

**A COLLECTION OF FOUR PROFESSIONAL PRACTICE REPORTS RELEVANT
TO THE ROLE OF A TRAINEE EDUCATIONAL PSYCHOLOGIST**

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A thesis submitted to The University of Birmingham

For the Degree of Applied Educational and Child Psychology Doctorate

Volume 2

**School of Education
The University of Birmingham**

June 2013

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CHAPTER 1

INTRODUCTION TO VOLUME 2

1.0 Introduction

This volume presents four accounts of professional practice that were undertaken during years two and three of the Applied Educational and Child Psychology Doctoral training programme at the University of Birmingham. The volume represents the second of two distinct volumes that combine to formulate a thesis. The first volume details a substantive piece of original research.

This volume comprises of four professional practice reports (PPRs). The volume is divided into five chapters. Chapter 1 offers an introduction to volume two. Chapters 2 to 5 consist of the four PPRs.

The PPRs endeavour to represent the breadth and depth of experience that has been acquired and, subsequent learning and development that has occurred during doctoral training and whilst working as an employed Trainee Educational Psychologist (TEP) in a Local Authority (LA) Psychology Service. The PPRs offer examples of small scale practitioner research. In addition, the PPRs present an account of my critical reflection regarding the research foci and in relation to the design of research and methodological challenges that occur when conducting practitioner research in 'real world' contexts.

This introductory chapter contextualises the professional practice and research by considering the LA context in which it was conducted. The chapter then provides a synopsis of the four PPRs with due regard to the suggested professional core competences of an applied psychologist (BPS, 2008).

1.1 Context

I commenced the three year professional training programme in Applied Child and Educational Psychology in September 2010. I completed two LA supervised placements in year one of the course. Both Local Authorities were located in the West Midlands with diverse population demographics. The first placement, Fieldwork A, was undertaken in a large urban city council that had organised services into centrally located multi-agency support teams (MASTs). The second placement, Fieldwork B, was completed in a metropolitan town borough council where services were organised around professional groups.

From September 2011 and for Years Two and Three of the professional training course, I returned to the LA where I conducted Fieldwork A as an employed TEP. The LA had re-deployed the MAST teams and the teams were no longer centrally based but based in Children and Family Centres in the locality that they served. The city is divided into eight different MAST areas. I worked in the team that supports a north easterly region of the city. I had the responsibility of supporting five educational settings that included children's centres, nurseries, primary schools and a secondary school.

The MASTs consist of the co-location and co-working of varying professionals including: Educational Psychologists (EPs), Behaviour and Mental Health workers (BaMHS), Area Special Educational Needs Co-ordinator (Area SENCo), Education Welfare Officers (EWO), Social Worker and Parent Support Advisor (PSA). The MAST is also integrated with other services including: Connexions, Positive Activities for Young People (PAYP), Equalities and Diversities Service, Youth Service and Youth Offending (YOT). The MASTs are also encouraged to work closely with Health professionals such as, Paediatricians, CAMHS and Speech and Language Therapists.

The city is diverse and multi-ethnic. Approximately 64.5 per cent of the population in the city described their ethnicity as white (English, Welsh, Scottish, Northern Irish or British) and the remaining 35.5 per cent described their ethnicity as Black, Asian and Minority Ethnic (BAME) (Census, 2011). The MAST area in which I worked and conducted the research, experiences a very high level of social and economic deprivation. Approximately 12 per cent of the child protection cases in the LA occur in the area where I worked. Approximately 17 per cent of the LAs Looked After Children (LAC) come from homes in the region where I worked.

1.2 Overview of Professional Practice Reports (PPRs)

The British Psychological Society (BPS) published generic professional practice guidelines in 2008. The guidelines offered that the role of an applied psychologist consists of five core competences or functions. The core competences include: assessment, formulation, intervention or implementation, evaluation and research and communication (BPS, 2008). The five core competences can be applied to work at various ecological levels such as the individual, group/team or organisation. Table 1.1 provides an overview of the four PPRs along with the associated primary ecological level involved and the core competencies that they demonstrate.

1.2.1 PPR1: A critical review of the assessment of development and need in the early years with reference to the role of educational psychologists

The early years or 'foundations years' have been increasingly accorded high political and financial priority. The growth and prominence of the concept of 'early intervention' has coincided with an increased emphasis on the early years. During the summer term of 2013 the LA announced a significant strategic restructure. The leadership of the social inclusion directorate was to be divided between two roles predicated on the age of the child or young person the services endeavoured to support. The plans entailed dividing the leadership and introducing a head of service for 0-5 years and another for 5-18+ years. This change along with the historical senior role for EPs who specialise in early years, stimulated an interest in exploring why the early years are regarded as significant and distinct. The PPR critical explores this question and adopts a focus on assessment.

Table 1.1 Overview of the four PPRs

Professional practice report	Summary	ecological level	Core functions
PPR1: A critical review of the assessment of development and need in the early years with reference to the role of educational psychologists	Critical literature review of assessing development and need in the early years with implications for the role of an EP.	Individual children	Assessment Communication
PPR2: Solution focused brief therapy (SFBT) for disaffected secondary school students in key stage 4: a case study example	<p>The PPR considers how 'disaffection' and 'at risk of exclusion' is conceptualised. The literature review then explores SFBT and the rationale for use in schools.</p> <p>The procedure used in the SFBT intervention is outlined along with a description of the case example. Evaluation of the effectiveness of the intervention is considered with the implications for EP practice.</p>	Individual young people	Formulation Intervention or implementation Evaluation Communication
PPR3: Circle of Adults: a group approach to facilitating teachers' problem-solving in relation to supporting pupils' with additional social, emotional and behavioural needs	<p>The PPR explores additional need and inclusive schooling and the role of EPs to support staff in schools. The literature review also discusses consultation and the use of consultation groups in schools/</p> <p>The Circle of Adults (CoA) approach used to facilitate collaborative problem-solving is described. The intervention is evaluated based on the teachers perception change(s) and practical considerations for the role of an EP are discussed.</p>	School Professional groups	Intervention or implementation Evaluation Communication
PPR4: Harmful sexual behaviour: a socio-cultural analysis of the developing policy and practice for educational psychologists in one local authority	<p>Critical review of the construction of childhood sexuality following by an exploration of the construct harmful sexual behaviour. The review is framed by reference to national and local contexts.</p> <p>Socio-cultural activity theory was utilised as a conceptual framework to explore the developing practice and policy related to supporting children and young people who have engaged in HSB in one local authority.</p>	Local Authority Professional groups	Evaluation and research Communication

1.2.2 PPR2: Solution focused brief therapy (SFBT) for disaffected secondary school students in key stage 4: a case study example

Arguably, the role of and EP has been pivotal in promoting the philosophy of social inclusion (MacKay, 2010). The LA in which I was employed adopted a zero approach to permanent school exclusions. During the first EP planning meeting with the secondary school that I supported, the pastoral lead for the school requested support with a number of key stage four students who appeared 'disaffected' with school. I worked closely in partnership with the school to clarify their definition of 'disaffected' and to select pupils' who demonstrated readiness for positive change and who may be willing to participate in a therapeutic intervention. The PPR explores the use of solution focused brief therapy (SFBT) and discusses the use of targeted monitoring and evaluation (TME) (Dunsmir et al., 2009) as a method to evaluate impact. Finally, the PPR critically discussed EPs implementation of individual therapeutic sessions.

1.2.3 PPR3: Circle of Adults: a group approach to facilitating teachers' problem-solving in relation to supporting pupils' with additional social, emotional and behavioural needs

Research has indicated that the identification of special educational needs (SEN) is increasing (SENCO Update, 2010; Ofsted, 2010). In spite of this, the DfE (2011) acknowledge gaps in the support and training for teachers regarding SEN and managing behaviour. During an EP planning meeting with one of the primary schools that I supported, the head teacher and SENCo highlighted concern regarding the apparent increase in children displaying social, emotional and behavioural needs. The Head teacher requested staff support and systemic development in relation to

the identified need. Arguably, there has been a developing consultancy role within the EP profession (Wright, 1990) that has resulted in EPs indirectly supporting a larger number of pupils through working directly with the adults who support them. The PPR explored the implementation and evaluation of a newly developing consultative problem-solving approach, Circle of Adults (Wilson and Newton, 2006), with seven teachers from the primary school. The findings demonstrate teachers' perception change post intervention and are discussed with reference to the role of EP.

1.2.4 PPR4: Harmful sexual behaviour: a socio-cultural analysis of the developing policy and practice for educational psychologists in one local authority

The PPR was prompted by regional changes to the support offered for children and young people who have engaged in harmful sexual behaviour (HSB). In 2011 the NSPCC withdrew the service of offering direct support for children and young people who had engaged in HSB. The LA responded by developing a draft service protocol that involved EPs and Social Workers 'co-working' HSB cases and offering direct support. The PPR4 explores EPs perspectives on the developing LA policy and practice. The research utilised socio-cultural activity theory as a conceptual framework to explore, understand and analyse perceptions. EPs in the LA were interviewed and contradictions within the activity system were identified. The contradictions offered potentials for learning and informed subsequent recommendations to facilitate developmental change and improve future working practices.

1.3 Conclusions

The PPRs endeavour to offer examples of practitioner research that offers an original contribution to knowledge. The four accounts attempt to demonstrate the application of psychology to promote positive change in a range of ecological levels. The foci for the PPRs were collaboratively negotiated with stakeholders and were determined by awareness of need in the LA context. The small scale research examples of professional practice were conducted in a multi-agency context. The PPRs delineate a distinctive role for EPs and offer support for the assertion that EPs can offer a unique contribution through 'evidence-based practice' (Cameron, 2006).

The PPRs illustrate my interests in consultation, assessment, therapeutic approaches and policy development. The PPRs afforded an opportunity to develop theoretically grounded knowledge, critical thinking and reflexivity that has supported and will continue to promote the on-going development of my professional practice skills.

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CHAPTER 2

PPR1: A CRITICAL REVIEW OF THE ASSESSMENT OF DEVELOPMENT AND NEED IN THE EARLY YEARS WITH REFERENCE TO THE ROLE OF EDUCATIONAL PSYCHOLOGISTS

ABSTRACT

The early years have been afforded increasing political, social and economic attention and have been referred to as the 'Foundation Years' (Field, 2010). This paper offers a critical review of how development and need is assessed in the early years. Firstly, the review explores the national context in relation to the early years and considers contemporary high profile reviews commissioned by the Government (Nutbrown, 2012; Tickell, 2011; Allen, 2011 and Field, 2010). The assertions in the reviews are critically appraised with reference to Government policy. This paper moves beyond a focus on the amount of provision and illuminates the role of assessment in promoting high quality early years provision. The construct of assessment in education is broadly discussed with specific interrogation of summative and formative assessment. The need to acknowledge and reflect on the values, principles and theoretical underpinnings of assessment is asserted. Specifically, assessment in the early years is considered with particular reference to the role of parents and carers and the importance of the 'voice of the child'. The latter part of the review discusses the role of Educational Psychologists (EP) to provide systemic support to develop the process of effective assessment in early years

settings and then, explores the use of individual psychological assessment. The review concludes with critical reflections for future EP practice.

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2.0 Introduction

2.1 Remit of the professional practice report (PPR)

This research was promoted by an organisational restructure in the Local Authority (LA) in which I am employed as a Trainee Educational Psychologist. During the summer term of 2013 the LA announced a significant strategic restructure. The social inclusion directorate is to be renamed Early Intervention Services. The Early Intervention Services directorate includes professionals from Educational Psychology, Education Welfare, Area Special Educational Needs Coordinators (SENCo), Behaviour and Mental Health Support (BaMHS), Parent Support Advisors and Children's Centres. The leadership of the Early Intervention Services will be divided and predicated on the age of the child or young person the services endeavour to support. The plans entail introducing a head of service for 0-5 years and another for 5-18+ years.

The organisational restructure along with the historical senior role for EPs who specialise in early years, stimulated an interest in exploring why the early years are regarded as significant and distinct. The PPR aims to critically explore this question. The PPR additionally aims to explore recent developments in thinking and consider the differing perspectives in relation to the early years, with reference to Government policy. The PPR adopts a specific focus on the assessment of development and need in the early years and endeavours to go beyond debates regarding the quantity

of provision to discuss the role of assessment as one method of improving the quality of early years provision.

2.2 The national context

The early years have been accorded increasing levels of political, social and economic attention. Internationally, there has been a “revolutionary and unprecedented” focus on the early years (Tickell, 2011, p.4). The term early years is used to refer to children from birth to five years or the end of the academic year the child turns five (DfE, 2013b). Although some argue that the period should be extended to include pregnancy (Field, 2010). Growing impetus has been bestowed upon the early years in conjunction with an apparent shift in conceptualisation. The early years appear to be increasingly constructed as an “instrument of social transformation that holds the key to creating a better society, and meeting both social and economic goals” (Brooker, 2007, p.7).

Field (2010) urged for the greater national and local prominence of the early years and recommended that the term ‘Foundation Years’ should be adopted. The term ‘Foundation Years’ signifies the importance placed upon the early years and suggests that it provides a template for the future. Field (2010) suggested a tripartite education system that affords equal status and importance to the Foundations Years as to primary and secondary education. Tickell (2011) discussed how appropriate support can provide a ‘bedrock’ that enables future development. Allen (2011, p.6)

argued that this foundation promotes a 'virtuous circle' that prepares citizens for school, work, parenthood and life. He asserted that,

“many of the costly and damaging social problems in society are created because we are not giving our children the right type of support in their earliest years, when they should achieve their most rapid development. If we do not provide that help early enough, then it is often too late” (Allen, 2011, p.xii).

It is important not to be seduced into the acceptance of a fatalistic view of the early years. However, research has demonstrated that appropriate support in the early years positively influences “learning, educational attainment, economic participation and health” (Tickell, 2011, p.4). The current Government reiterated the importance of the early years and published the second version of the Early Years Foundation Stage (EYFS) statutory framework in 2012 in an endeavour to set “the standards for the development, learning and care of children from birth to five” (DfE, 2012a).

In conjunction with an increased focus on the early years, there has been an emerging prominence of the concept of early intervention. The issue can be somewhat clouded by the interchangeable use of the terms early years and early intervention and, on occasion, early intervention is erroneously attributed solely to intervention in the early years. Field (2010) offered that the most cost effective way to support families is in the earliest years of a child's life. There has been additional investment in early education. From September 2010, the Government increased the free entitlement to early education for all 3 to 4 year olds from 12.5 hours to 15 hours a week (DfE, 2010).

Field (2010, p.5) highlighted the social injustice that “children from poorer backgrounds do worse cognitively and behaviourally than those from more affluent homes”. This raises key questions regarding the equality of opportunity. The Effective Provision for Preschool Education (EPPE) Project (DfES, 2004) contended that children, who experience disadvantage benefit from good quality pre-school experiences and that such experience can, to some degree, combat social exclusion and reduce special educational needs (SEN). Moreover, Tickell (2011) argued that intervention in the early years can narrow the gap between children who experience disadvantage and those who do not. The DfE (2012b) extended the free entitlement from September 2013 to include 15 hours of early education for around twenty per cent of the least advantaged two year olds. However, ‘intervention’ to prevent poor children from becoming poor adults needs to extend beyond increased access to early education and towards providing high quality, integrated services aimed at supporting children and families (Field, 2010). Furthermore, Allen (2011, p.xiv) asserted that there is still relatively scarce expenditure on early intervention in the early years compared to later interventions. He argued that a culture of late intervention is ineffective and expensive (Allen, 2011).

Despite some contemporary investment in early education, the early years do not appear to have escaped the current climate of economic austerity. The closure of some Sure Start Children’s Centres whose purpose has a particular focus on improving outcomes for children and families who experience disadvantage, directly conflicts with the apparently accepted view of the importance of the early foundation years and endeavours to promote equal opportunity. In addition, the Government

have recently raised concerns regarding the affordability and availability of child care and stated that “childcare providers are struggling in these tough economic times” (DfE, 2013b). An apparent strain on the availability of childcare may have been affected by the increased free entitlement and the variable and contested level that is paid by the LA; and disproportionate investment in the establishment of additional early years settings to satisfy the demand. However, the Government has responded by outlining proposals to increase the maximum legal ratios of children to adults in early years provision (see Figure 2.1).

Figure 2.1

Provider	Nurseries			
Age	Under 1	1	2	3+
England (current ratios)	1:3	1:3	1:4	1:8 or 1:13
England (proposed ratios where there are high quality staff)	1:4	1:4	1:6	1:8 or 1:13
Netherlands	1:4	1:5	1:6	1:8
France	1:5	1:8	1:8 or 1:12	1:8 or 1:26
Ireland	1:3	1:5	1:6 or 1:11	1:8 or 1:11
Denmark	None	None	None	None
Germany	None	None	None	None
Sweden	None	None	None	None

Source: DfE obtained figures by a bespoke survey of 15 OECD countries (fieldwork carried out in 2012).

Notes:

England - Over-3s ratio is 1:13 if led by a teacher.

France - Ratios vary by provider type: crèches (1:5 children who cannot walk and 1:8 children who can walk); jardins d'éveil (1:12 children between two and three years old); kindergartens and pre-schools (1:26 children aged three to compulsory schooling, where led by a teacher)

Ireland - In sessional pre-school provision the staff:child ratio is 1:11 for children aged 2.5 years to six years. In full/part time daycare provision the ratio is 1:6 for two year olds and 1:8 for three to six year olds

Germany - although there are no national mandatory staff: child ratios, individual Länder (regions) are free to set their own regulations.

Figure 2.1: Nursery staff child ratios (DfE, 2013b)

The acknowledged importance of the early years has illuminated a need to focus on improving the quality of early education and childcare. Cathy Nutbrown conducted a review of the early education and childcare qualifications for the Government (Nutbrown, 2012). She asserted that quality early years provision is characterised by “staff with the necessary skills, knowledge and understanding” (Nutbrown, 2012). Nutbrown argued that this could be achieved by strengthening the level 3 qualification by ensuring that training includes,

“more child development and play, more on special educational needs and disability, and more on inclusivity and diversity, and also that qualifications focus on the birth to seven age range” (Nutbrown, 2012, p.6).

She additionally recommended a ‘minimum standard’ that all staff working in the early years foundation should be qualified to Level 3 standard by September 2022.

The emphasis on the importance of high quality early years provision has resulted in the increased focus on the role of assessment and the tracking of children’s progress. Allen (2011, p.54) referred to the “regular and effective assessment of 0-5 years olds” as “crucial”. There is a compulsory obligation for early years providers to supply information regarding a child’s achievement at the end of the EYFS by providing a summary of the child’s Early Years Foundation Stage Profile (EYFSP) at 5 years old (DfE, 2013a). Providers are required to assess children’s attainment in relation to seventeen early learning goal (ELG) descriptors (see Appendix one) in the identified prime learning areas of: communication and language, physical development and personal, social and emotional development; and the specific areas of learning: literacy, mathematics, understanding the world and expressive arts and design. The EYFSP also requires narrative accounts of children’s learning

characteristics: playing and exploring, active learning and creating and thinking critically. In addition, providers are also required to supply parents and carers with a progress check at between 2 and 3 years old (DfE, 2012c). The progress check is intended to chart personal, social and emotional development, physical development and communication and language (DfE, 2012c). Field (2010, p.8) afforded a key role to Local Authorities (LA) and suggested the need to “pool data and track the children most in need” to assess the impact of support services.

2.3 Literature Review

Firstly, the literature review offers a brief consideration of the concept of assessment in education. Formative and summative forms of assessment are explicitly explored along with the associated function(s) and purpose(s) of assessment. The review then adopts a specific focus on assessment in the early years and offers a critical perspective on the associated issues. Finally, the potential role of an Educational Psychologist (EP) to conduct both systemic development and individual psychological assessment, to support the effective assessment of children in the early years is elucidated.

2.4 Assessment

Hargreaves (1989) highlighted a paradigm shift within education from the 1980s and referenced an era of ‘assessment led education’. Assessment has been regarded as an integral part of educational practice and supporting children’s development

(Percival, 2010; Sayeed and Guerin, 2000). Furthermore, Drummond (1993, p.60) asserted that, “the process of assessing children’s learning- by looking closely at it and striving to understand it- is the only certain safeguard against children’s failure, the only certain guarantee of children’s progress and development”. These sentiments have been reinforced by the Governments Indicative Draft SEN Code of Practice (CoP) (0-25years) (DfE, 2013c). The Indicative Draft SEN CoP (DfE, 2013c, p.33) states that,

“It is vital to identify quickly and accurately where children and young people have SEN that requires additional support so that this can be put in place. All teachers need to be equipped to teach children and young people with a diverse range of need. Early years providers, schools and colleges should plan their staff training, development and support to ensure all teachers are able to do this. Taking this approach should ensure a focus on the quality of teaching for all children and young people and on the development and evaluation of different approaches to meet the needs of individual children and young people within the early years provision, school or college”

2.4.1 Types of assessment

A plethora of literature exists regarding the distinction between formative and summative types of assessment. Lambert and Lines (2000) suggested that these two types of assessment have divergent purposes. Table 2.1 provides an overview of the pertinent differences between formative and summative assessment.

Kelly (1992) argued that formative assessment adopts a strengths based approach and is a method of identifying what a child can do and providing information regarding how provision can be shaped to assist further progress. Formative assessment is a continuous process that informs flexible and responsive provision, which provides the optimum challenge for children (Percival, 2010). Black and Wiliam

(1998) argued that formative assessment can raise standards of pupil achievement but conceded that formative assessment methods are still not readily used in classrooms.

Table 2.1: Distinctions between formative and summative assessment (Harrison and Howard, 2009, p.28)

Formative assessment	Summative assessment
Mainly about improvement	Mainly about accountability
Looks forward	Looks backwards
Favours descriptive feedback	Favours tests and scores
Informs on quality	Samples knowledge
Can lead to improvements in learning	If overused, can have a negative impact

In contrast, summative assessment records the overall achievement of the child (Kelly, 1992). Linfield and Warwick (2003, p.117) contended that summative assessment provides a “snap-shot of a child’s achievement and abilities at a particular stage”. They referred to formative assessment as assessment *for* learning and to summative assessment as assessment *of* learning.

2.4.2 The functions and purposes of assessment

Frederickson and Cameron (1999, p.5) identified that assessment should involve the following features:

- assessment is purposeful
- assessment involves a process
- assessment identifies strengths as well as needs/difficulties

- assessment is hypothesis driven
- assessment includes both the learner and the learning environment

Percival (2010) discussed the need to ensure that assessment is purposeful. She referred Nutbrown's (2006) three broad purposes of assessment as relating to:

- Assessment for management and accountability: assessment may be used to ensure equity of practice and delivery of social policy imperatives
- Assessment for research: assessment to discover information in relation to practice and its impact on all those involved.
- Assessment for teaching and learning: assessment to celebrate children's learning and so practitioners can select what they might teach next and how they might teach it.

Frederickson and Cameron (1999) highlighted the value of reflexivity and argued that assessment approaches or techniques must be evaluated with regard to the purposes for which they are being used. They particularly emphasised the imperative to view assessment as a process and asserted that assessment methods are a means to an end and not an end in themselves.

2.4.3 The theoretical underpinnings and principles that inform assessment

Percival (2010) contended that the values, principles and theoretical position adopted in assessment must reflect the values and principles that influence practitioner's wider work. In addition, Percival (2010) suggested that what practitioners attend to, which ultimately informs assessments, is mediated by values, principles and the

theoretical position that the practitioner subscribes to. Table 2.2 offers a brief overview of three theoretical positions and summarises the implicit values and principles in relation to the child, practitioner and assessment. Howard and Harrison (2009, p.27-28) highlighted the importance of continually reflecting on “how assessment practices affect the learning process, both directly by what teachers choose to do and indirectly through the messages these approaches leave with our children about what we value in learning”.

Hurst and Lally (1992) argued that assessment has a pivotal role in order to ensure equality of opportunity to learning. Boxer et al., (1998) discussed the importance of an equal opportunities perspective on assessment and suggested that assessment should provide the best opportunity for children to demonstrate their achievements and understandings. In addition, Boxer et al., (1998) acknowledged the imperative for assessment to be sensitive to multi-cultural and bilingual assessment issues. Information about a child’s progress can be reviewed against the appropriateness of the provision provided and support can be tailored accordingly to meet the child’s needs to ensure equality of opportunity (Hurst and Lally, 1992).

Table 2.2 Comparing theoretical positions and the implicit values and principles (adapted from Percival, 2010, p.26-27)

Position	View of the child	Practitioner approach	Assessment
<p>‘Conforming’ position (e.g. behaviourism)</p> <p>Culture determines learning: behaviour is shaped so that children can conform.</p>	<p>Starts off unknowing, uninitiated, liable to become bored. Compliant, ready and willing to learn if appropriately motivated, the rules are clear and the rewards/sanctions consistently applied.</p>	<p>Direct the learning through carefully applied programmes with clearly stated goals that can be monitored and measured. Refine, remodel and prepare the child to ‘fit in’.</p>	<p>Measure what has been taught, perhaps to the exclusion of other aspects of development and learning. Assessment tasks are designed to complement the instructional programme and can be standardised across all learners. Accountability comes through standardisation and measurability?</p>
<p>‘Reforming’ position (e.g. constructivism)</p> <p>The interaction between nature and culture enables thinking to be reformed and improved as the child progresses through stages of development.</p>	<p>Learns through the senses as a social being. Builds own understanding but this can be shaped by interaction through and with the physical and social environment. Competent at each stage of development with the propensity to see themselves as active learners.</p>	<p>Carefully design the environment so that children can learn by doing, using open ended materials and play. Focus on intellectual performance as an indicator of well-being. Facilitate creative thinking. Learning possibilities are identified.</p>	<p>Observes and reflects on how the child operates in the environment (context) provided. Assessment systems are designed to capture the child’s interests and dispositions along with the learning process, not just the end product. Curriculum development and assessment opportunities are interwoven and evolve. Accountability comes through the practitioner knowledge of developmental ages and stages and/or the prevailing national policy framework.</p>

**'Transforming' position
(e.g. postmodern, social
constructionalism)**

**Learning can only be
understood within and
through the context in which
it occurs. Understanding and
relationships are transformed
and reconstructed through
situated interaction.**

Development implies the child is less formed than the adult, instead the child is seen as a meaning maker, a contributor and influencer from birth. Learning takes place in and through race, gender and class. As social beings, the collective learning is as relevant as the personal learning.

Attention is paid to the values and power relations. Differences are not only acknowledged but explored because learning is 'situated' in different places and times. Planning centres on equity and what is just, and is based on the dynamics of the group as well as children's interests and the collaboratively constructed curriculum.

Is a process shared by practitioners, parents and carers and the child. Responsibility is taken to ensure that the assessment systems capture how children learn in and through their culture, gender, race and disability. Ages and stages (norms) are seen as cultural tools with a limited use for some settings. Accountability comes through:

- active participation, the documentation and relationships of those involved.
 - the application of detailed knowledge of pedagogy across a range of domains of care learning and development along with the prevailing national policy framework.
-

2.5 Assessment in the early years

Newton (1988) suggested that in order to conduct assessment in the early years, professionals need to adopt a variety of methods to gain a holistic and meaningful understanding of the child. Newton (1988, p.36) commented that,

“If we truly want to understand preschool children we must enter their world to discover the meaning of their behaviour and the context of their social interaction. We must set out to empathetically understand them by drawing on direct subjective experience of the child's situation, combined with the evidence produced by systematic observation, careful questioning of those most involved in the situation, plus some form of direct involvement with the child in their natural environment”

The Early Years Learning and Development Literature Review (DfCSF, 2009) asserted that on-going formative assessment should be at the heart of early years practice in providing a supportive and stimulating learning environment for every child. Tickell (2011, p.30) argued that, “in practice this should mean paying attention to what children enjoy and how they respond to different things, then using this knowledge to provide an enjoyable and stimulating environment that helps to extend children’s development and learning”. However, the DfCSF (2009) acknowledged the necessity for professional development and training for early years practitioners and requisite liaison with external agencies regarding the development of effective formative assessment.

There is more debate regarding the use of summative assessment in the early years (Tickell, 2011). As previously discussed, the EYFS statutory framework obligates the summative assessment of children between 2 to 3 years and at 5 years. Linfield and

Warwick (2009) acknowledged the need for occasional summative assessment in the early years as a means of providing a 'check' on the impact of formative assessment. The use of assessment in education is a debated and contentious issue. Kelly (1992, p.4) warned against an inordinate emphasis on assessment and contended that that educational testing is a highly complex process and "can be regarded as a measurement only in the remotest of metaphorical senses". Harrison and Howard (2009) suggested that overuse of tests and the associated preparation time can reduce valuable learning time.

Some early years practitioners have voiced concerns that assessment is "too burdensome and gets in the way of practitioners' ability to work closely with children" (Tickell, 2011, p.39). In particular, Blenkin (1992) cautioned against an overemphasis on summative forms of assessment in the early years of schooling, citing concerns regarding the often rapidly changing development of children during this period. However, children in the early years often experience changes in setting. Some practitioners argued for increased assessment and information sharing to support, what can be, difficult transitions (Tickell, 2011).

2.5.1 The role of parents and carers in the assessment process

The current Government has argued for the need to increase parental power and choice in relation to education (DfE, 2011). The EYFS encourages practitioners to consult with parents and carers and to share parents' knowledge and expertise regarding their child's development so that this can be used when planning learning activities (Tickell, 2011).

Linfield and Warwick (2003. p.133) suggested that “discussion holds the key to much effective assessment”.

The EPPE Project (DfES, 2004, p.37) findings stated that best practice settings “kept good records and engaged with parents about their child’s progress on a weekly or monthly basis”. Moreover, involvement in and sharing of assessment served to promote parental involvement and engagement with settings (DfES, 2004). However, the DfCSF (2009) reinforced that partnership with parents should not be based solely on the assessment of children’s development or the statutory responsibility to report progress.

2.5.2 The voice of the child

International legislation such as, the United Nations (UN) Convention on the rights of the child (1989) enshrine the right for children capable of forming their views to express those views freely. National legislation such as, the Children Act (1989) further reinforced this necessity and extend the sentiment by asserting that, children with sufficient understanding and ability to express their views should participate in the assessment process. Furthermore, Kelly (1992, p.6) asserted that “assessment is of personal experience and not merely individual progress”. Although the EYFS framework recognises the need to obtain the ‘child’s voice’, in practice this does not necessarily occur in a meaningful way due to the potential difficulties associated with consulting young children. However, arguably assessments that neglect the ‘voice of the child’ may be regarded as oppressive.

