting to note that due to her experience in one of the other groups my colleague had similar reflections. My colleague had also referred one of the parents to the health visitor for support around the issue of a child's sleep patterns. She did this because there were only two drop-in sessions available in which she could give support to the parents but felt that a longer supervised intervention would be necessary. To me, this reflects good EP practice, as Davis et al. (2008, p.34) recommend: it:

> '…ensures that professionals are working at an appropriate level of intervention and making the most of their own skills and those of others'.

Furthermore, the Children's Centre manager had asked my colleague if she would carry out some follow up work around behaviour issues with a family. She was able to offer her services as the early years specialist senior EP as she could take referrals from a number of sources.

As regards improvements in the service, all the evaluation forms made comments about the drop-in being offered to staff. My colleague and I agreed that this would be an appropriate development depending upon the Children's Centre manager's agreement.

5.9: Plan Modifications

The next section describes a meeting with the Children's Centre manager in January 2008, the e-mail follow up and a meeting with my colleague in February 2008. The results of these activities led to the next cycle of action being developed.

As a result of the reflections that took place during the meeting between my colleague and me, it was agreed that the focus of our meeting with the Children's Centre manager was to discuss:

- evaluation forms and staff reflections alongside our experiences;

- the checklist with group leaders;

- new ways of working;

- next cycle of action.

The Children's Centre manager had not met with her team prior to our meeting. Therefore, she took notes about our reflections and discussion points to discuss with her staff at the next team meeting. Also, we were able to tell her that we had secured agreement for the work to continue, until July 2008, if that was what the Children's Centre staff and parents wanted. Therefore, as a result of that meeting the agreed actions were:

- Children's Centre manager to feedback to the team about our reflections, including the use of the checklist;

- More drop-in sessions were offered including a professional drop-in.

The main findings from this cycle of action were that the uptake of the drop-in when provided in-situ in groups was much better than in the first cycle. Children's Centre staff were starting to use the drop-in to consult on professional issues. The rating scale and individual evaluation form were changed, after it was found to be too intrusive, and views about the usefulness of the service were sought from the group leaders in consultation with the parents who used the service.

After our meeting with the Children's Centre manager I received the following e-mail

from my colleague:

> *Hi Carol*
> *Spoke to C just now. She says:*
> *-the team are delighted we can continue to work with them*
> *-they would like continued work in the area*
> *-they would like us to work into groups as before and will make sure they prime families for this and are happy for you to use a checklist –they would find that helpful too*
> *-they would also like us to offer them a 'professional surgery' to discuss issues*
> *-they wondered whether we could ever do joint family visits with them as part of their family support- said I thought this may have to be 'referred' work but I'd discuss with you*
> *-they would be very grateful if, whenever we write anything up we could note for them in writing any of the lovely things we said about work being done in the CC!*
> *I said we would be back in touch, probably mid-March to plan dates with them. All arrangements for groups remain the same.*

As a result of the findings and e-mail my colleague and I met and we decided that the

next cycle of agreed action was that:

- Each EP would stay with the existing groups to maintain continuity and to build

  on existing relationships with parents and staff.

- Groups would be offered a 4 week drop-in block, starting after the Easter

  break – due to diary commitments.

- Staff were to be offered the opportunity of a drop-in. At this time I was unclear

  as to the best way to structure this; the options were to offer the drop-in at the

  same time or at a time when the whole staff was present, for example, staff

  meeting. As a result of this discussion it was decided to offer them the

  opportunity to use consultation groups as a model of working.

- Joint home visit. It was decided that unless it was work that was 'referred' to

  the EY service it would not be possible, at this stage, to carry out home visits.

Davis et al.'s (2008, p.35) research into the role of EPs in a multi-disciplinary context and Sure Start concludes that:

> *'…*there is an increasing trend for EP to be developing their capacity to work in a wider range of services and with a wider range of service users'.

In summary, the second cycle of action illustrates Davis et al.'s (2008) assertions. The service developed beyond the original drop-in for parents; as a result of the work and the reflections of staff and parents a number of alternative avenues for exploring the potential role of EPs in Children's Centres was emerging. In addition, valuable data were gathered to inform the research question and aims. Action research, by design, is a flexible methodology that allows the researcher to develop the next cycle in any given trajectory as informed by the previous cycle of action. This meant that the next cycle of action was not restricted by the research methodology and therefore, a service was emerging that was being designed to meet the needs of the local community.

Chapter 6 will describe the next cycle of action that developed.

CHAPTER 6: THIRD PHASE OF ACTION RESEARCH.

6.1: Introduction

Table 14 offers a brief overview of the action taken and that is described in this chapter.

Table 14: Overview of action taken in Cycle 3

Research Cycle	Timescale	Brief synopsis of action taken
3	March 2008 – November 2008	- EPs returned to same groups for another four/five week block - Staff used drop-in for support and advice. - Involved in meetings about EP role in developing services within the Children's Centre, especially in relation to staff development. Offered to run consultation groups for staff. - Met with health professionals to discuss multi-disciplinary work. - Presented workshop at national conference.

The layout of this chapter is based on the framework (Table 2), which I devised, from

McNiff et al. (2003) and it describes:

- What I plan to do. (Section 6.2)

- The action taken. (Sections 6.3. 6.4, 6.6, 6.8, 6.10)

- Evaluating the action including data. (Sections 6.5, 6.7, 6.9)

6.2: What I Plan to Do

As I discussed at the end of the last chapter, as a result of our meeting with the

Children's Centre manager in January 2008, and a meeting between my colleague

and I in February 2008, several action points were agreed.

These were:

- EPs to conduct another round of drop-in at the groups;

- EPs to offer a professional drop-in to the staff – either at time of drop-in or at another mutually convenient time;

- EPs to offer to run a consultation (solution focused) group for staff.

6.3: Taking Action

In order to address the first bullet my colleague and I agreed to re-visit the same groups in which we had conducted the drop-in. The justification for this decision was to ensure continuity for parents and staff. On p.106, I discussed that the staff frequently mentioned that it was important for parents to get to know us thereby building a relationship with the EP. This assertion has been supported by the research of (Moran and Ghate 2005; Avis et al., 2007). If the EPs changed groups this would mean that my colleague and I would have to start all over again – developing relationships with the parents. It was agreed that my colleague and I would attend two groups each. After discussion, it was decided that I would not re-visit the Baby Social. There were two reasons for this decision: first - if the EPs were to facilitate other activities (professional drop-in and consultation group), the time for such activities had to come from the drop-in; second - the Baby Social was chosen because this group of parents received extensive support from the staff running the group and their health visitors. I contacted the group leader and the Children's Centre manager to confirm that they were in agreement with this decision.

To address the second and third bullet points I sent an e-mail to the Children's Centre manager offering to run a consultation group and to enquire as to the best way to offer to run the professional drop-in.

In response the Children's Centre manager contacted me to say that she was happy for us to contact the group leaders directly to arrange the professional drop-in. She also wanted to meet my colleague and me to discuss the consultation groups so that she could present information about it to her staff at one of their team meetings. The Children's Centre manager and I met in March 2008; my colleague was unable to attend. I describe my reflections of that meeting in the next section.

<u>Reflections</u>

This was a useful meeting. The Children's Centre manager and I talked about my research and some of the papers that I was reading in connection with my literature search. We discussed the structure and purpose of consultation groups. The Children's Centre manager was enthusiastic about trialling the consultation groups and she intended to present this information at the team meeting. I have included an excerpt of the reply that I received from the Children's Centre manager after our meeting:

> '*Thank you for our meeting yesterday, it set me up for the day. It is so refreshing to have such discussions and to be exposed to new ways of thinking'.*

I noted my thoughts after the meeting in my research diary:

> '*I had a great meeting with C. really stimulating to talk about the process of the research and different models of working and community psychology. We talked about her role as a manager. She talked about developing the capacity within her team to self-reflect and the EP role in that process '.*

The reason that I have included these two pieces of information is because they provides evidence to corroborate Davis et al.'s (2008, p.33) suggestion that EPs need to spend time developing 'shared language and attitudes with other

professionals' in order to facilitate collaborative practices. The action research process facilitated the exchange of views and perspectives between the Children's Centre manager, my colleague and me. In the discussion section I have reflected on the factors that contributed to this being a successful piece of work.

6.4: Taking Action: Drop-in at Library Tots

<u>Week 1</u>

I met with the group leader for five minutes before the parents and children came to the group. We agreed that I would speak to the group for a few minutes to explain my presence and role. She asked me if I would try to engage a grandparent as the group leader felt that the grandparent would benefit from my support. The issue that needed to be addressed concerned behaviour management and negative language used by the grandparent towards the child within the group. Also, it was agreed that I could use the hall, within the building, if I needed to talk privately with a family.

In this first session I was unable to approach the person whom the group leader had identified. This was because another family wanted to talk to me about their toddler's tantrums. I have made further comments about this case in my reflections.

During this session I was well aware of a young child with an ear-piercing scream who kept running out of the group. The parent was apart from the other parents and, in my opinion, she was slightly ostracised. She looked very unhappy and somewhat embarrassed. Other parents turned and scowled at both the child and his mother. I went across and sat at her table and we had a chat about her child. She told me that

he only behaved like this in the group; she wanted to return to work but could not leave him with anyone else at this stage. She said that she had tried everything to stop him screaming and running out of the group. As the session was coming to a close I asked her if she wanted to discuss it further the following week. She said she would think about it but my feeling was that she did not appear too keen to engage further with me. After the session, I asked the group leader about my observations and she confirmed that the other parents had complained about the child and she too thought that the parent looked vulnerable. She asked if I would be able to offer support to this parent the following week.

Reflections

I noted in my research diary that:

> *'I really enjoy working within that group. It is interesting to note that the parents, mother and father together, who wanted to talk about their toddler's tantrums, knew why she was having them and were very clear in their view that it was to do with the father spoiling her and giving in to her most of the time. The mother described herself as the disciplinarian. So it was clear they knew the root cause of the issue but were unable to act on that knowledge. However, the drop-in facilitated a very 'open' discussion with these parents'.*

Barlow and Stewart-Brown (2001) found that parents valued parenting support that focused on their role as parents. They did not appreciate support that focused on teaching them how to parent or on advice that was perceived to be 'critical'. This links to Avis et al.'s (2007, p.207) research where parents did not like 'advice being rammed down their throat'. My reflections are consistent with these findings. I thought that the parents did not want advice; they wanted someone to listen to their thinking about the situation. On reflection, it would have been valuable to follow up this work and find out if a change had been brought about in the adults' behaviour

towards the child after the discussion had taken place. I would have followed this

work through verbally, but I did not see the parents at the group for the rest of my

sessions.

Week 2

This week I had a long chat with the parent of the child who was screaming and

running out of the room. We discussed strategies to adopt when he behaved in this

way. The mum became more open about issues at home and revealed that it was not

only at the group where he displayed challenging behaviour.

Reflections

The parents at this group sit at tables with their children and they carry out a craft

task for the first 10-15 minutes. It is a useful time to approach parents and engage in

conversation. The mum, who I had worked with, was sitting beside another parent

and her child. Once the conversation started to flow I noticed that she became very

chatty and keen to engage with me. I noted in my research diary that there was

almost a competition between the two parents to speak to me about issues and

problems that they were experiencing with their respective children.

Barlow and Stewart-Brown (2001, p. 121) found that:

> '…interviewees indicated that they had been reassured by the realization that
> other parents had similar problems, and the subsequent recognition that this
> was not an indictment on themselves as parents'.

Barlow and Stewart-Brown (2001, p.121) describe this phenomenon as mirroring and

I would argue that this is what happened during this interaction. In addition, the

research by Pemberton and Mason (2008) into co-production and Children's Centres

indicated that some parents were reluctant to speak to professionals unless they had another parent alongside. Perhaps having the other parent present was reassuring and the parent felt less isolated and realised that she was not the only one with a child with behavioural difficulties.

Week 3

During this session, I approached the person (grandparent) that the group leader had previously identified as needing support. The grandparent and I managed to have a brief chat but she was not keen to engage. We talked about the behaviour of the child but her view was that he was 'bad'. I realised that, during a drop-in, I would be unable to effect a change in this situation as the grandparent was resolute in her view of the child. Moran and Ghate (2005, p.331) highlighted that there are a number of families whose 'difficulties remain entrenched despite receiving help'. Moran and Ghate (2005) suggested that the difficulties remained due to the complexity of problems that the families were experiencing.   I attempted to engage the child whilst in play in the hope that I could effect a change through modelling appropriate language and social interaction. As mentioned on p.121, Barrett et al. (2000) discussed that there were benefits from modelling social relationship skills.

I approached the mum that I had met in previous weeks; her child was still behaving in much the same way as he had done during the other sessions. The child was becoming increasingly loud, screaming and running away. The mum was becoming upset; we discussed trying one of the behaviour strategies previously discussed. I asked her to identify the strategy with which she felt most comfortable and thought might be the most likely to succeed. I suggested that I would give her some practical

support. One of the benefits of being in the session was that I was able to give the mum some instruction and talk her through what she needed to do. The child was really responsive, calmed quite quickly and was able to join in the final story session with the other children.

Reflections

I wrote in my research diary:

> *'I really enjoyed the session; it was very practical and hands on. It was useful to be providing on-the-spot support. The staff spoke to me afterwards and thanked me for the intervention'.*

This parent had really moved on in terms of being open with me and I felt that we were working well together. Robson (2006) explored parent perspectives on services in Early Years Centres. She found that parents value a range of practices, one of these being practical support, as I had offered in this case. Furthermore, Robson (2006, p. 457) cites evidence from the National Family and Parenting Institute (2003) which found that parents appreciate being listened to and *'acknowledged as experts in their own lives'.*

Week 4

During this session, the little boy I had been working with did not run out of the session or scream. When I spoke to his mum she told me that she had tried out the strategy – it worked! She had used the strategy several times and she told me that she was happier because she felt that she could manage him. It is possible that a number of factors contributed to the success of this case; for example, the parent feeling less isolated and aware that she was not the only one who had difficulties. Barlow and Stewart-Brown's (2001) research found that a particular parent

programme was successful because it gave the parent back a sense of control and

enabled him/her to think calmly about situations. Whilst I am not drawing parallels

with the type of intervention as described by Barlow and Stewart-Brown (2001), the

drop-in could have provided a similar effect on her view of, and ability to deal with,

the situation. I have expanded on this case in the discussion section.

I also spoke to another parent who was concerned about her imminent return to work

and how her 'clingy' child would cope at nursery. We were able to discuss how she

might approach the nursery to voice her concerns and also the types of strategies

that she might adopt to prepare the child for this transition.

Reflections

I was delighted at this success with the child who screamed; both the parent and staff

commented on his improved behaviour during the session. In my work as an EP I do

not always see the results of my work so it was really encouraging to see and hear

this positive feedback. Subsequently, I received more feedback when the videotaping

for the conference was taking place; the group leader, in response to a question

about the impact of the drop-in for parents and children, commented:

> *'…the intervention had a massive impact for this family…. he is a totally
> different child and really calm…'*

These sessions were really useful, not only did it enable me to work hands-on with

parents and young children but also to model appropriate language and interactions

with the children.

6.5: Data

<u>Feedback from Evaluation Forms.</u>
1. Usefulness of the service.

My session and my colleague's session were rated as 5 (very useful) by the group

leaders.

   Qualitative comments included:

- *The service was fantastic for families to get support (especially with behaviour) and advice when they needed it. And to get help carrying out suggested methods for improvement.*

- *Most of our families commented that it was really helpful to be able to receive informal support around specific issues in a group setting.*

2. Staff thought it would be useful for them to use the service.

   Qualitative comments included:

- *It was so helpful having X at my service when families were stressed with behaviour problems. I also think that the families found it really useful.*

- *It was really helpful to be able to discuss informally with X specific families and how best to offer support for specific issues.*

3. Both group leaders indicated that the service worked better when offered to groups within the Children's Centre rather than as an individual drop-in.

4. Suggestions to improve the service included:

- *Offer these sessions on a regular basis and come every week.*

This was clearly a very successful round of drop-in sessions as both were rated as

being very useful by the group leaders after their discussions with parents. The

qualitative comments support the view. In my reflections I have commented on

specific issues as they arose and therefore have not addressed them in this section.

I think that the success of the drop-in could be attributed to the relationships that

were developing between the group members, staff and EPs, as this was the second time that we had attended the groups. I think that the cases cited above emphasise Gewirtz et al.'s (2005) point about the importance of working <u>with</u> parents rather than working <u>on</u> them. A key theme running throughout this thesis is the development of trust and relationships between parents and professionals. It was becoming clear that the parents were getting to know the EPs and the service we provided. Sure Start Children's Centre Practice Guidance (DCSF, 2007, p.38) highlight that 'how parents perceive services will influence the likelihood that they will ask for help'.

6.6: Taking Action: Attending the Team Meeting

As mentioned, on p.135, I met with the Children's Centre manager in March 2008 to discuss consultation groups. Staff felt that they would like to hear more about how a consultation group was run. Therefore, it had been arranged that I would attend a team meeting in May 2008, and also receive some verbal feedback on how the staff felt our work was progressing. This was an informal lunch meeting; unfortunately, the Children's Centre manager was not present as she was on long-term sick leave. I discussed with the staff their thoughts on the drop-in; they described the current phase of work as being really popular and they told me that they felt that *"people were becoming very comfortable with the idea"*. One group leader described it as *"invaluable"*. The feedback received reflected the qualitative comments on the evaluation sheet.

I described the consultation group; the staff thought they would like to try it out.