2.6 The role of Educational Psychologists (EPs)

The Indicative Draft SEN CoP (DfE, 2013c, p.39) explicitly delineates a role for EPs in the early years. It states that EPs have a role in supporting families and children by “answering questions, discussing communication, clarifying needs, and offering practical support”. EPs are also afforded responsibility to provide psychological advice for Education Health and Care plans (DfE, 2013c). In addition, the Indicative Draft SEN CoP highlights a systemic role for EPs to provide advice for settings and contribute towards staff development (DfE, 2013c). Furthermore, the Support and Aspiration green paper (DfE, 2011, p.104) acknowledged the value of EPs in making a “significant contribution to enabling children and young people to make progress with learning, behaviour and social relationships”.

2.6.1 Consultancy and systemic development in early years

There is a growing acknowledgment of a consultancy role for EPs to effect positive change for children by working indirectly with the adults who support them (Wright, 1990). The emerging consultancy role for EPs may have been the result of a number of factors. Monsen et al., (1998) argued that the effectiveness of an EP is increased when EPs engage in systemic development as opposed to conducting work with individual children. This point may be particularly pertinent in an economic climate of austerity and when EPs are required to evidence their effectiveness. Further saliency is offered by the apparent increasing number of children being identified as experiencing SEN (Ofsted, 2010) and mental health difficulties (Baxter and Frederickson, 2005). In addition, with

specific reference to assessment, teachers are required to conduct progressively more curriculum based assessment and consequently have more assessment information regarding each child (Frederickson et al., 1991). There has also been a growing unease in the EP profession regarding traditional IQ testing and the implied notions that individual testing infers that 'something is wrong with the child'. Campion (2007) also discussed EPs apparent desire to avoid labelling children and, by association, reluctance to complete individual assessment due to potential unintentional outcomes of categorisation and labelling.

Dearden (1994) reinforced the valuable role of an EP in delivering training. Fallon et al., (2010, p.4) described EPs as “fundamentally scientist-practitioners” who can apply their psychological knowledge and skills for the benefit of children. Professional development for early years practitioners can promote understanding of child development and need and can empower practitioners to sensitively and effectively respond to the needs of the child. Moreover, training can focus on developing practitioners’ formative assessment skills and can support practitioner’s critical reflection.

MacKay (2010, p.250) asserted that Educational Psychology is a research based profession driven by the coherent values of “social justice in dealing with special educational needs, socio-economic disadvantage and the interests of those who are marginalised in society”. Furthermore, in the context of assessment EPs can offer support to fulfil Nutbrown’s (2006) acknowledged purpose of assessment in ensuring equity of practice and delivery of social imperatives.

EPs endeavour to understand and triangulate the sometimes differing perceptions that family, school staff and other professionals bring (Cameron, 2006). EPs gather and triangulate information from multiple sources and can offer provide a bridge between home and school. Newton (1988, p.36) argued that EPs skills in “agreeing and negotiating a shared view about the child and his world” can be the most significant contribution of an external agent.

EPs adopt a child-centred approach that advocates for the child’s voice (Gersch, 2004) and challenges oppressive practice. Roller (1998) offered that EPs are in a position to facilitate the greater involvement of children and EPs can support settings to gather the views or the ‘voice of the child’ in a meaningful manner that supports participatory education. Hart (1992) described a participation ladder escalating to ‘real participation’ that is characterised by child-initiated, adult shared decisions.

EPs can offer a distinctive contribution through the application of psychology and by conducting: direct work with children and young people; direct supportive work with families; and work in schools and other educational settings to develop the skills of practitioners and other professionals working with children (DfE, 2011). Therefore, EPs provide value by providing systemic development and by conducting direct individual work with children.

2.6.2 Psychological assessment in early years

Campion (2007, p.38) warned against undervaluing the benefits of individual psychological assessment and stated that it provides “a unique contribution to the overall picture of the child, and one which cannot be replaced by other procedures”. Campion (2007) also asserted that psychological assessment can be a means of supporting children to overcome difficulties and thus improving access to learning opportunities. Freeman and Miller (2001, p.3) contended that despite the controversy, individual psychological assessment has “survived seemingly as strong as ever”.

Freeman and Miller (2001, p.4) described EP assessment as an,

“ongoing endeavour in which methods and purposes change and develop, influenced by the prevailing values and legislative framework of the time, by individual experience and preference, and by practical constraints”.

Newton (1988, p.35) argued that essentially EPs involved in pre-school assessment set out to “find out about and understand a child's functioning, learning skills, behaviour and general development in relationship to the adults and children in his life, with a view to facilitating or improving these”. Professional bodies such as The British Psychological Society (BPS) (BPS, 2008) and the BPS Division of Educational and Child Psychology (DECP) (BPS, 2002) have published guidelines in relation to assessment (see Figure 2.2 and 2.3).

Figure 2.2

1. Assessment

Assessment of psychological processes and behaviour is derived from the theory and practice of both academic and applied psychology. It is different from other activities such as diagnosis and includes both assessing change and stability and comparison with others. Assessment procedures include:

- the development and use of psychometric tests in best-practice ways;
- the application of systematic observation and measurement of behaviour in a range of contexts and settings;
- devising structured assessment strategies for individual clients, teams and organizations; and
- the use of a range of interview processes with clients, carers and other professionals.

Results of these assessments are integrated within the context of the historical, dynamic and developmental processes that will have shaped an individual, family, group or organisation as well as future aspirations or needs. Applied psychologists have the ability to assess the suitability of different measurement procedures depending on the purpose for which the assessment is needed, as well as being competent to devise and use context-specific procedures.

Figure 2.2: *BPS (2008) generic professional practice guidelines for psychological assessment*

Boxer et al., (1998) argued that EP assessment should be underpinned by the following:

- Assessment in a familiar and supportive context
- Assessment through intervention
- Holistic assessment
- Assessment as a collaborative process.

Figure 2.3

- When working with young people educational psychologists should base assessment, intervention and advice offered on the fullest and most accurate information that is available. They should consult as widely as possible with other people who know the young person concerned within their limits with regard to confidentiality and consent.
- In assessment, educational psychologists should endeavour to use the means of communication which is the most accessible to the young person concerned, given his/her cultural background, preferred language and level of understanding.
- Educational psychologists should make assessment as objective as possible. They should also make clear the sources on which the assessment is based and make known the limitations of any assessment, for example:
 - (i) If assessment is carried out outside the young person's familiar surroundings (e.g. in a office or a clinic) or in a restricted sample of settings, generalisations should not be made from such observations to current or future learning and behaviour in school or in the home.
 - (ii) generalisations should also be restricted if assessment is not carried out in the young person's first language or via a third party such as an interpreter.
 - Educational psychologists should only use those forms of assessment in which they are competent (unless they are receiving appropriate supervision) and only when these are judged to be in the young person's best interests.
 - The educational psychologist should present as full and objective an account as possible of information gathered. Others involved (e.g. parents) should be assisted in putting forward their own views. If these views differ from the views of the educational psychologist, the nature of any differences should be made clear. However, the educational psychologist should not seek to impose his/her own views. In any reporting of differences to a third party, the educational psychologist should make every effort to articulate these in an unbiased manner.

Figure 2.3: *BPS (2002, p.16) professional practices guidelines for EP assessment*

2.6.2 (i) Frameworks for psychological assessment

Frederickson and Cameron (1999, p.10) acknowledged the need for EPs to use a framework for psychological assessment which allows "practising educational psychologists and teachers to move from a systematic examination of human problems

to an enhanced understanding of the nature of such problems and finally to carefully select strategies for their proper management". The DECP (BPS, 1999) proposed a framework for psychological assessment (see Figure 2.4). The framework represents the notion that assessment is a process. Psychological theory and research is construed as underpinning the construction of hypotheses that inform intervention planning.

Frederickson et al., (1991) argued that EP assessment needs to go beyond describing a child's strengths and difficulties to formulating and testing hypotheses as to why the child experiences patterns of strengths and difficulties. They proposed that EPs can offer a distinct contribution by devising a broad range of hypotheses based on psychological theory and research and related to the various ecological levels that influence a child.

The method cycle that frames the model offers a range of activities that can be embarked upon to aid problem-solving. The framework additionally contextualises assessment by highlighting the influence of ethics, equality of opportunity, politics and values. Alternative problem-analysis frameworks have also been published (Monsen et al., 1998 and 2008; Woolfson et al., 2003) (see Appendix two and three).

Figure 2.4

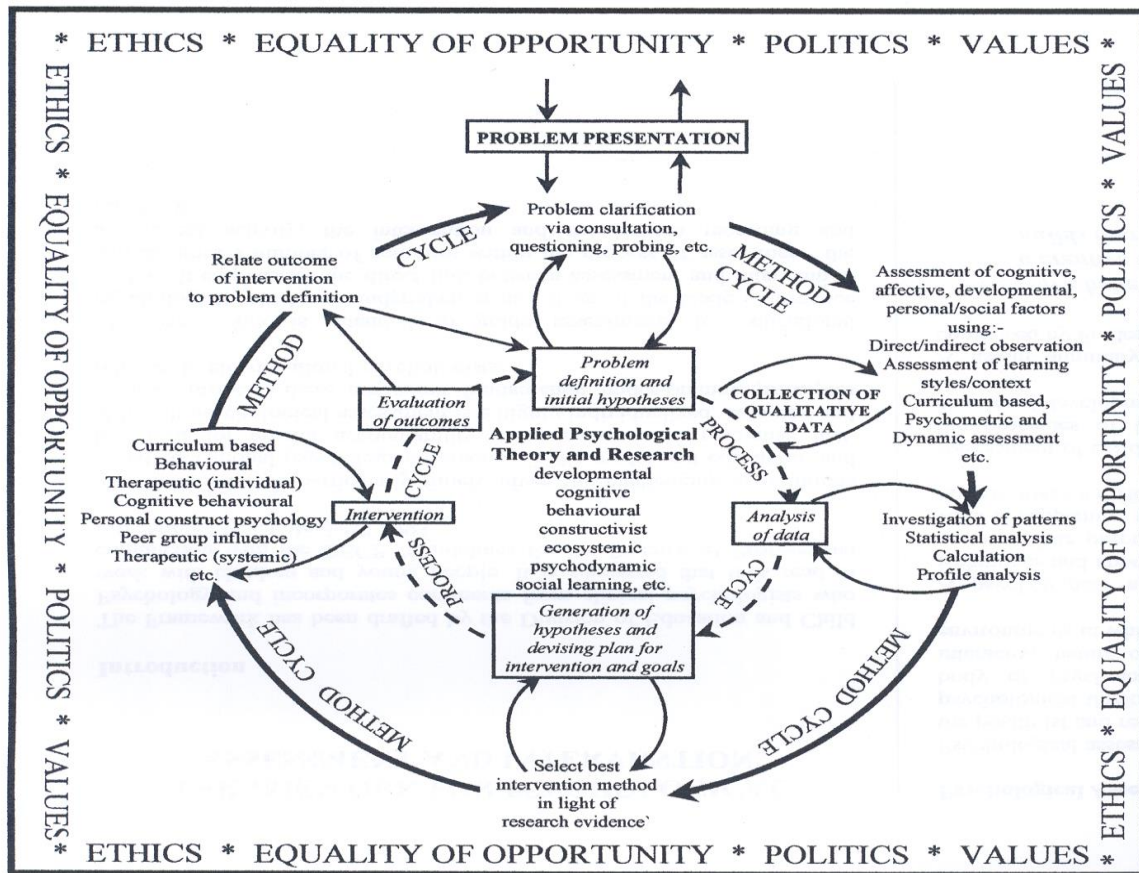


Figure 2.4: Framework for psychological assessment and intervention (BPS, 1999)

2.6.2 (ii) Assessment paradigms used in psychological assessment

Freeman and Miller (2001) argued that assessment methods based on prominent EP assessment paradigms, criterion-referenced, norm-referenced and dynamic, present taxonomy of purposes. In-depth discussion of assessment methods and paradigms is unfortunately beyond the scope of this paper. Briefly criterion-referenced relates to judging a child's performance against a set criteria or mastery of a specific criterion; norm-referenced assessment involves comparing the child's performance to that of other

children (Lambert and Lines, 2000); and dynamic assessment involves the assessment of the child's cognitive functions and the level of support and mediation that is required to provide appropriate learning opportunities (Deutsch and Reynolds, 2000).

Freeman and Miller (2001) investigated the perception of SENCOs, one major audience of EP assessment reports, in one Local Education Authority (now LA) by surveying their views regarding the usefulness of five types of information produced each by norm-referenced, criterion-referenced and dynamic approaches to assessment. The usefulness was ranked in relation to providing an understanding of the child and as a means of informing provision. All 125 SENCOs employed by the LEA were offered the opportunity to complete the survey and 59 responded. Table 2.3 provides an overview of the findings.

The findings demonstrated a similarity between the ranked usefulness of assessment information as a means of facilitating an understanding of the child and informing provision. The findings also illustrated that SENCOs broadly ranked EPs criterion-referenced assessment as most useful followed by dynamic and then norm-referenced. However, SENCOs are not the only audience for EP assessment reports and the usefulness of the information provided by the different paradigms may be appraised differently by parent or carers, the child or other professionals.

Table 2.3: SENCo ranked usefulness of the type of information provided by different paradigms of EP assessment (adapted from Freeman and Miller, 2001, p.13-14)

Usefulness for understanding		Usefulness for planning/Individual Education Plans (IEP)	
Type of information	Type of assessment	Type of information	Type of assessment
1. A description of the child's current skills in a given curriculum area	CR	1. A description of the child's current skills in a given curriculum area	CR
2. A score out of a given total	CR	2. A score out of a given total	CR
3. Information based on the analysis of errors	CR	3. Information based on the analysis of errors	CR
4. A test score expressed as an age equivalent	NR	4. A test score expressed as an age equivalent	NR
5. A description of specific abilities, stating conditions and criteria for success	CR	5. A reading accuracy score referring to a reading scheme	CR
6. A reading accuracy score referring to a reading scheme	CR	6. A description of specific abilities, stating conditions and criteria for success	CR
7. Information about specific teaching strategies that have been shown to help a child to learn	DA	7. Information about specific teaching strategies that have been shown to help a child to learn	DA
8. Information about the strategies used by a child... before and after teaching	DA	8. Information about the strategies used by a child... before and after teaching	DA
9. An IQ score with reference to average scores	NR	9. Information about how much instruction a child required in order to complete a task	DA
10. Information about how much instruction a child required in order to complete a task	DA	10. A measure of changes in a child's score on a test when instruction is given	DA
11. A measure of changes in a child's score on a test when instruction is given	DA	11. An IQ score with reference to average scores	NR
12. A description of deficient thinking skills	DA	12. A description of deficient thinking skills	DA
13. A list of sub-test scores	NR	13. Statistical analysis of test scores	NR
14. Statistical analysis of test scores	NR	14. A list of sub-test scores	NR
15. Information based on patterns of subtest scores	NR	15. Information based on patterns of subtest scores	NR

CR, criterion-referenced assessment; NR, norm-referenced assessment; DA, Dynamic assessment.

2.6.2 (iii) The 'voice of the child' in psychological assessment

As previously noted EPs assume a child-centred approach and often adopt an advocacy role on behalf of the child (Gersch, 2004). EPs may be the only professional who seeks to obtain the 'voice of the child' in a meaningful way. However, it can be difficult to elicit a meaningful representation of the 'child's voice' in the early years. Newton (1988, p.35) referred to the concept of participatory assessment and described it as a process of "entering children's worlds and collecting rich descriptive detailed information about them in natural settings". He asserted that children's views may be obtained by different levels of participation in the child's world (see Figure 2.5)

Figure 2.5

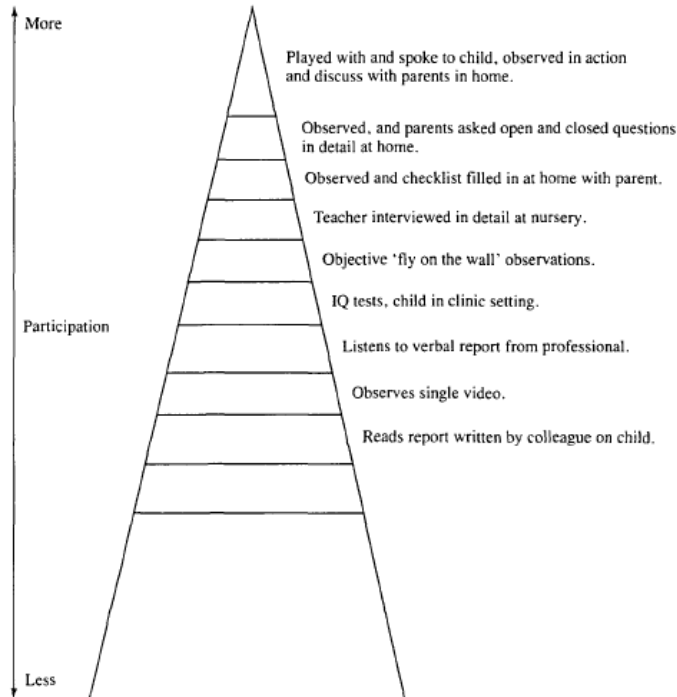


Figure 2.5 :Hypothetical levels of EP participation in a child's world (Newton, 1988, p.37)

2.7 Conclusions and critical reflections for professional practice

The early years are undoubtedly an important period of development. There is a clear social imperative to ensure that all children receive good quality support in the early years (Tickell, 2011; Allen, 2011). The notion that good quality provision can reduce social exclusion and the identification of SEN (DfES, 2004) provides key implications for the social justice agenda and for equality of opportunity. If used effectively, assessment is an integral part of educational practice and can assume a key role in supporting the development of flexible provision that responds to and meets the needs of children (Percival, 2010). Formative assessment offers practitioners the opportunity to provide on-going celebration of children's development and affords insight into how provision may be shaped to promote further development (Kelly, 1992). Summative assessment has received criticism, particularly in relation concerns that it can be used for the purpose of staff accountability. However, summative assessment such as the EYFS 2 to 3 years progress check and EYFP 5 year assessment can provide a useful baseline insight into development and a 'snap shot' understanding regarding the effectiveness of formative assessment (Linfield and Warwick, 2003).

This critical review has enabled me to appreciate that assessment in the early years should be approached using the same principles as assessment of children and young people of all ages. It has prompted me to ensure that I thoroughly explore the purpose of assessment before embarking on endeavours to support or undertake assessment. It has underscored the importance of ensuring that assessment is a process and the need,

despite time constraints, to ensure that assessment is part of a 'plan do review' cycle. Writing this review has alerted me to the need for reflexivity and the significance of ensuring that all practice, including assessment, reflects my core values and principles (Percival, 2010). The review had reiterated that assessment should engender equality of opportunity by the adoption of a strengths based approach that contextualises development and allows children to demonstrate their achievements (Boxer et al., 1998).

Assessment should consider the influence of the various ecological levels in which the child operates. It is imperative that early years provisions engage parents and carers (DfE, 2011). Furthermore, it is vital that professionals consult with parents and carers and work collaboratively to share knowledge of the child's development (Tickell, 2011). More specifically, effective assessment is characterised by discussion (Linfield and Warwick, 2003) and the triangulation of differing perspectives to support a negotiated shared view of the child (Newton, 1988).

Children should be afforded the opportunity to participate in the assessment process (DfE, 2013a). Eliciting the 'voice of the child', in a way that is meaningful, can be difficult in the early years. However, this should not be used as an excuse. The child's participation in assessment may be viewed as a continuum as conceptualised by Newton's (1988) hypothetical levels of EP participation in the child's world. 'Real participatory education' should always be pursued (Hart, 1992).

The PPR has reminded me of the professional practice guidelines and exemplar frameworks that can assist psychological assessment. I have been prompted to carefully consider the assessment paradigm I select with due regard to the purpose, audience and usefulness.

The DfE have delineated a clear role for EPs in the early years (DfE, 2013c). EPs have a role in supporting children's learning, behaviour and social relationships in the early years (DfE, 2011). This review has exemplified the key role that EPs have in applying psychological theory and utilising research to develop broad and holistic hypotheses that elucidate development and difficulty. I have concluded that EPs have a role in promoting effective assessment by offering consultation, supporting systemic development and in conducting individual psychological assessment. All of these ways of facilitating effective assessment can embody the aforementioned values and key principles.

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Appendix One

Early Years Foundation Stage Profile (EYFSP) Early Learning Goals (ELGs)

EYFS areas of learning and their associated ELGs

Prime areas of learning	
Communication and language development involves giving children opportunities to speak and listen in a range of situations and to develop their confidence and skills in expressing themselves.	
ELG 01	Listening and attention: Children listen attentively in a range of situations. They listen to stories, accurately anticipating key events, and respond to what they hear with relevant comments, questions or actions. They give their attention to what others say and respond appropriately, while engaged in another activity.
Explanatory note: <i>The child listens actively while engaged in a variety of activities from which he or she is able to recall significant details. This includes stories and rhymes. When listening to suggestions or explanations, the child responds appropriately through actions or comments, predicting what might happen or by asking relevant questions. The child remains focused on an activity, can sustain a conversation with someone as they play and perseveres despite distractions showing consistently high levels of involvement.</i>	
ELG 02	Understanding: Children follow instructions involving several ideas or actions. They answer 'how' and 'why' questions about their experiences and in response to stories or events.
Explanatory note: <i>The child is able to understand and respond to a series of simple steps in order to complete familiar or unfamiliar activity. The child is able to answer questions about their own activities or experiences and is able to demonstrate understanding by answering questions including 'how' and 'why' about stories and events.</i>	
ELG 03	Speaking: Children express themselves effectively, showing awareness of listeners' needs. They use past, present and future forms accurately when talking about events that have happened or are to happen in the future. They develop their own narratives and explanations by connecting ideas or events.
Explanatory note: <i>The child uses speech to recreate, rehearse and reflect on his or her experiences and to clarify ideas and feelings. The child is keen to develop their vocabulary and may demonstrate their understanding of newly learned words by using them in context. The child speaks clearly and with confidence in both familiar and less familiar groups. They demonstrate an awareness of the listener, for example by adding detail to explanations or asking questions in order to find out more information.</i>	

Prime areas of learning	
Physical development involves providing opportunities for young children to be active and interactive, and to develop their coordination, control, and movement. Children must also be helped to understand the importance of physical activity, and to make healthy choices in relation to food.	
ELG 04	Moving and handling: Children show good control and coordination in large and small movements. They move confidently in a range of ways, safely negotiating space. They handle equipment and tools effectively, including pencils for writing.
Explanatory note: <i>The child demonstrates coordination and control in both fine and gross motor activities. A range of equipment and tools are manipulated appropriately and confidently. The child shows an awareness of space, adjusting speed and direction purposefully and negotiating small and large spaces successfully and safely. The child competently produces marks with a range of mark making tools.</i>	
ELG 05	Health and self-care: Children know the importance for good health of physical exercise and a healthy diet, and talk about ways to keep healthy and safe. They manage their own basic hygiene and personal needs successfully, including dressing and going to the toilet independently.
Explanatory note: <i>The child shows some knowledge and understanding of the factors that contribute to keeping healthy, such as physical exercise and a balanced diet. They are able to express themselves about things they could do to keep themselves healthy and safe. The child shows personal independence by demonstrating healthy practices in their everyday life.</i>	

Prime areas of learning	
Personal, social and emotional development involves helping children to develop a positive sense of themselves and others; to form positive relationships and develop respect for others; to develop social skills and learn how to manage their feelings; to understand appropriate behaviour in groups; and to have confidence in their own abilities.	
ELG 06	Self-confidence and self-awareness: Children are confident to try new activities, and to say why they like some activities more than others. They are confident to speak in a familiar group, will talk about their ideas, and will choose the resources they need for their chosen activities. They say when they do or don't need help.
Explanatory note: <i>The child makes choices within their environment and expresses their preferences. The child tries new things, explores resources and tools, and shares their experiences with others including adults, peers or within a group. The child plays independently expressing their ideas and innovations and asks for support when needed.</i>	
ELG 07	Managing feelings and behaviour: Children talk about how they and others show feelings, talk about their own and others' behaviour, and its consequences, and know that some behaviour is unacceptable. They work as part of a group or class, and understand and follow rules. They adjust their behaviour to different situations, and take changes of routine in their stride.
Explanatory note: <i>The child responds appropriately to experiences, communicating his or her needs, views and feelings. The child is aware of the consequences of words and actions and adapts his or her behaviour accordingly. When playing as part of a group, the child takes turns and shares. The child knows the expectations and routines of the setting, applies strategies to respond to changes of routine and offers explanations as to why these are necessary. The child is usually able to adjust his or her behaviour to reflect this understanding.</i>	
ELG 08	Making relationships: Children play cooperatively, taking turns with others. They take account of one another's ideas about how to organise their activity. They show sensitivity to others' needs and feelings, and form positive relationships with adults and other children.
Explanatory note: <i>The child plays co-operatively in a group, sharing and taking turns. When playing together with others, the child usually responds in a friendly and kind way, listening to other children's ideas and points of view. The child interacts positively with other children and adults.</i>	

Specific areas of learning	
Literacy development involves encouraging children to read and write, both through listening to others reading, and being encouraged to begin to read and write themselves. Children must be given access to a wider range of reading materials – books, poems, and other written materials, to ignite their interest.	
ELG 09	Reading: Children read and understand simple sentences. They use phonic knowledge to decode regular words and read them aloud accurately. They also read some common irregular words. They demonstrate an understanding when talking with others about what they have read.
Explanatory note: <i>The child uses cues such as pictures, letter/word recognition, knowledge of the story or context and reading for meaning, in order to help them comprehend a range of fiction and non-fiction texts. The child blends and segments words independently and applies their phonic knowledge to regular and irregular unfamiliar words. The child shares his or her feelings and ideas about what they have read with others.</i>	
ELG 10	Writing: Children use their phonic knowledge to write words in ways which match their spoken sounds. They also write some irregular common words. They write sentences which can be read by themselves and others. Some words are spelt correctly and others are phonetically plausible.
Explanatory note: <i>The child writes for a range of purposes in meaningful contexts. The child's writing may include features of different forms such as stories, lists, labels, captions, recipes, instructions and letters. The child's writing is phonetically plausible when he or she writes simple regular words and particularly when he or she attempts to write more complex words. The child and others can read and make sense of the text.</i>	

Specific areas of learning	
<p>Mathematics development involves providing children with opportunities to practise and improve their skills in counting numbers, calculating simple addition and subtraction problems, and to describe shapes, spaces, and measures.</p>	
ELG 11	<p>Numbers: Children count reliably with numbers from one to 20, place them in order and say which number is one more or one less than a given number. Using quantities and objects, they add and subtract two single-digit numbers and count on or back to find the answer. They solve problems, including doubling, halving and sharing.</p>
<p>Explanatory note: <i>Within play and other practical situations, the child counts and orders numbers from 1-20 and finds one more or one fewer than a given number.</i></p> <p><i>Using every day and play objects, the child applies a range of strategies to add and subtract quantities involving two single-digit numbers such as counting on to add and counting back to subtract.</i></p> <p><i>In a range of practical and play contexts the child explores and solves problems involving doubling, halving and sharing, utilising his or her own methods.</i></p>	
ELG 12	<p>Shape, space and measures: Children use everyday language to talk about size, weight, capacity, position, distance, time and money to compare quantities and objects and to solve problems. They recognise, create and describe patterns. They explore characteristics of everyday objects and shapes and use mathematical language to describe them.</p>
<p>Explanatory note: <i>The child uses everyday language to share their thinking about size, weight, capacity, position, distance, time and money.</i></p> <p><i>The child demonstrates that they understand that one quantity is different to another even if they do not know the correct comparative term.</i></p> <p><i>The child is able to recognise and describe patterns and notices them in the environment. The child makes patterns using a range of media and resources.</i></p> <p><i>The child notices and describes everyday objects and shapes using appropriate mathematical language.</i></p>	

Specific areas of learning	
<p>Understanding of the world involves guiding children to make sense of their physical world and their community through opportunities to explore, observe and find out about people, places, technology and the environment.</p>	
ELG 13	<p>People and communities: Children talk about past and present events in their own lives and in the lives of family members. They know that other children don't always enjoy the same things, and are sensitive to this. They know about similarities and differences between themselves and others, and among families, communities and traditions.</p>
<p>Explanatory note: <i>The child communicates about events involving them and family members, now and in the past. They listen, comment and show sensitivity towards other children's experiences, communities and traditions which may be the same or different to their own. This may be demonstrated through their behaviour, actions or communications.</i></p>	
ELG 14	<p>The world: Children know about similarities and differences in relation to places, objects, materials and living things. They talk about the features of their own immediate environment and how environments might vary from one to another. They make observations of animals and plants and explain why some things occur, and talk about changes.</p>
<p>Explanatory note: <i>The child has a curiosity and interest about the immediate environment around them and recognises when things have similar or different features. Whilst exploring through play and real experiences, the child shows their learning and understanding of living things, materials and objects. The child investigates, notices changes and interacts with elements of their natural and manufactured environment. He or she communicates about what is happening and why.</i></p>	
ELG 15	<p>Technology: Children recognise that a range of technology is used in places such as homes and schools. They select and use technology for particular purposes.</p>
<p>Explanatory note: <i>Through discussion, play and practical application the child demonstrates that he or she knows about technology and its use in his or her life and local environment. The child chooses the technological opportunities around him or herself as a tool to enhance and extend his or her learning.</i></p>	

Specific areas of learning	
<p>Expressive arts and design Involves supporting children to explore and play with a wide range of media and materials, as well as providing opportunities and encouragement for sharing their thoughts, ideas and feelings through a variety of activities in art, music, movement, dance, role play, and design and technology.</p>	
ELG 16	<p>Exploring and using media and materials: Children sing songs, make music and dance, and experiment with ways of changing them. They safely use and explore a variety of materials, tools and techniques, experimenting with colour, design, texture, form and function.</p>
<p>Explanatory note: For the purpose of assessing this ELG:</p> <ul style="list-style-type: none"> processes are more important than the finished product which need not necessarily occur; music is any generation of sound with intent to represent an idea or feeling; and dance is any form of movement by which children express themselves, emotions or responses. <p>The child may recall and sing songs independently as he or she engages with other activities. The child creates and explores music and dance in their own way; they experiment and change sounds and movements in their play.</p> <p>The child uses a variety of materials, tools and techniques safely through an exploration of colour, design, texture, form and function.</p>	
ELG 17	<p>Being imaginative: Children use what they have learnt about media and materials in original ways, thinking about uses and purposes. They represent their own ideas, thoughts and feelings through design and technology, art, music, dance, role play and stories.</p>
<p>Explanatory note: For the purpose of assessing this ELG:</p> <ul style="list-style-type: none"> processes are more important than the finished product which need not necessarily occur; music is any generation of sound with intent to represent an idea or feeling; and dance is any form of movement by which children express themselves, emotions or responses. <p>The child explores and experiments in a variety of imaginative ways in response to a range of creative stimuli.</p> <p>The child may use their prior knowledge and experience to express their ideas in original ways, making informed choices.</p>	

Appendix Two

Problem-Analysis Cycle (Monsen et al., 2008)

Phase 1: Background information, role and expectations

- Clarify the request
- What does the 'problem owner' hope to achieve
- Negotiate the roles of psychologist and problem owner
- Transform problem into sub-problems

Phase 2: Initial guiding hypotheses

Part 1: initial guiding hypotheses

Generate hypotheses of sub-problems that will focus and direct subsequent investigations.