Unfortunately, they were not in a position to organise dates because of the absence

of their manager.

6.7: Evaluating Action and Reflections: Meeting with Colleague

My colleague and I met to reflect on our experiences. I was really interested to hear

that my colleague, during her drop-in, had been working with the sibling of someone

with whom I had worked at the drop-in at the Library Tots Group. My colleague had

seen five parents over the four weeks and parents were keen to use the service. My

colleague told me that she *"was really enjoying it".* After the first set of drop-ins at the

group she realised the importance of setting boundaries, therefore we had prepared

a checklist (discussed in Chapter 5). It was important to be clear about these

logistical issues before starting to join the groups. In the discussion section, I have

expanded on these points in connection to Garbers et al.'s (2006) research about the

type of tasks that SSLPs had to undertake to try to increase access to their services.

My colleague had started her second phase of the drop-in. However the attendance

of parents at the group had tailed off. My colleague noted that, in discussion with the

group leader, it had been identified that a 'key family' who had accessed the group

was no longer attending, as their child was preparing to start school. The group

leader hypothesised that the other parents had 'followed this lead'. This might

provide an example of service users as 'gate keepers' as posited by Sheppard et al.

(2007).

There was discussion on staffing issues at the Children's Centre and the effect that this had on the research. The Children's Centre manager was still on long term sick leave; she had played a pivotal part in liaising with staff, in reflective practice and in wanting to develop the EP role in different ways, for example, staff consultation groups. All the staff with whom we had worked had been tremendously supportive and friendly. But without the Children's Centre manager to push developments forward no-one had the authority to sanction further ideas. The Family and Parenting Institute's research into Family Support in Children's Centres (2006, p.4) emphasises that 'leadership matters' and this example highlights that point.

My colleague and I had a brief discussion about the evaluation forms and we agreed that the forms that went out to the group leaders were of more use than the previous ones, and the qualitative feedback from them was extremely useful. In my research diary I recorded:

> *'J. and I agreed it takes a while to bed in and to feel part of the group. It is really enjoyable building relationships with parents and to receive opportunities for feedback'.*

My colleague and I noted that we had not been asked for formal staff drop-ins but had been consulted, in a more informal way, by the staff at the groups.

The Development Manager for the Children's Centre had telephoned my colleague and asked her if we would speak at a health team meeting for 10 minutes and then take questions for 10 minutes about our work in the Children's Centre. We readily agreed to this and set about our preparations. The next section discusses the drop-in at the playgroup and the subsequent data analysis from the evaluation sheet.

6.8: Taking Action: Drop-in at Playgroup

Prior to attending the playgroup I spoke to the playgroup leader and confirmed my attendance.

<u>Week 1</u>

No parents stayed to see me. However, staff wanted to talk to me about a child who was 'clingy' and did not separate well from her parent. This issue had been on-going for the full year at playgroup. The staff and I discussed strategies and the various types of support that could be implemented. The staff was keen for the parent to talk to me and wanted to encourage her to attend a drop-in.

<u>Reflections</u>

It was useful to be of support to staff and as I was leaving the playgroup leader told me that she thought *"it was a fantastic service."*

<u>Week 2</u>

The playgroup leader requested the opportunity for a professional drop-in. The playgroup leader wanted to discuss a particular case in a different setting. The issue was about a child who was selectively mute whilst in the setting of the playgroup, and this selective mutism was particularly evident when the playgroup leader was present. We discussed ways to address this issue.

<u>Reflections</u>

The playgroup leader had previously worked with psychologists so she was receptive to working in a solution focused way; we had a most productive meeting.

The staff had arranged for the parent of the child who would not separate easily from her mother (mentioned in week 2) to attend the drop-in. However, the parent was unable to stay as she had a doctor's appointment. We arranged to meet the following week.

Two parents happened to see me at the same time when they were leaving their children at the playgroup. We all sat down to discuss the issues raised by one of the parents. The second parent was offering advice and support to the first parent, who really seemed to value this advice. In this situation, I was not conducting a drop-in but was facilitating a discussion between these two parents. I subsequently learned that she had taken the advice and implemented it. Later, I was told that she had previously ignored the same advice when it was given by her General Practitioner (GP).

I also had a discussion with the qualified teacher attached to the Children's Centre; we shared information about our respective roles. This was a useful exercise as it enhanced my knowledge of the Children's Centres.

Reflections

This example, recorded above, of the discussion between the two parents reflects the power of social support. Barlow and Stewart-Brown's (2001) research suggests that parents are reassured when they find out that other people have similar problems. It could be that when this parent realised that another parent had a similar

experience she decided that it was an appropriate time to act on the advice, also given by her GP. Alternatively, I was not aware of the manner in which the GP offered advice but, as discussed in Chapter 5, parents preferred to receive advice that they did not perceive as being 'rammed down their throat' (Avis et al., 2007, p.207). It could have been that the parent was unhappy with the way the advice was given by the GP.

Week 4

As arranged by the staff, the parent of the young girl with separation issues came to meet me. As I had no-one else waiting we were able to work together for about an hour. We explored the main areas of concern and designed an action plan to address these issues.

In addition, the playgroup leader told me that she felt she had had a break through with the child mentioned at the drop-in during week 2 - the child was now speaking to her.

Reflections

I realised that I had met the parent before; she had attended one of the early drop-ins that I conducted. She was the parent that I talked about on p. 117 who had not come back to the drop-in. During this session I found out that she was upset about missing our previous drop-in due to a family crisis.

6.9: Data

<u>Feedback from Evaluation Form - Playgroup</u>

1. Usefulness of the service.
   My session was rated as 5 (very useful) by the group leader.

   Qualitative comments included:

   - *Service is useful as the families we work with are difficult to engage with services.*

2. Staff thought it would be useful for them to use the service.

   Qualitative comments included:

   - *Extremely useful to staff as we have a very diverse group of children and parents.*

3. The group leaders indicated that the service worked best when offered to groups within the Children's Centre rather than as an individual drop-in.

4. Suggestions as to how the Children's Centre could use the services of an EP included:

   - *Training*
   - *Personal consultation*

The qualitative comments suggest that staff valued the drop-in not just for parents but also for the staff themselves.

The quote below from my research diary links to the comments from the evaluation forms:

> *'I really enjoy working with staff and think that this service is equally as valuable for staff and parents. This is because the work is all about improving outcomes for children and it does not need to be through 'direct work' with professionals= empowerment?'.*

This diary entry relates to Davis et al.'s (2008) research; they highlight the distinctive

contribution and set of skills that an EP brings to multi-disciplinary team work; these

include problem solving approaches and knowledge of appropriate evidence based interventions. I would claim that during my work in the drop-in I have had the opportunity to use such skills.

6.10: Taking Action: Meeting the Health Team

This section refers to a meeting where the health visitors and other health service staff met with the staff of the Children's Centre. I provided a backdrop to the research and gave information on the range of issues that were brought to the drop-in. My colleague and I were slightly apprehensive that the health visitors might feel that we were straying into their territory; for example, giving support on sleep problems. My colleague emphasised that we always asked the parents if anyone else was involved in helping to work with them on the particular issue. Davis et al. (2008, p.33) suggest that EPs need to spend time developing 'shared language and attitudes with other professionals', in order to facilitate collaborative practices. This allowed those attending the meeting to share practice and to develop a further understanding of the role of each professional. The Family and Parenting Institute's research into Family Support in Children's Centres (DCSF, 2006) recommends that those working in Children's Centres need to ensure that they find ways to collaborate with other agencies.

Reflections

In my research diary I noted that the health team appeared really interested in our work. A couple of the health visitors wanted to explore how we could work together effectively. There was little time for in-depth discussion so we suggested including

our e-mail address at the end of the minutes of the meeting and then the staff could follow up these discussions if required.

Videotape of Feedback for the Conference

As I mentioned in the methodology chapter, I videotaped feedback about the drop-in service for a presentation at a conference. My colleague and I asked for volunteers. Four people took part - the Children's Centre manager, the group leader and two parents. They were given questions that my colleague and I had prepared prior to the videotaping (Appendix 7).

Reflections

This was a useful way to collect the direct views of those involved in the drop-in. It was interesting to hear the views from a range of perspectives and provided valuable data as to the usefulness of the drop-in.

6.11: Final Reflections

This chapter described the work that evolved in the third cycle of action research. The main findings were that the drop-in continued to be accessed by parents and staff and was rated as being very useful thereby addressing one of the research aims. The EPs carried out the drop-in at the same groups this ensured continuity and that parents became familiar with the presence of the same EP; this helped to promote trust. By the end of the drop-in I was very aware of the types of issues that were important to families in the community, and this helped to meet one of my research aims. The drop-in was an example of early intervention work and I expand on this in Chapter 7. The three cycles of action provided a wealth of evidence to

address my research question, and the findings will be useful for my future work and to inform colleagues about one possible way to work into Children's Centres.

I have spent less time describing my reflections from the drop-in than in previous chapters because some issues have already arisen in previous cycles. Therefore, priority has been given to presenting some of the other information that has been gathered, as I believe it to make a unique contribution to this area of study. Overall the drop-in service was accessed by forty people, a mixture of parents and professionals. Appendix 11 provides a table detailing the breakdown of the participants and issues brought to the drop-in during each research cycle. It was carried out over a two year academic period, which included cycles of planning, action and reflection. I think that the action research process described in the last three chapters of this thesis is captured by the following quotation:

> 'Using people from the community to deliver family support, though often successful and requested by parents, required careful planning, long induction, a professional approach and good support'.

> (The Family and Parenting Institute, 2006, p.5)

I would argue that the action research process ensured that careful planning occurred and that the communication and reflective systems in place facilitated the development of a service that met the needs of that given community and its Children's Centre at that time. Herr and Anderson (2005) discuss that with action research there is often no ending as it can be an on-going development. It is exciting to reflect that the work that has been carried out, and described in these sections of this thesis, is on-going and is growing beyond the initial drop-in run by EPs at one Children's Centre in the North East of England.

The next chapter moves on to give a more detailed discussion of the findings of the

present study in relation to the research question, aims and literature review.

CHAPTER SEVEN: DISCUSSION

7.1: Introduction

This chapter will discuss some of the findings from the previous chapters relating to the research question, aims and literature review. It is important to note that as the research progressed and during the writing up phase I have continued to access literature that has some relevance to my research. The reason for this is that during the action research cycles of data analysis and reflection it became appropriate to consult literature to explain and contextualise some of the findings. Therefore, I will contextualise my findings not only from the evidence provided in the literature review but also in some new material that might not have been previously discussed in the original literature review.

7.2: Summary of Key Findings

Chapters 4, 5 and 6 described in some detail the cycles of action that occurred. Appendices 12, 13 and 14 provide a summary of the action, data collection and themes that emerged in each cycle. The drop-in evolved during the research and it is useful, at this point, to briefly describe how they developed. Initially the drop-in was run with the EPs attending the Children's Centre and waiting in a separate room for parents or carers to come to use the service. As a result of a poor uptake of this service it was agreed that the EPs would attend existing groups that were run by the Children's Centre staff. This proved to be a much more effective model of delivering the drop-in and the service was extended to staff. Parents and staff evaluated the service positively (qualitative and quantitative data).

The following bullet points summarise the key findings:

- The uptake of parents using the drop-in increased when the EPs were in-situ in existing groups that the parents attended within the Children's Centre.

- Staff at the Children's Centre identified that the issue of 'trust' and the importance of parents getting to know the EP were important factors in parents engaging with the service.

- Staff at the Children's Centre requested to use the drop-in service to address professional issues from work.

- Solution focused framework was found to be a useful tool for EPs to structure the drop-in.

The next section will examine the key findings and issues that arose providing evidence for the main research question of:

- How might a drop-in service run by EPs be used in a Children's Centre?

7.3: Take Up Of Drop-in

In order to answer the research question, it is important to discuss the move from what might be perceived as a traditional drop-in structure to the drop-in being conducted within the groups. This was clearly a more effective mode of delivery as the uptake of the service increased. I would hypothesise that there were two principle factors that contributed to this success:

- The parents were not required to actively seek out support; and the importance of social support within the context of a group.

The evidence gathered, in this research, suggests that an important consideration for the drop-in service was that the EP was in the group and the parent did not have to go anywhere else to seek out advice or support. To illustrate this point I have included the comment of one of the parents who agreed to be videotaped:

> *'…so it was nice just having somebody you could just come to at one of the groups that you were going to anyway which is a lot closer'.*

These findings reflect the importance of initiatives that are community based and, in my opinion, it embodies the very reason for the development of Children's Centres. The Sure Start Children's Centre Practice Guidance (DCFS, 2007, p.5) proposes that: 'We want centres to become the first, local port of call for all families…'

Avis et al. (2007, p.207) cite research carried out by Wiggins et al. (2004) that suggests that social support is an important precursor to improved outcomes for families. Pemberton and Mason (2008) found that some parents were reluctant to speak to professionals unless they had another parent alongside. In Chapter 6, I cited examples where I observed that parents provided support to each other within the group setting. My colleague reported that in one of her groups the parents would say to their friends "it is your turn now" as she would have almost a queue of people waiting to see her. This, in part, might explain why the drop-in was successful when it moved to the groups. Also, by attending the groups the EPs were more visible and could reach a wider audience.

In the literature review, I acknowledged that I would need to take account of Garbers et al.'s (2006) useful descriptions of the tasks that SSLPs had to undertake to try to

increase access to their services. I examined these in light of the drop-in and I have

included them in Table 15. It must be noted that my research was a small-scale piece

of research, and not all the points highlighted by Garbers et al. (2006) were

applicable to the study. Nevertheless, they were very useful pointers to consider

during the course of my work and for future research.

Table 15: Discussion of Garbers et al.'s (2006) tasks

Garbers et al. (2006) tasks	My comments in relation to the present research
Publicity	This was an important task in the initial stages to ensure that parents knew of the service. It is interesting to note that Avis et al. (2007) discuss that a communication strategy is vital. To support the publicity carried out by staff I designed a leaflet to introduce the service. This was abandoned after research cycle 1 because the Children's Centre staff told me that the leaflet was too wordy and parents did not read it. It raises the issue that written communication might not be as effective in some communities. Publicity became less important when the EPs moved to within the groups. The reason for this is reflected in Avis et al.'s (2007) suggestion that personal communication was the most effective method to encourage parental participation. This helps parents decide if the service is going to be of use to them. I think that this is a salient observation. Indeed it could be argued that this was how the service was subsequently introduced to parents, as my colleague and I spent time visiting groups and speaking to parents about the service and being in-situ. These methods promoted personal communication and may have led to an increase in uptake of the service. This type of publicity also helped to build trust and confidence in the professional; Avis et al. (2007) suggest that this is a key factor in parental engagement.
Identification of individual families.	This was not considered to be an important factor in the research as the service was designed to be universal. Occasionally, staff would ask us to work with specific families where they thought our intervention might be valuable; engagement with the drop-in service was voluntary.
Developing outreach strategies.	I noted, in Chapter 5, that the staff asked if it would be appropriate for us to join them in home visits. I think this would have been a useful development had capacity and time allowed. Fernadez's (2004) research examined the effectiveness of interventions to promote child and family wellness in Children's

	Family Centres in Australia. She discussed that this type of service was valued by parents and viewed as an effective intervention. It would be an interesting area to research if the work were to be developed. The Sure Start Children's Centre Practice Guidance (DCFS, 2007) states that outreach and home visiting services are an important part of services within Children's Centres.
Overcoming physical barriers.	This did not prove to be a major issue in the research. There were some discussions between my colleague and I in the second research cycle about developing a protocol to ensure that the location and timing of the drop-in were clarified with the group leader prior to the confirmation of dates of the drop-in. Once this issue was resolved it never reccurred. Although if I were recommending carrying out a drop-in to another colleague I would highlight it as an issue for consideration.

In summary, some aspects of Garbers et al.'s (2006) research proved to be reflected in this study; especially useful was the section about publicity and this may have helped to increase take-up of the service.

Jefferies (2003) highlights some of the potential difficulties for professionals in carrying out a drop-in. These include time management (carrying out the drop-in, writing and thinking) and the complexity and nature of the problem. It must be acknowledged that this type of model might not be appropriate for more complex and entrenched difficulties (Jefferies, 2003). In the event of a parent arriving at the drop-in with an issue that was too complex and entrenched to be addressed during the drop-in, I had agreed with Children's Centre staff that I would ask parental permission to seek additional support from them. On one occasion, due to the complexity of the issue, I asked a parent to go away and do some specific work and think about the issue prior to returning the following week. I did this to create some thinking and reflection time for both of us. My experience of the drop-in concurs with Jeffries

(2003) that a drop-in is more effective at addressing issues which are not complex and multi-faceted. The drop-in was more effective when the problem issue had a narrow focus. This is, in part, due to the time constraints.

The evidence presented helps to answer the research question of how might a drop-in service run by EPs be used in a Children's Centre? It is important for those running the drop-in to consider what tasks need to be done in order to set up the service. Also, it was found in the present study that the most successful model of delivery was when the EP attended groups.