Part 2: active investigation (data collection and assessment)

Collect information to test hypotheses

Data collection consisted of:

Assessment:

Phase 3: Identified problem dimensions

- Using information collected, identify aspects of problem situation that are currently problematic ('problem dimensions')

Hypothesis 1:

Hypothesis 2:

- Problem dimensions presented in terms of behaviours

Phase 4: Integrated conceptualisation

Part 1: integrating statement

- **Formulate overarching statement, stating:**
- Connections, influences, causal relationships between problem dimensions and evidence.
- Priorities for action to inform intervention (including rationale)

Part 2: interactive factors framework

- Include all problem dimensions
- Include other elements of the problem for which there is evidence
- Are they behavioural, cognitive, affective, environmental, or biological level variables?
- Include intervention
- Arrows connecting factors

Interactive Factors Framework (IFF)

Environment	Biological
culture	observations about the brain and sensory processes - e.g. hearing and vision
societal attitudes	AffectiveCognitive
schooling	inferred cognitive and affective factors
teaching methods	
English orthography	Behavioural
	direct observations and performance or test data

Phase 5: Intervention plan and implementation

- Review and revise integrating statement and Integrated Factors Framework with the problem owner
- Active consultation with all those involved in the situation
- Discuss logistics of implementation of intervention (who, what, when, where)
- Implement

Phase 6: Monitoring and evaluation of outcomes

- **All involved evaluate status of problem following their efforts**

- **Has satisfactory progress been made?**

Yes: maintenance procedures to make sure problem does not recur

No: consider further actions that may be needed

Appendix Three

Integrated Framework (Woolfson et al., 2003)

Phase one: establishing roles and expectations

- ▶ Clarify and negotiate problem owner's and other stakeholders roles, expectations and desired outcomes.
- ▶ EP explicitly shares IF in joint meeting with all stakeholders.
- ▶ Outcomes:
 - ▶ Proceed towards possible team solution.
 - ▶ Individuals and team are clear about roles in the problem-solving process.
 - ▶ Individuals and team are clear who is responsible for which action.

Stakeholders:

Actions:

Phase two: guiding hypotheses and information gathering

- ▶ Stakeholders share ideas and hypotheses.
- ▶ EP aids stakeholders in reframing views.
- ▶ EP suggests hypotheses based on knowledge, reading and evidence-base.
- ▶ Outcome:
 - ▶ A time-plan for information gathering is agreed.
 - ▶ Systematic collection of data.

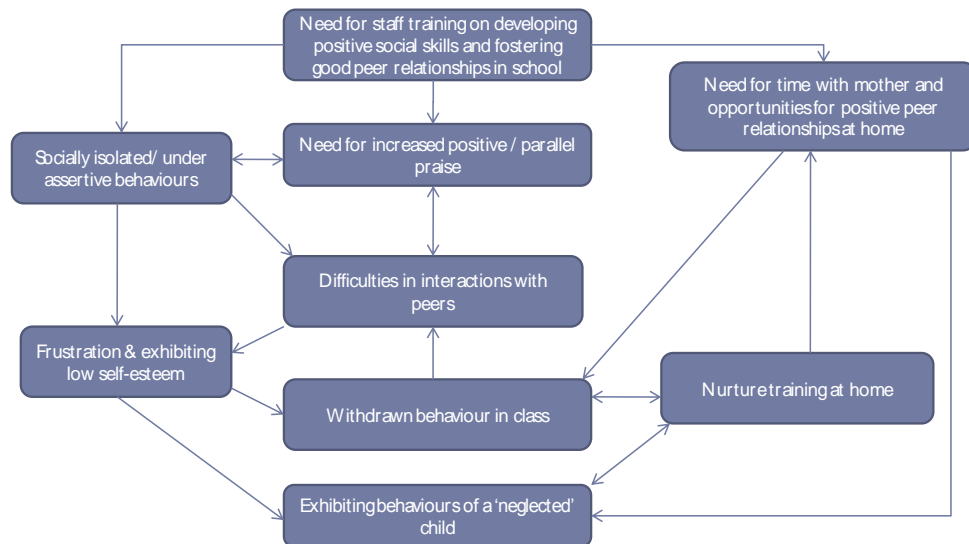
Level	Source	Hypotheses	Information gathering	Confirmed
Individual				
Class				
School				
Home				

Phase three: joint problem analysis

- ▶ **EP collates all the information gathered from phase 2 and reflects.**
- ▶ **A meeting is held to discuss the impact of the identified problem dimensions at different ecological levels (facilitated by problem-analysis diagram).**
- ▶ **Outcome:**
 - ▶ **Joint agreement reached on identified problems and how they relate to the problem situation.**
 - ▶ **Priorities for intervention agreed (intervention plan).**

Level	Problem Dimension	Supporting Evidence
Individual		
Class		
School		
Home		

Phase three: joint problem analysis



Phase 3 problem analysis adapted from Kelly, Woolfson & Boyle, 2008 (p.130)

► 17

Phase four: joint action plan and implementation

- Intervention plan from phase 3 discussed in relation to problem dimensions, system strengths and factors that are amenable to change.
- EP uses specialist psychological knowledge to suggest intervention with a strong evidence-base.
- Outcome:
 - Evaluation of the intervention is planned.
 - Stakeholders are all aware of their roles in the intervention and their role in the evaluation.

Phase five: evaluate, reflect and monitor

- All stakeholders critically review outcomes.
- Stakeholders reflect on the intervention and the impact at all ecological levels (collectively and/or individually).
- Outcome:
 - Plans for maintenance and future monitoring agreed.
 - Roles and remits discussed for problems not addressed.
 - Reflection of the benefit of the involvement and future implications.

Further Action may Involve:

CHAPTER 3

PPR2: SOLUTION FOCUSED BRIEF THERAPY (SFBT) FOR DISAFFECTED SECONDARY SCHOOL STUDENTS IN KEY STAGE 4: A CASE STUDY EXAMPLE

ABSTRACT

This paper provides a critical case exploration of the use of Solution Focused Brief Therapy (SFBT) by a Trainee Educational Psychologist (TEP) with a secondary-aged Key Stage 4 pupil identified by school staff as disaffected. The process of the therapeutic intervention and the efficacy of the use of SFBT for similar cases are considered. The intervention consisted of a pre session, three SFBT sessions and a post session following a three week change period. The current intervention was evaluated immediately post intervention and following a three week change period to assess the maintenance of change. The pre and post evaluations comprised of Targeted Monitoring and Evaluation (TME) (Dunsmir et al., 2009), Pupils Feelings towards School and School Work Inventory (PFSSW) (Entwistle and Kozéki, 1985), attendance and punctuality data and were further enriched through the use of consultations with school staff. The findings suggest a marked positive change and maintenance in relation to attendance, punctuality, overall school motivation and specifically, pupil perceptions in relation to the cognitive domains of independence and self confidence and interest and enthusiasm in activity. Finally, the paper considers the implications of the research with particular reference to the role of Educational Psychologists in conducting individual therapeutic interventions in schools.

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3.0 Introduction

3.1 The context of the research

The research was conducted in a Local Authority (LA) that has adopted a zero approach to permanent exclusion. The Local Authority has committed to support children and young people 'at risk of exclusion' by multi-agency support teams, with particular emphasis on the role of a Social Inclusion Pupil Support worker (SIPS), Educational Welfare Officer (EWO) and Educational Psychologist (EP). In a Review of Educational Psychology Services in England the Department for Education (DfEE) contended that "The educational psychologist will help facilitate successful inclusion of children within local mainstream settings" (DfEE, 2000, p.8). Furthermore one of the outcomes of successful EP work was suggested to ensure that "there is effective social inclusion of children at risk of exclusion from school and other settings" (DfEE, 2000, p.9). The above assertions suggest that EPs have a clear role in supporting mainstream schools to promote the inclusion of vulnerable groups. EPs have a professional obligation to form part of the Statutory Assessment process, however another proportion of their work to promote positive outcomes for young people can be more flexibly negotiated through consultation with stakeholders. The work of an EP may often involve the planning of uniquely formulated collaborative interventions (Pilgrim, 2002) derived through professional experience and applied practice. These interventions are important in developing the evidence-base to inform future practice (e.g. highlighting key questions for further more rigorous exploration) (Dunsmir et al., 2009). This research was

undertaken by a TEP in response to an awareness of need identified in an EP planning meeting with a large secondary school. The school identified that they were becoming increasingly aware of a small number of students in Key Stage 4 that appeared to be 'disaffected' due to their limited participation in learning and other aspects of school life and who may potentially be considered as 'at risk of exclusion'.

The project was negotiated with the school to involve three stages, the initial stage would involve an individual therapeutic intervention, SFBT, to provide a short and efficacious intervention that would support 'disaffected' year eleven pupil's that were shortly due to reach the school leaving age. The second phase was designed to build capacity in school by training members of staff in the SFBT techniques. Finally, the third phase of the project intended to develop a peer mentoring system that incorporated some of the principles of SFBT.

The premise that EP's should undertake therapeutic interventions may be considered by some as contentious and has on occasions been disputed. Moreover a perceived rise in 'therapeutic education' has received criticism (Ecclestone and Hayes, 2009). In addition the notion of EP's conducting individual therapeutic work may also be considered contentious, in light of the relatively high resource cost and confined benefit. Monsen et al., (1998) reported EP's increasing involvement in systemic, consultative, problem-solving interventions in schools, suggesting a departure from a focus on individual children. However, the review of the role of educational psychologists reported by Farrell et al., (2006) suggested that by actively engaging in therapeutic work with individual

children, EPs can support national policies such as the Every Child Matters Agenda (DfES, 2003). Moreover the role of the EP in conducting psychological formulation to inform interventions is endorsed by professional bodies such as the British Psychological Society (BPS) and the Health Professionals Council (HPC). However, it is important to acknowledge that 'interventions' may not necessarily entail therapy. The BPS (2010, p.15) in the required learning outcomes for an accredited Doctorate in Educational Psychology, contend that TEPs will "develop effective psychological interventions to raise educational standards generally and specifically for...tackling underachievement of vulnerable groups, promoting inclusion and reducing social exclusion [and] supporting behaviour". Additionally, the HPC outline in the professional proficiencies of educational psychologists that there is a need "To be able to conduct appropriate...therapy...safely and skilfully" (HPC, 2010, p.22). More specifically SFBT is cited as an appropriate and current example of an approach to therapeutic intervention for EP's to use (BPS, 1998). This research paper focuses on the first stage of the project. The first stage was also construed as an opportunity to explore the usefulness of SFBT in the local context before focusing on the development of systemic change.

3.2 Remit of the professional practice report

The paper attempts to offer an illuminative account of professional practice that has utilised SFBT as a therapeutic intervention to promote positive change in young people identified by school staff as 'disaffected'. The paper offers a case description of one to one therapeutic work with a young person that indicated a desire for positive change

and consented to additional support to promote change. The paper includes my reflections as a practitioner and explores some of the critical questions that the work evoked. Attempts are made to discuss these questions with reference to the research literature. Finally, I revisit questions regarding the justification of conducting one to one targeted SFBT given the implicit assumptions and professional context with reference to the role of an EP.

3.3 Literature review

The literature review will firstly consider how disaffection is conceptualised in the literature. The accepted definition for the purposes of this paper will then be presented. A brief background of the approach is offered followed by a review of the evidence base that supports the use of SFBT. Criticisms of SFBT are then considered along with an interrogation of the evidence base. Finally, the rationale for the use of SFBT in relation to key principles is discussed and then the rationale for use of SFBT for this particular case, is explicated.

3.4 The conceptualisation of 'disaffection' / 'at risk of exclusion'

The literature provides divergent definitions of disaffection. However, the definitions often pathologise the young person without accounting for systemic, social and cultural factors that shape the interface between participation and disaffection (Hartas, 2011). Disaffection also appears to be used synonymously with exclusion, exemplified in Webb

and Vulliamy (2004). Furthermore, the multiple facets of disaffection are largely conceptualised as the young person being 'at risk' or posing a risk to others without considering the notion that disaffection may be a way for the young person to have a 'voice'. Disaffection may indicate the need to address more fundamental questions around how/if formal education systems meet the needs of all pupils. Questions also remain in relation to the view that the opposite of disaffection is participation. Furthermore, there appears to be paucity in the literature regarding the need to challenge the view of participation being implicitly considered as 'inherently good' (Hartas, 2011). Hartas (2011, p.104) asserts that,

“disaffection is typically ascribed to young people’s lack of participation, display of anti-social behaviour, lack of social/civic engagement and subsequent marginalisation and a general apathy towards mainstream education and life”.

McNamara (1998) (cited in Atkinson and Woods, 2003, p.49-50) defines disaffection as: “an integrated set of negative attitudes, beliefs and behaviours with respect to the demands of school life generally and with respect to academic domains in particular”.

On investigating the 'voice' of disaffected pupils Riley and Docking (2004) identified several characteristics associated with disaffection. These included: a frustration and mistrust for teachers, a 'blame mode' - *if only the lessons weren't so boring*, a perception of being labelled by teachers as 'thick' or 'stupid', exclusion, non-attendance, a perceived inability to improve prospects, disaffection with the physical school environment and with teaching and learning, and disengagement with the curriculum aggravated by frustration with traditional styles and methods of teaching. Further

research investigating the ‘voice’ of pupils’ identified as disaffected by school staff documents the young people’s critique of the curriculum as irrelevant to their aspiration and employment needs Hartas (2011).

The current paper adopts the following working definition of disaffection, that has been derived from the literature; *young people, who influenced by various ecological factors, experience dissatisfaction with formal school systems and who may express this negative appraisal through non-attendance, disruptive behaviour, decreased motivation, and academic under achievement.*

3.5 Solution-focused brief therapy (SFBT)

3.5.1 Background of the approach

SFBT was developed during the early 1980s by Steve de Shazer and Insoo Kim Berg. SFBT originated in Family Therapy and was developed at the Brief Family Therapy Centre, Milwaukee. Rhodes (1993, p.27) asserts that “over time, by a process of practical experimentation and simplification, de Shazer and his team developed their own unique way of doing brief therapy”. Moreover de Shazer and Berg (1997) recognise that the model of SFBT was developed deductively.

The founders,

“expanded upon the findings of Watzlawick, Weakland and Fisch (1974), who believed that the attempted solution would often perpetuate the

problem, rather than solving it and that an understanding of the origins of the problem is not (always) necessary” (Bannink, 2007, p.87-88).

SFBT was also influenced by the ideas of Milton Erickson (de Shazer, 1985). Erickson particularly emphasised the competence of the client and the avoidance of an expert approach by the therapist. SFBT additionally originated from an interest in the inconsistencies to be found in problem behaviour. Derived from apparent ‘inconsistencies’ came the central notion of ‘exceptions’: “however serious, fixed or chronic the problem there are always exceptions and these exceptions contain the seeds of the client’s own solution” (Iveson, 2002, p.149). Weiner-Davis et al., (1987) further identified that many clients were doing things on their own to solve their problems, and believed that therapy could offer an opportunity to effectively build on pre-session change. SFBT has subsequently been used with a variety of: client groups, problems and contexts (Berg & DeJong, 1996).

3.5.2 Effectiveness

There is a wealth of literature investigating the effectiveness of SFBT (Gingerich & Eisengart 2000; Kim, 2008). SFBT is used in Brief Therapy Practice work routinely with all age groups and problems, including behavioural problems at school, child abuse and family breakdown, homelessness, drug use, relationship problems and the more intractable psychiatric problems (Iveson, 2002). Hackett and Shennan (2007, p.192) state that the research so far tells us, “there is no client group or problem for which SFBT is never effective”. SFBT has been suggested to be consistently successful, regardless of the client(s) problems (Berg and DeJong, 1996). Table 3.1 provides a

summary of eight key pieces of research in relation to the current paper. Research was only included in the summary if it involved:

- A Solution-Focused therapeutic intervention;
- Participants that were students;
- The therapeutic intervention was conducted in the school setting;
- The age of the students fell within the secondary age range (11-16 years);
- The target of the therapeutic intervention was behaviour, attendance, academic performance or motivation.

Table 3.1: Brief summary of the evidence base for SFBT with students in school settings

	Daki and Savage (2010)	Franklin, Moore and Hopson (2008)	Atkinson and Amesu (2007)
Sample (size, age and location)	Students Size: 14 Age: mean age for the SFBT group was 11 years 2months (SD= 2 years 4 months) Location: Canada	Students Size: 67 Age: 10-12 years Location: USA	Student Size: 1 Age: 11-12 years Location: UK
Nature of Evidence	Randomised Control Trial	Quasi-experimental pre-test post-test comparison group follow up design	Case Study
Nature of the Solution-Focused Therapeutic Intervention	5 sessions lasting 40 minutes Usual Solution-Focused sequence, transitional session, creative component e.g. pictures, drawing and collage and a reading game	5-7 sessions, (length of sessions not reported) Miracle question, exception finding questions, scaling questions, coping and motivational questions, a break and a formulated task	Number and length of sessions not reported Examples of Scaling questions and exceptions given
Outcome Target (measure/s)	Academic (Reading), Motivation and Socioemotional Needs (Woodcock-Johnson III Test of Achievement (WJ III ACH), Letter- word identification, Calculation, Spelling, Oral Comprehension, Sound awareness, Dynamic Indicators of Basic Early Literacy Skills (DIBELS), Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV)- Matrix - Reasoning Subscale, Motivation for Reading Questionnaire (MRQ), Reading Activity Inventory (RAI), Self-Perception Profile for Learning Disabled Students (SPLD), Behavior Assessment System for Children-Self Report of Personality (BASC-SRP).	Internalising and Externalising Behaviour (Child Behaviour Checklist- Youth Self Report and Teacher Self Report Forms)	Behaviour and Attendance (Attendance figures and Young Person Self Report on Behaviour)
Reported Effectiveness	Advantages for the SFBT group on 26/38 measures compared to 10/38 for the control group who received academic homework support	Positive reduction in all pre-test scores at the post-test and follow up (4 weeks later)	Significantly improved attendance and improved behaviour (but increased number of behaviour incidents, perhaps due to increased attendance)

Table 3.1: Brief summary of the evidence base for SFBT with students in school settings (continued)

	Newsome (2004)	Ratner (2003)	Franklin et al., (2001)
Sample (size, age and location)	Students Size: 52 Age: 12-14 years Location: USA	Students Size: 13 Age: 12-16 years Location: UK	Students Size: 7 Age: 10-12 years Location: USA
Nature of Evidence	Quasi-experimental pre-test post-test comparison group design 8 sessions lasting 35 minutes group sessions	Case Study- multiple case design 40-45 minutes, most first sessions last 30 minutes with follow up sessions lasting 10-15 minutes (number of sessions not reported)	AB Single Case designs 5-10 sessions lasting 30-45 minutes
Nature of the Solution- Focused Therapeutic Intervention	Goal setting, Miracle question, scaling questions, homework assignments, signs of success, exception finding, EARS (Elicit, amplify, reinforce and start over), a letter from the "older, wiser self", and a letter from the future	Content of SF sessions not reported	Treatment protocol (Franklin & Biever, 1996), Miracle question, scaling questions, complimenting the client and homework tasks
Outcome Target (measure/s)	Grades and Attendance. (Grade Point Average (GPA) and Attendance Figures)	Behaviour. (Teacher Perceptions and Permanent Exclusion Figures)	Academic Difficulties and Behaviour. (Connors Teacher Rating Scale and Feelings, Attitudes and Behaviour Scale for Children FAB-C)
Reported Effectiveness	Statistically significant Improvement in academic performance (GPA) compared to the comparison group	Staff reported 69% complete or partial improvement in behaviour. No post intervention permanent exclusions	Teachers reported 5 of the 7 students (71%) improved.

Table 3.1: Brief summary of the evidence base for SFBT with students in school settings (continued)

	Springer, Lynch & Rubin (2000)	Murphy (1994)
Sample (size, age and location)	Students Size: 10 Age: 9-11 years Location: USA	Students Size: 2 Age: 12 years and 14 years Location: USA
Nature of Evidence	Quasi-experimental pre-test post-test non-equivalent comparison group design	Two Case studies
Nature of the Solution-Focused Therapeutic Intervention	6 sessions (length of sessions not reported) Group intervention Strengths-based approach, future-orientated, goal setting, scaling questions and miracle questions	Case study with student aged 15 years: 3 sessions (length of session not reported) and weekly 5 minute sessions Case study with student aged 14 years: 2 sessions (length of sessions not reported) Goal Identification Exception questions
Outcome Target (measure/s)	Trauma-Reactive Behaviour (The Hare Self-Esteem Scale)	Behaviour (complaining) and Attendance
Reported Effectiveness	Increased post-test scores for Self-esteem compared to pre-test	Decrease in attention-seeking behaviour reported by the Teacher. Increase in attendance from 40% to 80%

3.5.3 Criticisms of SFBT

SFBT has been critically described as 'solution-forced' or 'problem-phobic' (Stalker et al., 1999) neglecting the possibility that problem talk can be cathartic for an individual. Stalker et al., (1999) contends that:

“...how readily an individual can move forward into new solutions depends on the impact of past experience on current functional capacities. Some clients may be able to "move on" without an exploration of the past, while others may not” (p.9).

Nylund and Corsiglia (1994) argue that SFBT can prevent what can be a useful process for the client divulging the problem. Furthermore, by the adoption of an approach that neglects to focus on gaining an understanding of the problem, therapists may be trivialising the extent of subjective suffering (Stalker et al., 1999).

Moreover, Stalker et al., (1999, p.8) suggests a “lack of fit between the model [SFBT] and people with severe and long standing problems”. More specifically, SFBT has been criticised for neglecting the client's history and failing to engage with broad-based assessments or accepting the micro-systemic biological and genetic influences on mental health (Stalker et al., 1999). The apparent lack of broad-based assessment implicated in SFBT conflicts with the eco-systemic (Bronfenbrenner, 1979) focus generally adopted by Educational Psychologists.

The founders de Shazer and Berg (1997, p.122) additionally offer the caveat that SFBT is not a 'panacea' or “the answer to all the many and varied ills to which human beings are subject”. Stalker et al., (1999) warns against the indiscriminate use of SFBT without consideration of other therapeutic interventions. It is important that caution is exercised and that the use of SFBT is not perceived as a 'one size fits all'

intervention but is employed in a tailored manner following a considered formulation. Moreover, there is a growing acknowledgement in the literature for the necessity of theoretical openness, eclecticism and integrationism (Norcross, 1995). Ratner's (2003) findings refute the notion that SFBT is 'always effective' by reporting that thirty-one percent of pupils showed no improvement following SFBT. It is also noteworthy to question the effect on the thirty-one percent of pupils' that showed no improvement. It is entirely possible that their behaviour could have deteriorated following the SFT sessions. Important questions still remain regarding the degree of effectiveness and how this can be considered in relation to the amount of time and resources invested in such an intervention. This is particularly pertinent to the role of an EP and the justification of their involvement in individual therapeutic work if the effect may only be minimal or even detrimental.

Interestingly, Lambert (1992) suggests that the relationship between the counsellor and the client has a more significant impact than the model or approach used. In addition de Shazer and Berg (1997) concede that many clients report benefits from simply talking to a therapist. These propositions reject the privileging of one therapeutic intervention above another by implying that the emphasis should be placed on the relationship between the therapist and client instead of erroneously on the model or approach employed. Furthermore SFBT has been criticised for the possible detrimental implications that placing a priority on brevity may have for the therapist client relationship (Stalker et al., 1999).

Research that demonstrates the effectiveness of SFBT has additionally been criticised for lack of clarity regarding the details of the SFBT intervention and evaluation tools. "In a research context the model used must be apparent and clearly demonstrated" (de Shazer and Berg, 1997, p. 123). In particular, Ratner's (2003) conclusions can be critiqued based on the lack of transparency in relation to the intervention and evaluation tools. It is not clear how staff perceptions were gained in the research and therefore difficult to scrutinise the validity. The use of permanent exclusion figures additionally leaves unanswered questions, no information is provided regarding any possible subsequent fixed exclusions or internal exclusions following the intervention. Additionally, it is not apparent why the effectiveness of the SFT was evaluated at least 6 months following the intervention. A comprehensive approach that provided rigorous evidence may entail the collection of immediate, short-term and long-term evaluation data. Nichols and Schwartz (1998, p.389) in a critical retort commented that the outcome assessments for SFBT research are "about as substantial as the usual response to the waiter's question, 'How was everything?'".

Methodological issues have also confounded the results obtained in some of the effectiveness literature. For example, Ratner (2003) conducted additional SFT sessions with staff and parents that were not clearly detailed in the research. Ratner also conducted in-service training on SFT with all the staff. Ratner's conclusion regarding the effectiveness of SFT with individual students' may therefore, more aptly relate to the effectiveness of SFT when a whole-school approach is adopted with parental engagement. Additionally Newsome's (2004) research may be critiqued in

terms of the potential selection bias. In Newsome's comparison group design, participation was only contingent on parental consent for the SFBT group. It may be argued that parents willing to give consent, may be more motivated for their child to change and this additional support may, in turn, result in students' in the SFBT group demonstrating an increased level of positive change in spite of the SFBT sessions.

3.5.4 Justification for the use of SFBT

The values and principles of SFBT,

“..are enduringly human... the core values of respect, choice, collaboration, equality and dignity fit the demands of a multi-cultural, multi-racial society in which difference is celebrated” (O'Connell, 2003, p.169).

There is a deep respect for the client's expertise, client's are viewed as resourceful problem-solvers and not pathologised (O'Connell, 2003). SFBT adopts an empowerment approach; it views all individuals as motivated towards something (Ratner, 2003) and change is viewed as not only possible but inevitable (de Shazer, 1985). SFBT focuses only on what concerns the client and avoids questions that may imply other problems or weaknesses (Rhodes, 2003). SFBT espouses the premise that therapist's complement the client's resources and avoid any form of criticism. However, a clear distinction is maintained between a non-critical approach and agreeing or colluding (Ratner, 2003). The beginnings of a solution are viewed to already lie in the client but may remain unnoticed (Bannink, 2007). Where there is a problem, there are almost always exceptions, that is, times when the problem occurs less or not at all. These exceptions should be embraced and not ignored or considered 'flukes' (de Shazer, 1985, 1988). The exceptions may facilitate a vision of

what a solution may look like (Rhodes, 1993). Finally, it is the client who sets their own goals for treatment (Bannink, 2007).

3.5.5 Rational for the use of SFBT in schools

In 1995 the use of solution focused therapy in schools, the focus of this paper, was considered “a very recent application” (Rhodes and Ajmal, 1995, p6). Franklin and Gerlach (2007) assert that:

“...the complexity of school systems requires that school-based mental health therapists seek innovative and effective approaches that complement unique practice demands found in school settings. SFBT is flexible and creative and easily adaptable to schools” (p.167).

SFBT is an intervention that is appropriate for use with children and young people (Rhodes, 1993). The intervention is useful because it: reminds all concerned that there is more to the problem than the child, parents and teachers; uses concrete language that is easy to grasp; utilises the imagination of the young person particularly with regards to the miracle question; and SFBT techniques can be easily adapted to be child friendly (Lethem, 2002). SBFT as alluded to by the name is brief in nature. de Shazer (1985) suggests that only five sessions on average are required. DeJong and Berg (1998) reported a briefer average of 2.9 sessions. de Shazer (1991, p.57) additionally suggested the notion that “each session is viewed as potentially the last”. Ginerich and Eisengart (2000) describe SFBT as a short-term approach with successful outcomes and high client satisfaction. Table 3.2 illustrates the conceptual and technical differences between brief and extended therapy.

Table 3.2: Conceptual and technical differences between brief therapy and extended therapy (Murphy, 1994, p.119)

Brief Therapy

1. Specific focus on changing presenting problems.
2. Time-sensitive emphasis on parsimony of intervention and possibility of rapid change.
3. Flexible application of theory and technique based on the client's frame of reference.
4. Working primarily with those most willing to do something about the problem.
5. Problems are viewed ecologically as part of ineffective social patterns.
6. Goals reflect an emphasis on small, concrete changes in problem patterns.
7. Therapist accepts and works within client perceptions and decisions; views client's choice to reject suggestions as valid, useful communication.
8. Present-future focus on client strengths, resources and possibilities.

Extended Therapy

1. Broad focus on changing personality or characterological features.
 2. Time-unlimited view of change; intervention design is often complex.
 3. Invariant, 'standardised' application of theory and technique.
 4. Working primarily with the 'problem-bearing' student.
 5. Problems are viewed intrapsychically as residing 'within' the student.
 6. Goals reflect an emphasis on broad, sweeping changes in the student.
 7. Therapist expects client to accept and co-operate with therapist-directed suggestions and decisions; views client's choice to reject suggestions as sign of 'resistance'.
 8. Past-orientated, diagnostic focus on client pathology.
-

It is argued that the brief nature of SFBT complements the dynamic and busy nature of the school context (Littrell et al., 1995). The use of SFBT as a short and effective intervention is also very apposite for Key Stage Four pupils' who may desire positive change before their swiftly approaching GCSE examinations. Rhodes (1993) advocates the use of SFBT in schools, asserting that the flexible nature of SFBT lends itself to the school context where situations are often rapidly changing. The premise that schools are dynamic in nature and that situations can rapidly change,

may be particularly pertinent to pupils' who may be regarded as 'disaffected' or 'at risk of exclusion'. See Appendix One to view the SFBT intervention outline formulated for school.

3.6 Key questions considered in this paper

- Should therapeutic interventions designed to promote change, be used in schools to target 'disaffection'?
- Was SFBT an effective intervention for the Key Stage 4 pupil identified as 'disaffected'?
- Should EP's conduct 1:1 therapeutic interventions, instead of or as well as, adopting a strategic focus on facilitating systems level change?