7.4: Engaging With Parents and Carers in the Community

The research carried out by Garbers et al. (2006) and Sheppard (2007) examining the engagement of parents and facilitation of access to services was useful in informing the present study. However, unlike the work of Garbers et al. (2006) and Sheppard (2007), the focus of my research was into one service being offered in a Children's Centre and not a range of services. An important point to consider is that those attending the drop-in were already frequent users of the Children's Centre and made regular use of the services that were on offer. It could be argued that in some sense I had a captive audience, but, access to the service was on an entirely voluntarily basis. It was clear that parents and staff wanted to and were choosing to access the services of the EP at the drop-in. This is reflected in Garbers et al. (2006, p.295) assertion:

> '…the process of facilitating access needs to recognize that parents are discerning consumers of services…'

Avis et al. (2007, p.207) discovered that parents reported that they did not attend the Sure Start provision 'specifically to learn about parenting'. However, when they were interviewed about the courses attended, their comments suggested that parents valued the parenting advice received. Parents who attended or used the drop-in were specifically looking for support, but the approach used during the Baby Social and Library Tots meant that I could engage parents in casual chats about their children. It might be that these 'chats' when skilfully structured were appreciated and valued, and have a place as an effective intervention in helping to improve outcomes for children and their families without 'advice being rammed down their throat', (Avis et al., 2007, p.207). I would like to suggest that the drop-in facilitated 'proto-prevention' (Sheppard, 2004). This concept suggests that a change in families' circumstances comes through the actions of the family rather than through services. By using the drop-in the parents were seeking a change and the solution focused approach used in the drop-in meant that families might have felt empowered to seek solutions to their difficulties and implement change. However, the locus of change lies firmly with the family.

During the course of the research I found it difficult to engage with only two families; these were both 'targeted' by staff. This finding suggests that when parents seek help they are more willing to engage with services. Research indicates that parents find targeted services stigmatising. (Moran and Ghate, 2005; Edgley and Avis, 2007). It is possible that these families found my approach stigmatizing. It would have been useful to collect their views about non-engagement, but that was beyond the scope of the study. Avis et al. (2007) discovered that some of the barriers to parents

accessing Sure Start services were that parents lacked social confidence and were wary of other people, including professionals. Additionally, parents were not sure if the services provided were relevant to their needs. The reason for non-engagement with me might have been that the parents did not think it was a useful or relevant service for them.

Another reason for non-engagement was the parent's embarrassment about their child's behaviour. In Chapter 6, I discussed a specific case where I provided practical support to a parent of a child who was displaying difficult behaviour. Staff had asked if I could support her but initially she did not readily engage with me. During our subsequent discussions I discovered that she felt that all the other parents were looking at her because of her son's behaviour and she was embarrassed. This conversation led me to review my perceptions that her initial non-engagement with me was not due to resistance or feeling stigmatised but more about embarrassment. An interesting aside - the parent was so pleased with the work that I had done that she recommended that her sister should visit my colleague in another group. The Family and Parenting Institute's research into Family Support in Children's Centres (2006) found that the best way to attract parents to services was by word of mouth. This is an interesting example of how services might be accessed. Avis et al. (2007) posited that to encourage parents to participate in services it might be useful to draw on those who have had previous experience of the services. This might be classed as an example of a 'parent ambassador' (Avis et al., 2007, p.210).

In the literature review, I highlighted that Garbers et al. (2006) observed three styles of parental engagement. These were characterised as:

- Parents who independently take up services (autonomous);

- Parents who might need to be encouraged to take up services (facilitated);

- Parents who will take up services on specific conditions (conditional).

During the research, I saw examples of autonomous and facilitated styles of engagement. Most people who used the service came of their own accord, yet during my discussions with staff I was aware that staff suggested to some parents that they might want to visit the drop-in. I was not aware of anyone who would fit the criteria for the third bullet point – I would think that this would only occur in the case of statutory work carried out by other agencies (for example, a parent in receipt of a parenting order). This evidence is based on observations and my reflections; I did not specifically gather data on the types of parental engagement. This research might have been enhanced had I considered collecting such data during the course of the research. This could have been achieved by asking parents what motivated them to use the drop-in, and could have been done at the drop-in or after via a questionnaire.

In the literature review, I noted that Sheppard et al. (2007) had suggested that Children's Centres developed into 'friendship centres'. They found that loneliness and isolation were initial reasons why parents engaged with Children's Centres and that social support was a reason for continued attendance. I have commented in Chapter 6 about the importance of social support to encourage parents to use the service. Avis et al.'s (2007) research suggests that this is a very important theme for parents when the factors for engagement are examined.

When discussing engagement, it must be noted that this service did not engage well with fathers and ethnic minority groups. On p.29, when discussing issues in

community psychology I said that EPs are aware of diversity issues and are active agents in ensuring that issues are addressed. Whilst carrying out the drop-in I met one father, although there were other fathers at the Baby Social, and a parent of Indian origin. The parent reference group (action research Cycle 1) had a father as part of the group. Also, fathers are known to be hard to reach (Batchelor et al., 1999). In order to address this issue it would be necessary to consult research which focuses on encouraging fathers to access services. As highlighted on p.1, in the article by Elliot (June 29, 20007) in the Guardian newspaper, the area in which the drop-in was held had a 98% white population. Therefore, I concluded that the absence of ethnic minority groups from the drop-in was representative of the make-up of the community. If the drop-in were to be run in an area with a significant ethnic minority I would have to give more consideration to this issue. This present study has demonstrated that in order for the EP to run the drop-in it is important to reflect on the factors that encourage the engagement of parents with services. It was suggested that social support was an important factor in engagement with the drop-in service and this resonates with Avis et al.'s (2007) and Sheppard et al.'s (2007) research.

7.5: Professionals' Take Up of the Drop-in

The Children's Centre's outreach workers and the Children's Centre staff started to use the service and evaluated it positively. This was a development that I had not expected at the outset of the research. Providing support through the drop-in to the outreach workers and the Children's Centre staff was an indirect way of giving psychological support to families who might not want or be able to use the service. It

was a way of ensuring that these workers who know and are trusted by the families continued to provide the most effective support possible. In addition, the outreach workers were providing a longer-term intervention for families in complex situations when the drop-in might not have been an appropriate intervention at that time. Fernandez's (2004) study found that families highly value family support workers.

The point above links to the notion of empowerment which was highlighted as a key assumption in community psychology in the literature review. The evidence provided in Chapters 4, 5 and 6 suggests that the drop-in helped to empower parents and professionals in order to bring about a change in a situation that was worrying them. Specifically, in Chapter 5, I wrote about my discussion with an outreach worker in order to support her understanding of school structures and the Special Educational Needs Code of Practice (DfES, 2001). This was to help the outreach worker to support a parent to ensure that her child's rights to education were met. Due to the focus of the research I cannot determine which part of the drop-in was key to promoting empowerment: the solution focused structure; the opportunity for the parent or professional to meet with an EP; the chance to have a discussion about the issue. This inability to identify the specific factor contributing to empowerment is reflected in Jack's (2005) research. He suggests that community initiatives are both difficult and complex to evaluate because of a number of interrelated factors and influences with fluctuating social and political contexts.

When the research was designed it was thought that the drop-in would be for parents and carers. However, there was an interesting development in that staff at the Children's Centre wanted to use the service. This has been a useful finding to inform

the research question of how might a drop-in service run by EPs be used in a Children's Centre? Given these findings and if I were to carry out the drop-in in another Children's Centre I would offer the service to staff from the outset.

7.6: Solution Focused Framework was found to be a Useful Tool for EPs to Structure the Drop-in.

During the course of the research I became aware that it was challenging for the EP to be prepared for the range of issues that are brought to the drop-in. The solution-focused framework was invaluable in providing a structure to facilitate the discussion during the drop-in. In addition, I developed my skills in being able to facilitate the parent to prioritise the key area for change. However, both my colleague and I were aware that parents, on the whole, were focused and clear about the issue that they were bringing to the drop-in. I am unclear why the parents had been able to be so selective about the issues that they wanted addressed. It could have been due to the preparation that went into communicating how the drop-in would be run or the use of the solution focused framework.

Truman et al.'s (2007) research was useful in identifying three types of functions that occur within drop-ins: signposting to alternative services; offering of support; offering information which would improve outcomes for the individual. During the course of the drop-in some of the work I carried out was reflective of these points. In addition, after the experience of my research I would extend Truman et al.'s (2007) list to include joint problem solving. As I felt that I did more than offer information, the process that occurred during the drop-in was more collaborative. Given the solution

focused nature of the drop-in, joint problem solving occurred frequently. I think that this promotes one of key assumptions, that of empowerment, from community psychology. It is interesting to note that Orford (2008, p.xiii) highlights that community psychologists aim to '…favour interventions that involve collaborative, multilateral co-research and co-action with participants'. As I have suggested in this present study such approaches are not only the realm of community psychologists.

In the literature review, I discussed that the notion of cause is seen as problematic in community psychology (Orford 2008). The structure of the drop-in (solution focused approaches) meant that I was only able to deal with the 'here and now, with the focus of the drop-in on developing strategies to address the issue that the parent or carer brought to the drop-in. This did not mean that the factors contributing and maintaining the difficulties were ignored but were not dwelled upon. This was achieved by avoiding problem talk by using the developed framework. I would use this again in a similar situation. The solution focused framework helped to structure and focus the conversation in a positive way and the findings from this contribute to my research question.

In this section, I discussed the key research findings that helped to inform the research question of how might a drop-in service run by EPs be used in a Children's Centre? This was achieved by careful planning and collaboration supported by the framework of an action research methodology. It is now a useful point to consider what evidence has been produced to inform the other research aims that I set out to

explore as part of the overarching research question. In the next section I will

examine each research aim and discuss how far each has been met.

7.7: Develop an Understanding of the Type of Issues that are Important to Children and Families in our Local Community.

In Chapter 5, I discussed how useful it was to collect the information about the range

of issues that were brought to the drop-in. I suggested that the 'list captures the

diversity of issues that define early intervention work'. The main issues raised in the

drop-in sessions fell into the following broad categories:

- Routine child development – sleeping, toilet training, eating, developmental

  goals and neurodevelopment issues;

- Emotional and social development – separation anxiety, sibling rivalry, lying,

  friendships and attachment;

- Behaviour management – tantrums, self-stimulatory behaviour, aggression

  and biting;

- Language and communication - language delay, speech difficulties and baby

  signing;

- Education – role of school, Special Educational Need Coordinator, Code of

  Practice, parents' rights and Individual Education Plan;

- Other - e.g. psycho-social impact of birthmark, communicating re. father in

  prison/hospital/war, witness to domestic violence.

This list seems to reflect the findings of Sheppard et al. (2008, p.69) who found that

when a parent approached a Children's Centre their child centred concerns were:

> 'routine rather than focused on higher need…. advice about routine issues of parenting and appropriate responses to child development'.

I think that it was important to collect this information (with informed consent). The information informed the research aim. During the videotape sessions the group leader discussed that staff were not always aware of what the parents wanted to talk to the EPs about. It helped the Children's Centre staff to be aware of the types of issues on which parents wanted support and this helped to develop further awareness of the community in which they worked. With hindsight it might have been useful to calculate the frequency as to the number of times specific issues were raised.

A research aim that seeks to develop an understanding of issues that are important within a community might be seen as the 'property' of community psychologists. My research was successful in allowing me to meet with parents and to develop an unique understanding of some of the issues in that community. An understanding of the issues was collected from the types of concerns that were brought to the drop-in and through discussion with staff at the Children's Centre. This list cannot be said to be representative of the community as a whole. It is argued that the uniqueness of community psychology is found in the 'multiple ecological levels of analysis', which is at the level of the individual, group, organisational, institutional, community and societal levels (Yoshikawa, 2006, p.31). I would suggest that educational psychology adopts these multiple levels of analysis to people and their situations. The basis for both educational and community psychology might be found in social psychology and hence are not so divorced from each other. Yoshikawa's (2006, p.31)

conceptualisation of 'multiple levels of analysis' is, in my opinion, akin to Sapsford's (1996, p.67) 'domains of analysis'. He suggests that there are four domains in which explanations about human social behaviour can be located; these are: societal, group personal/interpersonal and intrapersonal. He argues that it is useful to seek understandings across all domains. I would suggest that educational and community psychologists adopt a stance that aims to seek the best possible outcomes for children and their families at multiple levels. A key question is about the range of influence that psychologists have across all levels/domains. As an EP, I would argue, my understandings are located across all levels and domains, however my interest and skills are best located with individuals, families and communities (as in the action research project) and not at a societal level as might be found in community psychology.

The evidence presented above suggests that I met my research aim to explore the issues that were important for that community. The evidence will be useful to the staff in the Children's Centre when planning its services for the community. To date no-one else has collected this information in this way. It is important to acknowledge that I feel I have a much greater understanding of the issues for families and for staff in the Children's Centre. This understanding comes from being an 'insider' for a short while, and cannot be measured in hard evidence and is subjective. This point emphasises the appropriateness and value of the research methodology that I adopted. It is important to note that my research diary was invaluable in collecting some of my reflections that developed into understanding.

7.8: Explore a Model of Early Intervention Work with Parents and Carers.

Fernandez (2004) insightfully argues that there is a need to re-define our understanding of intervention in the early years of a child's development. She argues that it is important to think of early intervention as addressing a psychological or social problem that is in its early stage of development.

I would like to suggest that the information collected about the range of issues brought to the drop-in provides evidence about a range of difficulties that might be in the early stages of development. Also, as mentioned above, it substantiates Sheppard et al.'s (2007) research that parents engage in Children's Centres with routine concerns about child development. It is possible to hypothesise that had the issues not been addressed the difficulties might have increased. On balance, it must be acknowledged that there is the same possibility that if the issues were not addressed there would have been no change in the outcomes for the child and family. As discussed in the literature review, research has demonstrated that the effects of non-intervention are likely to have a longitudinal impact on the child in terms of psycho-social outcomes and anti-social behaviour and offending (White et al., 2002; Sutton, 2003).

The point above links to an interesting observation made by my colleague and me and this was commented on by staff at the Children's Centre and the commissioning manager. My colleague and I noted that if the EPs were not present at the group we were unclear as with whom else the parents might have discussed their concerns. Staff told us that it was useful to have us at the groups because they were so busy running the group they did not usually have the time to address individual concerns.

In my literature review, I explored the notion that a drop-in service might go some way to helping those families who, according to Sheppard et al. (2007, p. 62), might 'fall through the net'. The phrase is intended to describe families who might not meet the threshold for access to other services but, nevertheless, have issues or concerns that might benefit from some intervention. When examining the evidence about who accessed the drop-in and the nature and breadth of the issues brought, it could be argued that the drop-in service helped to reach those families who might be at risk of 'falling through the net', (Sheppard et al., 2007). This is a really interesting discussion point and a little ironic as the very families who used the drop-in would, most probably, have not yet met the EP's threshold for involvement; therefore they would have fallen through the EPS net! I must make it clear that the EPS does not have set criteria as a starting point for involvement, but most of the early years casework that is allocated to me is not in often in connection with routine issues of child development.

Fernandez's (2004) study found that parents reported that they liked family support that was focused on their own and children's individual needs. The drop-in was able to provide that type of support. In the last Library Tots session this year, I spoke to a new parent and was explaining my role. Her comment to me was:

> "*I am so glad that you are here, I was worried about X and I thought to myself last night who shall I talk to about it and here you are*".

I met with that parent over the four week period to help her resolve the issues around separation anxiety in her toddler. It must be noted that Fernandez's (2004) study suggests that parents value services that are flexible and offer a variety of approaches to support families. Moran and Ghate (2005, p.333) would describe

these as 'multi-component programmes'. It must be acknowledged that the drop-in was only one type of service and provision that might be offered to families. I make no assertions to suggest that it is the only way to support families.

This research has been successful in allowing me to explore a model of early intervention, especially one that I have not used before. As discussed in the paragraph above it is only one tool that an EP might use. The drop-in might have helped to prevent problems escalating that were in the early stages of development, as argued above. A future research direction to validate this claim would be to follow up the families who attended the drop-in to find out if the issues brought to the drop-in were still present at a later stage in the child's development.

7.9: Evaluate the Usefulness of a Drop-in Service for Parents, Staff and EPs

Chapters 4, 5 and 6 I provided substantial qualitative and some quantitative evidence that suggests the drop-in was perceived as useful by staff and parents at the Children's Centre. Now, I aim to give no more than a brief overview of this section.

The literature reviewed about drop-ins seemed to be weighted towards the medical model (Hall and Chesterton 2002; Jefferies 2003; Truman et al., 2007). This in itself was an important issue for the research as it was vital that people did not come to the drop-in thinking that their situation or child was, in some way, going to be 'fixed'. Time was spent in the initial stages ensuring that the drop-in was clearly defined and that this was communicated to those who might be accessing the service. During the

course of the drop-in no parent asked either EP to specifically 'see' their child. A

comment from the Children's Centre manager highlights that families developed an

understanding of the purpose of the drop-in:

> "..*I also think families now understand what your role is and it's not about
> fixing children, it's about helping families...*"

In the first cycle of action I collected some numerical data from a small sample of

parents. The average response as to what the people attending the drop-in thought

about the consultation was 4.1 (5 = very good). It must be noted that it was a small

sample and the design of the rating scale contained some flaws. In support of these

data it is important to consider the number of people who used the service (40), the

range of issues addressed and the feedback received from the parents through the

staff in the evaluation forms. Such evidence was described in Chapters 4, 5 and 6.

Fernandez's (2004) research found that parents attending an Australian Children's

Family Centre valued interventions that expanded their knowledge of children's

development, parenting skills and behaviour management. I would posit that the

drop-in provided an intervention that helped to expand parents' knowledge and skills

in the areas highlighted by Fernandez's (2004) and this contributed to their positive

evaluation of the service. Evidence of the types of issues brought to the drop-in

supports this assertion. It is interesting to note that in Fernandez's (2004) study,

parents not only valued the intervention but the approach and skills used by the

professionals were also highlighted as contributing to the success of the intervention.