3.7 Epistemology of SFBT

Epistemology has been suggested to refer to: bases of knowledge; the nature and forms of knowledge; and how it can be acquired and communicated (Cohen et al., 2007). In addition, epistemology is described as the theory of knowledge and what it means to know, relating to the understanding of knowledge, explanation of truth and of verification (Crotty, 1998; Pring, 2000a). SFBT is suggested to have originated from social constructivism (Cantwell and Holmes, 1994; Stobie et al., 2005). Furthermore, solution-focused therapists have used social constructivism to develop the guiding principles for practice (Durrant, 1992). The relevance of social constructivism in relation to a therapeutic approach is explored further in Figure 3.1.

Figure 3.1

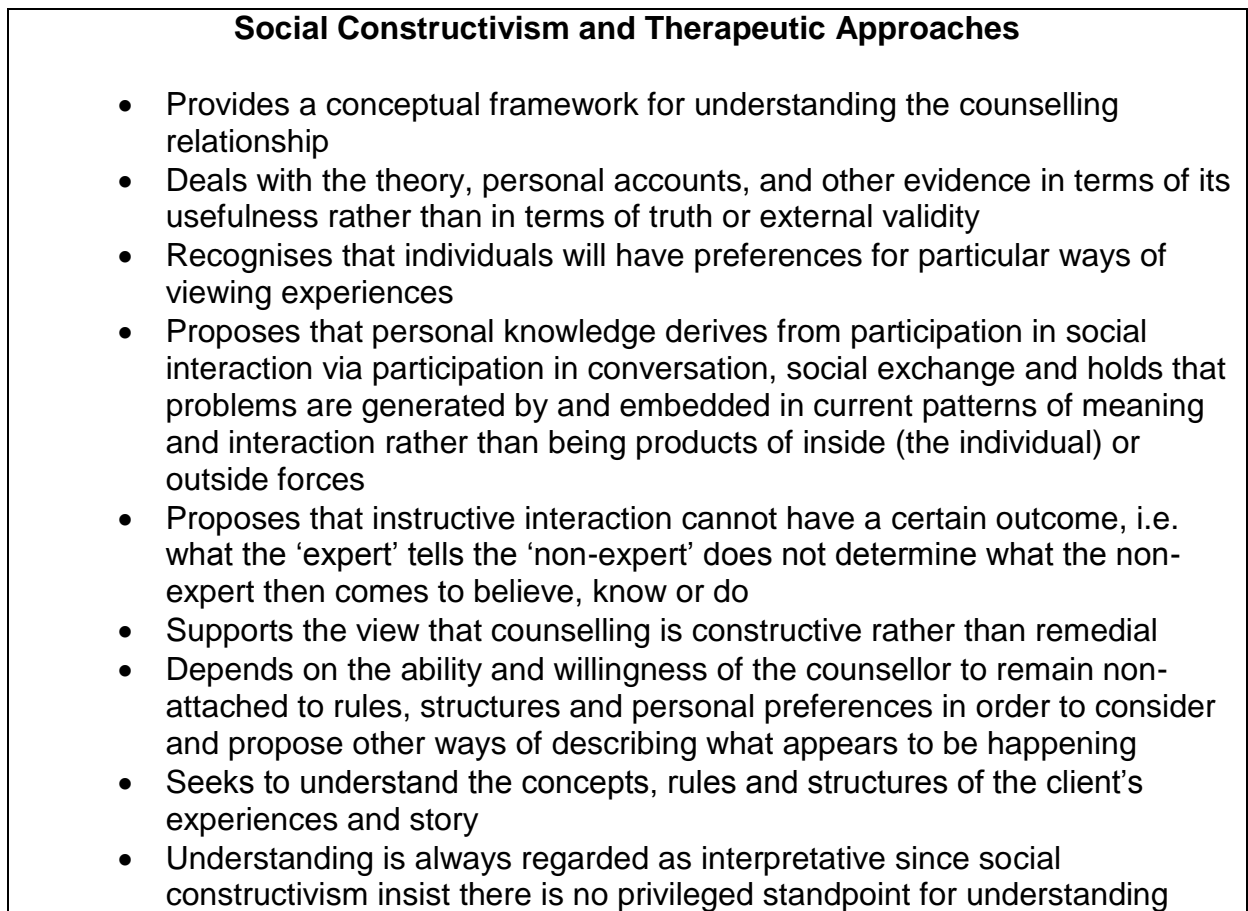


Figure 3.1: *The relevance of social constructivism to a therapeutic approach (Street and Downey, 1996, p.121)*

SFBT involves an interaction between the therapist and client, “therapeutic change is an interactional process involving both the client and the therapist” (de Shazer, 1985, p.65). SFBT adopts the view that there is no objective meaning to reality (Stobie et al., 2005) asserting that there are many different ways to look at a situation, all of which are equally ‘correct’ (Bannink, 2007). SFBT assumes that individuals construct their reality, which is influenced by lived-experience, historical, political, social and cultural factors (Stobie et al., 2005; Bannink, 2007). Meaning is proposed to be adapted based on the society in which the client lives (Bannink, 2007). Social

constructivism regards meanings as constructed within social realities (Robson, 2002); importance is therefore placed on language and communication. SFBT asserts that all social knowledge is suggested to evolve in conversations and dialogues that people have with one another (Street and Downey, 1996). SFBT uses only language as the instrument of change (O'Connell, 2003). "Therapists and clients can be seen as together constructing a problem reality...that can be solved" (de Shazer, 1985, p.66-67). The therapist raises the client's awareness of the constructive solutions already in their lives and helps them find ways to expand upon them (O'Connell, 2003). The therapist is not regarded as the expert with all the answers, but allows themselves to be informed by the client who creates their own solutions (Bannink, 2007).

3.8 Methodology

3.8.1 Case study design

Case studies provide a unique example of real people in real situations, enabling readers to understand ideas more clearly (Cohen et al., 2007). The paper is situated as practitioner research that intends to offer an illustrative case to afford transferable knowledge regarding what does and what could happen in real life practice. Furthermore, case studies can provide a spotlight for illuminating good practice and thereby promote and encourage, organisational policies and practices that are seen as successful. Case studies additionally offer the opportunity to gain an in-depth, holistic understanding of the case (young person) in situ offering the aperture for 'naturalistic inquiry' (Lincoln and Guba, 1985). It allows the observation of effect in a real context, recognising that context is a powerful determinant of both causes and

effects (Cohen et al., 2007). de Shazer and Berg (1997, p.121) suggest that they are “more than satisfied with...naturalistic research projects” to investigate SFBT. What’s more, triangulation between the young person, school and family allows the case study to present more rounded and complete accounts of salient social issues and processes (Hakim, 2000). Case study methodology has been utilised to illustrate the effectiveness of SFBT for individual cases in schools (Murphy, 1994; Franklin et al., 2001; Ratner, 2003; and Atkinson and Ames, 2007). Trepper et al., (2006, p.135) adds that “case reports and subjective follow-up studies have provided intriguing hints at the usefulness of SFBT”.

Hakim (2000) noted the weakness that case study results can be shaped strongly by the interests of the researcher. However the premise that the therapist interacts with the client complements the social constructivist epistemology of SFBT. Case studies have also received criticism regarding external validity. “A case is just that – a case – and cannot be representative of a larger universe of cases” (de Vaus, 2001, p.237). This paper does not intent to provide a basis for statistically valid generalisations beyond the individual case (de Vaus, 2001). Finally the case study methodology may be a more ethical design for therapeutic intervention. Case studies are useful when, it would be unethical or impractical to screen out the influence of ‘external’ variables that may affect the phenomenon being investigated (de Vaus, 2001). Furthermore, an experimental approach to the research may have prevented participant’s access to variables that might increase their opportunity for positive change.

3.8.2 Case study participant

The pseudonym of Sally will be used to refer to the young person who participated in this research, in an effort to protect her anonymity. Sally was in Year 11 of school when she participated in this research. She was at the School Action stage of the Code of Practice for Special Educational Needs (DfES, 2001). Her Individual Education Plan (IEP) indicated that she had moderate difficulties with Literacy and Numeracy. The types of behaviours that were causing concern for school included: poor attendance; frequent lateness; arriving ill-equipped for school; low level disruptive behaviour in lessons; a poor record of handing in homework; and a general apathy towards school. The Guidance Leader at Sally's school described her as a "likeable young lady" with a close friendship group. She was of particular concern for him because he and other school staff believed that her 'disaffection' was having a detrimental impact on her ability to achieve. However Sally had expressed a desire for support to promote positive change.

3.9 Ethical considerations

Please see Appendix two for information regarding the ethical considerations that were pertinent to the research and how these were addressed.

3.10 Procedure: SFBT intervention

An outline of the SFBT sessions is provided in Table 3.3. Informed consent was gained from Sally and her parents before she participated in any of the SFBT

sessions (see Appendix three and four). See Appendix five to view the therapeutic introduction. Appendix six provides an overview of example solution-focused questions that were employed in the sessions. Appendix seven offers a summary of solution-focused techniques that were utilised in the sessions.

3.11 Methods: Pre and post evaluation measures

Following development in health contexts the move towards evidence-based practice has gathered momentum across all areas of social policy, including education (Frederickson, 2002) the development of evidence-based practice and the emphasis on accountability necessitates that interventions should be informed by research and meaningfully evaluated.

“From both research and practitioner perspectives, central questions about an intervention are “Does it work?”, “When does it work?” and “For whom does it work?” In order to answer these questions, evaluative data needs to be collected” (Dunsmir et al., 2009 p.56).

Table 3.3: Outline of the Solution-Focused Brief Therapy Sessions with Sally

Session	Content of the Sessions
Pre-Session	Introductions, explanation of the sessions and SFBT, opportunity for questions and the obtaining of informed consent. The Pupils Feelings towards School and School Work (PFSSW) measure was used to gain Sally's feelings towards school and school work. An opportunity was given for Sally to tell her story. There was an exploration of what Sally is hoping to achieve from the sessions. Goaling was then employed using Targeted Monitoring and Evaluation (TME) to set goals that will help Sally achieve her hopes. The above were followed by a break and then session feedback and student compliments were given.
Session One	Re-exploration of what Sally was hoping to achieve from the sessions and what her life would be like if her hopes were realised (Miracle Question). Questioning around what Sally has already done in the past that might contribute to her hopes being realised. Consideration of what might be different if she made one very small step towards realising her hopes. Scaling questions were additionally used to ascertain what was better since we last met. The above were followed by a break and then Sally was presented with a Solution-Focused memo. The session finished with compliments for Sally and the setting of a homework 'experiment' task.
Session Two	Recap of session one with a focus on session one feedback, compliments, the Solution-Focused memo, and homework task. Exploration of how things had been since we last met (scaling for progress questions). Feedback and compliments were given regarding Sally's strengths and her previous successes. Re-exploration of the goals that Sally had set for herself. The above were followed by a break and then Sally was presented with a Solution-Focused memo. The session finished with compliments for Sally and the setting of another homework 'experiment' task.
Session Three	Recap of session two with a focus on session two feedback, compliments, the Solution-Focused memo, and homework task. Exploration of how things had been since we last met (scaling for progress questions). Feedback and compliments were given regarding Sally's strengths and her previous successes. Re-exploration of the goals that Sally had set for herself. The above were followed by a break and then Sally was presented with a Solution-Focused memo. The session finished with compliments for Sally and the setting of a homework 'experiment' task.
<i>3 week change period</i>	
Post-Session	Sally's progress since the last session and 3 week change period were explored using scaling questions. Sally's progress in relation to her goals and hopes for the future were evaluated using TME. The Pupils Feelings towards School and School Work (PFSSW) measure was re-administered to gather post intervention information. The session finished with intervention feedback and student compliments were given. Sally was also presented with a certificate of achievement.

The sessions were mainly adapted from Rees (2003) and Iveson (2002)

3.11.1 Target Monitoring and Evaluation (TME)

TME was developed by Dunsmir et al., (2009). TME adopts an individualised approach that evaluates progress based on three targets. Baseline information is collected in an attempt to calibrate the scale of the pupil's level of ability. Progress is evaluated by Likert-type ratings from 1-10 providing information as to whether progress following an intervention is as expected, better than expected or worse. TME additionally requires definition of specific, measurable outcome descriptors that reflect the progress of the individual. For further information about TME see Appendix Eight. See Figure 3.2 for Sally's TME results.

TMEs target focus coincides with the goal orientated nature of SFBT. TME complements the social constructivist epistemology of SFBT and the idea that pervades the solution-focused literature that we cannot know what is real, but only our accounts of it (Bidwell, 2007) by affording the collection of Sally's and the member of school staff's evaluation in relation to her progress following SFBT. TME is additionally appropriate as it enables the co-construction of knowledge between the school staff and the pupil. Therefore, acknowledging that construction is accomplished by people in relationships rather than by an individual reflecting on the world. Thus, "the process of interpreting, sharing and correlating experience through conversation creates human knowledge" (Bidwell, 2007 p.70).

3.11.2 Pupil Feelings towards School and School Work (PFSSW)

The PFSSW inventory was developed by Entwistle and Kozéki (1985). The PFSSW inventory was employed for the collection of pre and post data as a measure of

Sally's perception change(s) towards school and/or school work and to measure her overall motivation towards school. The three subscales and related ten factors of the PFSSW are presented in Table 3.4.

Table 3.4: Sub-scales and factors of school motivation (Kozéki and Entwistle, 1985)

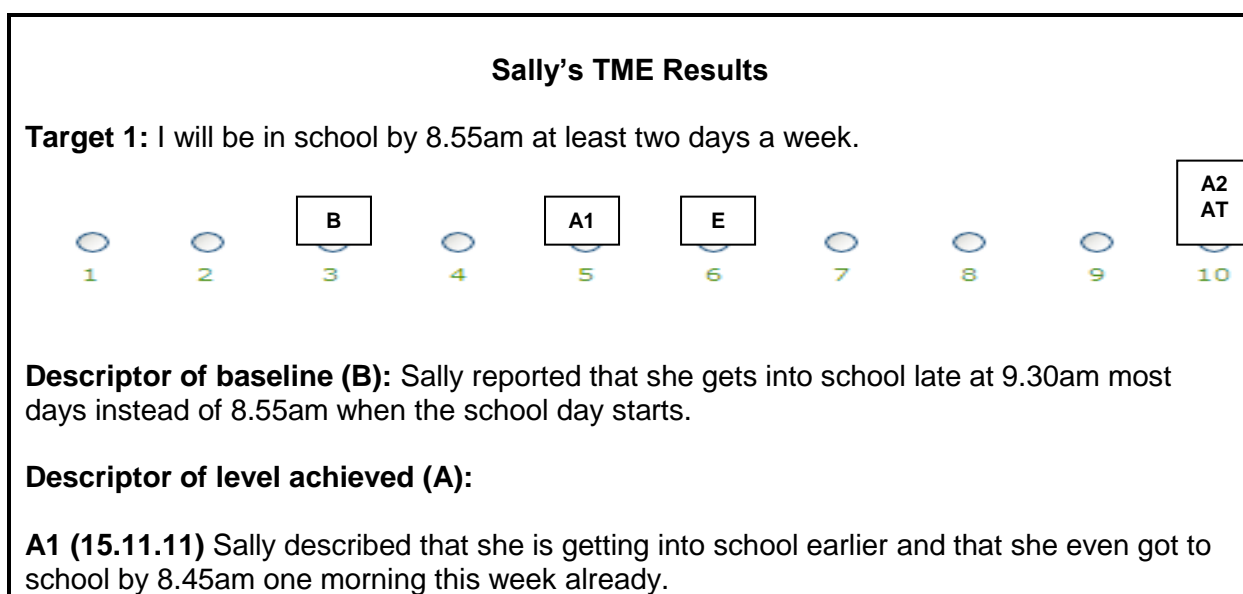
	Affective	DOMAINS Cognitive	Moral
MOTIVES	Warmth (parents)	Independence	Trust
	Identification (Teachers)	Competence	Compliance
	Sociability (Peers)	Interest	Responsibility
	Perceived pressure from adults (-ve)		

The inventory seeks to explain pupils' school behaviour and attainment in terms of the following factors: interaction between pupils' relationships with parents, teachers or peers (affective); their developing demands for independence, competence and interest in their school work (cognitive); and the growth of trust, compliance and responsibility (moral). PFSSW involves the pupil's self-reporting their perceptions; this reflects the key principle of SFBT to respect the client's expertise. The pupil is required to self rate sixty statements, in relation to the ten factors listed above, on a continuum of: a: definitely agree to e: definitely disagree. The PFSSW inventory was administered in the pre session for the collection of baseline data and was then re-administered in session three and the post session (see Table 3.5 for Sally's results) to measure Sally's perception change(s) towards school and/or school work.

3.12 Results

The results from the TME (see Figure 3.2) demonstrate that Sally's post-intervention level following the three week change period was higher than expected for targets one and three. This indicates that her progress in relation to targets one and three (punctuality and attendance) was better than expected. Sally's progress for target two was slightly worse than expected. This may be explained by her teacher's comment that Sally has continued to sit next to two particular pupils that are reported to have a detrimental influence on Sally's behaviour in class. Sally was also the most optimistic about her expected progress in relation to target two and expected to move seven points up the scale post-intervention. Nevertheless Sally has still made progress in relation to target two and has moved from a baseline rating of 1 to a post-intervention time two rating of 7. Her teacher also disagrees with Sally's rating of her progress and instead awarded Sally a 10 to signify her positive change.

Figure 3.2



A2 (13.12.11) Sally stated that she has been on time to school all of the days except one since the last evaluation (A1). Sally reported that the exception was Monday 21st November when she got into school 10 minutes late and arrived at 9.10am.

AT Sally's Teacher's Rating (13.12.11) Sally's Teacher conferred with the rating that she gave her improvement and added that she has made significant progress with her punctuality.

E: The expected improvement on 13.12.11 following the SFBT intervention and three week change period.

Target 2: I will ensure that I am listening and do not talk over the Teacher when they are explaining something to the whole class in English.



Descriptor of baseline (B): Sally reported that she talks when the Teacher is talking in most if not all of her lessons.

Descriptor of level achieved (A):

A1 (15.11.11) Sally commented that she is a 6 because she had not talked over her Teachers today but felt she still had more work to do to make sure that this was consistent.

A2 (13.12.11) Sally reported that she still “has work to do” in relation listening and not talking over her Teacher in English for the entire lesson. She added that she can currently maintain this for half of the lesson.

AT Sally's Teacher's Rating (13.12.11) Sally's Teacher reported that she feels that Sally has improved and that she does not talk over her in lessons. Sally's Teacher added that Sally can still at times lack concentration, specifically when she is with two particular pupils’.

E: The expected improvement on 13.12.11 following the SFBT intervention and three week change period.

Target 3: I will try to ensure that I attend school every day of the school week unless, I am genuinely ill.



Descriptor of baseline (B): Sally commented that she currently has one day off school most weeks.

Descriptor of level achieved (A):

A1 (15.11.11) Sally stated that she had one unauthorised absence since the sessions began and three days off ill.

A2 (13.12.11) Sally reported that she has only had one day off school since the last evaluation (A1). Sally further commented that she was genuinely ill and had been sick at school the day before. Sally also added that she really “did want to come to school” on the day that she was sick.

AT Sally’s Teacher’s Rating (13.12.11) Sally’s Teacher stated that her attendance has dramatically improved and confirmed that she has only had one day off since the last evaluation.

E: The expected improvement on 13.12.11 following the SFBT intervention and four week change period.

Figure 3.2: *Sally’s Targeted Monitoring and Evaluation (TME) targets and results*

Sally’s pre and post-intervention results in relation to her feelings towards school and school work are represented in Table 3.5.

**Table 3.5: Sally's Feelings about School and School Work Inventory (PFSSW)
pre-intervention and post-intervention scores**

PFSSW Scale	PFSSW Subscale	PFSSW Pre- intervention score	PFSWW post- intervention score (Time one)	PFSWW post- intervention score (Time two)
Warmth and empathy from parents	Affective	22	29	28
Identification with teachers	Affective	22	23	19
Affiliation with peers	Affective	24	20	22
Independence and self-confidence	Cognitive	12	22	24
Competence in knowledge and skills	Cognitive	18	19	16
Interest and enthusiasm in activity	Cognitive	12	18	20
Trust, conscience and self-esteem	Moral	21	22	26
Need for order and compliance with norms	Moral	17	14	18
Responsibility and anticipating consequences	Moral	22	18	23
Pressure and excessive demands from adults	Moral	10	12	21
Overall School Motivation		170	185	196

Sally scores indicate a positive change in relation to her perceptions of: warmth and empathy from parents; independence and self-confidence; interest and enthusiasm in activity; trust, conscience and self-esteem; need for order and compliance; and responsibility and anticipating consequences. She experienced a decrease in her perception of her: identification with teachers; affiliation with peers; and competence in knowledge and skills. However, Sally's identification with teachers did increase immediately following the intervention but, this was not maintained during the three week change period. Sally's perception of her competence, knowledge and skills also increased in the immediate post-intervention evaluation but decreased when measured following the three week change period. This may be explained by a lack of maintenance or may reflect Sally's anxieties around having to sit a Religious Education exam shortly after the final post evaluation session.

Table 3.6 illustrates Sally's attendance and punctuality data before, during and after the intervention.

Table 3.6: Sally's attendance and punctuality figures pre-intervention, during the intervention and post-intervention

Assessment point (3 week duration)	Attendance	Lateness
Pre-intervention	80%	42%
During the Intervention	73%	46%
Post-intervention	93%	4%

The data clearly demonstrates a significant increase in attendance during the 3 week change period post intervention. Although causal claims cannot be made, it can be hypothesised that Sally's increased attendance may be related to her improved overall motivation towards school demonstrated by her PFSSW scores. The data also reveal the interesting finding that Sally's attendance and punctuality decreased during the intervention. This may be explained by the notion that once an intervention commences, the situation can sometimes get worse before an improvement is observed.

3.13 Discussion

SFBT is arguably efficient in offering some immediate solutions to presented problems in school. The findings offer case study support for the effectiveness research. Specifically, the results support the findings of Murphy (1994) and Atkinson and Amesu (2007) that demonstrate that SFBT can result in increased attendance. The finding that Sally and her teacher perceived an improvement in her behaviour supports, Franklin et al's., (2001), Ratner (2003), Franklin et al's., (2008) and Daki and Savage's (2010) findings that SFBT can result in improved behaviour. Sally's increased overall motivation towards school complements Daki and Savage's (2010) finding that SFBT can result in self-reported increased positive attitude towards school. The results also coincide with Springer et al's (2000) and Daki and Savage's (2010) findings that SFBT can result in increased self-esteem. Sally's reported increase in independence and self-confidence may also reflect Daki and Savage's (2010) findings that demonstrate a reported increase in self-reliance following SFBT.

The findings from the current research did present interesting counter results. Sally reported a slight decreased affiliation with teachers. This finding additionally conflicts with Daki and Savage's (2010) finding that SFBT resulted in a small increase in positive attitude towards teachers. However, Sally also reported a decreased affiliation with peers. The apparent decreased affiliation with others may be a consequence of Sally's large gains in feelings of independence. Sally's reported perception of increased pressure and excessive demands from adults may reflect the additional attention from adults that Sally received during and post intervention. The increased perception of pressure and excessive demands from adults may also be explained by the notion that Sally's GCSE exams were fast approaching, and that eight weeks had lapsed between the pre-intervention measure and post-intervention time two measure.

The findings from the current research suggest that SFBT could be an effective intervention to help reduce social exclusion and increase school participation. However ethical questions remain regarding the appropriateness of an intervention designed to address some of the characteristics of disaffection; if disaffection is conceptualised as a way for a young person to have a voice or to express their dissatisfaction with the formal education system. Interventions that 'mask' a young person's voice or expression of dissatisfaction may render the young person more vulnerable and reduce their social capital, if alternative meaningful opportunities for young people to have a voice are not established. This is particularly noteworthy in the current social climate, with the economic downturn and possible reasons of limited social capital offered for the public disturbances. However, EPs have reported

the important role of SFBT in 'empowering' and evoking 'personal agency' in the young person (Stobie et al., 2005). SFBT also involves a collaborative strengths based approach that focuses on the young person's resources with realistic goals, set and negotiated by the young person, that promote their self-efficacy and aid motivation.

Future research in the area of SFBT should focus on measuring the effectiveness of the intervention with the wider population and vulnerable groups. The current paper provides only one illustrative case example of the effectiveness of SFBT in a particular context and for a particular individual. The findings from the current paper therefore cannot be generalised. The current paper also only investigated the impact of the intervention immediately after and after a short change period (three weeks). Unfortunately the change period was shortened due to Sally's absence and in light of time constraints. Research that involves conducting multiple post evaluations and investigates the longer term impact of SFBT would offer further insights. The suggestions that SFBT is more effective in schools when teachers and staff are trained in the techniques and when the entire school culture, norms, and practices are changed to follow the strengths and empowerment orientation of the solution-focused approach (Franklin et al., 2001; Franklin and Gerlach, 2007) prompts the necessity for further research exploring how SFBT approaches can be developed to be used systemically in schools and with families. The case study described in this paper did not involve systemic change or a substantial degree of parental participation. In light of the research, it may be argued that the intervention could

have been more effective if an approach that focused on different ecological levels was adopted.

3.14 Implications for Educational Psychology practice

The role of Local Authority Psychology Services to provide provision of therapeutic services for children, young people and their families has been described by Stobie et al (2005, p.20) as “compelling”. EPs involvement in therapeutic work is also endorsed by the BPS (2010) and HPC (2010). Specifically, SFBT offers a solution-oriented framework within which to understand service users’ presenting problems, provides a general emphasis on collaboration and client strength, as well as techniques to facilitate the development of solutions; these have clear utility for practice (Stobie et al., 2005; Stalker, 1998). The brief nature and reality of time limited involvement in case work additionally makes it appealing to both school staff and EPs (Stobie et al., 2005). Findings from a computer-mediated survey using EPNET and ‘purposive sampling’ suggested that in practice EPs mainly use Solution Focused (SF) techniques in individual work with children and young people (Stobie et al., 2005). However, the premise that EPs should be conducting individual one to one therapeutic work with children has been questioned. If therapeutic outcomes are mostly dictated by the client therapist relationship rather than the model(s) used, (Lambert, 1992) then the necessity for an EP to personally deliver the intervention may be contentious, given that EPs are external professionals who are subject to time constraints and many demands that may act as a barrier for establishing meaningful relationships with children and young people. Alternatively EPs may be

considered 'best placed' to develop client therapist relationships in light of their psychological training. Lambert (1992) also acknowledges that around fifteen percent of the success of therapy is dictated by the therapeutic model employed. Conversely, Stobie et al's (2005) survey may be criticised due to the small sample (thirty-one EPs) and limited external validity. The assertions noted in the discussion in relation to the increased effectiveness of SFBT when culture and norms are changed in schools suggest that despite the reported focus of SFBT on individual work in practice, SF approaches offer a distinct contribution to promoting systemic change. The notion that SF approaches can be utilised in systemic working will be explored in stages two and three of this research.

It is vital that EP's adopt evidence based practice especially; as school environments are becoming increasingly evidenced based (Franklin and Gerlach, 2007). It has been argued that SFBT is an effective school-based intervention that is uniquely suited to foster students' success "because it is goal orientated and fits within the time and space constraints of the settings" (Franklin and Gerlach, 2007, p.187). However the evidence base for SFBT does have notable criticisms. SFBT should therefore, be used in a manner that reflects these criticisms, and in a context of further practitioner research. Single N designs, like the current research, have been suggested as an easily accessible method to ascertain evidence for both process and outcome of SF practice (Stobie et al., 2005). Although there is anecdotal evidence that many EP's use SF methods in their practice, there is still a dearth of British evaluations about the effectiveness of SF practice by EPs (Stobie et al., 2005). Research is required that illuminates the formulation before the use of SFBT;

that investigates the basis for EPs decision to use SFBT and offers transparency in relation to how they evaluate and recognise change. Interestingly fifty-two percent of the EPs in Stobie et al's., (2005) survey indicated that in practice, they do not evaluate their use of SF approaches. It appears crucial that EPs utilise empirically validated interventions and are not rigidly adhered to one model of therapeutic intervention without consideration of evaluation data. TME may offer a valid form of practitioner outcome evaluation to support the monitoring and evaluation of pupil progress, as required by the new Special Educational Needs Code of Practice.

3.15 Conclusions

The findings from the research suggest that SFBT was an effective intervention, for the case described, in promoting attendance, punctuality and overall school motivation. Further research investigating the longer-term impact of the SFBT intervention is necessary. Future consideration is also required as to whether the changes evoked by SFBT, that may be regarded as resulting in increased student participation, have resulted in positive outcomes beyond the increased participation. More fundamental questions remain in relation to why young people become 'disaffected' and further examination may be required in relation to the appropriateness of formal education systems for all children and young people; especially if 'disaffection' is construed as a symptom of unmet need. The apparent effectiveness of the SFBT identified in the practitioner research may validate the use of EPs time to conduct individual therapeutic interventions. It may be argued that Individual work with children and young people may be particularly appropriate for

EPs who adopt an ecological perspective and who can highlight multi-level complex issues that may impact on the individual that could then be used to inform systemic work. The research indicates the usefulness of TME as a practitioner evaluation tool to assess the effect of SFBT. TME complements the goal-oriented nature of SFBT and provides practitioners with an accessible and pragmatic tool with which to triangulate perceptions of positive change and progress with the young person and school staff.

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Appendix One

SFBT intervention outline for school

The Use of Solution-Focused Brief Therapy for Students Identified as Disaffected: A Small Scale Educational Psychology Project * Secondary School**

Rationale for the use of Solution-Focused Brief Therapy in Schools

Solution-Focused Brief Therapy (SFBT) is a therapeutic approach based on solution-building. The approach was founded by de Shazer and Berg in the mid 1980's. It explores the young person's current resources, strengths and future hopes and goals rather than present problems and past causes. It typically involves only three to five sessions, each needing to last no more than 45 minutes (Iveson, 2002). Solution-Focused Brief Therapy has been found to be an effective intervention in the school setting (Rhodes and Ajmal, 1995).

The types of young people that may benefit from involvement in the project

Definition of disaffection:

young people who influenced by various ecological factors experience dissatisfaction with formal school systems and who may express this negative appraisal through non-attendance, disruptive behaviour, decreased motivation, and academic under achievement.

"An integrated set of negative attitudes, beliefs and behaviours with respect to the demands of school life generally and with respect to academic domains" (Mc Namara, 1998).

Young people with:

- General apathy towards school
- A poor record of homework completion
- Inconsistent attendance
- Disruptive behaviour in class

The sessions will only be effective for young people that are motivated to change or want something different to their current path.