I mentioned in Chapter 5 that the Sure Start Children's Centre Practice Guidance

(DCSF, 2007) highlights the value of the manner in which professionals engage with

families. Paige-Smith and Rix (2006) found that parental satisfaction with early

intervention programmes is linked to parents' perceptions about feeling listened to. As the staff at the Children's Centre suggested, it was important for parents to trust the EPs in order for them to want to access the service. It is relevant that, with hindsight, it might have been useful to explore, more specifically, what it was about the service that the parents and staff valued. It might have been a number of factors, including the set of skills that the psychologist brings to discussion or even the opportunity for the staff to talk to another professional. Such issues should be considered for future research.

In the literature review I highlighted two different debates about the perception of the EP as an expert, (Jones, 2006; Mackay, 2006). I noted that the 'expert model' did not sit well alongside empowerment as a community psychology assumption. Jones (2006) felt that EPs had a valuable set of skills, whereas Mackay (2006) eschewed the notion of the EP as an expert. I suggested that problem solving approaches would help to promote empowerment. After carrying out the research I do not think that the debate is as directly oppositional to the views represented by (Jones 2006: Mackay 2006). I could not have carried out the drop-in without the skills that I have as an EP; these include: people and communication skills, knowledge of child development and approaches about positive behavior management. One might debate that if I did not hold the 'valuable set of knowledge and skills', (Jones, 2006, p. 17) my job could be carried out by anyone. This knowledge base allowed me to work with parents and professionals to develop solutions to their difficulties. I would like to propose that it is applicable to use the knowledge that one has but the fundamental essence of ensuring empowerment is in the way that this knowledge is

communicated to parents or professionals. I noted in Chapter 5 and 6 that Robson's (2006, p.457) research indicated that parents liked to be viewed as 'experts in their own life'. Meanwhile, Avis et al.'s (2007, p. 207) research noted that parents disliked having advice 'shoved down their throats'. Barlow and Stewart-Brown's (2001) research suggested that it was important for interventions to offer parents a chance to regain control in their lives. I would argue that if the EP were sensitive to these issues it is possible to provide an effective intervention that was based in psychological knowledge but also promoted empowerment.

In connection with my research aim of evaluating the usefulness of the drop-in for EPs. I have made it clear that I really enjoyed the drop-in and have learned a lot. As a result of the cycles of action I developed some thoughts on the drop-in as a means of accessing educational psychology. The issues that I have identified were highlighted during the course of the research and may provide a practical checklist for other colleagues wanting to carry out a drop-in. These were:

- The psychologist had to be very focused about the structure of the drop-in, thinking time and space are not easily achieved;
- Complex long-term issues cannot be addressed and might need a different psychological model to address the difficulties. Jefferies (2003) highlighted that drop-ins are not suitable in complex cases and the shortness of the session, in such cases, can do more harm;
- The psychological model adopted needs to fit the style of the drop-in e.g. brief and solution focused;

- The time available: twenty minutes is a short slot but this was not a problem if no-one was waiting;

- It is important to be clear about logistical issues prior to starting the drop-in and to agree these with those involved;

- The person running the drop-in needs to be specific about what constitutes a drop-in (many people have different ideas). As Jefferies (2003, p. 180) discussed, 'there is a danger that presentation can become more important than substance';

- The drop-in relies on the expectation that the change will be brought about by the client carrying out an action; this depends on their level of commitment and willingness to change;

- The drop-in cannot offer instant solutions. It is difficult for the EP to be prepared for all types of issues that might arise. Keeping a record of the type of issues covered might help other colleagues if they were to carry out a drop-in.

As a result of the evidence presented it is possible for me to suggest that the drop-in was evaluated as useful by the parents, staff and EPs. I think that the opportunity for me to use my skills in such a focused way contributed, not only, to the usefulness but also to my enjoyment of the drop-in. The following quote from the Children's Centre manager provides an appropriate summary on the effectiveness of the drop-in:

> "*It's been more than I could have ever imagined. I think that we have both recognised that it was more about a process rather than an outcome. I think that the most important thing is that we always kept families at the heart of this and I think the best thing looking back was the fact that we put so much time into the preparation of the service. It wasn't that we can do this and it's in here tomorrow. It was more about preparing families and more about discussing it*

with families and you were so flexible that it made it so much easier to embrace…I think the fact that as a staff team our confidence about working with families has certainly been enhanced by having you in the service and the feedback you have given us has been great…I'd love you to be here as a permanent fixture. I'd also really love you to support other professionals to develop how we work with families and understand that a little bit more, because you have absolutely given us so much more confidence".

7.10: Critique of Methodology

This next section includes a critique of action research and the tools for data collection.

<u>Action Research</u>

Action research provided a framework to give structure and direction for the work.

The framework (Table 2) that I adapted from McNiff et al. (2003) provided a useful

guide to refer to during the regular meetings with my colleague and Children's Centre

staff. The reflective elements were incredibly important in developing the research. In

Chapter 4, I discussed that the uptake of the service was disappointing in the first

cycle of action. Action research allowed for exploration of the issues about uptake.

Had I used other methods, for example, questionnaires, to find out why there was a

poor uptake of the service I might not have collected such informative data about the

need for time to build up trust between the parents and the EPs, and the suggestion

about EPs moving to the groups. It is possible to suggest that, at that point, without

action research I might have abandoned the research and concluded that drop-ins at

Children's Centres were not a viable area for research.

Also, it led to solutions about the problem and that meant that the research

developed in a different direction. The same argument could be applied to the

extension of the drop-in to staff; the flexibility of action research meant that this was

an entirely feasible direction in which the project could develop; this increases the researcher's responsiveness to the needs of the project. The reflective process facilitated discussions about the type of issues that were important to children and their families in our local community. The following quote from the Children's Centre manager emphasises this point:

> *"I think the good thing about the start of this project was the fact that we both came with no fixed ideas, so that was really exciting and the fact that I really knew there was going to be real partnership by the way that you had approached it and the fact that we were just so excited about having a new service in the community area where it was really needed".*

Action research allowed me to change the method of data collection. This was important as the rating scales led to an uncomfortable interaction and did not suit the context. Without the reflective and evaluative component of action research my colleague and I might not have discussed this issue.

It has been suggested that action research is well suited to community psychology, (Bryan et al., 2007; Orford, 2008). I would argue that this is not the exclusive domain of community psychology, and that educational psychology, and others, would concur about the importance of using a plurality of research and action methods. This thesis has demonstrated that an EP may apply an action research methodology in order to address a real life issue. Indeed Seymour and Davies (2002) suggest that research needs to be for people rather than about them; this is the essence of action research and I think that this has been achieved by this present study. There are two main reasons for making this assertion - positionality and collaboration, which are key features of action research.

<u>Positionality</u>

As highlighted by Herr and Anderson (2005), positionality influences the research design in relation to epistemology, methodology and ethics. Herr and Anderson (2005) helpfully tabulated, on a continuum, degrees and outcomes of positionality for the action researcher. It would appear that the success of the present study could be attributed to my position as an 'insider in collaboration with other insiders'. This is because I am the primary researcher, collaborating with a colleague, yet working as 'outsiders' into an organisation that is not our own. The reason that I decided on this classification was because of the outcomes description on the continuum; this seemed to fit with my desired outcomes for this research - in particular, for an increased knowledge base in relation to professional practice, and at some organisational level to contribute to some change.

Herr and Anderson (2005, p.29) note that, 'much of action research is centrally concerned with these issues of relationships between outsiders and insiders'. After carrying out this research I would like to suggest that in action research the researcher's positionality moves according to the role they are adopting. To enhance the validity, the researcher has to view and acknowledge the findings from different angles during the research. It is interesting to note that Seymour and Davies (2002, p.390) suggest that a disadvantage of action research lies within the nature of the process: 'the demand for multiple roles that become at times difficult to manage, and that can result in a loss of perspective'. This could be a challenge to the positionality of the researcher. I found this an exciting challenge not a disadvantage. A clear

understanding of the researcher's positionality would help to ensure that the perspective was not lost.

Collaboration

The notion of collaboration fits with positionality. The processes of carrying out the action research helped to define my role as an insider and facilitated a 'joint ownership' of the research with the staff and parents of the Children's Centre. It has been suggested that it is the respect for different ways of thinking and methodological tools brought to the table by those involved that facilitates interdisciplinary working (Shinn, 2006). McNiff et al. (2003, p.40) discuss that, 'action research demands that you work with others'. Indeed this action research project would not have been viable had my colleague and I not engaged in collaboration with each other and a number of parents and other professionals.

However, to engage in collaboration is not enough; it is a process and I would strongly suggest it has to be a meaningful process and not rhetoric. As an EP I would say that I work collaboratively with a number of people to varying degrees of success. It is important that an emphasis is placed on developing the components of collaboration. Davis et al. (2008, p.33) suggested that facilitation of collaboration occurs when time is spent on understanding roles, attitudes and language. This was achieved by the amount of time that was spent on planning and meeting during the initial stages with all those involved in the Children's Centre. Bryan et al. (2006) discuss the importance of collaboration; they highlight how collaboration leads to relationships and this enhances the engagement of the organisation and ultimately

facilitates change. The action research process provided a framework that facilitated collaboration.

I believe that this action research project was successful because all parties were committed to improving outcomes for the families who used the Children's Centre and there was no place for 'practitioner conservatism' (Chavis,1993, p.173). The quote from the Children's Centre manager succinctly captures the collaborative nature of the work that was undertaken:

"The partnership has been fantastic, outstanding".

I am aware of the pitfalls of action research. I would agree with Cook's (1998) suggestion that action research can be messy because it is not a linear process. This has been especially evident during the writing up phase. I am aware that it is not possible to capture all the events that occurred. This requires a degree of selectivity on the part of the researcher and that is one of the challenges of action research. I put validity measures in place to address some of these difficulties. These are described in the next section. Action research can be a lengthy process and the present study ran for approximately two years. It was challenging to maintain the momentum and to ensure continuity; for example, that data collection was maintained throughout the research period.

I can conclude that it was an effective methodology to allow me to explore my research question of how a drop-in service run by EPs might be used in a Children's Centre and to meet my research aims. This is because the process allowed me to be

flexible, view the research from inside, be a researcher practitioner and engage in collaborative practice to address real world problems.

<u>Tools for Data Collection</u>

In the methodology section I addressed the advantages and the limitations of the methods of data collection. I have to acknowledge that many of the methods used were qualitative and therefore could be criticised for being subjective. I tried to put measures in place to reduce the subjectivity; for example, reflective discussions with staff and parents in the Children's Centre and my colleague checked on my interpretations when appropriate.

The rating scales were not as effective a tool as I had envisaged. I think this was partly because I did not invest enough time and attention to the statistical element. Rating scales are criticised for not capturing opinions and being repetitive for the respondent. However, they were only a minor part of the study and did provide a small amount of data on the usefulness of the drop-in.

The rating scales were replaced by questionnaires to group leaders and they agreed to fill these out after discussion with the parents. One question from the rating scale was kept in the new evaluation form that was given to group leaders. This new evaluation form worked well with a 100% return rate. The qualitative comments were very useful in informing the research question and aims, especially in relation to the usefulness of the service.

It must be noted that I did not oversee the discussion with parents in order to fill out the questionnaire. The groups' leaders were then required to make a subjective decision to represent these views on the questionnaire. This meant that the parental views were collectively represented through another person. I could have taken a more rigorous approach to this aspect of data collection. This could have been addressed by offering to carry out a training session with the group leader about collecting the views of the parents for the action research. The group leaders' bias could have influenced how the questions were answered and some parents' views might not have been represented; also, it did not distinguish between the parent and staff views. At the time of the research, that decision felt appropriate to the context of the Children's Centre and the needs of the parents. It was a quick and less intrusive way of obtaining parental views. The data obtained has been very useful in informing the research question and aims. For future research I would spend more time developing tools to collect the parents' views.

The semi-structured interview and interview schedule were a useful tool to collect data and were fit for purpose. This was because it was flexible and allowed for discussions to develop. It also meant that I was able to meet people and start to build relationships prior to conducting the drop-in; a questionnaire would not have given me this advantage. This is relevant as I have highlighted, in section 7.2, that trust between the parents and EP was a key finding in the present study. An alternative way of collecting this information might have been through a focus group. Willig (2001) suggests that focus groups are often used as an alternative to semi-structured interviews. I did not use the focus group as a tool because Willig (2001, p.29)

suggests that the purpose of such a group 'uses the interaction amongst the participants as a source of data'. I did not want to collect data from the interaction of the parents as it would not reflect the purpose of the research. I wanted to collect the views of the individuals in the group in order to help me structure the drop-in. The encounter needed to be flexible and adaptable. As Robson (1993) discusses, the use of interviews and questionnaires is appropriate to access what people think, feel and believe. This was an appropriate tool as it allowed me to explore what people thought and felt about the proposed drop-in.

The research diary was invaluable in providing me with information and reflections that I had 'forgotten about'. I ensured that I kept it up to date after each session, even though it was an onerous and time consuming task. However, it was therapeutic and almost served like a supervision session.

The audio and video recordings were a useful way to ensure that data were captured and could be re-visited at any time during the research. The video recordings were a powerful tool to demonstrate the effectiveness of the drop-in, because the reflections and opinions were given by those involved in the research and not through myself.

7.11: Limitations of the Research

As in any research, there are limitations that must be acknowledged. This is an important process as it leads to improvements for future research. Throughout the course of the thesis I have discussed these limitations; for example, I highlighted the

difficulties associated with action research and some of the data collection tools in Section 3.5 and 3.7. At this point I will address some of the other limitations.

Some of the 'tensions' and 'mess' of carrying out action research were highlighted by authors; for example, Atkinson (1994) and Cook (1998). Both researchers emphasise the difficulties in making sense of the emerging knowledge. In part, I think that this is due to the large quantity of data that are generated. During the course of the research I used a number of 'checks' - triangulation, respondent validation and patterning - to help me validate my interpretations. However, during this research, it was impossible to present all of these raw data for others to check, as I had to make decisions about the important or main themes that emerged. There is a chance that something vital will have been missed. It is also a subjective and intuitive process and it cannot be without bias (McBride and Schostak, no date). I have never claimed to be unbiased but have shown awareness of subjectivity throughout the research.

I was aware of the criticisms levelled at thematic analysis, especially the intuitive nature of the process, and I tried to acknowledge those in the methodology chapter. I used two research papers that provided more current thinking on thematic analysis (Braun and Clarke 2006; Fereday and Muir-Cochrane 2006). I would argue that as I was familiar with thematic analysis and felt that I could use it with some confidence and that, at the time, it was an appropriate tool. Given time to reflect, the present study was an appropriate opportunity to deviate from the familiar and try something new. If I were to carry out similar research in the future I may aim to extend my skills and use an alternative analysis means, if appropriate to the research context.

I did not obtain any data about people who chose not to use the service. This would have been a useful process to find out if there were specific issues about the design of the drop-in or engagement with an EP that might have been causing them concerns about the services offered. Alternatively, those parents who did not attend could have perceived that they did not need to use the drop-in or they might not have managed to gain access to the EP whilst they were in the group. The reason for not collecting these data was that the service was busy during the drop-in at the groups and the attentions of my colleague and I were focused on those who chose to attend. This could have been addressed by a questionnaire to the parents in the group.

I think that it is important to justify why I have stayed in one Children's Centre for two years and to explain why the work was not extended to other Children's Centres, especially since I had argued, in the literature review, about SSLPs providing services by postcode. The main reason that I did not move was because I felt that I was engaging in a piece of work that was useful and highly valued by the community. That in itself was really rewarding. I felt that I had established excellent working relationships with the staff and parents; there was always more work to be done in the next action research cycle.

In conclusion, I have highlighted a number of areas where the research is subject to scrutiny because of its limitations. Most of these represent issues in the research design that could be addressed in future research. In part, some of these limitations are due to the fact that this research was carried out as a piece of practitioner research. This may have led to a lack of rigour in some of the methodological issues.

Nevertheless, I would argue that this research was fit for purpose and has contributed some new knowledge in the field of educational psychology.

7.12: Validity

I have justified the use of action research as an appropriate methodology for addressing the research question and aims. It is important to look at issues of validity and quality in the research. There is great debate about how to address issues of scientific rigour in qualitative research. (Sapsford and Abbot 1992; Banister 1994; Mays and Pope 2000; Willig 2001; Torrance 2004). Mays and Pope (2000) defined a set of key components that when met would ensure validity in qualitative research. Mays and Pope (2000) argued that it is possible to broadly apply some of the concepts that would be benchmarks for quality in quantitative research, but these need to be applied differently to take into account the aims of qualitative research. In order to describe how this research meets validity criteria I aim to use some of the features from Mays and Pope's (2000) framework that I introduced in the methodology chapter. I have selected five of Mays and Pope's (2000) key components for validity: triangulation, respondent validation, clear exposition of methods of data collection and analysis, reflexivity and relevance. I have placed these under headings in the following sections. In order to address validity issues specifically in action research, I have included a discussion of Herr and Anderson's (2005) five criteria - democratic, catalytic, dialogic, outcome and process validity - alongside the discussion of Mays and Pope's (2000) components of validity in qualitative research.

<u>Use of Triangulation</u>

Triangulation is used in a wide variety of approaches in qualitative research including action research. Tindall (1994, p.145) discussed that triangulation yields 'richer and potentially more valid interpretations'. However, Barbour (2001) argues that in reality it is difficult to compare and contrast different sets of data collected by different tools. I identified that I used a number of tools, some more successful than others, in order to collect data. This according to Tindall (1994) would exhibit 'data triangulation'. Moreover, I used a colleague and the Children's Centre manager to ensure 'investigator triangulation'. This meant that the interpretations placed on the data collected were subject to interrogation by my colleagues. When appropriate the Children's Centre staff were able to put their reflections on the data. Cognisance has to be given to the subjective nature of this process as people hold their own theories and interpretations depending on the nature of reality held.

I was interested to note a reflection in my research diary:

> *'Usually before J and I meet with C (Children's Centre manager), we reflect on our understanding of the data and discuss our interpretations and how that might or might not inform the next cycle of action. We seem to have a high level of agreement about our interpretation, why? Is that because we have worked together for so long or because of our common background of psychology or that we have a common, shared goal? What is more, this level of agreement is consistently high when we meet C'.*

It is important to acknowledge that there was a high level of agreement about our interpretations and perhaps this was alluded to in the videotape when the Children's Centre manager talked about the process as being a partnership. It is possible that there was a high level of agreement because we all had a common aim of working with and improving outcomes for children and their families.

Barbour (2001) suggests, from a positivist perspective, that triangulation provides a measure of internal validity. Herr and Anderson (2005) might suggest that triangulation was congruent with dialogic validity. This type of validity relates to critical peer review. The collaborative and critically reflective nature of the research served to promote dialogic validity especially as the cycles of action emerged from the reflections of the previous cycle and were treated as ideas to be tested. Dialogic validity could have been enhanced if I had published the research in peer reviewed journals. I did however present a number of workshops to EP colleagues within my service and at a national conference, during which the process of questioning made me defend and substantiate my interpretations and assertions about my research.

Respondent Validation

I find it difficult to separate this concept from triangulation as both aim to check the researcher's understanding and interpretations; this provides validity from the participant's perspective. I was consistent in carrying out this process with staff either directly or through the Children's Centre manager. This was achieved in a number of ways through transcripts, diagrams, e-mails and conversations. I think it is important to highlight that I did not involve the parents in this process as much as I should have. I left it to the staff to consult with parents. There were a number of reasons for this: time constraints (parents' and my own); issues of complex familial contexts; partly my sensitivity in not wanting to intrude and trust. I made the judgement that it was sufficient for staff to carry out this process, but if I were to re-engage with this research this is an issue that I would aim to address. It is useful to

note that Barbour (2001) acknowledges that respondent validation can be a time consuming and difficult process to carry out.

Clear Exposition of Methods of Data Collection and Analysis.

I mentioned in the methodology chapter that this is an issue that requires external scrutiny; therefore the research must be credible. Glaser and Strauss (1967) define credibility as 'believable' or 'plausible' and this means that it is the researcher's job to describe the action taken and to provide detailed descriptions of collection and analysis of the data. This links to process validity (Herr and Anderson, 2005). This refers to the extent to which the research generates new knowledge using an appropriate methodology. This was achieved by a thorough review of literature and a detailed consideration of appropriate methodology and data collection tools. The methods used were effective and appropriate in providing data to answer the research question and aims.

Lincoln and Guba (1985) view internal validity as being measured through trustworthiness. This pertains to the relationship between questions and findings. I would propose that this could be defined as outcome validity (Herr and Anderson, 2005). This refers to the extent to which the actions lead to successful outcomes for the research but the methodology must be suitable to support this. There is sufficient evidence to suggest that the research was successful in meeting its aims. These have been discussed in depth in the previous section, however, it is useful to briefly summarise these. The drop-in was evaluated as being useful by both parents and staff at the Children's Centre. The quotes produced suggested that the Children's

Centre staff would have liked to have the service 'as a permanent feature' of services that were offered. Through the drop-in the EPs were able to develop an understanding of the types of issues that were important within that community. The drop-in provided the EPs the opportunity to explore another model of early intervention.

<u>Reflexivity</u>

Archer (2007) posited that 'reflexivity is always a pursuit and never a destination'. I think that is an insightful description of reflexivity. In my opinion, the action research process facilitates reflexivity and it is an on-going activity throughout the process. Robertson (2000, p.320) suggests that 'reflexivity is integral to the process of action research'.

Willig (2001) suggests that there are two modes of reflexivity – personal and epistemological. Throughout the research I engaged in personal reflexivity; this was achieved through the use of my research diary and my internal conversations – that were frequently held in my head when driving to and from work! The research topic was highly relevant to me within my professional life so my engagement in personal reflexivity was enjoyable and fulfilling. Moreover, writing has required me to re-engage with the process of reflexivity at an active level, and I would argue that it has brought about some changes in how I operate as an EP.   Banister (2004) warns that in order for the research to have credibility the process of reflexivity requires the researcher to be critical and objective. My colleague was invaluable in this process both at the level of personal and epistemological reflexivity. I also engaged with

another colleague, who had recently completed a professional doctorate, in discussions about my assumptions and interpretations; whilst he was not able to comment on the content he was helpful in challenging my perspectives and providing ways of exploring reflections from a different stance.

In relation to epistemological reflexivity, Willig (2001, p.10) suggests that it:

> '…encourages us to reflect on the assumptions (about the world, about knowledge) that we have made in the course of the research, and it helps us to think about the implications of such assumptions for the research and its findings'.

I have engaged with many different people (colleagues, staff in Children's Centre, parents and other professionals) on different levels (conversations, training and written information) about the knowledge that has been produced as a result of this action research. As with the discussion on personal reflexivity the process of writing this thesis has been pivotal in engaging in epistemological reflexivity. I think that this particular chapter has been highly relevant.

<u>Relevance</u>

Hoshmund and O'Byrne (1996, p.587) note that: 'action research has its focus on the particular setting of the activity rather than making claims for generalisability'. Mays and Pope (2000) link relevance to generalisability. It is important to note that in Section 3.10 and 7.12 I suggested that in a post-modern perspective the issues of generalisability, reliability and validity are not emphasised in the same way as in the positivist perspective. I must acknowledge that it is not possible to generalise the findings from this research into other settings. This does not mean that the present study was not of value. The knowledge and understanding that I gained about the

role of the psychologist in a drop-in will be applicable in my future work and useful to colleagues. The drop-in was an effective way to allow people to see the set of skills that an EP possesses and the fact that the Children's Centre asked for both more and different work attests to this assertion.

In the methodology chapter, I discussed Bryan et al.'s (2007) notion of sustainability, as a key feature of action research in community settings. Sustainability refers to practices that may continue after the research has finished. It could be that the sustainability is evident in the skills that I have learned and that I will transfer to other settings and in the effect of the drop-in on the staff and parents of the Children's Centre. Herr and Anderson (2005, p.55) suggest that there is a democratic validity - this describes the extent to which 'the results are relevant to the local setting'. I would suggest that this criterion has been fully met. This research was developed and tailored to meet the needs of that specific community and the current debate centres on the issue that the results are not generalisable to other communities. Democratic validity was achieved through the initial consultation with all involved and the subsequent cycles of reflection and action that took place during the research. The earlier discussion on the collaboration that occurred during the action research adds further evidence to suggest that this research exhibits democratic validity.

This research has created opportunities for me to visit other Children's Centres and to discuss my work and to create new conversations about the role of the EP in Children's Centres. At this stage, it is important to highlight that by having such a narrow research focus (drop-in) it has not proven to be restrictive in my discussions

with other Children's Centres about an EP's input within their particular setting. It is possible for me to take the action research methodology and apply it in another setting. As Cochran-Smith and Lytle (1993), (cited in Herr and Anderson, 2005, p.30), suggest that the knowledge gained in action research can be classified into local and public knowledge. I argue that in terms of personal relevance this research process has been highly useful and that some of the knowledge (personal/local and public) created will allow me to develop this work further. I have discussed this in section 7.13.

The action research methodology has meant that the process and cycles of action and reflection have become an important part of my learning. This would be an example of Herr and Anderson's (2005) catalytic validity, which relates to the change in action, or understandings that occur as a result of the action research, in effect, the transformation that occurs. It is clear that this is not the exclusive domain of the researcher but includes all of those involved. On a personal level, my knowledge about working with parents, the importance of trusting relationships, the importance of social support in groups and the development of interventions suited to the needs of the community will be transferred to other areas of my work. The parents and staff at the Children's Centre now have a better understanding of the role of the EP. There is the potential that after each of the drop-ins there would be a better future for that child and parent. It is possible to suggest that this research exhibits a high degree of catalytic validity.

In terms of organisational psychology Bryan et al. (2007) discussed the use of open systems theory to emphasis the multiple layers that operate within any organisation. They suggested that when change occurs at one level there is almost a ripple effect in the other layers; this would be catalytic validity. As a direct result of this research, funding has been allocated to the EPS to explore the types of work that could be undertaken by EPs in other Children's Centres in the city. The dissemination of the research to the 'suprasystems', Bryan et al. (2007, p.384), including other Children's Centres within the LA plus the allocation of additional research time, indicates that this might be an example of open systems theory in practice. If this were the case, it might be a more effective measure of research than that of generalisability.

7.13: Implications of the Research and Future Areas for Research

Herr and Anderson (2005, p.xvi) state that, '…it is difficult to think of action research as a linear product with a finite ending…' This quote resonates with my experience of the research. So, it is useful to consider the implications of this research that will extend beyond the life span of the present study.

The research has demonstrated that the drop-in was found to be useful to the staff and parents in the Children's Centre. The drop-in itself was an example of early intervention work.   To my knowledge, there has not been any other research documented by an EP about the effectiveness of this model in engaging with parents and carers. In addition, the research about the drop-in demonstrated that it was more effective for the drop-in to visit the groups rather than to expect the parents to visit

the drop-in. This was a distinctive discovery and no other research that I have examined suggests that this is an appropriate and beneficial way to run a drop-in. Consequently, this research will provide some new information in this field.

The drop-in was an effective means of allowing the EPs to introduce themselves to the Children's Centre because EPs were not working in Children's Centres in the LA. Children's Centres are a key Government initiative within a revolution of Children's Services in the context of Every Child Matters (DfES, 2003) and The Children Act (DfES, 2004). The implications of this are significant in terms of the impact that Children's Centres could have on the positive outcomes for children and their families in the future, especially as by 2010, every family will have a Children's Centre in their community. EPs are among a group of professionals who promote early intervention. If we are not prepared to circulate and work within these Children's Centres I feel that the parents and staff would question our values, aims and objectives and indeed question the future of our profession.   Farrell et al.'s (2006) research highlighted that 57% of EPs were working in Children's Centres and that 69% thought they should be involved. This indicates that there is a cohort of colleagues, including my colleague and I, who are championing the EPs' work in Children's Centres. This research adds to the data on EPs working into Children's Centres.

The action research process of reflection and evaluation encouraged a strong working relationship between the EPs and the Children's Centre. The research has allowed the EPs to have discussions with the Children's Centre staff about the types of services that an EP might offer. Staff were keen to use the service for themselves

and to explore other types of work that might be offered, including training, consultation groups and joint home visits. I would argue that this contributed towards building the capacity of the staff at the Children's Centre. I only became involved initially in the Children's Centre to run a specific service. But, this did not preclude the staff from realising that an EP could offer so much more. At that stage, it was probably more effective to offer to run one service that worked well rather than trying to run a number of services on a short time scale.

The drop-in work has now finished in the Children's Centre but I have been allocated another piece of research in the same Children's Centre, partly due to the relationships that were built over the course of the research. In addition another Children's Centre has requested some research time into risk and resilience factors in children. This present study has furnished me with more skills in research that I will be able to able to transfer to other Children's Centres.

In the areas for future research I discuss that, as a direct result of this present study, more work will be undertaken engaging in discussions with other local Children's Centres about the role of the EP. This is an encouraging and potentially exciting development for the EPS. Throughout this thesis I have highlighted areas of possible future research as they emerged during the action research. The next section enhances those observations and links some other implications of the research to future research directions. The other areas of research are: exploring the different types of services that the EPS might offer to a Children's Centre; demystifying the role of the EP; exploring the role of the EP in community psychology.

Exploring the Role of the EP in Children's Centres

The drop-in was only one type of service that might be provided by the EPS to a Children's Centre. Future research will need to take account of the individuality of each Children's Centre. As a direct result of this research, my colleague and I have presented a workshop describing the drop-in to commissioning managers and to interest groups. Consequently, some additional funding from Sure Start has been allocated into the EPS to explore the types of services that an EP might provide in Children's Centres within the LA. The aim of this research will be for my colleague and I to visit all the Children's Centres in the LA and to explore what type of services they might find useful for their particular centre.

Demystifying the Role of the EP

The Division of Educational and Child Psychology Executive Summary (BPS, 2007) states that parents and carers are often confused about the role of the EP and their contribution. I am aware, through my work and, to an extent, this research, of parental confusion and, at times, anxiety about their child being referred to the EP. A lot of my time is spent, when meeting parents, reassuring them and explaining my role. I was delighted when in response to a question about the positive outcomes of the research so far, the Children's Centre manager stated that:

> *"I also think that we have demystified the role of the educational psychologist. I think from our point of view, as professionals, we were quite scared of the title and I think families were too…I think we feel so comfortable with you being here".*

I am interested in the factors that led to this demystification. How can these factors be applied to my future work and that of other EPs? I would like to examine what strategies would be useful to help EPs demystify their role. In order to do this it might

be appropriate to consult fellow EPs to gain an understanding of how they explain their role to individuals and communities.

<u>Links between Educational Psychology and Community Psychology</u>

Maton et al., (2006) and Orford's (2008) work demonstrates to me that there are similarities between how community and educational psychologists view the world. I have alluded to this in my discussion about levels of analysis on p.167- 168. It is interesting to consider Burton and Kagan's (2003) suggestion that in Britain some EPs have been carrying out work that would be classed as community psychology without knowing it. The issue is related to:

> 'Perhaps that situation also hints at a problem with the very notion of 'community psychology', which has been dependent on particular conjuncture of psychological ideas, unoccupied niches in which to work, and legitimation from professional and other bodies'.

> (Burton and Kagan, 2003, p.22)

I posed a question in the literature review about the core values needed when working as a community psychologist. I wondered if the EP would need to adopt new core values or use existing skills in a different way. This is a question that could be addressed in future research.

7.14: Concluding Comments

In this section I will summarise my final thoughts about the research including my own learning. This present study has demonstrated that there is a potentially new and exciting avenue of work for EPs. It provides an innovative view on one of the roles that an EP could contribute to Children's Centre. The drop-in was a valued service that allowed 40 parents/carers the opportunity to discuss their concerns

about their child with an EP. These parents/carers might never have had that opportunity to engage informally with an EP. In addition, the staff at the Children's Centre used the service to consult with the EP about families with whom they were working. This research suggested that parents might not have had the opportunity to access other professionals with whom they could discuss the issues that were brought to the drop-in, especially as the staff at the Children's Centre were busy running the groups. It is possible that parents thought the issue too trivial to discuss in another context and it was opportunistic that the EP was available. This may prevent problems from escalating. It highlights the importance of early intervention and of the importance of parents/carers being able to access services within their local Children's Centre.

I have brought about a change in two ways: the first being to increase my knowledge and understanding of Children's Centres; the second about the usefulness of a drop-in to work with parents and carers. Along that journey, and by using action research, I have been able to debate questions and reflect on a number of philosophical debates, including the engagement of parents with services and in particular with EPs. This will have a lasting impact on how I perceive and engage with parents. Fundamental issues about community psychology and its relationship with educational psychology have been explored. This is an area of work that has engaged my interest to an extent that I could not have predicted and will inform and influence my future work.

The process of carrying out this research has developed my skills as a practitioner; it has encouraged me to engage in more reflective and critical thinking. I understand

how important it is to engage with all those involved in the research and how rewarding that process can be. It has afforded me the opportunity to develop an initiative that has changed my practice and may be a key driver for encouraging and allowing colleagues in the LA to work in Children's Centres. I have been able to extend my research skills; this has led me to engage in more research within my position and to be critically reflective of the research that I read.

Most of all, it has confirmed that early intervention and work with parents are firmly established as the foundation and core values that guide my work as an EP.

Thank you for reading my thesis.

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Appendix 1 Leaflet

We will be at the Children's Centre on:

June 27   9.30-10.30 am
July 4, 11 & 18   9.30-10.30 am

Will the service be confidential?

Yes. We will only ask for your first name and that of your child. We will ask if you would be willing for us to follow up the session with a telephone call.

This will be an action research project and work will be used to inform the staff at the Children's Centres of the usefulness of the pilot study. It will be written as a research project, all confidentiality will be maintained and identity of participants will be changed.

Appendix 1

Parent/Carer Drop In

Concerned about your child's behaviour or development? Why not come along to one of our sessions for an informal chat with an educational psychologist. This leaflet contains all the information you need.

everychild
matters

What is an educational psychologist?

Educational psychologists have been teachers who have extra training in psychology. They have knowledge on a wide range of topics.

What are we offering?

Judy and Carol are educational psychologists who work for the Local Authority. We would like to offer parents/carers at Children's Centres the opportunity to drop in and chat to us about any worries and concerns that you might have about your child's development. We will not be able to work directly with your child. However we aim to work with you to try to help you work out a solution. If we cannot help you we might be able to give you advice as to the best person to contact.

What can I talk about?

Here are some examples of the issues that you might like to talk about - these have been suggested by parents in your community.

- Social, emotional and behavioural issues.
- How children develop and learn.
- Developing playing skills.
- How children cope with separation.
- Fights between brothers and sisters.
- How to explain to your child if their sibling has special educational needs.
- Specific difficulties that affect learning.
- You might even want to ask us to explain terms in plain English.

How long can I speak to you for and do I need an appointment?

We will offer each parent a maximum slot of 20 minutes. You can re-visit us at another drop in - we would love to hear how things are going.