Timetable of TEP Involvement

Date	Time	Nature of TEP Involvement
Tue 18/10/11	9.30am	<ul style="list-style-type: none"> - Pre Intervention data gathering • Staff consultations and TME completion • Individual work with the students identified <ul style="list-style-type: none"> - Rapport building - PFSSW
Half Term		
Tue 01/11/11	9am – 10am	- Solution-Focused Brief Therapy Session 1
Tue 08/11/11	9am – 10am	- Solution Focused Brief Therapy Sessions 2
Tue 15/11/11	9am – 10am	- Solution Focused Brief Therapy Sessions 3
4 Week Observation of Change Period		
Tue 13/12/11	9am	<ul style="list-style-type: none"> - Post intervention data gathering <ul style="list-style-type: none"> • Individual work with the student <ul style="list-style-type: none"> - TME completion - PFSSW • Staff consultations and TME completion

How will the project be evaluated?

The Pupils Feelings about School and School Work (PFSSW) Inventory (Entwistle & Kozeki, 1985) will be used as a pre and post measure to assess progress. The measure will assess possible changes in the young person's: attitude towards school, attitudes towards school work, overall motivation, self-efficacy and self-image.

Targeted Monitoring and Evaluation (TME) (Dunsmuir et al., 2009) will also be employed to measure progress from the young person's perspective and the link Teacher's perspective. TME allows the measure of change in relation to three specific targets on a 10-point scale. The measure includes a current or baseline level (B), expected outcome of the intervention level (E), and post intervention achieved

level (A). TME will enable an evaluation of the impact of the SFBT intervention on the three specific targets.

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Appendix Two

Ethical issues and how they were addressed

Ethical considerations	Consideration of the issue and how the identified ethical issue(s) have been addressed in the research
Recruitment of the participant	<p>The participant was recruited based on school staffs identification. School staff suggested three pupils that they felt corresponded to the definition of disaffection (derived from the literature), who had already indicated a desire for positive change and who they felt would benefit from one to one therapeutic sessions. There are obvious ethical concerns regarding the schools identification of the participant and regarding the potential of viewing the young person as an 'involuntary client' (Berg and Steiner 2003). Furthermore, in light of the hierarchical nature of schools and the power imbalance between school staff and pupils, the young person may feel coerced into participation. Additionally, the young person may feel that their refusal to participate in the sessions may be further evidence of their intransigence and therefore, feel pressured into consenting (Ratner, 2003).</p> <p>In the case presented, the young person had already indicated a desire for positive change independent of the intervention. The voluntary nature of the sessions was explained to the young person in the therapeutic introduction (see Appendix three). Additionally, the voluntary requirement of participation was stressed to the young person, at the start of every session, to counter any possible feelings of compulsory participation. Throughout the sessions a client focused approach was adopted to reinforce that the sessions and their participation, was tailored by them.</p>
Gaining voluntary informed consent	<p>The necessary steps were taken to ensure that the young person and their parents understood the process in which the young person would be engaged, how SFBT may be beneficial and to whom the results would be reported (see Appendix four for</p>

the young person's consent form and Appendix two for the parental consent form).

To accompany the parental letter, I also made a telephone call to the parents to ensure that: they had received the letter, understood the process and what the sessions would entail, understood the possible outcomes of the sessions, were aware of who the results would be reported to, had a opportunity to ask any questions, and felt comfortable to give their consent for their child's participation. I engaged in the same process as detail above for the parents in a face to face meeting with the young person.

Again, the voluntary requirement of participation was stressed to the young person, at the start of every session, to counter any possible feelings of compulsory participation.

Uses and ownership of data must adhere to the Data Protection Act (1998, modified 2003).

The young person was briefed on how and why their personal data would be stored. Permission was sought to disclose (anonymously) quotes obtained during the sessions. The young person was assured that all of the information gathered would be kept securely and that any possible form of publication would not directly or indirectly lead to a breach of agreed confidentiality and anonymity. In accordance with University of Birmingham policy, the raw data (audio taping and written notes) will be securely stored in a locked cabinet for 10 years from the date of first publication of the results. No names will be attributable to the stored data.

The young person may disclose conduct that may be harmful to the participant themselves or others.

The young person was made aware of the limitations of maintaining confidentiality. The decision to override agreements on confidentiality and anonymity will be taken after careful and thorough deliberation and following consultation with a professional colleague. The young person was informed that if they reported anything that may constitute a child protection issue, that I would be obligated to pass that information on to school staff. The process and possible consequences of my reporting of child protection issues was explained to the young person. If the young person made a disclosure I would have apprised them of any reasons and intentions for my reporting of the disclosed harmful conduct. In the interests of transparency,

contemporaneous notes would have also been kept on any such decisions and the reasons behind them.

The right to withdraw

The young person's right to withdraw for any or no reason, at any time was made explicit during the sessions. The young person was notified that they could withdraw their participation at anytime without explanation or consequence. The young person was informed that they could withdraw by alerting a member of staff or by informing me. Again, the voluntary nature of attending the sessions was stressed throughout the sessions.

Consideration that the young person may experience distress or discomfort in the SFBT sessions.

It was anticipated that the SFBT sessions would not cause distress or discomfort due to the focus on solutions and positive goals for the future. Problem talk is limited in SFBT; it was hoped that the lack of problem talk would reduce the likelihood of the young person experiencing distress or discomfort. However, if I felt or the young person reported that they were experiencing distress, I would have arranged the involvement of an appropriate professional who could offer support e.g. another Educational Psychology or a Counselling Psychologist.

The young person was informed that there was no obligation to answer every question during the sessions and that they could withdraw their participation for single questions. The young person was also reminded that their data would be kept anonymous in the paper written as part of the Trainee Educational Psychologists Doctorate in Applied Child and Educational Psychology. The pseudo name of Sally was used to protect the young person's anonymity.

Debriefing

The young person was debriefed in relation to their participation during the post session. The young person was informed about the outcomes of the sessions. The debrief also presented an opportunity to identify any unforeseen harm, discomfort, or misconceptions, and in order to arrange for assistance as needed. Additionally the parents of the young person were contacted by telephone and debriefed with regards to the session outcomes.

Appendix Three

Young person consent form

Consent to participate in a project to help bring about positive change

Name of project facilitator: Stephanie Herriotts-Smith

Name of participant:

Please Tick ✓	
	I am prepared to take part in a project to help bring about positive change. This project is likely to last for approximately 4 sessions and will take place weekly on a Tuesday in school.
	I am able to 'drop out' at any time, for whatever reason. If I decide to drop out I will let someone in school or the facilitator know. I understand that I do not need to give a reason for dropping out.
	The project has been explained to me and I have had the opportunity to ask questions to the facilitator about the project.
	I understand that I shall be allowed to read any notes made during the sessions.
	I understand that the sessions may be audio taped and that I may listen to the recordings at any time. I also understand that the recordings will be stored securely.
	I understand that the sessions will be kept confidential unless I say something that suggests me or someone else is in danger. If this is the case, the facilitator will have to talk to the child protection office in school. If the facilitator wants to discuss any information from the session with school or parents/careers she will get my permission first.

Signed_____

Date_____

Appendix Four

Parental consent form

Dear Parents/Carers

Project Title: Promoting School Engagement Using Solution-Focused Brief Therapy

*** School is taking part in an Educational Psychology research project commissioned by *** Council and the University of Birmingham. Educational Psychologists work with parents/carers, schools, and other professionals to try and improve outcomes for young people. The project is aimed at promoting positive change for Key Stage 4 pupils'. The project will offer an opportunity for the young person to solution-build with the assistance of a Trainee Educational Psychologist. The young person will be encouraged to explore their strengths and resources and focus on their future hopes and goals in order to ultimately promote school engagement.

The school has indicated that _____ may benefit from the project. If you give permission for your child to take part and they also give their consent, they will be involved in:

- A pre session, intended to build rapport and offer an opportunity for assessment (lasting approximately 30 minutes);
- Three Solution-Focused Brief Therapy sessions (lasting approximately 45 minutes each);
- And a post-session evaluation (lasting approximately 30 minutes).

Your child's participation in the project is voluntary and s/he may withdraw from the project at anytime, without explanation, by informing the researcher or a member of school staff.

The sessions will be conducted in school by a Trainee Educational Psychologist who is employed by *** Council and who is completing Doctoral research at the University of Birmingham. A member of school staff may also be present during the sessions.

The sessions may be audio taped to enable further analysis by the researcher. Only the researcher will have access to any personal information provided by the young person with the exception of any possible issues related to child protection. The audio taped records will be stored securely and used only for the purposes of this project. The young person will remain strictly anonymous and their name will not be revealed in any research paper or publication that may come from this project.

If you would like to ask any questions about the research project please do not hesitate to contact me. Feedback from the project will be discussed with the young

person during the evaluation session. If you would like an opportunity to discuss the feedback and evaluation of the project, again, please do not hesitate to contact me.

If you agree for your child to take part, please complete the form overleaf and return it to school.

Kind regards,

Mrs S Herriotts-Smith
Trainee Educational Psychologist
Tel: 01
Email: stephanie.herriotts-smith@***.gov.uk

Project Title: Promoting Positive Change Using Solution-Focused Brief Therapy

I agree for my child (name of child) _____
to take part in the project.

Name of parent/carer (print):

Signature _____ Date

Name of Trainee Educational Psychologist and Researcher (print): Mrs S
Herriotts-Smith

Appendix Five

Therapeutic introduction

TEP/Facilitator
Young Person YP

Thank you for being here today.

As you probably know, your school have asked us to meet together to see if we can make things better than they are for you at the moment.

My name is Stephanie and I'm hoping that we can maybe meet together over the next few weeks after half term, maybe 4 times, to talk things through and see if things can get a little better. I am a Trainee Educational Psychologist my job involves (use the young person booklet to explain my role).

Before we start our project, after half term, I'd like to know whether all of this is ok with you?

Is it ok that we meet, how does that sound?

I know it maybe a new idea to you and I will completely understand if you would like a day or so to think it through, or maybe have a question you'd like to ask me?

I really feel that for us to stand a good chance of making things better, it would be best if we were both willing; me and you, to give this a try- not just one of us. So how do you feel?

*Hopefully YP says **"Yes"/ indicates they want to make a change***

If you're happy to go ahead, would you like to hear a bit more about what we'll be doing?

*Hopefully YP says **"Yes"***

As I have said we will be meeting once a week for five weeks in total, on a Tuesday, for say 30-45 mins.

Our aim is to see if things can get better for you. We will be talking about your hopes for the future, your goals and some targets that you might want to set yourself. We will also talk about what you are good at and how you may want to use your skills to achieve your goals for the future. Does that sound like something that you may be interested in?

Would you mind reading this consent form with me and then making a decision as to whether you would like to agree to take part in the sessions? If you are willing to take part, could you please sign the form?

Hopefully YP asks any questions and then signs the form

Do you have any/more questions?

Appendix Six

Example of solution-focused questions that were used to frame the sessions

1. Problem Free Talk

Generally, what have you been up to since we last met?

Did you have a good weekend?

What did you do during the weekend that was good?

2. Exceptions: Pre-session change

What changes have there been since our last session? (5 school days: Tuesday, Wednesday, Thursday, Friday and Monday)

3. Desire to change

On a scale of 1-10 when 1 is that you don't need to do anything differently and 10 is that you are willing to look at how things could be better in school, where would you put yourself on the scale?

1

5

10

What are you hoping to achieve from the sessions?

What do we need to talk over today to enable you to feel this meeting has been worthwhile?

4. Goaling

If we were to review your goals now, where would you put yourself on the scale for each goal?

Why have you placed yourself there?

What would be different if you moved one number up the scale?

What number would represent good enough for you and how will you know that you are there?

How confident on a scale of 1 to 10 are you that you will reach your desired number on the scale, 1 being not at all confident and 10 being really confident?

1 5 10

How would you know when you are a 10?

What would be the first sign that you could tell that things were beginning to slip for each of your goals?

5. Exceptions

Example

How do/ have you managed to.../ how did you decide to do that?

get yourself into school for 8.55 am before?
not talk over the teacher in a lesson before?
Attend a whole week of school when you are in everyday?

How come you still come into school even though you find it difficult/frustrating/annoying?

What is stopping things from getting worse? How are you managing to hold things where they are even though they are difficult?

How come the school want to try and help you?

What do your Teachers know about you that makes them think it's worth going to the trouble of asking me to come and talk to you?

6. Compliments on resources and strengths

7. Miracle Question

'suppose that one night, while you were asleep, there was a miracle and any problems at school were solved'. You wake up to a 'prefect day' at home and at school.

How would you know?
Talk me through the day, how does it start and end?
What would be different?

BREAK

- thank you
- compliments
- give them their memo
- Review homework task
- Set a homework task

Appendix Seven

An overview of the SFBT techniques utilised in the sessions

Problem Free Talk (George *et al.*, 1990)- An opportunity to engage in some general social conversation, discussing the client's interests and strengths. An exploration of the person without the problem.

Miracle Question (de Shazer, 1988; and Berg, 1991)- for example, 'suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different? ...' (de Shazer, 1988).

Scaling Questions (George *et al.*, 1999)- The scale framework from '0-10' or '1-10' (where 0 represents the worst things have been and 10 represents after the miracle) can be used to differentiate different aspects of the problem and its solution.

Solution Focused Questioning- An attempt to identify what life would be like without the problem. For example, how will things be different now that you're back in school? What would it take to make it better? What would you have hoped to achieve by the end of Year 11?

Competence Questions (Bannink, 2007)- The therapist uses the client's strong points and resources, her/his words and opinions, and asks competence questions.

Hypothetical Solution Questions- (Rhodes, 1993)- The therapist can use hypothetical questions if it is difficult to find exceptions. Hypothetical questions encourage the client to think about life without the problem.

Finding Exceptions to the Problem- The therapist searches for any exceptions to the problem pattern, however small or rare. For example, when did you last manage to get to school? The therapist can also look for pre-session change, Weiner-Davis *et al.*, (1987) found improvements during the period from referral to the first session.

Goaling- (de Shazer, 1988)- The client is encouraged to devise workable goals. The goals should be: positively worded, realistic, relevant, comprehensible, observable, precise, concrete, salient to the client and measurable (Rees, 2003).

Utilisation (de Shazer, 1988)- using the client's own resources, strengths, beliefs and behaviour in the direction of change. 'Utilising whatever the client does that is somehow "right", "useful", "effective", "good" or "fun", for the purposes of developing a solution' (De Shazer, 1988, p. 140).

Solution-Focused Memo Writing (Johal-Smith & Stephenson, 2000) (cited in Atkins & Woods, 2011, p.59)- client's are provided with memos detailing the issues that have been discussed and the solutions suggested for resolving these issues.

Homework Task and Experiments (de Shazer, 1984)- Tasks and experiments can be set for clients to conduct between sessions. For example, 'between now and the next time we meet, I would like you to observe, so that you can describe to me next time, what happens in your life that you want to continue to happen' (de Shazer, 1984).

Appendix Eight

Target Monitoring and Evaluation Systems (TME)

Target Monitoring and evaluation was developed by Dunsmir et al., (2009). The TME system is conceptually and methodologically based on the work of Kiresuk and Sherman (1968), who devised Goal Attainment Scaling (GAS). GAS was proposed as a method that could be used to evaluate the outcomes of mental health interventions (Kiresuk and Sherman, 1968). TME was devised to streamline GAS while addressing some of the noted criticism (See Cytrynbaum et al., 1979; and Dunsmir et al., 2009). TME adopts an individualised approach that evaluates progress based on three targets. Baseline information is collected in an attempt to calibrate the scale of the pupil's level of ability. Progress is evaluated by Likert-type ratings from 1-10 providing information as to whether progress following an intervention is as expected, better than expected or worse. TME additionally requires definition of specific, measurable outcome descriptors that reflect the progress of the individual. See figure 5 for Sally's targets and her and the member of school staff's TME evaluation of her progress. TME is a recent development and must be used with caution; further research is required to investigate the value of such an approach to evaluation.

TME is target focused and this coincides with the goal orientated nature of SFBT. TME was utilised to collect both the pupil's and school staff perceptions and evaluations of progress. This process is important with respect to Ratner's (2003) claims that occasionally there can be a discrepancy between school reports of progress and the pupils' reports. TME enables an investigation of any differences and an opportunity is then presented, to solution build in relation to what school staff see as progress and what the young person's views as progress, and negotiate future action in as equitable manner as possible. The process may also be regarded as important in light of ensuing debates in relation to who may be regarded as the client in EP practice, in this instance: young person, school or Local Authority?

Hitchcock and Hughes (1995, p. 21) illustrate the interrelation of ontology, epistemology, methodology and data collection by suggesting that;

"Ontological assumptions give rise to epistemological assumptions and these in turn give rise to methodological assumptions and these in turn give rise to issues of instrumentation and data collection".

TME complements the social constructivist epistemology of SFBT and the idea that pervades the solution-focused literature that we cannot know what is real, but only our accounts of it (Bidwell, 2007). The use of TME to evaluate SFBT is additionally appropriate as it enables the co-construction of knowledge between the school staff

and the pupil. Therefore, acknowledging that construction is accomplished by people in relationships rather than by an individual reflecting on the world. Thus, “the process of interpreting, sharing and correlating experience through conversation creates human knowledge” (Bidwell, 2007 p.70). However social constructivism and the social practices built upon it (SFBT) have received criticism for losing touch with reality (Bidwell, 2007).

CHAPTER 4

PPR3: CIRCLE OF ADULTS: A GROUP APPROACH TO FACILITATING TEACHERS' PROBLEM-SOLVING IN RELATION TO SUPPORTING PUPILS' WITH ADDITIONAL SOCIAL, EMOTIONAL AND BEHAVIOURAL NEEDS

ABSTRACT

The paper provides an illustrative case study example of practitioner research exploring the use of an emerging collaborative problem-solving framework, Circle of Adults (CoA) (Wilson and Newton, 2006), within Educational Psychology practice. The research considers the broad literature regarding group consultation as a means of providing indirect support to pupils, through offering direct support to the adults who support them. The consultative group problem-solving CoA approach was employed with seven teachers at a mainstream primary school in an endeavour to support pupils with additional social, emotional and behavioural (SEB) needs and promote inclusion. The effectiveness of CoA is explored through the teachers' perspective by the use of self-report pre and post assessment measures. The pre and post evaluations comprised of adapted versions of the Teacher Attribution Questionnaire (Poulou and Norwich, 2002) and the Problem-Solving Self-Efficacy Inventory (Hepper and Peterson, 1982). The quantitative assessment data was additionally triangulated with teachers' qualitative evaluation of the CoA process. The findings suggest that following the CoA intervention, there was a shift in teachers' perceptions and they were most likely to attribute the causality of SEB needs to teacher factors compared to family factors pre intervention. The results also

demonstrate that post CoA, teacher's reported increased self-efficacy in eight of the eleven items measuring their problem-solving self-efficacy. Teachers' positively evaluated the CoA process and made specific reference to the acquisition of knowledge and additional strategies, peer support and increased confidence. The teachers' also commended the formalised opportunity for collaboration, support and open dialogue with colleagues facilitated by the CoA. The findings are critically discussed with reference to practical considerations and implications for Educational Psychology practice.

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4.0 Introduction

4.1 The context of the research

4.1.1 Additional need and inclusive schooling

Research has indicated that the identification of SEN is increasing (SENCO Update, 2010; Ofsted, 2010). In addition, the numbers of children and young people experiencing mental health difficulties that require specialist support has also been reported to be rising (Baxter and Frederickson, 2005). Furthermore, Bradshaw and Richardson (2009) reported concerns regarding the 'low levels' of children's mental health and well-being in the United Kingdom compared to other European nations. The Coalition Government have highlighted the importance of mental health in the publication 'No health without mental health' and contended that "mental health is everyone's business- individuals, families, employers, educators and communities" (DoH, 2011, p.5). The prevalence of mental health difficulties has significant implications for school professionals who, as educators, have been afforded a key role by the Government to help promote positive mental health.

However, the task that teachers have in problem-solving and meeting the educational, mental health and behavioral needs of their pupils is regarded as a significant challenge (Conoley and Conoley, 1990). The previous Labour Government promoted inclusive schooling and highlighted in the SEN Code of Practice (DfES; 2001; 1994) the benefits of inclusion for all children. In addition, they specifically targeted the support that schools should provide by requiring that all

teachers had the necessary skills to meet the needs of all the children that they teach. Following the historical move towards inclusive schooling,

“there now exists a rich field of knowledge and understanding of children’s emotional growth, of the purposes of social interactions and relationships which influence it, and of the part these play in enhancing or impeding the capacity for learning” Hanco (1999, p.5).

However, there appears to be a discrepancy between teachers’ growing theoretical understanding of the impact of social and emotional factors on learning, and their opportunity to apply their knowledge in practice. This detracts from school professionals’ ability to provide education that caters for all of the child’s needs including affective, social and emotional, needs Hanco (2002).

4.1.2 Teacher support

The apparent increased need in conjunction with the previous Governments inclusive orientation arguably, has resulted in an increased number of children in mainstream school who have additional needs. This evokes the important question regarding what increase there has been in support for teachers’ to effectively meet the varying needs of the children they teach. Conoley and Conoley (1990, p.84) affirmed that, “teachers require support to respond successfully to children’s needs”. The notion of the necessity of support for teachers is exemplified by Nias et al’s., (1989) finding that schools who ensure that teachers’ are professionally and emotionally supported have staff who are more effective in supporting the needs of children. Furthermore, The Elton Report (DES, 1989) endorsed the use of teacher peer support to encourage inclusive teaching.

In contrast, the current Coalition Government has signaled a policy shift by suggesting the need to “remove the bias towards inclusion” and emphasising parental choice in relation to mainstream and specialist schooling (DfE, 2011, p.5). However, the Support and Aspiration green paper (DfE, 2011) acknowledged the gaps in initial teacher training in relation to both supporting children with SEN and managing behaviour. The Green paper calls for initial teacher training to adopt a stronger focus on support for children with additional needs.

Interestingly, it has been suggested that, the philosophy of inclusion and open acceptance of each other and each other’s needs can be a powerful system of support in itself (Dearden, 1994). It is additionally important to recognise that,

“It is every teacher’s responsibility to support every child effectively, every schools responsibility to support every teacher effectively and every Local Education Authority’s responsibility to support schools effectively” (Dearden, 1994, p.54).

Thus alluding to the notion that systems must support systems and highlighting the supportive role that professionals employed by the Local Authority (LA), such as Educational Psychologists (EPs) can fulfil.

4.1.3 The role of an Educational Psychologist to support staff in schools

The British Psychological Society (BPS, 2010, p.15) asserted that EPs have a key role in developing and applying,

“effective interventions to promote psychological wellbeing, to raise educational standards and social, emotional and behavioural development...promoting inclusion and reducing social exclusion”.

Moreover, MacKay (2010, p.249) contended that Educational Psychology has been “pivotal in taking forward the philosophy of social inclusion over the past 20 years”. EPs have been described as “fundamentally scientist-practitioners who utilise, for the benefit of children and young people, psychological skills, knowledge and understanding” through the specific functions of consultation, research and training at organisational, group or individual levels across educational settings (Fallon et al., 2010, p.4).

EPs can provide a distinctive contribution by facilitating solutions to complex problems that occur in complex real-life contexts through the application of psychology (Cameron, 2006). Arguably, the effectiveness of an EP is increased when EPs engage in systemic development as opposed to conducting work with individual children (Monsen et al., 1998). Furthermore, Wright (1990) highlighted the developing consultancy role of an EP. Shillito-Clarke (1990) contended that the effectiveness and efficiency of an EP is improved when EPs are able to co-ordinate problem-solving activities and when EPs are constructed as problem-solving colleagues as opposed to ‘experts’. What’s more, the SEN Code of Practice (DfES, 2001, p.142) reinforced the role that EPs have in supporting schools and school staff to effectively problem-solve,

“The EP can be a very important resource for the school...through regular consultation with schools, Educational Psychology services can provide help in clarifying problems and devising problem solving strategies...including techniques in managing behaviour...In addition to working with individual children, the EP can work with groups of pupils or teachers and learning support assistants at the classroom or whole school level, for example..., helping to develop knowledge and skills for school staff and assisting with projects to raise achievement and promote inclusion”.

Egan (1986) offered that a 'skilled helper', such as an EP, can support others to manage the social and emotional dimensions of problem situations in a holistic manner. Furthermore, Hanco (1999) suggested that collaborative and consultative problem-solving groups can serve to simultaneously meet the needs of both pupils and teachers.

3.2 Remit of the professional practice report

The paper provides an illustrative case example of practitioner research investigating the effectiveness of an emerging group problem solving framework, Circle of Adults (CoA) (Wilson and Newton, 2006), within EP practice. The intervention aims to utilise school staffs' expertise to develop a collaborative approach to problem-solving in relation to meeting the needs of pupils with additional needs. The paper endeavours to explore how interventions aimed at supporting school staff with problem-solving may be used to promote the inclusion of pupils with a wide range of needs in a mainstream primary school. Specifically, the intervention attempted to: challenge and reframe negative conceptualisations of children by promoting an eco-systemic understanding of behaviour; increase school staffs' perceptions of their capacity and skills to find solutions when confronted with challenging and complex problems; and enhance school staffs' perceptions of professional support. Finally, the paper critically explores the usefulness of CoA with reference to the research literature and offer implications for the role of an EP.

4.3 Literature review

Firstly, the literature review offers a brief consideration of the conceptualisation of difficulty in the classroom by exploring the influence that teachers' perceptions, attributions of causation and self-efficacy may have in relation to supporting children and young people who experience SEB difficulties. The literature regarding consultation groups is then explored with specific consideration of CoA. A brief background of CoA is offered, followed by an interrogation of the evidence base. Finally, the rationale for use of CoA is presented with reference to the critique of CoA.

4.4 The conceptualisation of difficulty in the classroom

Miller's (1996, p.78) research illuminated the centrality of issues surrounding professional support when teachers were supporting pupils judged to be of an "unsettled or anti-social nature". Miller (1996) interviewed twenty-four primary school teachers from eight different Local Educational Authorities between the Midlands and Scottish border and identified twenty-two main codes that recurred within the interview transcripts (see Figure 4.1).

With particular reference to the current paper, Miller's research highlighted the importance that primary school teachers' assigned to: the influence of perceptions; peer support; the role of consultation; acknowledging 'in house' expertise; and a school culture that encourages problem-solving. Miller's research employs selection

bias' as a manner in which to explore factors pertinent to successful intervention. The schools that participated in the research were nominated by an EP on the basis that the teachers' had implemented an intervention to support the 'challenging behaviour' and that it had been deemed, by the teacher, at least partially successful in the last two months.

Figure 4.1

Pupil impinging on other staff
Role of Head
Staff agreement with the need for referral
Consultation within school
School policy on managing the day
Other staff's knowledge of pupil
Previous teachers' strategies with pupil
School culture re problem-solving
Support as the opportunity to talk
Teacher alone/not alone with the problem
Staff's/head's support strategy
Reluctance/ lack of reluctance to seek support
Valuing/not valuing colleagues' expertise
Staff consensus over presenting problems
Other staff's role in strategy
Consistency of strategy across staff
Individual staff's consistency within strategy
Other staff's knowledge of strategy
Staff's general agreement with strategy
Staff's reluctance re time factors
Staff's original perception of likelihood of progress
Staff's enthusiasm for/interest in strategy

Figure 4.1: *Twenty-two main codes that recurred within interview transcripts with primary school teachers who were supporting children with 'challenging' behaviour (Miller, 1996, p.84)*

4.4.1 Teacher's perceptions and attributions

Ofsted (2005) asserted that the term 'challenging behaviour' is not a definitive term but dependent upon context, expectations and perceptions. The Government's chief

adviser on discipline, Sir Alan Steer (2005), warned that poor behaviour was fuelled by teachers failing to identify pupils with SEN, instead labeling them 'naughty'. Dearden (1994) highlighted concerns that there is much less understanding and sympathy towards behavioural difficulties and, that such difficulties are commonly perceived as the child's fault. Hanco (2002) outlined a case study in which a teacher reported that a greater understanding of the child and of their difficult home circumstances had reduced the teacher's previous negative feelings towards the child and resulted in a change in their behaviour and the child's. Thus, suggesting a link between perception and behaviour. Furthermore, Hanco (1999) contended that teacher's perceptions of problem behaviour may provide an obstacle to pupils' self-concept, access to education, opportunities during and after school and future career.

Teacher's attributions relate to how teacher's explain children's needs/behaviour and what causes they attribute to the presenting SEB needs. The attribution of causation is linked to responsibility,

"A teacher's willingness to feel sympathy and offer help to children displaying difficult behaviour appears to be related to an adult's attribution for the controllability of the behaviour" (Miller, 1996, p.141).

Croll and Moses's (1985) (cited in Miller 1996, p.138) survey research of four hundred and twenty eight junior class teachers from sixty one schools explored teacher's attributions of causality for 'challenging' behaviour. They found that teacher's attributed challenging behaviour to: home factors such as parental attitudes and economic circumstances in two thirds of the cases (65.8%); within-child factors

such as IQ, ability and attitude in nearly one third of the cases (30.8%); and school or teacher factors in only between two to four in a hundred cases (2.5%).

Conversely, in order for consultative approaches to be successful it is important that all adults' supporting children acknowledge that the 'problems' children may present with are at least partially maintained by the actions of adults. Such 'problems' should also be considered in relation to the setting or child's environment and not attributed to the child's individual pathology (Conoley and Conoley, 1990). Moreover, "If adults believe that settings are always part of the problem, then consultative work is the most-valued service" (Conoley and Conoley, 1990, p.100).

4.4.2 Teacher's self-efficacy

The concept of self-efficacy has been increasingly considered when exploring teaching and learning (Hoy, 2000). Bandura (1989) described self-efficacy as relating to an individual's beliefs about their capability to exercise control, and their ability to 'perform' in order to achieve goals. Teacher efficacy, teacher's confidence in their ability to promote children's learning, has been reported to affect: student motivation; teachers' adoption of innovations; teachers' classroom management strategies; and teachers' referrals of students to special education (Hoy, 2000). Mittler (2000) further asserted that teacher's confidence and perceptions of their own competence can act as a barrier to supporting children with SEB difficulties. However, Mittler (2000) suggested that teachers already have most of the knowledge and skills required for inclusive teaching. Notably, when peer support and positive management feedback is

lacking, teachers' feelings of isolation may erode their confidence in their skills, knowledge and ability to teach inclusively (Hanko, 2003).