You will not need to make an appointment. However, if you have waited to see us and time has run out we will offer you a guaranteed slot for our next session.

When will the sessions take place?

We will be at the Children's Centre on:

May 16   9.30-10.30 am
June 6, 13 & 20 9.30-10.30 am

JW = EP
CV = Children's Centre Manager
Carol Booth = EP

CB	– So apologies first about the date confusion. I don't know what happened
CV	- No I hadn't realised I had two dates in. I knew obviously it was around the................
JW	– Yes because I'd never had that one, I had a few of them
CB	- So were here anyway. Now the reason .... did you get the letter that Judy had sent out.
CV	- I have seen it Yeah.
CB	And the aim was to kind of see how we could become involved with the and understand the .. well the workings of the Children's Centre in our local area. We that we would like to offer a EP 'drop in' as a means of becoming involved with this Children's Centre
CV	- OK
CB	- Also trying to understand the needs of what is in the sort of local community. So we offered it just as a pilot. I am hoping to develop the work as an Action research project ... did we offer it to two or one in the end?
JW	- We offered it to two in the end, various reasons we were going to offer it to three and you got back to us so promptly.
JW	- People you know, I mean I think the reason we offered it, there were various reasons but we offered other things that haven't been taken up or else we'd already done similar work in other settings
CV	- which other settings have you done similar work in?
JW	- Well I've done a bit in X. They did a thing around it but not at all the same thing ....
CV	- OK, Alright, Alright

JW	- but you know we wanted the thing to be kind of regular, that's like local to us because we are based here as well so ....
CV	- ok
JW	- I know Ann a little bit from meetings
CB	- I think the first meeting that we sort of planned with Ann was to kind of talk about what we think we would like to do.
CV	- OK
CB	- We hoped to meet to discuss what do we need to do to move forward with the idea.
CV	- OK, OK
CB	- So that's were we are kind of thing we are hoping to achieve.
CV	- OK, No problem
CB	- What about your point of view?
CV	- I thought for .... it was more to do with is it, what is it that you are offering, as a pilot was does that really mean, and you know how are we going to engage with the community or do we already have this year how you might do that and I thought the logistics of it all really and finding out because I think we've had other sort of answers just sort of parachuting in offering a service and then I think we seem to have thought well for what purpose is that really ..... what is outcome, apart from trying to engage a community but not really giving it any much time to do that, what needs are being met, is that your needs as professionals or is it the needs of people that want a service. It was balancing that really, from the latter, I thought was it enough information about what you were offering.
JW	- I suppose we didn't really want to constrain ourselves
CV	- Of course, Yea,
JW	- so that we felt it was too tight because then that would have been all to do with the way that we saw things.
CV	- of course
JW	- and you know we oppose to some extent, might be quite happy to come in and talk to you, talk to Ann and actually come away with a different model, I think

CV   - Yea

JW   - because we just tend to be available, and you know, obviously are interested in this work, but you obviously as well will know what the need is out there, you'll know what your parents are and maybe you can use it in a way that would be better than what we would suggest.

CV   - Yes, OK, Yea alright

CB   - So how do you want to move forward with this in terms of what we thinking of doing

CV   - agreeing. ....

JW   - Yea I'm the Specialist EP for the Early Years so I work right across all of the Early Years settings, any of the private and voluntary community settings, or you know independent schools with nursery can kind of access me and that means all kind of things, it means I'm spread pretty thin, for want of a saying but one of the things that I do periodically we've done together is work with parent groups and obviously we do an awful lot of work with staff in Early Years around behaviour

CV   - Yea, OK

JW   - and previously at X Community Nursery, quite regularly for a number of years on the trot, I did do a parent drop in.

CV   - right, OK

JW   - and actually, I mean with and I think you know because the needs of the group changed as you know the kids went through the nursery, we had a couple of really great years, a couple of years where that wasn't used particularly well, and I was just quite keen to get back into that way of thinking again,

CV   - right, OK

JW   I'm not, I wouldn't sit here with my hand on my heart and say that's absolutely the best way and making parents feel like that they've got the best support around their children' behaviour

CV   ok

JW   - but the other thing we do quite a lot of ...parent workshops things. We have done some of those together haven't we and separately

CB   - Yea we have

JW   - so we've kind of got an interest in that area, and I suppose initially we got a kind of concept that maybe in a children's centre may be there would be parents in the community that might have issues around their children's behaviour that might not want/ we were conscious vaguely that you were doing lots and lots of group things with the parents would there be anything we could kind of add to that that didn't tread on your toes but might just provide a regular, you know, if we were working very closely with you so that we are not taking this work away at all, you know, just providing a service so that we can find out a little bit more about what the needs are and the community. I mean you'll know your parents really well and we don't, but you know you'll probably have a better idea whether they could actually use a drop in. And the reason we thought of it as a pilot and you know it does make sense a little bit experimental is we weren't quite sure what would, what issues would come out of this and lots and lots of parents were coming saying you know "my problem is that I can't get me children to sleep" and things and you know 18 of those turned up. There's obviously a better way of addressing that issue than a drop in.

CV   - Of course.

JW   - So to some extent it might be fact finding.

CB   - Yea that was, I think from my point of view, I did some training not with this setting, an educational setting, it was voluntary group and a colleague and I did a couple of sessions of training and what struck me that they were so many parents who were either waiting to see an EP or didn't know how to get to see an EP and I didn't know they existed because I only see the reality of the parents who get filtered through to us and that was I think a quite powerful thing for me because once we'd had a chat it would be able to either demystify or support what you were thinking or offer advice and that for me was a big kind of gap because in the City there's very few EPs and lots of children and the balance between the two .... and certainly in some of the settings we work with we only see the children that they prioritize.

CV   - Right, OK.

CB   - So in the field of early intervention, that was were our thinking was, there are lots more who would benefit from the opportunity to speak to a professional, who has knowledge of, as Judy says, about behaviour, about development, all of those things and that's kind of where my thinking was coming from.

CV   - Yea, OK.

CB   - Also, I'm at Birmingham University and I'm doing a Doctorate at Birmingham University and I' m thinking of using some of this in an action research towards that to kind of evaluate an educational psychologist role in a children's   centre, but I don't know how it will develop, because I'm also very very interested in, as I know Judy is, about doing things around children's play and working with parents about play. So, within the drop in issue and/or the structure that we would like, we would like to kind of also almost kind of ask parents what do they need now, what more do they need and look at it as a whole, so that's the concept of the pilot in terms of not just dropping in and dropping out but trying to engage with the community.

CV   - how long will the pilot be, do you have a time scale

JW   - we thought initially six fortnightly sessions just to kind of get an idea of whether this any use at all or whether it was needed at all. You know, following which, we could get in touch with you and how it went and I mean obviously the parents are going to talk to you about whether it's any good at all

CV   - Of course

JW   - You'll know the full thing and if it seem useful, then to think about how that best can be followed up, depending on what issues came up really

CV   - Yea, OK

JW   - so, and if, you know, the parents didn't feel that particular approach was useful we could maybe kind of stick, I mean we're prepared to stick with you

CV   - Yes, Yes

JW   - you know, if we kind of got to know a group of parents

CV   - right

JW   - and see if there's anything else or we can kind of offer
if people feel its not particularly useful to you

CV   - are we talking about the fact, that fact finding, sort of capacity of this. How would you envisage sort of finding out those facts, how do you envisage that?

CB   - how we would kind of ask parents or evaluate

CV   - both

CB	- both, I talked to Anne a little bit about the evaluation and she certainly talked about how much with Northumbria University you had used evaluation and developed. So she'd sort of said at this meeting she would may be bring along some of the evaluations
CV	- right OK
CB	because could we fit into it, could we use the structured that you'd used or would we use their own. I mean certainly for me, I would be looking at something like an action research module
CV	- Yea of course
.	
CV	- would that be available to us after the pilot?
JW	- absolutely
CB	- Yea
CV	- which ever model we used then that would be useful
CB	- Yes, Yes, because the whole point of it would be that we're partners in the process
CV	- Yes, OK
CB	- could be we would use that and there is a bit about 'well maybe it wouldn't work in this setting, but it might work in another part of the City, we want to be flexible and AR would facilitate this.
CV	- Yea, OK. And what age of children
JW	- all ages, I mean you know with the job I have now with pre-school children but I mean you know, you know who you work with, we all work with from birth to nineteen
CB	- and across the sector. I mean, Judy, I work one day into the Early Years and also work with a patch of schools, a generic patch, work with children with visual impairment and also have their special senior school /secondary school fits in with this casework and ....
CV	- Yes
CB	- a wide range and would like to try to offer it around, really or any kind of issues that parents have you know but within the developmental understanding of the developmental sequence or around the

emotional/social issues. Obviously we have a wide range of experience across all types of questions and issues that parents have but again there is about signposting isn't there?

CV   - Yea .... Yea

CV   - well I'll apologise for my ignorance, I know that we've tried to put .... problem all round with children with disability or particularly with children with ADHD and I think .... is that it makes people .... particularly well, because I think parents came, sort of came to the drop in thinking that this professional was going to fix their problem, change their school, its almost like they wanted the magic wand scenario

CB   - Yea, Yea

CV   - and for me and Ann, I suppose you want to be clear about what is it, what is it that you are offering parents, so for us consider that as a programme, because I think we got it completely wrong with the other people with we worked, you know, I think people wanted, I want my child in school, you can do that, ...
.... people can have that promise it wasn't part of their job, they were trying to offer that what emotional support for parents as a support group. So its about pitching it at the right level really, so I apologise for my ignorance really but it sounds like well what can you do, what is it that you do?

CB/JW   - Yea, Yea

CV   - because it seems like psychologists are like for me massive I really don't know what that means, but to a parent, that will be like, well what's .... like a nurse you know what your goals are - a teacher. But I think for us its about well who's going to pilot this, be like for us to be clear, what is it you're offering.

CB   - and that's one of the things Judy and I kind of talked about, about almost a kind of menu

CV   - right, OK, perfect

CB   - right, about, well exactly what we can offer and what we're offering is parents a chance to problems solve, consult with a professional about issues around the children's development or social and emotional, any aspect isn't it.

JW   - I mean they'll probably think a lot of it around behaviour won't they

CV   - Yea, right

JW   - because behaviour/ issues that they're worried about managing their child's behaviour or I mean it would be nice to broaden it, I mean we know, we don't really want to get into you know sort of 'super nannies' stuff

CV   - Mmm

JW   - but I think realistically a lot of parents will want to come along and will want to talk about their child's behaviour and I suppose if we could put a framework around it at all we'd be thinking of a problem solving framework, so that, I mean I think it's sensible to make that clear from the outset, that we are not going to go and see their child and we're not going to go and deal with their school, we're not going to do any of those things, what we do is provide some reflection time for the parents to think about how they are managing now, and it would be nice to think it wasn't just behaviour. I mean it might be things to do with you know, 'I'm bothered because my child's not doing this and Mrs So and so round the corner child's doing this' but, then you're in more danger of treading on professional toes because, I guess a lot of health visitors are doing this as well, so we'll probably, whether we like it or not, finish up in the behaviour box. But then, thinking about you know how they can think about their child's behaviour and may be move things along.

CV -   Yea

JW   - does that seem fair Carol?

CB   - Yea, Yes I mean from my kind of point of view, the emotional social because it might just then open it up a little bit more to parents than necessarily because I, a bit like you're saying you just don't want all the negatives, you want to be helpful and you don't want parents, you want parents to be able to kind of leave with thinking 'right that's an idea' to work at, I could try all that, I could do that, or it might be that we're saying, you know, we'd have to sign post it to somewhere else if the child was in school but even then it's about explaining to the route because, parents get told the great list to get to see an educational psychologist and I think, you know, advice around that, I kind of can't conceptualize because I haven't been in enough children's centres, what the parents are like, what their needs will be, so it's quite difficult

CV   - I suppose for me, the clarity for me is thinking about what you won't do as well.

JW   - Yes

CV   - because often that's what people. There's sort of a misconception isn't there and I think the other services that they've had have been very good, like sort of what you do but what won't you do and that's as

important for us to know isn't from the outset that that the boundary. We don't deal with that – like I'm not going to go into school to see your child. I'm not going to do that bit of work, this is what I can do so, I think that's the clarity we wanted really.

JW   - I mean if they wanted advice about other avenues to follow that might be possible on the menu, however, we would not be engaging with their child or their child's school or anything outside and I think we have a concept of a 1:1 drop in for parents

CV   - OK

JW   - you know, for first steps, if that was you know what fitted in with your scheme of things and you know just some time for the parents to talk things through but if they want work beyond that so they think the situation merits it giving? advice and how to do it.

CV   - OK

CV   - I suppose when you say 'drop in' that means that ..... on a 1:1 there wouldn't be a group of people that would meet with you or would that be if the pilot came out and you think well this is .... a group .... rather than 1:1

CB   - I would like, and I've probably got views on this actually, yea I would like it to be on a 1:1 because in terms of – you will always have the most dominant person telling their story

CV   - OK

CB   - and in order to get a group you would have to in my view, I don't know what you feel J, you would have to work with that group about boundaries, group rules etc

CV   - right, OK

CB   - base agenda issues

CV   - Yea, OK

CB   - what would you take away from it

CV   - Yea, OK, I appreciate that. But how would that, so can I understand a bit more. How would that work in terms of say we said right we were going to go with the pilot and it .... whatever, .. but people have to make an appointment to come and see you, how does that work? ....

JW   - we have been thinking about that, we want to tailor the service to suit your community, so that would be up for discussion.

CB   - we've done some kind of research you know with other EPs because this is going on across you know the country, there's quite a few EPs trying to work in Children's Centres. Yes I think we would need to do a sort of time slot and a time slot because 'A' it wouldn't be satisfying to wait to see the EP for a long time. What do you think from your experience?

CB   - We would want to use a framework in which to try to move the parents through, instead of just problem story telling

CV   - OK

CB   - about trying to use you know some solution focussed strategies

CV   - OK

                     - try to turn it round within the time that we have got

CV   - Ok. and how long, how long would a parent have at a session, would you be clear about that

CB   - we would be clear about that but we would need to be guided by you and/because we kind of need to get to know the parents if you understand what I mean, so

CV   - I suppose our parents, we have a nurse practitioner service that people drop in to because they are quite used to regularly waiting and they know that they've only got a short time scale. I think that something that might be worth thinking about having that clarity that's .... for however long. Because then you don't get problems ... time and I suppose if a parent came in one week could they see you the next fortnight or is it about, is it about not actually a high turnover - how long is a piece of work is a person - They could come every week couldn't they. They could be thinking is that something that you would look at or is it- I don't know because that could means one person takes up a slot every time, you might have a queue of people you might need to see all for one session, so do we balance that up really.

JW   - That's a hard one isn't it, I mean we were kind of musing around all of these things before we came, you know, we had been thinking about this and I think we kind of came to the conclusion that we really didn't know and that probably what we'd have to do is find out whether some of those issues became problematic

CV   - OK

JW   - in this initial planning period it might involve you having to bear with us a little bit, we have to find out what the community wants

CV   - alright yes

JW   - knowing our intentions are good

CV   - of course

JW   - but if you know we do finish up with the same three parents who want to see us every fortnight. That might be a great piece of work of them, that might be good if that was well evaluated it might be a model worth hanging onto but it might also be very frustrating for other people, so we might have to think then about freeing that up. I think to some extent we probably just have to see how it went and how people perceived it really and how you and Ann perceived it as well, cos you'd be conscious of the whole context and how the parents think about the whole deal.

CV   - before you go I'll get a copy of our evaluation measuring change work book, you can have a look at that

CB   - that would great

CV   - I'll just get Kerry to print off quite a thick

CB   - that's fab, thanks

CB   - no body else is doing it in X, we're just saying you know you're asking some great of questions of us.

CV   - .... questions we don't know the answers

CB   - and we don't want to come across as being, you know, being unprepared, the thing is we didn't want to come prepared because we wanted it to be a kind of partnership thing

CV   - of course, of course

CB   - you've obviously had much more experience of professionals dropping out .....   and then shooting in and then back out again, so you need to know because your the ones that are here and the parents are coming back and saying 'what did you offer that for'

CV
- of course. We have really good community groups in the building I don't know if you know what happens on this site and I think naively some of the workers see this opportunity to .... but what they wouldn't do is do all of that thinking about it and then setting up parents to actually not get the service that they need. I suppose that, you know, for me is like I know the parents that I work with directly and I see most of the parents 1:1 .... group work. Obviously we've got parents up in X that .... group parents and children and we've got workers there that would know their parents and I'm thinking is it worth coming to speak to a whole team that know the breadth of the community, is it worth you going into the groups and speaking to parents yourself and saying 'look what do you think of this or this happens, do you want a focus group, do you want, for me there's lots of ways that we can maybe fact find so that we can maybe sort of, we might set up some of the priorities ..... but we might get then get a few weeks of actually/is worth while.

CB
- yea

JW
- I think those are great ideas, I think both, I mean it would be wonderful for me with a group of people, who work with children and their families it would be great to meet to meet with a focussed group of parents as well. Because it's not as if we're coming along saying, this is the model we want to offer you - this is it .... you're going to like it or not, you know we're just kind of offering us , really and the chance to develop something new.

CV
- Oh, Absolutely, I think we could make this work. you said the right thing because ..... what the team might think is worthwhile but also what parents might think. In think you can get lost in what you believe is the right thing as professionals. Where as the parents might say actually that doesn't work or that would really, what we'd do is look at the lot of groups because then you'll get a breadth of parents in X have a different stance to parents in Y but its getting that balance right thinking about meeting all needs.