4.5 Consultation groups in schools

Conoley and Conoley (1990, p.84) described consultation as,

“a method of information dissemination. It is defined as a problem-solving relationship between professionals of differing fields. Consultants help consultees with work related problems bringing to bear their special expertise in a content area and their special knowledge of human motivation and behaviour”.

Bozic and Carter (2002, p.189) offered a summary of the seemingly accepted features of consultation (see Figure 4.2).

Figure 4.2

- it is a problem-solving process;
- it is an indirect service delivery: the consultant's most significant interaction is with the care-giver or consultee (e.g., teacher) rather than directly with the client (e.g., a child);
- there is a collaborative relationship between consultant and consultee: the relationship is not hierarchical and the consultee has a right to reject any consultant suggestions. The consultee is expected to play an active part in any problem-solving process;
- the relationship between consultant and consultee is voluntary and confidential;
- the focus of consultation: this is task oriented and primarily focuses on the work-related needs of the client.

Figure 4.2: *Features of Consultation (Bozic and Carter, 2002, p.189)*

Consultation groups offer the opportunity to jointly explore a problem offered by one of the group members. Consultative guidance is offered to encourage the problem presenter to consider questions which may result in an improved understanding of

the child's additional needs. This might permit teacher's to adapt their approach to satisfy the child's needs (Hanko, 1999). Miller (1996, p.115) suggested that EPs who adopt consultative practice, are committed to facilitating teachers problem-solving skills and supporting teachers to generalise these skills to new problem situations as well as encouraging a "ripple-like spread" between colleagues in schools, promoting systemic change. Consultation aims to empower consultees and enhance problem-solving capacity. Consultation groups are conceptualised as non-directive guided skilled sharing of knowledge and experience between fellow professionals, partners who contribute equal but different expertise (Hanko, 1999). Emphasis is placed on teachers' knowledge, understanding and skills to find their own solutions to problems encountered in the classroom.

The facilitator of the consultation group may be an external agent, such as an EP, that has not met the child. The external agent's role is to facilitate the session and they should not be constructed as an 'expert' but "one among others" (Hanko, 1999, p.51). It is important that the facilitator does not assume a leadership role that may be afforded by the consultees but focuses on: ensuring that: problems/issues are highlighted; focus remains on the task; and that participation does not become judgemental but remains supportive (Hanko, 1999).

Farouk (2004) offered a need to consider group dynamics and the impact of wider influences on school culture and on individuals in the group. Furthermore, any attempts by participants to perpetuate the school hierarchy must be avoided to

ensure a genuine exploration of issues (Hanko, 1999). Stringer et al., (2002) suggested that a group size of between six and twelve participants is most effective.

4.5.1 The effectiveness of consultation groups in schools

Winicki (1972) suggested that consultation groups serve to promote open communication and encourage shared problem-solving among school staff. Bozic and Carter (2002) asserted that group consultation for teaching staff, facilitated by an EP can be an effective form of Educational Psychology service delivery. As a result of participating in consultation groups, school staff in Bozic and Carter's (2002) research particularly reported: that they thought more deeply about the way they worked with individual children in their class; an increased awareness of strategies that could be used in the classroom; and subsequent attempts to try something new as a result of being in the group. Chisholm (1994) noted that teachers participating in staff support groups enjoyed the security and personal affirmation from time spent working together with colleagues. Hanko (1999, p.13) found that teachers'

"increasingly felt that they could respond more to the children whose needs they were exploring, and discover how they might, by educational means, improve their [focus child] situation and those of other children with similar problems".

Stringer et al., (1992) found teachers reported that fortnightly consultation groups made a positive contribution to reducing feelings of isolation and stress, and served to support staff in practical and psychological ways. Hanko (1999, p.17) asserted that it is possible to "cultivate consultative competence" suggesting that following a few initial sessions facilitated by an external agent, staff may no longer require external support to maintain the consultation group.

However, organisational issues and practical considerations can provide barriers to initiating and sustaining consultation groups. Consultation groups may not be afforded priority by senior staff working in schools. This may result in school staff conducting sessions in their personal time (Chisholm, 1994) or may result in attrition.

4.6 Circle of Adults (CoA)

4.6.1 Background of the approach

The approach was initially developed by Newton (1995) and reshaped by Wilson and Newton (2006). It is described as an approach to “support adults to find solutions to complex problems that arise within classrooms and the wider school community” (Bennett and Monsen, 2011, p.19). CoA utilises group processes and graphic facilitation to guide participants through a set of key questions. It aims to promote an enriched understanding of a child’s behaviour and unmet needs, to stimulate the development of additional supportive strategies (Stockley, 2006). Wilson and Newton (2006, p.7) proposed that CoA aims to provide opportunities for:

- “shared problem-solving in a safe exploratory climate in which the group will find its own solutions
- individuals to reflect on their own intervention methods and receive feedback from the group
- an exploration of whole-school or organisational processes and their impact on individual staff attempting to meet pupil needs

- emotional support and shared understandings of issues at a pupil, family, school and community level
- feed back to school staff on issues, ideas and strategies that are agreed to be worth sharing with them”.

Bennett and Monsen, (2011) asserted that there are two main aims of problem-solving interventions: to enable school staff to generate solutions to problems so that children and young people, perceived to cause concern, are reframed in ways which lead to more constructive actions and outcomes; and to build the capacity of those working in schools by developing their skills and self-confidence as problem solvers and decision makers. The longer term aspiration is that teachers are able to generalise the skills acquired during the intervention to similar problems to promote sustained changes.

4.6.2 The conceptual basis of CoA

Bennett and Monsen, (2011, p.22) contended that the theoretical underpinnings of CoA relate to Psychodynamic, Systemic models (Hanko, 1999) and Person-Centred Facilitation (O'Brien and O'Brien, 2002).

The psychodynamic orientation of CoA is exemplified by the notion that CoA promotes, not only an understanding of the child's emotional needs but also seeks to explore the emotions of professionals evoked whilst working with children who experience additional needs. CoA values the importance of ensuring that the teachers' needs are met in order for them to effectively meet the needs of the

children that they teach (Stockley, 2006). A consultative approach informed by psychodynamic theory attempts to explore the child's responses to provide an insight into how the child views themselves and what they feel about others in relation to themselves.

“It is believed that pupils can be helped to cope with current problems that impede their learning, to the extent to which their feelings and anxieties are understood and such understanding is conveyed to them” (Hanko, 1999, p.50).

Problematic behaviours are conceptualised as indicative of the child's unmet need and expectations rooted in past experiences. The presentation of problematic behaviours is considered to signify that an aspect of a current situation coincides with a past experience or expectation which activates and maintains the difficulty (Hanko, 1999). Hanko (2002) offered an overview of the key psychodynamic concepts for teachers to foster an understanding of how psychodynamic theory explains behaviour (see Figure 4.3).

CoA is additionally influenced by the concepts purported by systems theory. Specifically, that behaviour needs to be considered in relation to all of the systems that the individual operates in (e.g. classroom and school) and that consideration of the mutual influence of those systems is necessary to understand behaviour. Additionally, the approach suggests that positive behaviour is supported when there is focus on the context and the individual (Ayres et al., 1995). Furthermore, the purpose of a systems approach is to focus teachers' attention on the impact of the school organisation on children's perceptions and behaviour which results in the child being viewed as challenging or disruptive (Burden, 1981).

Figure 4.3

- children with problem behaviour are experiencing feelings they find difficult to bear, but that behaviour is more likely to be managed to the extent to which these feelings are understood by those who are involved with them;
- children's difficult here-and-now behaviour (whether displayed overtly or masked in over-compliance or withdrawal) is a likely reaction to a present situation they perceive as 'unmanageably' difficult because it echoes similar past events in perhaps damaging relationships. (For instance, a teacher's reprimand, even if justified, may fit into a past pattern of being rejected, not feeling valued, believing themselves inherently dislikeable; just as a teacher's well-meant praise may lead to an outburst of despair in children who, believing themselves to be 'born stupid', may irrationally fear having to disappoint a teacher who appears to believe in them). What matters, as Waddell (1998) shows so effectively, is that something changes in the way in which such a child is helped to perceive himself differently, such as experiencing himself as valued in relation to others important to him; and, therefore,
- a child's behaviour in the classroom is further influenced by our response to it and, in its turn, further influences ours. Thus the trained professional's response may be a major influence on whether the interaction becomes a virtuous or a vicious circle.

Figure 4.3: *Key concepts for teachers to aid an understanding of the psychodynamic conceptual basis to understanding behaviour (Hanko, 2002, p.380-381)*

The concept of person-centred facilitation influenced Wilson and Newton (2006) to introduce the necessity of two facilitators, a process facilitator and a graphic facilitator, in an attempt to skilfully negotiate the complex process of group problem solving. Both facilitators are not expected to contribute to the content of the session. The process facilitator is expected to 'stage manage' the process through each of the ten steps and the graphic facilitator captures the complex problem-solving process in a visual form (Wilson and Newton, 2006).

4.6.3 Effectiveness of CoA

Currently, there are few published studies investigating CoA and the effectiveness of the approach. Wilson and Newton (2006) used case study evidence and practitioner

reports to illustrate the effectiveness of the approach in a range of educational settings and with a range of different professionals. In short, Wilson and Newton (2006) contended that following CoA, participants report that: they feel supported; they have an improved understanding of the young person; and their improved understanding resulted in the choice of more effective strategies to support the young person. In relation to feeling supported, anecdotal reports suggest that the recognition that other adults experience similar difficulties with a child can in itself provide powerful support and reassurance (Stockley, 2006). Wilson and Newton (2006) suggested that between four to eight sessions across a school term would offer rich professional development opportunities.

Syme (2010) found a shift in adult perceptions of challenging behaviour following the CoA. Furthermore, staff that attended the CoA sessions reported positive effects in relation to the acquisition of useful strategies to promote positive behaviour. In addition, staff reported improved confidence and an enriched understanding of the focus pupil which supported their responsiveness to the child's needs. Consequently, staff perceived increases in their ability to effectively manage behaviour.

4.6.4 Criticisms of CoA

Consultative problem-solving frameworks utilised in schools, such as CoA, have received criticism regarding the limited empirical research investigating effectiveness (Bennett and Monsen, 2011). The use of case study examples, practitioner reports and small sample sizes has been criticised by some as subjective and anecdotal (Bennett and Monsen, 2011). However, Brown and Henderson (2012, p.179) counter

argued that criticisms of research exploring collaborative staff problem-solving groups are “demonstrative of the difficulties encountered in conducting research in ‘real world’ contexts”.

Specific criticisms of CoA relate to the limited discussion of the approach’s theoretical base in psychotherapy and resultant claims that there is no empirical basis for CoA (Bennett and Monsen, 2011). Information regarding the role of the facilitators has also been deemed to be neglected and there is limited explanation regarding the investment of time needed for the facilitator to acquire competency and regarding the concept of supervision for the facilitators (Bennett and Monsen, 2011). Moreover, CoA is a time-consuming intervention (Brown and Henderson, 2012) and as with other consultation approaches, is effected by organisational issues that may result in schools de-prioritising sessions or teachers conducting sessions in their personal time (Chisholm, 1994). In addition, each 90 minute session only relates to the exploration of one ‘problem’, there is a risk that participants who do not offer the ‘problem’ for discussion will perceive that they have gained little from the session. To promote effectiveness, successive CoA sessions may need to be held in school to promote familiarity with the approach and avoid the potential forced nature of identifying a ‘problem’ for discussion with colleagues.

4.6.5 Justification for the use of CoA in schools

Particularly in times of economic austerity, it is judicious for practice to be both efficient and effective. Bennett and Monsen (2011, p.32) acknowledged that,

“EPs working collaboratively with teachers and school staff to develop their critical understanding of the psychological processes

underpinning their work could potentially benefit the greatest number of children and young people”.

Criticisms regarding the limited evidence base must be considered in conjunction with the notion that CoA is a recently developed approach. Salkovskis (1995) proposed an hour glass model (see Figure 4.4) to illustrate the necessity of different research approaches in the construction of an ‘evidence base’. Salkovskis (1995) suggested that initially, small scale case study research is required to develop theory and practice which then should be followed by arguably more rigours and empirical research approaches. This research is situated in the initial stage of developing the ‘evidence base’.

Figure 4.4

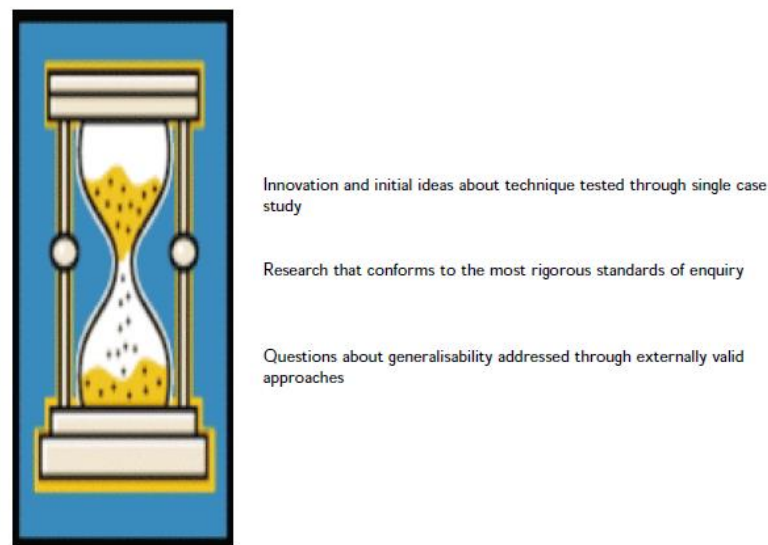


Figure 4.4: *Hourglass model of research approaches when developing an ‘evidence base’ (Salkovski, 1995) (taken from Frederickson, 2002 p.100)*

In addition some of the criticisms of CoA can be addressed by substantive initial endeavours to ensure that the intervention is supported and commissioned by the school staff, including senior management. It is also judicious if staff are fully

informed regarding the purpose and processes involved in the approach. The CoA must be framed in a positive way and efforts should be made to ensure that staff do not feel ‘threatened’ by presenting a ‘problem’ for discussion by their colleagues. In relation to criticisms regarding the lack of information pertaining to the facilitator, Wilson and Newton (2006) themselves concede that the growth of group facilitation skills is still a developing and novel area in the UK.

4.7 Research questions

- Does CoA intervention encourage teachers’ eco-systemic attributions/understanding of SEB needs?
- Can CoA lead to increases in teachers’ perceptions of their capacity and ability to find solutions when confronted with challenging and complex problems?
- Does CoA promote school staffs’ perceptions of professional peer support in relation to meeting the needs of pupils with additional SEB needs?
- Is CoA approach a useful intervention to support teachers’ collaborative problem solving in a mainstream primary school?

4.8 Methodology

4.8.1 Case study design

A case study approach to research enables an in-depth and rich investigation of phenomenon in a real life context using multiple sources of evidence (Yin, 1994).

Case studies afford a flexible and thorough understanding of meaning and can capture the complexity of the subject matter (Thomas, 2011). Moore (2005) emphasised the value of case study research and the importance that researchers facilitate with others, the construction of contextually relevant truths. The research adopts social constructionist epistemology. The role of the researcher is viewed as assisting to uncover multiple social constructions of meaning and knowledge.

It is not appropriate for case studies, neither is it the aim of this research, to draw statistical generalisations. Statistical generalisation involves making inferences about a population derived from empirical data collected from a representative sample. However, Yin (1994) highlighted an opportunity for 'analytic' generalisation in the context of case study research. 'Analytic' generalisation is possible when a previous theory is used to compare case study findings; if "two or more cases are shown to support the same theory, replication may be claimed" (Yin, 1994, p.31).

Importantly, the case study methodology for the current paper is used to provide exploratory research in a newly developing area, CoA group problem-solving approach, to contribute to the knowledge base and generate hypotheses for future investigation (De Vaus, 2001; Salkovskis, 1995).

4.8.2 School setting

The mainstream primary school that participated in the research identified an awareness of need. A thorough needs analysis was initially completed prior to the delivery of any support. The needs analysis involved a series of consultation

interviews with the head teacher, school inclusion manager and special educational needs co-ordinator (SENCo) and a group consultation interview with the whole staff. The result of the consultation interviews was a negotiated “agreed shared statement of need” (Wright, 1990) where the school staff had directed their own learning and invested in the development opportunity. School staff identified an apparent increase in the presentation of SEB needs experienced by children in the school. The school had made a number of similar referrals to the Psychology Service requesting support regarding ‘challenging’ behaviour. Finally, the school also identified the need for formalised staff support sessions.

The staff requested support based on the shared statement of need but did not specify how the support might be provided. Following further negotiation with the school and consultation with the literature, it was decided that the focus of support would consist of systemic development. During a staff meeting, all staff were informed about the nature of the CoA intervention (see Appendix one) and volunteers were invited to participate.

The school were inspected by Ofsted in between informing them about the CoA intervention and facilitating the CoA session. The school received a rating of ‘inadequate’ for the behaviour and safety of pupils. This further emphasised the need for additional LA support.

The CoA session was held after school in the school staffs' allocated continued professional development (CPD) time. The session started at 3.30pm and finished at 5pm.

4.9 Ethics

Information regarding the ethical considerations that were pertinent to the research and how these were addressed is presented in Table 4.

Table 4.1: Ethical issues and how they were addressed in the research

Ethical issues	Consideration of the issue and how the identified ethical issue(s) have been addressed in the research
Recruitment	All of the teaching staff were provided with information regarding the CoA intervention during a staff meeting two weeks before the scheduled CoA session. The voluntary nature of participation was stressed to participants.
Informed consent	In addition to sharing information regarding CoA and what the process would entail, participants were given the researchers' contact details in which they could make further enquires about what the research would entail if necessary. Participants were invited to reflect on the information provided about CoA and then indicate their willingness to participate by no later than one week before the scheduled CoA session (see Appendix two for the consent form).
Uses and ownership of data must adhere to the Data Protection Act (1998)	<p>Participants were briefed on how and why their personal data will be stored. All pre and post evaluation data will be kept securely and any form of publication will not directly or indirectly lead to a breach of agreed confidentiality and anonymity. In accordance with University of Birmingham policy, the raw data (pre and post evaluations) will be securely stored in a locked cabinet for 10 years from the date of first publication of the results. No names will be attributable to the stored data.</p> <p>The CoA focused on a facilitated discussion around one anonymous child that the volunteer teacher requested help to support. Participants' were reminded that the discussion must remain confidential to the group and room where it took place.</p>

Consideration that the participants may experience distress or discomfort in the research process, specifically when identifying problems.

Participants were informed that they could decline to participate in any of the steps of the intervention and could decline to answer any specific questions put to them. Participants were reminded that their data will be kept anonymous. Wilson and Newton (2006) acknowledged the need for the facilitator to expect tears and inform participants of this potential at the start of the session due to the emotive nature of the discussion. Wilson and Newton (2006) suggested that this display of emotion should be handled by allowing the participant to make any accommodations necessary e.g. leaving the room for a short-break, taking a moment of quiet and gaining support from another participant with their agreement.

Right to withdraw

Participant's right to withdraw for any or no reason, at any time were made explicit during the research. The participants were notified that they could withdraw their participation at any time without explanation or consequence.

Debriefing participants

The CoA intervention finished with a 'round of words', to enable participants, should they wish, to share their evaluation of the process. Participants were also requested to complete an evaluation form. The final research paper will be available for all participants.

4.10 Procedure: CoA intervention

Seven teaching staff participated in the CoA intervention. I assumed the role of the process facilitator and Dr Benjamin Powell (Senior Specialist Educational Psychologist) adopted the role of the graphical facilitator. Wilson and Newton (2006, p.23) outlined the ten key stages involved in the implementation of a CoA:

1. “Agree ground rules for the session
2. Present the problem
3. Explore relationships
4. Consider organisational factors that might help or hinder the problem situation
5. Listen to what the child’s voice has to say
6. Listen to the synthesis of all that have been recorded so far
7. Generate hypotheses that help make sense of what is happening
8. Generate strategies linked to hypotheses
9. Agree some first steps the problem presenter can take in the very near future and appoint a coach to check these have been accomplished by an agreed time.
10. The session closes with a summary comment from each participant (a ‘Round of Words’).

A diagrammatic overview of the CoA process is provided in Appendix three. The prompt sheet used by the facilitator in the CoA is provided in Appendix four. The prompt sheet provides a basic script and outlines the key elements required to

adequately satisfy each of the ten stages. An example graphical representation of a CoA facilitated by Wilson and Newton during a Trainee Educational Psychologist (TEP) Conference attended by the researcher at the Tavistock Centre on 31st August 2012 is presented in Appendix five.

4.11 Methods: Pre and Post evaluation

4.11.1 Pre data

Before the intervention, participants were given questionnaires in an attempt to gauge their attributions and problem-solving self-efficacy. The staff were informed that the questionnaires were anonymous and were requested to complete the questionnaires independently.

4.11.2 Teacher Attribution Questionnaire (TAQ) (Poulou and Norwich, 2002)

The Teacher Attribution Questionnaire was used to collect data in relation to the research question: *Does CoA intervention encourage teachers' eco-systemic attributions/understanding of SEB needs?*

The questionnaire first presents a vignette and participants are required to indicate the likeness of the cause for the child's behaviour, in the vignette, on a 5 point likert scale. The vignette relates to a child (George) who experiences emotional and conduct difficulties. The potential causes relate to: family environment, child factors, teacher factors, and school factors. The current research did not use the full

questionnaire. The questionnaire was adapted by the use of only one vignette. See Appendix six to view the questionnaire.

4.11.3 Problem-Solving Self-Efficacy Inventory (Hepper and Peterson, 1982)

The problem-solving self-efficacy inventory was employed to provide data regarding the research question: *Can CoA lead to increases in teachers' perceptions of their capacity and ability to find solutions when confronted with challenging and complex problems?*

The scale includes eleven items and participants are required to rate their agreement with each statement on a 5 point likert scale. The statements relate to problem-solving self-efficacy. For the purposes of the current research, adaptations were made to the original questionnaire (see Appendix seven).

As both measures discussed above were adapted for the purposes of the current research, the original measures reported reliability and validity will not apply and will need to be re-established (Robson, 2002). The notion that the reliability and validity of the adapted versions of the measures has not yet been re-established renders the findings subject to caution. Therefore, only tentative conclusions can be drawn.

4.11.4 Post data

In an effort to gain post intervention data, following the CoA session staff were again asked to complete the questionnaires. Further efforts were made to triangulate post evaluation data by the use of mixed methods. The quantitative measures were

accompanied by qualitative evaluation feedback on the CoA intervention (see Appendix eight). Miles and Huberman (1994) contended that the trustworthiness of research could be improved by the use of triangulation. The current research utilises triangulation by data source (data collected at different times and from a number of different individuals) and by data type (quantitative and qualitative data collected).

The qualitative evaluation measure was utilised to collect participant's perceptions in relation to the research questions: *Does CoA promote school staffs' perceptions of professional peer support in relation to meeting the needs of pupils with additional SEB needs? And Is CoA approach a useful intervention to support teachers' collaborative problem solving in a mainstream primary school?*

The graphic produced during the CoA, specifically the record of strategies and next steps that offer solutions identified by the teachers, provide further data related to the research question: *Is CoA approach a useful intervention to support teachers' collaborative problem solving in a mainstream primary school?*

4.12 Qualitative data analysis

The qualitative evaluation of the CoA was analysed thematically. Braun and Clark (2006, p.82) suggest that, "a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set". The teachers' evaluative comments, regarding what was the most successful aspect of the session, what facilitated the session and what

they gained from the CoA, were thematically analysed by adherence to Braun and Clarke's (2006) six phases of thematic analysis (see Table 4.2).

Table 4.2: The six phases of thematic analysis (Braun and Clark, 2006, p.87)

Phase	Description of the process
1. Familiarising yourself with your data	Collating the evaluative comments, reading and re-reading the data, noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (level 1) and the entire data set (level 2), generating a 'thematic map' of the analysis.
5. Defining and naming themes	On-going analysis to define the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

4.13 Results and Discussion

The graphic produced during the CoA by the graphic facilitator for the current research is provided in Appendix nine.

The teachers' average (mean) pre and post intervention results regarding their attribution of causality for SEB needs are presented in Table 4.3. The scores indicate that pre-intervention, teachers' were most likely to attribute additional need as caused by factors within the family followed by school and child factors and that teacher factors were least likely to cause SEB needs. These findings reflect Croll and Moses's (1985) (cited in Miller 1996, p.138) results that teachers were mostly likely to attribute causality for 'challenging behaviour' to family factors and least likely to attribute causation to teacher factors.

Table 4.3 Teacher's attributions of the causes of additional need pre-intervention and post-intervention scores (1=least likely cause and 5=most likely cause)

Causes	Pre-intervention average	Post-intervention average
Family factors	3.4	2.9
Child factors	3.2	3.1
Teacher factors	3.1	3.4
School factors	3.3	3.2

In contrast, following the CoA intervention the participants were most likely to attribute SEB needs to teacher factors, followed by school and child factors and were

least likely to attribute additional need to family factors. Interestingly, teachers' attributions of causation regarding child and school factors remained fairly constant pre and post intervention. The post-intervention refocusing of teacher attribution suggests that the teachers were more likely to perceive that factors related to their practice had a significant impact on the child. Conoley and Conoley (1990) reported that consultative approaches are more successful when adults' supporting the child acknowledge that the 'problems' children may present with are at least partially maintained by the actions of adults as opposed to mainly attributed to factors outside of the teacher's influence. This shift is important as research has indicated that teachers' perceptions of their ability to exercise control and promote learning are correlated with: student motivation; teachers' adoption of innovations; teachers' classroom management strategies; and teachers' referrals of students to special education (Hoy, 2000). Furthermore, Miller (1996) reported that teachers are less likely to feel sympathy and offer help to children if they feel the child can control their behaviour.

The participants' pre and post intervention reports of problem-solving self-efficacy are presented in Table 4.4. The teachers' average (mean) response to their agreement with the eleven statements is provided.

Table 4.4 Teacher's reports of their problem-solving self-efficacy (1= strongly disagree and 5= strongly agree) pre-intervention and post-intervention

Problem-solving statement	Pre-intervention average	Post-intervention average
1. I am usually able to think up creative and effective alternatives to solve a problem.	3.6	3.4
2. I have the ability to solve most problems even though initially no solution is immediately apparent.	3.7	3.7
3. Many problems I face are too complex for me to solve.	Reverse 1.7	Reverse 2.4
4. I make decisions and am happy with them later.	3.6	3.9
5. When I make plans to solve a problem, I am almost certain that I can make them work.	3.4	3.7
6. Given enough time and effort, I believe I can solve most problems that confront me.	3.9	4
7. When faced with a novel situation I have confidence that I can handle problems that may arise.	3.3	3.7
8. I trust my ability to solve new and difficult problems.	3.6	3.7
9. After making a decision, the outcome I expected usually matches the actual outcome.	3.4	3.6
10. When confronted with a problem, I am unsure of whether I can handle the situation.	Reverse 2.6	Reverse 2
11. When I become aware of a problem, one of the first things I do is to try to find out exactly what the problem is.	3.6	4.3

The teachers' problem-solving self efficacy increased post-intervention for statements 4, 5, 6, 7, 8, 9, 10 and 11. These findings support the notion that consultation groups endeavour to promote empowerment and aim to build capacity in schools by developing teachers' confidence in problem-solving (Bennett and Monsen, 2011). Furthermore, the results complement Syme's (2010) finding that following CoA, teachers reported increased confidence in their ability as problem-solvers.

The teachers' rated their self-efficacy in relation to statement 2 (*I have the ability to solve most problems even though initially no solution is immediately apparent*) as constant pre and post intervention. However, the teachers' reported a decrease in their problem-solving self-efficacy post intervention for statements 1 and 3 (*I am usually able to think up creative and effective alternatives to solve a problem and many problems I face are too complex for me to solve*). The decrease in relation to statement 1 reflects an 'outlier' as only one of the teachers' changed their report. All of the other six teachers' reported the same pre and post intervention problem-solving self-efficacy regarding statement 1. The decreased self-reported problem-solving efficacy in relation to statement 3 may be a manifestation of increased holistic awareness of the complex nature of children's needs and multiple ecological systems that influence behaviour.

The quantitative data was also triangulated with qualitative evaluation of the CoA (see Appendix ten for all of the teachers' collated evaluative comments). The teachers' evaluative comments, regarding what was the most successful aspect of the session, what facilitated the session and what they gained from the CoA, may be

grouped around four main themes regarding what they valued most about the CoA intervention. The four main themes: knowledge, peer support, confidence and environment facilitated by CoA are outlined below along with illustrative quotes made by the participants’.

The notion that the CoA promotes shared knowledge affirms the view that consultation capitalises on teachers’ expertise (Conoley and Conoley, 1990; Hanco, 1990). Mittler (2000) highlighted the premise that teachers’ already have most of the knowledge and skills required for supporting pupils with additional needs. The teachers comments in the current research regarding the new insights and acquisition of additional strategies to support SEB needs verifies Syme’s (2010) and Bozic and Carter’s (2002) findings.

Knowledge

“Theoretical reasons / ideas for behaviours.”

“Made me realise how complex some of our children’s lives are and how many factors can influence behaviour.”

“Sharing of expertise and strategies.”

“Shared strategies for behaviour management.”

“Gained new ideas for dealing with challenging behaviours.”

“I gained ideas that I can put into place in the classroom.”

Moreover, the finding also reinforces the premise that the CoA provides participants with the opportunity to share issues, ideas and strategies deemed to be worth sharing (Wilson and Newton, 2006). The theme also demonstrates the value that teachers’ bestowed on acknowledging ‘in house’ expertise (Miller, 1996).

Teachers' reports that the CoA facilitated peer support, corroborates Wilson and Newton's (2006) findings. Winicki (1972) also asserted that consultation assists open communication and shared problem-solving.

Peer support

"Working as a team to problem-solve."
"Communicating with other colleagues."
"Able to share strategies with staff."
"Discussion with colleagues."
"Openness between colleagues."
"Members of the group."
"Support staff as a whole."

The concept of feeling supported has significant implications for practice as Nias et al., (1989) identified that teachers' who feel professionally and emotionally supported are more effective in supporting the needs of children. Furthermore, the Elton Report (DES, 1989) endorsed the use of peer support for teachers as a way of improving the support that they offer to children. Interestingly, Hanco (2003) contended that teachers' feelings of isolation may erode their confidence in their skills, knowledge and ability to teach inclusively (see above for the discussion of teachers self-efficacy).

Confidence

"Gained confidence that we do have scope for dealing with such issues as a staff."

Wilson and Newton (2006) proposed that CoA endeavours to provide a safe exploratory climate for participants to identify solutions to presented 'problems'. The

teachers' in the current research valued the opportunity to collaborate with colleagues in a formalised supportive environment.

Environment facilitated by the CoA

"Enabling staff (time-wise) to be able to sit and listen without interruptions."

"Everyone felt 'comfortable'."

"Openness between colleagues."

"Giving/allowing 'thinking' time."

The results offer support for Chisholm's (1994) finding that following group consultation, consultees reported that they enjoyed the security, personal affirmation and time spent working with colleagues. Furthermore, the recognition that other adults experience similar difficulties with a child can in itself provide powerful support and reassurance (Stockley, 2006).

4.14 Practical considerations and implications for Educational Psychology practice

The teachers who participated in this case study research had identified an increase in the additional needs experienced by the children that they support (Baxter and Fredrickson, 2005). Following the identification of need, the school staff requested the support of LA professionals, EPs, to stimulate professional development (Dearden, 1994) and promote inclusion. The research demonstrates how, through the use of CoA, EPs could fulfil the role of a 'skilled helper' and support teachers' to manage social and emotional dimensions of problematic situations (Egan, 1986). By providing indirect support to pupils but direct consultative support to teachers' EPs

can contribute towards SEB development and promote inclusion (BPS, 2010). EPs can, some would argue, efficiently support social inclusion (Mac Kay, 2010) by engaging in systemic development and co-ordinating group problem-solving sessions in educational settings (Fallon et al., 2010; Monsen et al., 1998; Shillito-Clarke, 1990).

Chisholm (1994) noted the criticism and practical implication that schools can deprioritise consultative approaches to support. The CoA session discussed in the current research was cancelled twice and poor weather conditions were cited as the rationale. This resulted in an extended period of time between the commissioning of the work and whole staff session providing information on the CoA approach, and the actual CoA taking place. Bennett and Monsen (2011) noted that CoA is a time consuming intervention. The CoA took place for 90 minutes after school, once the teaching staff had completed their home time duties. On reflection, after school may not be the optimum time in which to engage staff in a 90 minute CoA session. The timing of the session also prohibited the collection of immediate post intervention data as the teaching staff were keen to leave by 5pm. As a result, some of the teachers' did not complete their post intervention evaluation measures until some weeks after the session.

It is important that whole-school professional development opportunities are derived from the identification of need and are endorsed by school staff and the senior leadership. Unfortunately, following a difficult Ofsted process the head teacher and deputy head teacher were not present during the intervention. Farouk (2004)

asserted the need to consider group dynamics and the impact of wider influences on the CoA session. Following a difficult Ofsted and impending departure of the head teacher it was apparent that power relations had shifted in the school. The contemporary shifts were evident in the CoA and the facilitator was required to disperse any attempts by participants to perpetuate the transient school hierarchy (Hanko, 1999).

Future research should consist of further endeavours to develop the limited evidence base for the effectiveness of utilising consultative problem-solving frameworks, such as CoA, in schools (Bennett and Monsen, 2011). The current research focuses on evaluating the effectiveness of one CoA session. Wilson and Newton (2006) suggested that between four to eight sessions across a school term offers rich professional development opportunities. It would be judicious if the current research was extended and the impact of additional CoA sessions was explored in the specific context. Future research could also consider the effect of the CoA from the perspective of the child. In addition, further research could investigate the link identified by Hanko (2002) between perception change and behaviour. Following the perception change evoked by the CoA, teacher behaviour and subsequent child behaviour could be explored and effects noted. The findings from the current research would also be further enriched by additional case study research that explored the effectiveness of CoA when considering other children in different settings such as secondary schools. The current paper provides only one illustrative case example of the effectiveness of CoA in a particular context and for the discussion of a particular child.

4.15 Conclusions

The research offers case study support for the utility of CoA to re-frame teacher's conceptualisation and attributions of causation for SEB needs. The CoA resulted in a change in teachers' perceptions related to an increased focus on the influence of their support. In addition, the CoA promoted teacher's reported increase in problem-solving self-efficacy regarding their capacity to find solutions when confronted with challenging and complex problems in the classroom. The CoA intervention also served to facilitate a sense of peer support amongst teaching colleagues. Finally, teachers' reported that they valued the opportunity provided by the CoA to engage in formalised collaborative thinking and shared expertise within a safe context. It may therefore be argued that CoA could be an effective intervention to promote children's SEB development and social inclusion by supporting the professional development of teachers and thus providing indirect support to pupils. Further explorative research is required to consider the effectiveness of CoA and to contribute towards the currently limited evidence base for the use of CoA as a problem-solving framework in Educational Psychology practice.

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Appendix One

CoA intervention overview for school staff (powerpoint)

Circle of Adults

A team approach to problem-solving around challenging behaviour and emotional needs

Stephanie Herriotts-Smith
(Trainee Educational Psychologist)
Dr Ben Powell
(Educational Psychologist)



The Aims of Circle of Adults

- ◊ Shared problem-solving in a safe exploratory climate in which the group will find its own solutions.
- ◊ An opportunity for Individuals to reflect on their own intervention methods and receive feedback from the group.
- ◊ An exploration of whole-school or organisational processes and their impact on individual staff attempting to meet pupil needs.
- ◊ Emotional support and shared understandings of issues at a pupil, family, school and community level.
- ◊ Feedback to school staff on issues, ideas and strategies that are agreed to be worth sharing with them.

Wilson and Newton (2006, p.7)

Conceptual Basis

Consultation

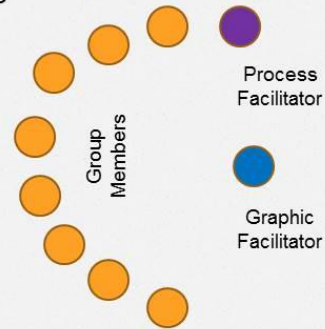
- Involves professionals jointly exploring problematic work related issues. Professionals collaboratively engage in problem-solving. Staff expertise and knowledge is utilised to jointly provide solutions.
- Consultation groups are conceptualised as non-directive guided skilled sharing of knowledge and experience between fellow professionals, partners who contribute equal but different expertise (Hanko, 1999).

Theoretical Underpinnings

- Psychodynamic Theory
- Systems Theory
- Person-Centred approaches

What does CoA involve?

- 90 minutes
- Group size of 8-12 is most effective
- Two facilitators:
 - Process facilitator
 - Graphic facilitator
- Specific group member roles:
 - Problem presenter
 - Voice of the child
 - Coach



What does CoA involve?

Stage	Description
1	Agree ground rules for the session
2	Present the problem
3	Explore relationships
4	Consider organisational factors that might help or hinder the problem situation
5	Listen to what the child's voice has to say
6	Listen to the synthesis of all that has been recorded so far
7	Generate hypotheses that help make sense of what is happening
8	Generate strategies linked to hypotheses
9	Agree some first steps and appoint a coach
10	Closing summary comment from each participant 'Round of Words'

Effectiveness

School staff who have participated in a CoA have reported:

- ◊ Increased understanding of the child and their behaviour
- ◊ Understanding that challenging behaviour conveys a need/needs
- ◊ Acquisition of useful strategies to promote positive behaviour
- ◊ Improved confidence
- ◊ Empowerment
- ◊ Feeling supported by colleagues

(Syme, 2010; Kirven, 2009; and Wilson and Newton, 2006)

Thank you for listening...

Any Questions?



Circle of Adults

Thursday 6th December 2012

3.30-5pm

Room to be confirmed



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Appendix Two

Circle of Adults Informed Consent and Confidentiality Agreement

Title of project: **Circle of Adults: A group intervention to support teacher's problem-solving in relation to meeting the needs of pupils' with additional social, emotional and behavioural needs.**

Researcher: Stephanie Herriotts-Smith
stephanie.herriotts-smith@***.gov.uk
0**** 555887

This research is part of my Doctoral Studies at The University of Birmingham.

Purpose of the Circle of Adults

- The aims of the intervention are to: provide a formal opportunity to communicate with colleagues in relation to problematic behaviour; promote further understanding of behaviour regarded as challenging; build problem-solving skills; and increase school staffs' perceptions of support around 'challenging' behaviour.

- | | |
|--|--------------------------|
| 1. I have had the opportunity to ask questions about the research and have received satisfactory answers to any questions I have asked. | <input type="checkbox"/> |
| 2. I understand that my participation in the study is voluntary and that I may withdraw my participation or pre and post evaluation data at any time without explanation, by advising the researcher in person/telephone/letter/email. | <input type="checkbox"/> |
| 3. I understand that the information discussed and views expressed in the circle of adults session must remain confidential and anonymous and cannot be discussed with third parties. | <input type="checkbox"/> |
| 4. I agree to ensure that I refrain from naming any child or professional. | <input type="checkbox"/> |
| 5. I understand that only the researcher will have access to the personal data provided, that data will be stored securely and used only for research purposes. | <input type="checkbox"/> |
| 6. I understand that if, at any point, I have concerns regarding confidentiality I can alert the researchers. | <input type="checkbox"/> |
| 7. I agree to take part in this study. | <input type="checkbox"/> |

The pre and post evaluation data collected for the intervention will remain anonymous.

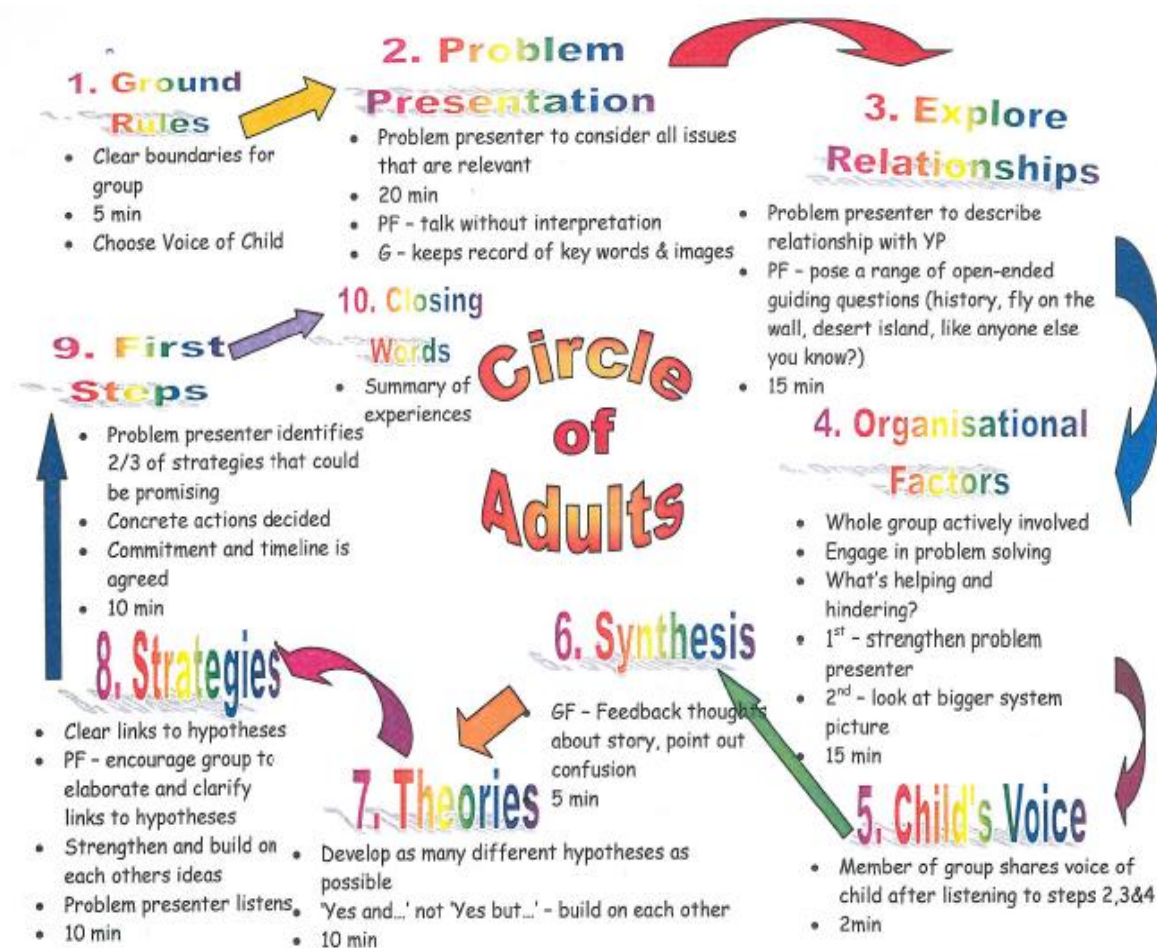
Name.....

Signed.....

Date.....

Appendix Three

Process overview (Kirven, 2009)



Appendix Four

Circle of Adults process script

A copy of the process observation record used by the researcher during each of the Circles of Adults session delivered.

Adapted from Circles of Adults DVD – by Inclusive Solutions Ltd.
Developed by Derek Wilson and Colin Newton (Wilson and Newton, 2006).

Script / elements of facilitation which should be present in the session	
<u>Welcome</u>	
This is concerning the child...	
.... Will present the problems	
We are going to keep a graphic representation of what is shared	
We will facilitate the process	
<u>Ground Rules</u>	
This will make sure the process is safe	
What sort of ground rules do you like?	
Graphic Facilitator – summarises ground rules	
<u>Problem Presentation</u>	
Can you share as much of the story as possible	
How old? What he/she looks like? The home/school situation?	
Share the full/whole picture	
What are you stuck with?	
You can take as long as you like.	
<i>Information Share</i>	
Some of you may know ...(the child) here is an opportunity to share anything not yet mentioned.	
Who has got something to share?	
Anybody else?	
<i>Questions from Group</i>	
This is a time for the group to ask questions.	
Think about questions – are they helpful to explore the child?	
Ask answerable questions	
Only asking questions – finding out about situation	
Anybody else?	
Graphic Facilitator – Summarises what shared	

<u>Explore Relationships</u>	
Can you share your story of your relationship.	
From when you first set eyes on him/her or heard about him/her before you met?	
Keep the focus on your relationship	
<i>Fly on Wall</i>	
If you and ... (the child) were in a room on your own what would a fly see?	
What would it look like? – sitting laughing (if stuck)	
<i>Around Him</i>	
When you're around him/her how do you feel inside?	
Any particular feelings? Positive or negative?	
Can you name the feeling?	
What's the main feeling when you're with him/her?	
<i>Desert Island</i>	
Imagine you and ...(the child) are flown out to a desert island. It's just you and him/her. How is it going to be?	
Building a shelter? Getting food?	
How would it be between you?	
<i>Who Loves Them?</i>	
In all the world who loves...(the child)?	
<i>Memories</i>	
Does he/she remind you of anyone?	
Personally or professionally?	
Anyone in particular jumping out?	
Do you remind him of anyone?	
Does he remind anyone else of anyone?	
<u>Organisational / System Factors</u>	
What is helping and not helping...(the child)?	
This is an opportunity for you to notice what Problem Presenter is doing to help.	
What does teaching bring to the situation?	
Family systems?	
The way the school is set up/ agencies / LA?	
<u>Voice of Child</u>	
We want to find out what the pupil is thinking.	
Talk as if you're really the child	
Ask Problem Presenter if it represents the child.	

<u>Synthesis</u>	
Graphic facilitator to pick out a few things that need exploring.	
Draw out themes.	
<u>Hypotheses</u>	
What are the theories/hypotheses that best help understand the problem?	
This is about trying to help understand what is happening / underpinning the issues.	
Is it something about	
So your theory is	
We are thinking there is a set of theories	
Graphic Facilitator – Make links to what has previously been said and summarise	
<u>Strategies</u>	
Use the theories to inform the strategies	
Things that may be useful to PP that can be taken away	
Not just favorite strategies – Link to theories	
Build on each others strategies	
Don't say – that wouldn't work because....	
<u>Next Steps</u>	
Choose what want to take out of the strategies.	
What can you do in the next few days?	
Pin down first steps	
Appoint buddy so they can ask 'how did it go?' – in 7 days	
<u>Final Words</u>	
Reflect on the process	

Additional Notes:

Appendix Five

Graphic representation of an example Circle of Adults



Appendix Six

Pre and Post Measures: Teacher Attribution Questionnaire (adapted from Poulou and Norwich, 2002)

As part of the information being collected for the project, we are interested in finding out what school staff and other professionals think might cause emotional and behavioural difficulties in the classroom.

Bearing the following description in mind, please indicate whether the following statements are likely to be a cause or not likely to be a cause for the fictional problem described:

George never seems to finish a piece of work. He is easily distracted soon after he starts working. At the slightest opportunity he hinders his classmates, while there are times when he becomes physically aggressive towards them. You constantly plead with him to behave and be more cooperative, but he does not comply with your demands.

For each statement presented, please choose one number from the scale 1 to 5.

1 – Represents that you think it is ‘very unlikely’ to be a cause (e.g. a rejection of the statement)

5 – Representing that you think it is ‘most likely’ to be cause (e.g. acceptance of the statement)

Statements	Very unlikely to be a cause					Most likely to be a cause				
Family Environment										
Poor attachment between parents and child (i.e. parents' lack of time to be with their child, parents' indifference etc.)	1	2	3	4	5					
Parental conflicts / marital problems	1	2	3	4	5					
Parents' low educational background	1	2	3	4	5					
Parents' inability to help their child	1	2	3	4	5					
Excessively strict parental demands	1	2	3	4	5					
Lenient parental discipline (spoiling the child)	1	2	3	4	5					
Many members in the family	1	2	3	4	5					
Parents' low income	1	2	3	4	5					

Child Factors

<i>Innate personality / temperament</i>	1	2	3	4	5
<i>The child wants to attract others' attention</i>	1	2	3	4	5
<i>The child cannot control their behaviour</i>	1	2	3	4	5
<i>The child does not know what is expected of them</i>	1	2	3	4	5
<i>Child's low intelligence level</i>	1	2	3	4	5
<i>The child is unable to cope with school's demands</i>	1	2	3	4	5
<i>Child's health problems</i>	1	2	3	4	5
<i>The child dislikes school (or school work)</i>	1	2	3	4	5
<i>The child competes with other children (or siblings)</i>	1	2	3	4	5

Teacher Factors

<i>Teaching style (i.e. authoritarian, democratic, indifferent)</i>	1	2	3	4	5
<i>Teacher's personality (i.e. distant, friendly)</i>	1	2	3	4	5
<i>Teacher's inappropriate manner towards the child (i.e. rejects the child)</i>	1	2	3	4	5
<i>Inappropriate manner towards the child of previous teachers</i>	1	2	3	4	5
<i>Inadequate teaching method for the child</i>	1	2	3	4	5
<i>Poor classroom management</i>	1	2	3	4	5
<i>Climate of excessive demands in class</i>	1	2	3	4	5

School Factors

<i>Lack of services for children with Emotional and Behavioural Difficulties in schools</i>	1	2	3	4	5
<i>Irrelevant curriculum for the child's interests Irrelevant curriculum for the child's interests</i>	1	2	3	4	5
<i>Poor school organisation and management (i.e. poor disciplinary systems)</i>	1	2	3	4	5
<i>Bad school experiences of the child (i.e. rejection by peers)</i>	1	2	3	4	5

Class size too large

1

2

3

4

5

Socio-economic level of the school area

1

2

3

4

5

Thank you for your participation!

Appendix Seven

Problem-Solving Scale for School Staff (adapted from Heppner and Petersen, 1982)

As part of the information being collected for the project, we are interested in finding out about school staffs' problem-solving confidence.

Please indicate, in relation to your professional life and the school context, the degree to which you agree or disagree with the statements presented below.

For each statement presented, please choose one number from the scale 1 to 5.

1 – Represents that you strongly disagree

5 – Represents that you strongly agree

Statements	Strongly disagree					Strongly agree				
<i>I am usually able to think up creative and effective alternatives to solve a problem.</i>	1	2	3	4	5					
<i>I have the ability to solve most problems even though initially no solution is immediately apparent.</i>	1	2	3	4	5					
<i>Many problems I face are too complex for me to solve.</i>	1	2	3	4	5					
<i>I make decisions and am happy with them later.</i>	1	2	3	4	5					
<i>When I make plans to solve a problem, I am almost certain that I can make them work.</i>	1	2	3	4	5					
<i>Given enough time and effort, I believe I can solve most problems that confront me.</i>	1	2	3	4	5					
<i>When faced with a novel situation I have confidence that I can handle problems that may arise.</i>	1	2	3	4	5					
<i>I trust my ability to solve new and difficult problems.</i>	1	2	3	4	5					
<i>After making a decision, the outcome I expected usually matches the actual outcome.</i>	1	2	3	4	5					
<i>When confronted with a problem, I am unsure of whether I can handle the situation.</i>	1	2	3	4	5					
<i>When I become aware of a problem, one of the first things I do is to try to find out exactly what the problem is.</i>	1	2	3	4	5					

Thank you for your participation!

Adaptions

The following adaptations were made to the original scale by Hepper and Peterson (1982): the new version makes reference to a specific professional context instead of personal problem-solving skills; and the new version measures agreement on a 5-point likert scale instead of a 6 point scale. These adaptations were made to ensure consistency with the other pre and post measures e.g. all on a 5 point likert scale. Only one specific section of Hepper and Peterson's (1982) scale was utilised to prevent attrition.

Appendix Eight

Evaluation form following the Circle of Adults session

**Circle of Adults: A group intervention to support problem-solving around
challenging behaviour**

XXXXX December 2012

Please assess the following aspects of the research/session:

	Rating				
	Excellent				Poor
To what extent did the session meet the stated aims?	5	4	3	2	1
Was the content useful?	5	4	3	2	1
Was the facilitator well prepared and organised?	5	4	3	2	1
Was the information communicated clearly?	5	4	3	2	1

1. What was the most successful aspect of the session?

2. What facilitated or constrained the session?

3. What have you gained from the session? What will you do differently?

4. What kind of follow-up/further development would you like in this area?

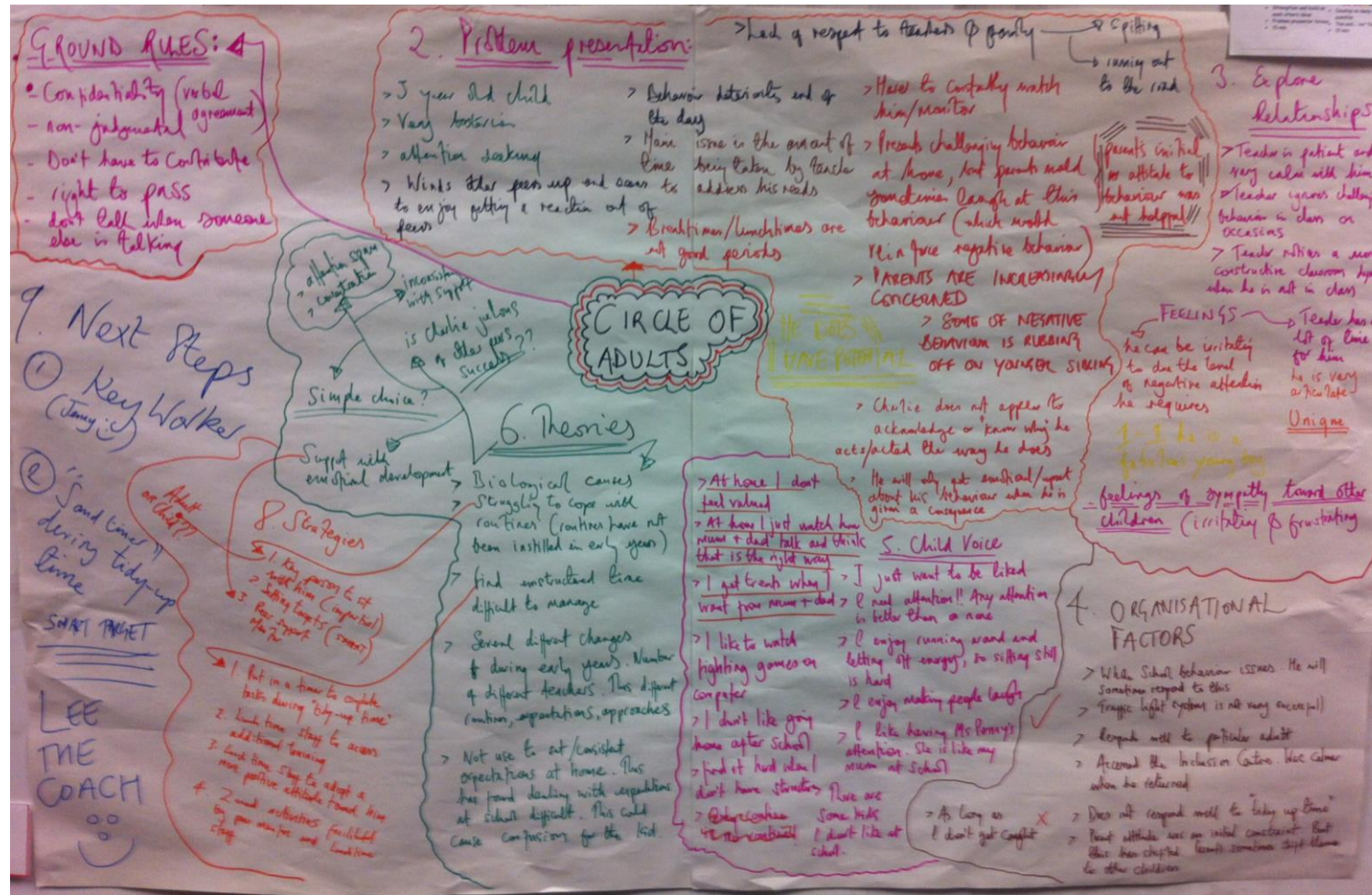
5. Any other comments?

Name:.....(optional)

Signed:..... (optional)

Appendix Nine

Graphic representation of the CoA discussed in the current research



Appendix Ten

Summary of the participants' collated evaluations of the CoA process

7 evaluation forms were completed

1. What was the most successful aspect of the session?

- Enabling staff (time-wise) to be able to sit and listen without interruptions
- Sharing of expertise and strategies
- Able to share strategies with staff
- Hearing someone present a case
- Communicating with other colleagues
- Working as a team to problem-solve
- Theoretical reasons / ideas for behaviours
- Discussion with colleagues
- SMART targets
- Shared strategies for behaviour management

2. What facilitated or constrained the session?

- Everyone felt 'comfortable'.
- Kay and Emma were brilliant in their roles.
- Expertise/knowledge of Steph
- Ben's ability to record in detail and at speed
- Time of the session and how I felt
- Openness between colleagues
- Behaviour management strategies
- Members of the group

3. What have you gained from the session? What will you do differently?

- Confirmed the importance of listening and sharing and giving time to each other.

- Enabling sharing of strategies
- Giving/allowing 'thinking' time
- Made me realise how complex some of our children's lives are and how many factors can influence behaviour
- I gained ideas that I can put into place in the classroom
- That non-teaching staff / outside agencies think completely differently to staff who have to deal with difficult pupils day in, day out
- Gained new ideas for dealing with challenging behaviours
- Gained confidence that we do have scope for dealing with such issues as a staff
- Behaviour management strategies
- Support staff as a whole
- Think of the voice of the child

4. What kind of follow-up/further development would you like in this area?

- We're always happy to 'trial' new strategies / training regarding behaviour especially in the light of OFSTED.
- Perhaps a follow-up session – just to share outcomes from staff, or a termly staff meeting/workshop covering different themes suggested by you or staff not necessarily relating to behaviour
- Look at different types of behaviour e.g. emotional
- Not sure
- Use different children to problem-solve some other types of behaviours shown in out school by children
- Look at another type of behaviour
- See the impact of the actions implemented
- Another type of behaviour

5. Any other comments?

- Really useful and enjoyable session
- Good opportunity to work with others, share our problems and work together to try to solve them
- Good to gain knowledge and input from outside agencies

Ratings

To what extent did the session meet the stated aims?

2 participants scored 5

3 participants scored 4

2 participants did not score the session

Was the content useful?

2 participants scored 5

3 participants scored 4

2 participants did not score the session

Was the facilitator well prepared and organised?

4 participants scored 5

1 participant scored 4

2 participants did not score the session

Was the information communicated clearly?

3 participants scored 5

2 participants scored 4

2 participants did not score the session

CHAPTER 5

PPR 4: HARMFUL SEXUAL BEHAVIOUR: A SOCIOCULTURAL ANALYSIS OF THE DEVELOPING POLICY AND PRACTICE FOR EDUCATIONAL PSYCHOLOGISTS IN ONE LOCAL AUTHORITY

ABSTRACT

This paper offers an illustrative example of contextualised practitioner research that utilises sociocultural activity theory as a conceptual framework. Activity theory is employed as a framework to facilitate the developing policy and practice in one Local Authority (LA) for Educational Psychologists (EPs) in relation to supporting children and young people who have engaged in Harmful Sexual Behaviour (HSB). In response to regional changes, the LA developed an initial draft protocol to support EPs' work in this complex area. Therefore the research is positioned within the fourth learning action of 'examining the model' when related to Engeström's (1987) expansive learning cycle. Second generation activity theory (Engeström, 1987) was adopted to provide a framework for individual semi-structured interviews conducted with four of the EPs in the LA. The interviews were transcribed and the first phase of analysis consisted of the identification of themes (Braun and Clark, 2006) in the data. The second phase of the analysis entailed further exploration of the themes, and identification of contradictions within the activity system were surfaced. The contradictions offered potentials for learning and informed subsequent recommendations to facilitate developmental change and improve future working practices. The recommendations offer rich, meaningful and context-specific potentials for organisational learning. The conclusions demonstrate the value of

applying sociocultural activity theory as a conceptual framework to analyse working practices and promote EPs' learning and development.

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5.0 Introduction

5.1 Remit of the professional practice report

The paper endeavours to offer an illuminative example, drawing on activity theory as the conceptual framework. Organisational learning is conceptualised by Engeström (1995) as collaborative learning in work organisations that results in new solutions, procedures or systemic transformations in organisational practices. More specifically, the organisational change relates to the advancement of Educational Psychology policy and practice in response to developments in national policy and the local context in one Local Authority (LA). The paper utilises Engeström's (1999a, p.384) expansive learning cycle as the framework to explain the process of organisation learning. See Figure 5.1 for the expansive cycle. The expansive cycle comprises a sequence of seven "learning actions"; this research is situated in the fourth action of the expansive learning cycle, "examining the model" (Engeström, 1999a, p.384). The LA developed a draft Service protocol (see Appendix One) to facilitate Educational Psychologists' (EPs') development of new working practices in relation to supporting Social Workers (SWs) who work with children and young people who have engaged in Harmful Sexual Behaviour (HSB). The research utilises sociocultural activity theory in an attempt to examine EPs' perceptions of their working practices and ultimately aims to expand the developing practices of EPs.