JW
- Yea

CB
- Yea, I mean that was kind of one of my worries about, because what we want to do is engage with parents in an informal, non threatening kind of way

CV
- of course

CB
- You quite rightly said – you know – educational psychologist it's like, what do they do?

CV
..... help us

CB   - And its about kind of finding out the needs and are they representative of that community

CV   - and demystifying that ......   (agreement)

JW   - That would be really good

CV   - because sometimes   ......   big titles, some people don't know what's happening really. How soon do you want to start?

CB   - We picked some dates, 'a' because our diaries are very busy in term but carrying out planning to develop the service until then.

CV   - right

CB   What we were looking at , but as you say, you know, maybe it's not going to be, maybe it's going to be that we .... those weeks at a drop in and the rest are used in this fact finding. Because from my point of view if I'm going to develop my research further it wouldn't be that I would be wanting to pull out I'd be wanting to develop, change, the service that might be there via the AR.

CV   - Yes of course

CB   - According to the kind of need so, from my point of view, I'm hoping my parachute's going to land for a while.....

CV   - OK (laughter)

CB   - But benefit you as well. Ok.

CB   - Do we put in the first date – 20th February

CV   - Can I just get my diary – I apologise I didn't bring that with me

JW   - But if day of the week is no good for you, you know we can think again

CV   - Well Ok I'll just look at where it sits

JW   - but what I'm thinking is that hanging in here rather than doing too much parachuting around

CB   - sounds like

JW   - it might take a while to actually get .... services are here

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CB   - I mean , I'm kind of wondering should we .... use of time we allotted to do the fact finding

JW   - Then may be put something in, in the summer term

CB   - Yes

JW   - Well it could be useful couldn't it?

JW   - instead another mad time allocation system where you've got you know 13½ hours this school or something and I mean I'm just absolute rubbish at doing things like that I just think I want to this, you know if it's going to be ...... some help

CB   - ..... the kind of big debate that I'm having at the moment in time. How long is a piece of case work?

CB   - There isn't a length, there isn't and its so hard to *put* that with the kind of management structure that there is

CV   - yes of course

CB   - When you're on the ground with parents, family and children that need you it's a difficult one. The w.......   I' mean Judy and I were just talking there that whatever work looks like, OK, we'd highlighted from the 28th February on a Wednesday morning, for one/two – why have we stopped on the 21st? We're not on holiday then, ...1st of March

JW   - I've got review all that morning

CB   - are, right

JW   - .... Fortnightly

CB   - Ah, right

JW   - We thinking fortnightly weren't we, and then Easter was going to happen the 2nd of April so I think we've probably, did we have 6 fortnightly ... or did we go for the Easter set?

CB   - I think we went over Easter ....
             28th February, 14th March, 28th March and then there was the Easter Holidays and then 18th April and 2nd May

JW   - and 16th May. I mean to see how we go over the Easter anyway. I mean it might be sensible I mean if there is that day, that those times

are any good because we actually could put in provisionally 9.00 – 10.00. If those times and those days are any good we could maybe start off you know looking to talking to staff at that time or I mean .... may be really short .... talking to a parent group or what ever. We didn't put in that *time* because we thought the parents with school nursery aged children might be bringing them in at that time

CV   - OK

JW   - it might be easier for them but that was highly speculative.

CV   - I mean the good thing about the thing for me, thinking about Wednesday morning, in terms of this building, its a great day because the Community Cafe is on and there's a fruit and veg store on Credit union is on,

CB   - what's that

CV   - Victim support is on. It would be a good time to some of your fact finding at least initially a lot of people could, a lot of people do sort of congregate into the Cafe on a Wednesday morning. In terms of the Sure Start ourselves as a team, Wednesday morning is a particularly good day because we don't have to be anywhere else and staff pop in for a variety of different groups, that would be a great day but we could pull some parents together specifically for a Wednesday morning to discuss the idea.

JW   - The parents group, the professionals we may be need another time.

CV   - Yea, professionals would be a good time to come would be a Wednesday afternoon because we have a team meeting. So I could work out the cycle, because some of them are staff for developmental so I could slot that in

CB   - Yea, and we could be flexible around that Yea

CV   - It depends on how many sessions you want meeting with different groups of parents maybe in The Cafe's a useful one to get people in really.

CB   - Right, so you've got Victim Support at that, what else do you have

CV   - Credit Union

CB   - Fab

CV — well I think, the only thing I can think at the moment is running from that building on a Wednesday morning is playgroup, JW – Yea – where this has got a different sort of mix of professionals in it really. So you wouldn't see many parents there necessarily on a Wednesday morning. But that's not saying you couldn't establish a centre that people could drop into on a Wednesday morning because it's not been used, that could be a great time to establish something

CB — Yes

CV — Well you know if teams that actually worked in that building maybe quite a lot of them. We are on a split site that is why I am trying to think of all needs.

JW — how separate are the two then? I'm just trying to get my head round that so if we did do a drop in then this would just cover presumably the X parents and then the X lot is an entirely separate bunch – .....

CV — we are breaking down barriers between the two sites so that people are prepared to come across either way really. I think it depends on what services are on offer and whether the parents want it

JW — Yea

CV — If they want it they'll walk there. They'll come you know what I mean. So it depends on how they really want it. My perspective, I never work predominantly from this building, so I know what happens in this area

JW — Yea

CV — much more easily than I know what is happening in X that's like I speak to the rest of team they've got probably a better handle on that side of the road. So that would give you a breadth of maybe, maybe lots, because you may want to start here
you might want to do a bit of both of .... perhaps ...... maybe more accepted/effective there. So it depends really

JW — I mean people use both sites for different things

CV — of course they do

JW — that parents may think of this building as where they come to chat or

CV — of course or what ever

JW — that buildings where they drop the children off and you know they both have a bit of time

CV	- of course

CB	- What types of initiatives have proven to be effective within this community?

CV	- we have done it a number of ways, like, like we've taken say for example Job Centre Posts we took them to every group *so as not usueful* for yourselves but we took them to every group where parents where so that they have a broad view of what each group might want. I think we've got about four or five groups and they found that was really useful. The other way we've done it is when we put it with family learning ...... that would create a focus group where they parachuted in, sold the service that they're looking to create and asked parents to create with them and from that then a plan has been created. We have a parents reference group that we have used for consultation work and they very used to being facilitated so they don't expect you just to come in and go all singing and dancing…they will help you create a service .... so that's a Thursday morning but we could get them in on a Wednesday.

CB	- Oh no we could meet at a time suitable for them

CV	- We've got different ways of doing it really.

CB	- any one more effective than another or does it depend on what it is you're trying to do

CV	- I think, I think it would depend I would probably think of a blend but I'm I think the reference group has got a mix of parents from both areas. Both with different aspirations and visions for their children's experiences and expectations, so for me, so that's my first port of call because I know that they are used to that process and used to developing services. I suppose going to different groups with me, you would probably get a bit more of a sample. It depends really what you want.

JW	- I wonder whether we would be good to start with a parents, with a parents reference group, maybe firm things up just a little bit.

CV	- OK Yea

JW	- I mean because we're not all singing all dancing and trying to develop a concept with their help would be really useful.

CV   - No No Yea of course

JW   - and then maybe go to the staff just to say this is what we have in mind have you got any comments about how it might run, you know parent reference groups could firm ideas up a little bit - just to make sure .....

CV   - cos that they're very good at doing that. Yea they would be really glad to be involved.

CB   - Do you have conversations with them and say that these are our ideas and ask them for feedback.

CV   - oh yea, yea yea

CB   - you know what cos it goes back to my starting point that there was people out there I didn't know that couldn't access the service, they were waiting to see me.

CV   - of course

CB   - and that's you know, what why I kind of went into the job in the first place. Cos you've almost got this kind of invisible, they felt invisible and we didn't know they existed.

CV   - you looked inaccessible

CB   Yea

JW   - I mean, It's also, ... completely different tack now because my brain so addled but you know its also that not being you were saying about the other services that parachuted in, were very much kind of disability/ special needs focused and that's very much what we kind of are keen not to be and that's why you know we were talking about the Child Development tactics of it in that it doesn't want, we don't people to come along because they've got a child whose got like extreme behaviour which. We'd really rather be talking about parents who are just getting bothered because there children are doing a funny thing, they don't want it to escalate and you know they want to talk about it in the early stages, it really is kind of early prevention stuff we are after

CV   - A parenting model

CV   - Yes there's a couple of people that spring to mind in the group that we've got that I think – ideas, absolutely ideal for both problem solving sort of sessions. Maybe that might be an opportunity to maybe link some of both parents into that, if that's possible really.

JW   - If that could work kind of organically, then .... the parents who ..
              really stuck with an issue   that's not really the time to do anything. If
              we could work alongside CV – Yea of course – that would provide
              some time for both parents, you know, to talk it – I mean that would be
              really good.

CB   - I think we're generating some really good ideas, quite exciting

CV   - I know it is exciting Laughing

CB   - So, kind of are we agreeing that the sessions we've booked in are
              going to be kind of fact finding, so that we can see what type of service
              we would offer and what would be the best that we would offer that
              service towards the spring/summer term.

CV   - that would be my, that would be my idea, the model the development
              work is probably just as important as getting the service running.

CB   - Absolutely

CV   - We've got some information

CB   - Oh, absolutely and also that there is the questions, well why isn't it
              successful.

CV   - Yes of course

CB   - If it is the wrong model we are offering, do we kinda of modify and
              change it, what do we do, all of those things for consideration.

CV   - of course, yea

CB   - It's always lovely to be able to take time to do that

CV   - of course but you don't often get the chance to

JW   - I just wonder, I just wonder whether if we were going to be doing some
              sessions of development work in the spring term whether we might
              even take a deep breadth and offer six weekly sessions, because I'm
              just thinking in terms of you know, people maybe becoming familiar with
              something. It's almost like over a fortnight, they tend to forget that/which
              week they come in and things like that and whether if we've got a bit
              more time, we could actually squish in six weekly sessions,so people
              are more easily able to evaluate it because they've either had it or not
              had it, if you see what I mean.

CB   - This is the kind of delivery stage

JW?	- Whether that's a good idea and then you know maybe by the, I don't know, I've no idea how many weeks there are but, maybe by the May half-term we'd be ready to kind of, you know, deliver the sessions.
JW	- Its quite nice to think of a way to do a pre-evaluation/post evaluation
CV	- Yes of course
JW	- get an idea of impact and I'm thinking about what we have learnt in the latter half of the summer term
CV	- of course, yea that would be great
JW	- and see whether you know, it's a model that's going to run for long enough and we want to see more of it .
CV	- ..... just to see how long those sessions will take on a Wednesday morning
JW	- I think we said we could be here for an hour and we were looking at the possibility of both of us being here for an hour.
CB	- Yes, yes and that was another thing that we had to think about was if the demand was there we'll separate out but would it, you know we had to kinda of think about delivery our actual kinda of model of it would we access more parents, two of us but then there was the kinda of evaluations of our self how well did that process go, how important .... but then that is a question we need to ask the group
CV	- Ok and of course the question is around 'If a parent brings a younger child, how would they manage the younger child, but, we're changing our rooms around but, next term, the next door used to be our sort of training room which is going to be a small family room, which will be ..a training room. Depends what we could offer is available is a smaller room, really, and of course if that's OK but the idea that there may be young children coming with them. Because obviously it's not a crèche facility.
JW	- We could leave toys around for the children and you know this is real life isn't
CV	- of course, and on a very practical note, obviously in terms of liability insurance..................
JW	- Right – I hadn't thought of that
CV	- its a big thing at the moment

CV   - Every service that comes into the building has to have their own liability insurance

JW   - I presume as a Service we must have that

CB   - Yea

CV   - Yea you do

CB   - and that's for 'a' working in a building or 'b' working with parents or something else?

CV   - covers you in/out of your building in a obviously NCH has their own liability insurance cover ourselves but I think what people are finding is that if you don't cover your own liability and there is an accident .... claiming of NCH. The City wide things happening, with insurance liability so that is why.

CB/JW   - we have heard that about

JW   - I mean obviously we do work all over the City and therefore we've got it, we know that but we will need to check this out with the office manager.

CV   - don't worry about our title because I presume it will have to be covered at some point, really

JW   - just in terms of practicality, if we can work in one small room, I mean most parents may well not want to talk to us together, we can run that past parents but I guess you know in terms of 1:1 we might then alternate or we can talk about that kind of thing

CV   - would it be possible to say you know split between two areas?

CV   - No I think its better not because if I was a parent I wouldn't want to talk to 2 people at the same time

CB   - No I wouldn't either,

CV   - of course if 2 rooms were available initially and this room, then this is a much bigger room

JW   - but the other way of doing it you're absolutely right is for us to look, and that would enable us to you know assess the difference of views and you know which is the best way to go

CV   - of course – yes

JW	- I mean we are bound to you know inevitably we are going to encounter some logistical problems, we're going to get in wrong and as long as it is not about getting it wrong in terms of the face to face work
CV	- of course ,yeah
JW	- but in terms of what we planned we may have to be flexible
CV	- oh yea, that's looks great
CV	- what's the first step?
CB	- I think the first step is we look at the dates we've got and think who we will need to see on those dates (parents and staff) but also Judy and I need to go back and kinda of form a sort of model of our conception of what it is of what we can and can't do in person in order to kind of marry those and meet again with yourself once we're clearer.
CV	- OK
JW	- Sorry I was only going to say would it be would the next step be maybe to meet with a professional group just to sort of gather ideas itself obviously we want to come back to you with more ideas and stuff
CV	- Of course
JW	- It could be you know perhaps the wider group of staff, yourself and then the next step maybe to give the parents the parent reference group and the parent focus group and maybe aim to that in those 2 terms we have between the half term and....... do you think
CB	- Yea, that's great
CV	- So we're looking to do that can I just clarify the dates from 28th February to 28th March,
JW/CB	- Yea, Yea
CV	- One of those for the professional one needs to be an afternoon
CB	- That's fine. That's OK do you have any day in mind and then
CV	- Well I suppose if you wanted to start work on Wednesday 28th that's February, (I could put that onto the agenda for that date for the team meeting that afternoon.) Is that OK

JW/CB	- Laughing and lots of overtalking about dates
CB	- Would you want 15 mins to get business sorted at the end and if we came in at of 1.45.
CV	- Yea that's perfect and I'll confirm that with you in the new year
CB	- That's great
JW	- Can I borrow a pen from you Carol
CV	- Ann may want to speak to you before, because I'm sure she's got lots of questions I did ask her for a list of questions but,
JW	- If she just emails or gives us a ring and we can always look at our diary and you know the beauty of us being here is we can kinda of nip backwards and forwards.
CV	- very useful
CB	- And how many professionals would there be
CV	- We've got a team of about 10 I think.
CB	- If we come along perhaps with something kinda of written questions drafted out because I think were going to generate as many questions as ideas. I will also have the themes that have emerged from this conversations on which to reflect.
CV	- Yea, that fabulous, and maybe
JW	- See what feedback we get
CV	- and maybe the then organise a reference group to be available
CB	- What's good for parents though
CV	- Probably about 9.30
CB/JW	- That's great
CV	- How long would you want for that
CB	- An hour - Yeah
CV	- OK. I will see if there is any money for Crèche

CB	- How much is Crèche?
JW	- Well let us know anyway, we've never done it before and the answer's probably no but I wouldn't like to say without, because actually, this is all new stuff, if were going to work in children's centres, it may well be something we have to think about, so
CV	- It might be good for the drop-in to think about child care facilities, so obviously when parents are dropping in, they drop in with their children ..... and you know that but for the pilot it might be worth thinking about especially for that one with the reference groups because the obviously will have children .... with little ones
CB	- We don't often come with a budget
CB/JW	- Laughing
CV	- I just thought I'd check though
JW	- Well we'll go back and enquire
CV	- OK, well I just give you, I'm prepared to help with the costing for that Judy
CB	- So that's the 14th for the reference group at 9.30 – is that right
CV	- Yea, kind of .... decide what next ....
CB	- We've got the 28th for the professionals group. Great. Is there anyone else we need to meet, see if there's anything specifically that you would recommend that we need to do prior to this process.
CV	- Can I speak to Ann because I'm sure that she will want to speak with me, and if there's anything that she's thinking of, either she'll email you directly or I will and give you some more of that and I mean that at the moment I think that, I don't, I think there being set realistically and ... got to go away and start thinking a bit more about you want to do. But I'm sure Ann will be in contact if she thinks of something major that I've completely missed. Is that alright
JW	- Yea
CB	- Do you want a meeting in the new year at all, do you want anything,
CV	- Can I check with Ann, honestly any time any way now, so I could speak to you if she does and then if she does want to meet up then I can offer that as a possibility – is that OK

CB   - Yea, that's fine

CB   - Could you confirm the dates then cos suddenly I'm very wary about getting the dates wrong?

CV   - 28th February at 1.45 a team meeting and that's at Families Matter, not here

JW   - That's the X one is it.

CV   - and the 14th March you're meeting the Reference Group at 9.30 for an hour and that'll be here

CB   - And that's at X

CV   - Yea, the March one is here. The February one is at X

CB   28th Families Matter, team meeting .... and 14^{tth} 9.30 -10.30 Reference Group ....

JW   - I mean ..... you know ...... get some more about what we've got in our head and what we do and what we can and can't do. I mean if you can think of other ways in which you can use us.

CV   - Of course, yea

JW   - Do say, because you know we're happy to just to kinda of support what you're doing, it sounds, I'd love to know more about what you are doing, if you've got any kind of programme or anything, any activities or anything, I'd love to know more because apart from anything else its good for us to know ...... the area what we can direct there

CV   - Of course Yea

CV   - So I could sent you out a full pack of what we do I'll send you a pack out as well

CB   - That would be great

Appendix 3: Interview Schedule for Parents and Summary of Notes

Questions for Parent reference group and notes from meeting
Meeting 14th March 2007
Intro: Explaining the role of the EP, meeting with CC manager and discussion/ themes that emerged.

1. Do you think this service will be useful? Would you use it?
Great idea, can think of at least 6 parents who might use the service.

2. What type of issues do you think that you might bring to the drop-in
How to explain sex education
Behaviour issues
Helping child cope with effects of bullying
Support siblings of children who have SEN
Explaining and helping child cope with separation and divorce
Sibling rivalry - regression in behaviour
Helping parents to understanding technical terms – plain English
Drug and alcohol issues
3. What would be the best way to advertise our service?
Leaflet
Word of mouth
3 community schools

4. Should we provide a more specific menu of things that we are able to discuss?
Would be useful

5. Are 20mins slots long/short enough?

6. In order to evaluate our service we would ask to you to rate how you are feeling about the problem at the beginning and end of the session. And we would probably ask you if you felt the service was useful. Would you object to this? Any other ideas?
No problem

7. We are also considering following up the session with a telephone call to ask how things are going. Would you be happy with this?
Individual choice

Other issues
How can we link with Dr Waterstone's clinic?
What about childcare?
School Holidays not a good time as too many children
We need info about other groups for sign posting e.g. nurturing programme

Appendix 4: Children's Centre Staff Interview Schedule

<u>General questions</u>

1. Do you think this type of service would be useful, why?
2. What would be the best way to explain our role to parents within your community? e.g. menu, informal talk
3. What would be the most useful way to advertise our service?
4. Can you describe the type of issues, especially in relation to parents and children, which are most pressing within this community?

<u>Structure of drop-in</u>

5. Where would be the best place to offer the drop-in? venue/room and day?
6. Should we offer an appointment or turn up and wait system?
7. 1:1 or group of parents?
8. Length of slots?
9. Should we offer repeat appointments?

<u>Evaluation</u>
10. Do we carry out informal or formal? e.g. questionnaire (pre & post) or ask scaling questions at beginning and end of session, or telephone follow-up.

Appendix 5: Rating Scale

Name ……………………………………………………………

Telephone No. …………………………………………….

Child's Name …………………………………………….   Cowgate   CC ☐

                                                            Blakelaw   CC ☐

Age ………………………………………………………..   Regular user CC ☐

Issue to be discussed (EP to summarise and feedback)

………

………

………

………

<u>Pre consultation</u>
On a scale 1 - 5 (1 = not worried, 5 = very worried) could you rate how worried you feel about the issue?

```
|                              |                              |
1                              3                              5
```


<u>Post consultation</u>
On a scale 1 - 5 (1 = not worried, 5 = very worried) could you rate how worried you now feel about the issue?

```
|                              |                              |
1                              3                              5
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On a scale of 1 - 5 (1 = no good, 5 = very good) could you rate what you thought of the consultation.

1	3	5

On a scale of 1 - 5 (1 = not confident, 5 = very confident) please rate how confident you now feel to deal with the issue.

1	3	5

Telephone Interview

At our last meeting you rated the issue as a _____ in relation to the worry that it caused you.

On a scale 1 - 5 (1 = not worried, 5 = very worried) how much is the issue worrying you now?

1	3	5

At our last meeting you rated the service that we provided as _____.
On a scale 1 - 5 (1 = no good, 5 = very good) what score would you give it now?

1	3	5

Appendix 6: Evaluation for Group Leaders

Children's Centre Educational Psychology
Drop In Service

J and I are keen to evaluate the drop in service we currently provide in your Children's Centre.   It would be very helpful if you would consult with parents who have used the drop-in in order to answer the following questions.

1.   How useful do you feel the drop in service is for your Children's Centre users?

| 1 | 2 | 3 | 4 | 5 |

Not useful   Very useful

Any other comments:

_____

_____

_____

2.   Do you think that the service is also of use to staff?   Yes/No

Any other comments:

_____

_____

_____

3.   Do you feel the service works best (please tick)

- when offered as an individual drop in
  (as summer term)

- when offered as a drop in to groups within the Children's Centre
  (as this term)

4.   Any suggestions about how we could improve/develop the drop in?

_____ 245

_____

_____

5. Any other suggestions about how your Children's Centre could use the services of an Educational Psychologist.

    _____

    _____

    _____

Thank you for taking time to complete this questionnaire

Appendix 7: Questions for Videotaping

Video questions

Children's Centre Manager:
What were your initial thoughts and reactions when we approached you?
How have you felt about our involvement so far?
How do you think our involvement has worked- Positive things? Difficulties?
How would you see our role developing from now on?

Group Leader:
How has it been for you, having an EP involved in the groups you run? Positive things? Difficulties?
How do you think parents have found it?

Parent:
What did you think when you heard an EP was coming along to the group you attend?
Has it been helpful? How?
Have there been any difficulties?

Appendix 8: Transcript from edit of videotaping

J = EP
C = Centre Manager
A = Group Leader
P = Parent

J: So C it's about a couple of years since we first approached you.   What were your first thoughts and reactions when we approached you?

C: I was really excited about the opportunity I can honestly say that I had lots of questions because it not often to get opportunities to have pilot particularly with a service likes yours because you are so busy and so stretched. I think the good thing about the start of this project was the fact that we both came with no fixed ideas, so that was really exciting and the fact that I really knew there was going to be real partnership by the way that you had approached it and the fact that we were just so excited about having a new service in the community area where it was really needed.

J: How have you felt about our service so far?

C: It's been more of an active than I could have been/ever imagined. I think that we have both recognised that it was more about a process rather than an outcome. I think that the most important thing is that we always kept families at the heart of this and I think the best thing looking back was the fact that we put so much time into the preparation of the service. It wasn't that we can do this and it's in here tomorrow. It was more about preparing families and more about discussing it with families and you were so flexible that it made is so much easier to embrace.

J: What do you think has been the positive outcome so far?
C: I think that they have been two fold I think the fact that as a staff team our confidence about working with families has certainly been enhanced by having you in the service and the feedback you have given us has been great and I also think that we have demystified the role of the Educational Psychologist. I think from our point of view, as professionals, we were quite scared of the title and I think families are too but, I also think families now understand what your role is and its not about fixing children its about helping families and I think on the other side I think families are more open with the staff and are asking when you are next coming in whether you can have an appointment. I think you're reaching far more than we ever had expected and the fact that you have allowed us as professionals to ask questions. I think we feel so comfortable with you being here. The partnership has been fantastic, outstanding.

J: That's fantastic to hear. Do you think that there have been any difficulties at all?

C: I think the only difficulty from our point of view is that we want more of you. So I think for me that's the only thing. I think we were always clear about boundaries and expectation and I think you have given more than we ever expected so that there was a respectful mutual sharing there, but there hasn't been that difficult for me. I think we have always been clear that this is a pilot and we were not sure where it was going to go but we just went with it in the excitement that we had for as long as we had it.

J: That's fantastic. We are keen to continue with this kind of work. Where do you seeing it going from here, have you any ideas about what you would like?

C: I think again its two fold for me. I think the good thing is that we haven't built up an expectation for families, but they know where they can access you now, so even if we weren't as fortunate as to have you as a mainstream part of the children's centre, families and staff are more comfortable in approaching and ringing me, so in some respects, I'd love you to be here as a permanent fixture. I'd also really love you to support other professionals to develop how we work with families and understand that a little bit more, because you have absolutely given us so much more confidence.

J: That's fantastic, thanks ever so much C, that's brilliant.

C: Thank you

J: So A, how has it been for you having an EP involved in the group that you run.

A: It's been very positive having you in all the groups. I found it really good getting advice from you about dealing with different families and getting different ways of dealing with different problems with the children are having I think the parents have found it really useful. They've come for lots of different reasons. I think I found that Library Tots I found it easier in Library tots because its less of a structured group where as Little Explorers it was difficult sometimes getting the time to come in and see you.

J: And did you think that if we did the drop in another time do you think we should do anything differently?

A: I think possibly having more, like we had a block of 4 weeks, but I think sometimes that if …. New parent it takes a few weeks for them to get used to having you there, getting used to your face before they'll actually come and talk to you. So by the last week they're often ready to talk but it's the last week and they can't come back again …… so six weeks would be quite good.

J: Do you think the parents would be happy for us to come for 6 weeks. Have you had any feedback about how that's gone?

A: All the feedback that I've had has been really positive. All the parents have been really happy with it and happy with all the help and information that they've got. I'm sure that they would be really happy with it. I'm sure that they certainly wouldn't have any problems with it.

J: …any impact the families might have been …

A: I know certainly one …… cos a lot of the families we don't get to know what they've been talking to you about. But I know one family, it was a massive impact. His behaviour was quite inappropriate within the groups and Carol did a lot of work with his family and he's a totally different child now. He's really calm now; he'll sit quite happily ,he spent a lot of time screaming within the group, which was really disruptive for the other children but that just doesn't happen anymore.

J: Well that's good. Thank you very much.

J : So it was something a bit different when we came along to the group that you were going to. What did you think when you heard that there was an Educational Psychologist in the group….

P: Well first of all I wasn't really sure because I hadn't hear of an Educational Psychologist before and not sure what you'd be giving advice on, you know if it would be the same as a health visitor if we could come to you and get similar advice, cos sometimes, well I've found it difficult to get in contact with the Health Visitor unless you go up to the surgery, so it was nice just having somebody you could just come to at one of the groups that you were going to anyway which is a lot closer.

J: Do you think the parents knew generally why we were in the group? Did we make it clear enough do you think?

P: Once we'd got there, definitely, Yes, definitely, yes.

J: That's reassuring. Has it been helpful?

P: Oh definitely helpful, because when I came for advice I had problems with my daughter sleeping and we were basically wondering what to do next to help her. So it was brilliant advice, because once it's nice to have somebody to talk to about it and can give you advice, useful advice for it but I took the advice home and discussed it with my husband and once we tried everything out on my daughter, it just made life so much easier. It was brilliant.

Appendix 9: Letter to Children's Centres

Dear Colleague,

We are keen to explore opportunities by which we can provide a service to Children's Centres and their local communities.

We are contacting several Children's Centres to offer a parent drop-in to provide an opportunity for parents to discuss with us any concerns which they may have about their child's behaviour or related aspects of development. We will start by providing this service to the Children's Centre which contacts is first but will note all other expressions of interest and hope to run a rolling programme in all interested settings.

We realise that your Children's Centre may be receiving input from several other services. We are happy to work together with other staff in planning this work, if this seems appropriate.

If you feel that this would be a useful opportunity for parents who use you centre, please do contact us to discuss this further.

We look forward to hearing from you.

Appendix 10: Solution Focussed Framework

Structure of drop-in

Problem free talk (1 - 2 mins)

Take a few minutes to talk about other issues e.g. how did you hear of the service?
Consent to report findings re: action research

Introduce the service on offer (2 - 3 mins)

We have 20 mins together to discuss any issue that is worrying you.
This is a confidential service we would like your first name and that of your child.
We would like to take a telephone number so that we can contact you to find out how things are going (this is optional).
Ask if they have seen the leaflet? Action research project explain. Highlight the types of issues that parents/carers might want to bring.
Ask pre-consultation question

Active listening and reflection (5 mins)

Let's take 5 mins to talk about your child. Could you briefly describe the concerns that you would like to bring today. With your permission I will take some notes and then feed them back to you, so that I can make sure that I have understood the situation.

Possible questions to ask (3 – 5 mins)

What are the child's strengths upon which it might be possible to build?
What have you noticed that helps, if only for some of the time?
Describe the times when issue is less of a problem. What is different about those times?
Who else has been able to help? What did they do?
What has helped with similar difficulties in the past?

Generating solutions (3 - 5 mins)

Using all that skill you have to generate solutions!

Rating questions

Ask two rating questions about value of service and confidence to deal with issue.
Finish consultation.

Appendix 11: Participants Attending My Drop-in During Each Research Cycle

	Parent/Carer	Staff	Issues brought to drop-in
Research Cycle 1	2 (2 other sets of parents asked to speak with me about concerns regarding children's behaviour)	1	- Child telling lies; - sibling rivalry; - behaviour issues.
Research Cycle 2	10	3	- Child adult interaction and self stimulatory behaviour; - child anxiety; - behaviour issues; - SEN Code of Practice and inclusion; - Postnatal depression and attachment; - Developmental delay; - Sleep issues; - Impact of birthmark; - Baby signing; - Expressive language delay and behaviour; - Toddler tantrums x 2; - Separation anxiety; - Domestic violence;
Research Cycle 3	5	3	- Encouraging families to engage with services; - Toddler tantrums; - Positive behaviour management; - Behaviour issues and social isolation(on-going during drop-in); - Parental anxiety about returning to work; - Separation anxiety in child; - Selective mutism; - Implementing boundaries.

Appendix 12: Data and Themes Research Cycle 1

Action in chronological order (who & what)	Data Collection Tool	Analysis	Themes
Meeting Children's Centre (CC) manager and EPs	Audio tape of conversation, notes from discussion.	Thematic analysis.	Figure, p. 91 describes themes: Role of EP, Structure of drop-in, model of working, evaluation, community and insurance.
Meeting parent reference group and EPs	Interview Schedule (Appendix 3), research diary, notes from discussion.	Patterning	Figure 2, p. 97 & Appendix 3 list detail of themes: range of issues parents might bring, structure and timing of drop-in, advertising and evaluation
Meeting CC staff	Interview Schedule (Appendix 4), research diary, notes from discussion.	Patterning	Figure 2, p. 97 lists detail of themes: structure of drop- in, evaluation advertising (leaflet) and overcoming physical barriers of split site and child protection issues.
Reflective Meeting EPs	Data already collected as described above and research diary, discussion notes.	Patterning and collaborative reflection	To address themes that emerged as a result of data collected: structure of drop-in agreed including; solution focussed framework (Appendix 10), rating scale for evaluation (Appendix 5), leaflet (Appendix 1)
Drop-in carried out	Rating scale, research diary.	Quantitative - calculate average response to q.1-4.	P.100 -101 details quantitative responses. I noted that evaluation form felt uncomfortable to implement and displayed demand characteristics.
Reflective Meeting Children's Centre (CC) manager, including staff views, and EPs	Action research framework , p. 55, research diary and notes of discussion	Collaborative reflection of AR process	Themes that emerged: usefulness of drop-in, evaluation of drop-in (continue in present form), take-up and structure of drop-in (EPs to change model and move to groups), appropriateness of range of issues brought to drop-in by parents, publicity and advertising (leaflet too wordy).

Appendix 13: Data and Themes Research Cycle 2

Action in chronological order (who & what)	Data Collection Tool	Analysis	Themes
Drop-in carried out in playgroup	Research diary, rating scale for evaluation (Appendix 5),	Patterning, quantitative data – calculated average response to questions 1-4.	Professional drop-in, publicity, complexity of issues brought to drop-in, parents need to trust EPs to use the service, usefulness of rating scale.
Reflective meeting EPs.	AR framework and notes of discussion	Patterning and collaborative reflection and triangulation.	Rating scale lead to uncomfortable interaction. Development of evaluation form for group leaders (Appendix 6) – sent to CC for comment.
Drop-in carried out in baby social and library tots	Research diary, evaluation for group leaders (Appendix 6), p.123	Patterning, p.123 provides analysis of data qualitative and quantitative.	Range of issues brought to drop-in, in large group sometimes informal chats valuable –EP has to be adaptable. Timing of drop-in within a group (staff reflection) and professional drop-in.
Reflective Meeting EPs	AR framework, data collected as described above, research diary and notes of discussion.	Patterning and collaborative reflection	Success of new structure, increase in up-take of parents using service, usefulness of EPs being with groups of children meeting developmental milestones, quality of existing support for parents, other ways of working, e.g. home visits and checklist developed to address issue from staff reflection.
Reflective Meeting Children's Centre (CC) manager and EPs	AR framework, Research diary and notes of discussion	Collaborative reflection of AR process	Themes that emerged: usefulness of drop-in, staff and parents need to get to trust and know EP, increased take-up of service, use of checklist (described above), professional drop-in and consultation groups.

Appendix 14: Data and Themes Research Cycle 3

Action in chronological order (who & what)	Data Collection Tool	Analysis	Themes
Reflective meeting CC manager and Carol	AR framework, notes of discussion and research diary	Patterning, collaborative reflection	Consultation groups, EP role in capacity building in staff and collaborative practice
Drop-in carried out in playgroup and library tots	Research diary, evaluation for group leaders (Appendix 6), p. 123.	Patterning,	Value of practical support, parental engagement, value of social support for parents , value of EP being in group and support being available for parent in-situ.
Attending staff meeting	AR framework, notes of discussion and research diary	Patterning and collaborative reflection	Consultation groups and usefulness of drop-in.
Reflective meeting EPs.	AR framework,	Patterning and collaborative reflection.	Usefulness of checklist, factors affecting attendance at groups, evaluation forms and professional drop-in.
Attending Health Team meeting.	Research diary and notes of discussion	Collaborative reflection	Collaboration and multi-disciplinary working.
Videotape of feedback from CC manager, group leader and two parents.	List of questions (Appendix 7)	Transcript of video and collaborative reflection	Value of drop-in and EP in CC, collaboration and partnership, de-mystification of role of EP, having support and help in-situ.