5.2 National and regional contexts

The policy context in relation to children and young people who have engaged in HSB is both complex and developing. Hackett (2004, p.1) identifies that,

“awareness of the existence, manifestations and consequences of the sexual maltreatment and exploitation of children has grown significantly in the UK over the last two decades”.

In spite of this, regional contexts have received criticism as “very few areas of the country have a consistent, co-ordinated approach to this investigation” (National Children’s Home, 1992, p.8). The National Children’s Home (NCH) (1992) synthesised developing professional awareness and concern in the Report of the Committee of Enquiry into Children and Young People who Sexually Abuse. Masson and Hackett (2003) conducted a two-year review of the changes in policy and practice following the Report. Findings of the review suggested that a more sophisticated approach to this area of work had developed and an increase in clarity across the UK regarding the importance and relevance of this area to child protection and the criminal justice system had emerged. In addition the findings also indicted that there had been a significant increase in the number of services providing intervention work or treatment to those children and young people who had abused. Despite this, Masson and Hackett (2003) still identified that progress in this area had been far from comprehensive and indicated the need for such work to be: coordinated; consolidated; evidenced based; and designed to challenge polarised assumptions and conceptualisations of the nature of sexual victimisation, vulnerability and risk. More specifically, criticisms from the NCH (1992) involved the arguments that:

- sexualised behaviour is accorded low priority, and agency managers may still be reluctant to devote resources in order to provide appropriate services;
- any professionals are undertaking this kind of work in their own time with little or no concession being made in their workload allocation from their managers;
- there has been a lack of legitimisation of the work with young people who have engaged in HSB meaning: no established policy or joint working, lack of support, supervision and training for the work;
- there is a presence of denial, fear of labelling, differential interpretations of the same incident, limited referrals, limited knowledge of how to recognise and deal with the behaviour, limited knowledge of assistance and facilities available if a referral is made and relatively few convictions; and that
- agencies sometimes investigate on their own without reference to appropriate professionals or organisations.

The NCH (1992, p.28) called for the development of an overall system ensuring and enabling multi-agency and multi-disciplinary co-operation in dealing with the problem:

“Such a system would discourage minimisation and denial and, if adequately sourced, provide a framework within which the referral, assessment and treatment of young people and children who abuse could be efficiently carried out”.

Furthermore, Gill and Johnson (1993) indicated the necessity for the development of: intake assessments for children identified as engaging in HSB; tools to interview the children exhibiting HSB; criteria for assessing the risk of the young person re-

engaging in HSB; and the ability to: identify protective service policies; determine community resources that provide services; and provide specialised treatment programs. The DCSF (2010, p.303) called for a multi-agency assessment that considered the unmet needs and the needs that arise from the specific behaviour of children and young people who engage in HSB. Moreover, Araj (1997) contended that closing the awareness, definitional, descriptive, treatment and policy disparities would form the first steps towards preventing young people who have engaged in HSB from falling through the systems gaps. The national and regional findings and developments discussed above invite the further development of the working practices of professionals that support children and young people that have engaged in HSB.

5.3 Literature review

The literature review will firstly consider how childhood sexuality is constructed. An examination of what constitutes HSB will then be presented. More specifically, the terminology and definitions utilised in the literature to describe HSB will be explored. The accepted definition for the purposes of this paper will then be presented. The prevalence of HSB will be investigated followed by a discussion of the rationale for working with children and young people who have engaged in HSB. Finally, a critical appraisal of the literature in this area will be offered.

5.4 The construction of childhood sexuality

Interest in the sexual behaviour of young people has amplified in the second half of the twentieth century (Wellings et al., 2001). Research has indicated that children are becoming increasingly sexually active and aware (Bancroft, 2003) and appear to be having sexual experiences at earlier ages (Gil, 1993). Gil (1993, p.38) asserts that, “children are sexual beings, capable of demonstrating a positive, healthy, creative and spirited interest in sexuality”. Moreover, Gil (1993) offers the premise that age-appropriate sexual play and experimentation between peers is neither harmful nor traumatic to children. Cavanagh Johnson (1993) reported, from a research review, that between 40-70% of adults recall sexual activity before 13 years of age. Additionally, Wellings et al’s. (2001) probability survey between 1999 and 2001 found that, 30% of men and 26% of women aged 16-19 years reported that they had sexual intercourse before they were 16 years old.

However, research investigating the levels of sexual activity for young people is somewhat problematic. Reliance on self-report can offer a distorted view based on the potential for young people to report what they believe is the teenage ‘norm’. Explanations for the possible increase in childhood sexual activity include: the notion that the age of onset of puberty continues to decrease (Bancroft, 2003); the suggested rise of youth culture which allows the relative autonomy of teenagers from the values and attitudes of their parents’ generation (Bancroft, 2003); and the vast array of sexualised media that surround young people with sexual images and messages. However, paradoxically “there appears to be a ‘moral panic’ in relation to

childhood sexual development perpetuated by the assumption that ‘normal children are asexual’” Bancroft (2003, p.xii). Bancroft (2003) describes that the panic occurs when children show any substantiation of sexual interest or behaviour and frequently leads to the conjecture that the child is being abused.

Despite an apparent increase in interest relating to the sexual behaviour of young people, there is no generally agreed understanding of what normal sexual development is (NCH, 1992). The NSPCC (2010) offered guidance relating to typical behaviours of each developmental stage. The guidance reiterates the normality for children of all ages to play and experiment and be curious about their own and peers’ bodies (see Box 5.1).

Johnson and Feldmeth (1993) proposed a continuum of childhood typical and atypical sexual behaviour and suggested four distinct groups (see Table 5.1). This continuum applies to boys and girls aged 12 years and under who do not experience developmental delay. Children can be on the periphery between groups, or shift between groups over a period of time.

Box 5.1: Behaviours typical of each developmental stage (NSPCC, 2010, p.2)

A preschool child (approximate age 0 to 4)

- kisses and/or hugs others
- is curious about and looks at others' private body parts
- talks about private body parts
- uses words such as 'poo', 'bum' and 'willy' freely
- plays 'house' or 'doctor' games
- shows, touches, or rubs own genitals
- sometimes engages in self-soothing behaviour (masturbates)

A young child (approximate age 5 to 9)

- kisses and/or hugs others
- displays an interest in others' bodies
- sometimes uses swear words and/or 'sex' words
- plays 'house' or 'doctor' games
- occasionally shows private body parts to others ("moons")
- engages in self-soothing behaviour (touches or rubs own genitals, masturbates)

A pre-adolescent (approximate age 10 to 12)

- kisses, hugs, pets, 'dates' others
- is interested in others' bodies; may look at sexual pictures including internet images
- touches others' genitals
- masturbates

An adolescent (approximate age 13-16)

- asks questions about relationships and sexual behaviour
- uses sexual language and talks about sexual acts with peers
- looks at nude pictures
- masturbates in private
- experiments sexually with adolescents of similar age

Hackett (2004, p.9) highlights that "the onset of adolescence represents a particularly salient developmental period for the development of sexually abusive behaviours, especially for a population of at risk young people". Risk factors may provide some

predictive power when investigating the level of likelihood of a young person engaging in HSB. Risk factors associated with the HSB have been identified from research investigating the clinical population of young people who have engaged in HSB. However, research identifying 'risk factors' must be considered with caution due to the over-reliance on small clinical populations of relatively high risk young people who have been involved with specialised forensic and often secure settings (Hackett, 2004).

For example, such research highlights a gender bias towards boys and young men (Hackett, 2004). It may be theorised that adolescent males may be more likely to engage in HSB, as this developmental period represents a juncture where sexual knowledge and interest has increased which is coupled with, what some may regard, as the 'problematic socialisation of males in Western societies' that can imply, from an early age, that females are subordinate to males (Clader et al., 2001). See section 5.3.3 for the further exploration of traumatic experiences that may influenced the engagement in HSB. However, It must be noted that engagement in HSB, results from a complex interplay of factors and that no causal claims can be made between any individual or collective risk factors and engagement in HSB.

Table 5.1: A Summary taken from Cavanagh Johnson and Feldmeth (1993, p.41) continuum of childhood sexual behaviour

Normal Sexual Exploration	Sexually Reactive	Extensive Mutual Sexual Behaviours	Children who Molest
<p>Children will voluntarily explore each other's bodies visually and with touch. The children engaged in the exploration will be of a similar age and size, generally mixed sex and will be friends.</p>	<p>The child will show more advanced and frequent sexual behaviours than children in Group I. Children in this group may have been, exposed to pornography, live in household where there is too much sexual stimulation or be sexually abused. Usually, these children focus on their own bodies. If they engage in sexual behaviour with other children the age difference is usually not great and they do not coerce, victimise or threaten others. They often feel deep shame, intense guilt and pervasive anxiety about sexuality. They generally acknowledge the need to stop these behaviours and welcome help.</p>	<p>The child will show a pervasive and focused sexual behaviour pattern. Children in this group are likely to have been emotionally, physically and sexually abused and to have lived in highly chaotic and sexually charged environments. They participate in the full spectrum of adult sexual behaviours, generally with other children in the same age range but conspire to keep it a secret. They may use persuasion but usually do not use force or physical or emotional coercion. Generally, these children have a lack of affect regarding sexuality. They are Less responsive to treatment.</p>	<p>The child's thoughts and actions are pervaded with sexuality. These children obsessively focus on toileting and sexual activities. These children are likely to have been emotionally and sexually abused and unpredictably punished, their home context is marked by sexual stimulation and lack of boundaries and they have usually witnessed extreme physical violence between adults. Sex behaviours continue and increase over time and are part of a consistent pattern. The sexual behaviour is characterised by impulsivity, compulsion and aggression. There is always an element of coercion, often the victim is younger but can be the same age or older. The child will often use social and emotional threats to ensure secrecy. These children will often deny any responsibility or show empathy. The child needs intensive specialised treatment.</p>
Group I	Group II	Group III	Group IV

Small and Kerns' (1993) US questionnaire data from 1,149 female adolescents aged 13, 15 and 17 years identified that 20% of 13 year olds had experienced unwanted sexual touching, an overlapping 6% of these girls had experienced forced sexual intercourse; of the 15 year olds, 21% experienced unwanted sexual touching and 5% forced sexual intercourse; of the 17 year olds 21% experienced unwanted sexual touching and 10% forced sexual intercourse.

5.5 What is harmful sexual behaviour (HSB)?

There is no consensus in the literature in relation to terminology, the use of which appears both variable and complex (Hackett, 2004). Furthermore, the arguably warranted reluctance to describe and label children and young people who have engaged in HSB has implications for research. More specifically, it has hindered the development of knowledge and evidence-informed prevention (Araji, 1997, p.195). The most widely used terms include: 'perpetrator', 'offender', and 'abuser'. Examples include; 'young sexual abuser' (Vizard, 2002); 'young people who sexually harm' (National Committee on Adolescents Who Sexually Harm (NOTA), 2003); 'sexually aggressive children' (Araji, 1997); and 'children and young people who sexually abuse' (NCH, 1992, p.2). In contrast, paucity in relation to labelling children and young people may reflect concerns regarding the effect that such a label could have when a young person is developing their identity. Another caveat with regards to labelling involves the potential for the label to persist for the young person's life span. In addition, the label may instil or reinforce the child or young person's view that they are 'deviant' and may have deleterious effects on any efforts to change. There

appears to be a need for a balanced approach to the use of terminology. A balance is needed between challenging the dominant perspective in the literature that children are 'mini' adult sex offenders with the use of adult labels for children, against the use of terms that may be regarded as trivialising the seriousness of the behaviour. Araj (1997) contends that obscuring the seriousness may hinder the child or young person's access to appropriate services, support and intervention.

The current paper adopts the following conceptualisation that has been derived from the literature; *children (pre-adolescent) and young people (adolescent) who have behaved in ways judged to be sexually inappropriate and/or harmful within the majority culture. For expediency, the following terminology will be adopted; children and young people who have engaged in Harmful Sexual Behaviour.* However, for the purposes of this paper, when discussing specific research I will use the same terminology that has been utilised by the researchers, due to the potential nuances in the meaning between terminologies.

A definitional ambiguity additionally seems apparent in the literature. The NCH (1992, p.3) asserts that,

“it is difficult to present an all inclusive definition that unambiguously distinguishes between those behaviours which are abusive, and those which are merely inappropriate or problematic”.

Moreover, this is compounded by the notion that there is no generally agreed understanding of what constitutes an abusive act when carried out by a child or young person because “there is no generally agreed understanding of what normal sexual development is” (NCH, 1992, p.3). However, the government guidance, *Working Together to Safeguard Children*, states that professionals working with

children need clear training and guidance to identify the difference between children and young peoples' appropriate and exploitive sexual behaviour (DCSF, 2010).

The point at which 'normal' sexual behaviour becomes abusive cannot always be determined by the behaviour in isolation (Boyd and Bromfield 2006). The following key considerations when exploring the potential that sexual behaviour displayed by children and young people may be harmful have been adapted from NCH (1992); Gil (1993); and Vizard et al., (1995),

- *True Consent*: being informed, not forced, in an equal relationship, without financial or other inducements, and free from pressure to comply.
- *Power imbalance and exploitation*: consideration of the social relationships of those involved with a key emphasis on differences in age (2 or more years), size, difference in status, level of sexual knowledge or understanding, developmental level, (race, gender and learning difficulties), and context (authoritative relationship e.g. babysitter).
- *Developmental appropriateness*: consideration of the type of sexual activity cross-referenced with developmental norms and the dynamics (spontaneity, joy, laughter, embarrassment and sporadic levels of inhibition and disinhibition as opposed to dominance, coercion, threats and force).

Stop it now! (2012, p.4), a charity for the prevention of child sexual abuse in the UK and Ireland offer the following advice,

“It is important to recognise that children will engage in some forms of sexual exploration with similar age children. However, any child or young person who engages in sex play with a much younger or more vulnerable child, or who uses force, tricks or bribery to involve someone in sexual activity, is a cause for concern and help or advice should be sought”.

Professional controversy surrounds the definition of such behaviour in young children (Bladon et al., 2005). The NCH Report (1992) suggests that the remit should extend to young people aged eighteen years whereas the Young Abusers Project extends to young people up to twenty-one years (Bladon et al., 2005). Interestingly, the remit of an EP has recently been acknowledged to include young people up to the age of twenty-five years (DfE, 2011a). In England, the legal age of criminal responsibility is 10 years (Bladon et al., 2005). The imposition of a lower age limit may have specific practical implications and restrict the support received by children under the age of 10 years who have engaged in HSB. An additional consideration relates to the behaviour. The Forensic Psychology Practice (2006) elucidate that the HSB can vary across a range of factors: non-contact offences to penetrative acts; degree of coercion and violence used; single episodes to sustained longer term abuse; and group or solo offender.

The current paper adopts the following definition that has been derived from the literature; *Any sexual behaviour (contact or non-contact), that would not be considered developmentally appropriate, used by a child or adolescent with a younger or more vulnerable child or adolescent (sexual knowledge and understanding, physical development and cognitive development), with an element of coercion or in a context that is characterised by a power imbalance, favouring the*

child or adolescent using the behaviour, or in a context that exploits social relationships.

Perhaps associated with the definitional ambiguity is the premise that the incidence of HSB by children and young people is under-reported and underestimated (Berliner and Elliott, 2002; Bladon et al., 2005). Moreover, Hoghughi (1997) suggests that only between 10 and 15 percent of all known sexually abusive adolescents are officially 'dealt with' or reported for further legal intervention. Further factors which may contribute to under-reporting are presented in Box 2.

Box 5.2: An overview of the factors that may contribute to the under-reporting of harmful sexual behaviour (Hoghughi, 1997, p.11)

- Disorganised and chaotic families in which abuse of or by a child is not noticed.
- Suspicion of police and official agencies and the tendency not to involve them unless the stakes are very high.
- Experiences of parents as abusers or abused, which lead them to underplay the importance of sexual abuse.
- Child victim's inability to articulate the abuse.
- Victim's fear of parental reactions.
- Victim's concern for reputation among peers and in the neighbourhood.
- Unwillingness of offender to self-refer because of feeling that nothing wrong has been done.
- Age of perpetrator and tendency by parents and official agencies to underplay the seriousness or significance of anti-social acts.
- 'Boys will be boys' ideas and hope that the youngsters will grow out of such behaviour and not repeat it.
- Fear that official intervention might exacerbate perpetrator's condition and add to his/her problems.
- Fear of consequences for the victim and victim's family if they report it and are "dragged into" the law enforcement system.
- Absence of any clear guidelines about what to do with the abuser and uncertainty of abuse outcomes, even if a treatment facility can be found.
- Confusion in public services and legal system about balance of public protection and diversion from criminal justice system in the case of adolescent perpetrators.

Home Office Figures (2001) indicate that one in five offenders found guilty at all courts or cautioned for a sexual offence in England and Wales were under 18 years. Radford et al's., (2009) NSPCC Child Abuse and Maltreatment research based on interview data from a nationally representative sample of parents, guardians, young adults and young people found that reported coercive sexual acts by young people under the age of 16 years had declined in prevalence from 6.8% in 1998 to 5% 2009. However, the research additionally found that 65.9% of contact sexual abuse was reported by 0-17 year olds to have been perpetrated by under 18s (Radford et al., 2009).

Araji (1997) contends that there is a resistance to accepting that children and young people can engage in abusive and aggressive sexual behaviours. Furthermore, Araji (1997, p.194) suggests that the result "is a 'culture of denial', wherein children's sexually abusive behaviours become characterised as exploratory and harmless or merely 'reactions' to sexual victimisation". Official reports were criticised by Ageton (1983) as failing accurately to estimate the extent of the problem and the nature of the offender. For example, certain groups, e.g. black males, are over-represented in legal conviction despite the demographic data in research, such as Bladon et al., (2005), indicating that out of 141 cases referred to the Young Abusers Project in the UK, 130 (92.2%) were white males. HSB by children and young people pans all races, social classes and places of residence.

5.5.1 The rationale for working with children and young people who have engaged in HSB

Debates exist in the literature regarding the use of the term 'treatment' as opposed to 'management' or 'intervention'. The term 'treatment' perhaps alludes to the notion that the actions are beyond the young person's control while implying that they can be 'cured'. The NCH Report (1992) deems 'management' and 'intervention' as more appropriate and valuable broad descriptors of work undertaken to address HSB.

Research has indicated that specific interventions that are tailored to the individual adolescent appear to be most effective in reducing recidivism (Forensic Psychology Practice, 2006). In addition, Araji (1997) affirms that HSB by children and young people is a social problem that necessitates a social response

Research investigating the onset of HSB in adult offenders suggests that such behaviour may commence in childhood (McCormack et al., 1992; Bagley & Thurston, 1996; Wieckowski et al., 1998). Estimates vary, but generally range from an estimated onset in childhood to be between 20% (Bagley & Shewchuk-Dann, 1991) to 59% (Abel et al., 1987). Bagley and Thurston (1996) suggest that adolescence is a crucial opportunity for intervention to reduce the risk of further HSB and also offer that adolescence provides a salient time for universal interventions designed to promote primary prevention. Further impetus for working with children and young people who have engaged in HSB is afforded by the notion of 'victimhood'. The concept of 'victimhood' refers to the consistent findings in the literature that children and young people who have engaged in HSB are more likely to have experienced

prior victimisation, abuse and/or trauma (Calder et al., 2001). A consensus appears in the literature regarding the demographic data for children and young people who have engaged in HSB, despite marked differences in sample sizes, treatment setting and cultural context (Hackett, 2004). The research suggests that such young people are more likely to:

- have psychosocial and psychiatric vulnerabilities (Vizard et al., 1995; Bladon et al., 2005);
- be victims of sexual abuse (Awad and Saunders, 1991; Pithers et al., 1998);
- be victims of emotional abuse (Bagley and Thurston, 1996);
- be victims of physical abuse (Bagley and Shewchuk-Dann, 1991; Pithers et al., 1998);
- have experienced placements in LA care (Dolan et al., 1996; Manocha and Mezey, 1998);
- experience marked deficits in social skills with a history of social isolation (Blaske et al., 1989; Valliant and Bergeron, 1997; Burke, 2001);
- have a history of delinquent behaviour (Ageton, 1983; Bagley and Thurston, 1996); and
- have a learning disability (Dolan et al., 1996; and Manocha and Mezey, 1998).

The ecological perspective explores how the individual (ontogenic factors) interacts with different environments (family micro-system, community exo-system, and cultural macro-system) (Calder, 2001). The environments are suggested to include differing forms of maltreatment. This perspective suggests

that some of the following factors, in each of the ecological levels, may be relevant to children and young people who engage in HSB:

- *ontogenic factors*: deviant sexual behaviours and fantasies; personality traits; distorted beliefs about appropriate sexual behaviour; distorted values and attitudes; and gender role conflicts.
- *Family micro-systems*: intra-family violence; poor parenting techniques, absent father or absence of a father figure; and criminal behaviour by family members.
- *Community exo-system*: poverty; unemployment; social isolation; absence of social networks; anti-social behaviour.
- *Cultural macro-system*: oppression and racism; denial and minimisation of the incidence, prevalence and impact of HSB; social de-contextualisation of sex education; refusal to acknowledge childhood sexuality; male socialisation that their sexual partners should be younger, smaller and less powerful than themselves.

In contrast, some researchers have highlighted that “reports of childhood victimisation of offenders may be inflated in an attempt to gain sympathy from the justice system” (Burke, 2001, p.223). Furthermore, Bagley and Thurston (1996) assert that treatment must avoid the ‘poor me’ syndrome in which adolescents who have engaged in HSB avoid personal responsibility for their sexual assaults and instead proliferate the notion that earlier victimisation is a causal determinate of exhibiting HSB, therefore, attributing sole blame for their HSB to their earlier victimisation. However, Righthand and Welch (2001, p.xxii) emphasise that,

“Although the goal when working with juveniles is to help them stop their abusive behaviours... [it is vital to remember that] they are children and adolescents first. They are young people who have committed offences and who deserve care and attention.”

The NCH report's (1991, p.11) consultation revealed that “a large number of professionals believe that without informed and child-centred intervention, young people who sexually abuse are likely to continue their sexually abusive behaviour patterns”. Masson and Hackett (2003) reported that 56% of a sample of 164 UK services providing intervention for children and young people who have engaged in HSB, identify Cognitive Behavioural Therapy (CBT) as the adopted model of intervention. However, Letourneau and Borduin (2008) contend that the dominant intervention, CBT, results in iatrogenic outcomes and highlight the necessity for methodologically sophisticated, randomised control trials, to interrogate the effectiveness of CBT interventions adopted in the absence of an evidence base. Moreover, Nisbet et al., (2005) suggest that the best responses are multisystemic and involve professionals working collaboratively, rather than solely reliant on individual treatment models. However, Nisbet et al., (2005) acknowledge that the evaluate data regarding the effectiveness of multisystemic approaches for adolescents who engage in HSB is not as developed or robust as it is for general juvenile delinquent behaviour.

The above findings along with previous Government guidelines (DCSF, 2010) afford a key role for EPs, whose professional skill set renders them well placed to support this vulnerable group. The DCSF (2010, p.303) acknowledges the role of “children's social care [social workers] and... educational psychology” in the work to support

children and young people who have engaged in HSB. Cameron (2006) suggests that EPs offer a distinctive contribution through the application of psychological knowledge to explain complex human problems, which, in turn, can inform sensitive and individualised intervention. What is more, Gersch (2004) identified the advocacy of the child or young person to ensure a child-centred approach as a key feature of educational psychology practice. Furthermore, EPs are proficient in applying their psychological knowledge to provide an integrated understanding of complex multi-systemic environments (e.g. school and home) in which the child is operating (Cameron, 2006), to inform effective multi-systemic responses. The Health Professionals Council (HPC) outlines in the professional proficiencies of EPs, the need “to be able to conduct appropriate...therapy...safely and skilfully” (HPC, 2010, p.22). EPs’ knowledge of and skills in conducting therapeutic work, offer a further key contribution to supporting children and young people who have engaged in HSB. Additionally, Dennison et al., (2006) acknowledge that EPs have an awareness of what makes teams work effectively and through the application of psychology can promote effective collaborative working in multi-professional teams. The above assertions suggest a key role for EPs to support children and young people who have engaged in HSB.

5.5.2 Critique of the research on children and young people who have engaged in HSB

A key criticism of the literature relates to the dearth of longitudinal research. Longitudinal research would provide an overall developmental perspective and would illuminate the possible developmental trajectories. Children and young people who

have engaged in HSB also appear to be a 'sensitive population', due to the nature of the behaviour and the previously reported factors in Box 2 that contribute to the under-reporting of HSB, resulting in difficulties accessing this population. Consequently, the research generally involves small sample sizes. Hackett (2004) asserts that the concealed nature of HSB is a result of the 'systemic silencing' of victims, the lack of open discussion in wider society and the level of stigma attached to victims. There also appears to be an over reliance on self-report research despite the premise that "it is widely recognised that perpetrators of sexual abuse are rarely honest about their cognitions and behaviour" (NCH, 1992, p.45). Further research is needed to increase the understanding of the nature of the problem, its evolution and the impact of management and intervention strategies (NCH, 1992). What's more there is a growing acknowledgement that research investigating how agencies respond to children and young people who have engaged in HSB, the focus of this paper, will be extremely valuable (NCH, 1992, p.44).

5.6 Conceptual framework informing design and methodology

The efficacy of experimental studies, primarily focused on finding generalisable laws of group behaviour, without due regard to the context, has received criticism as an approach to investigate organisational development (Burden, 1997). Engeström (2008, p.4) asserts that there has been,

"little critical and original theorising on the collaborative work and associated cognitive and communicative processes within and between teams in real organisational contexts".

Engeström argues that no action or activity is independent of social, cultural and institutional specifics nor does such action or activity occur in a de-contextualised 'sealed-vacuum-like environment' (Leadbetter, 2008).

The current study adopts activity theory (Engeström, 1987), as a developing conceptual framework, to inform the design and methodology. Learning and development are viewed as contextualised processes mediated by activity. Daniels (2005, p.6) suggests that our engagement with the world is mediated by cultural artifacts, such as speech which are used as "tools which shape possibilities for thought and action and are in turn shaped by those who use them".

The epistemological orientation of the research may be regarded as constructivism. Constructivism emphasises the importance of understanding knowledge 'in situ', acknowledges the existence of multiple realities and constructions and views an active role for the researcher to enter into the activity system.

Activity theory was utilised as a conceptual framework for the research because: it is based on robust psychological theory (Leadbetter, 2005), originating from the ideas of Lev Vygotsky and other Soviet psychologists in the 1920s; it provides a socially and culturally embedded contextualised account of human activity; it enables a framework to investigate and develop efficient working practices. The tight adherence to contextualised working practices provides a "strong motivational base" (Engeström, 1994, p.6) for organisational change. Importantly, activity theory provides a theoretically grounded framework for understanding the social and cultural aspects of an organisation, without neglecting the value of the individual within the

system (Leadbetter, 2005). More specifically, a central premise of the theory is that it is the individuals within an organisation themselves who represent the central force for authentic organisational change and development (Engeström, 2001).

Moreover, Leadbetter (2008, p.197) contends that the use of activity theory within educational psychology practice has, “tremendous potential to widen and enrich the work of practitioners” as an organisational development tool.

Engeström (1999a) proposed the notion of an expansive cycle for organisational learning and development (see Figure 5.1).

Figure 5.1

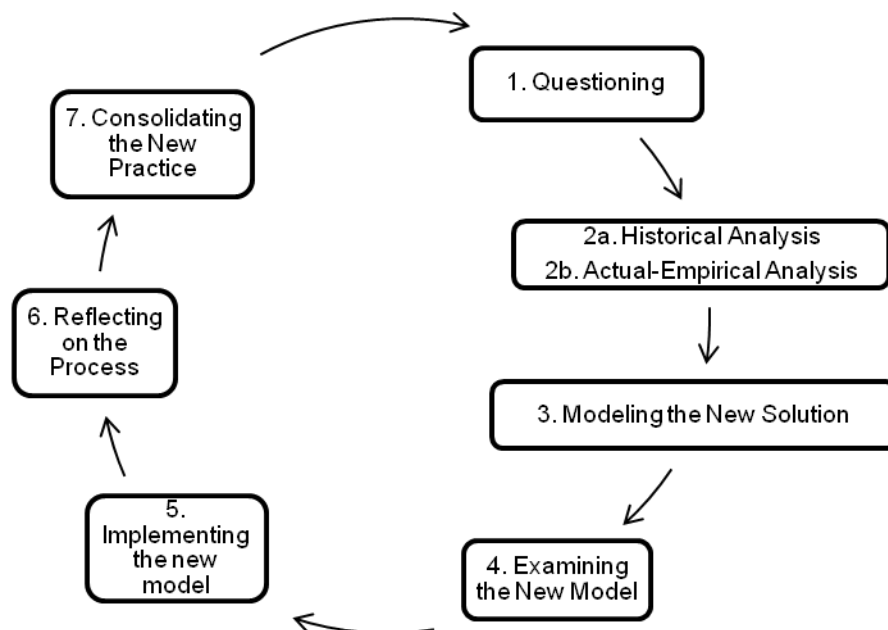


Figure 5.1: *Expansive Learning Cycle (taken from Engeström, 1999a, p.384)*

The expansive cycle for organisational development consists of seven ‘epistemic’ or ‘learning actions’; a description of each of the learning actions is provided in Table 5.2.

Table 5.2: A description of the ideal-typical sequence of learning actions in an expansive cycle (taken from Engeström, 1999a, p.383-384)

Learning Action	Description of the Learning Action
1. Questioning	Questioning, criticising, or rejecting some aspects of accepted practice and existing wisdom.
2. Analysing	Analysing the situation. Analysis involves mental, discursive, or practical transformation of the situation in order to find out causes or explanatory mechanisms.
3. Modeling	Modeling the newly found explanatory relationships in some publicly observable and transmittable medium. This means constructing an explicit, simplified model of new idea that explains and offers a solution to the problematic situation.
4. Examining the Model	Running, operating and experimenting on the model in order to fully grasp its dynamics, potentials and limitations.
5. Implementing the Model	Concretising the model by means of practical applications, enrichments and conceptual extensions.
6. Reflecting	Reflecting on and evaluating the process.
7. Consolidating	Consolidating the outcomes into a new, stable form of practice.

The expansive learning cycle is conceptualised as recursive with the acknowledgement that a, “large-scale, expansive cycle of organisational transformation always consists of small cycles of innovative learning” (Engeström, 1999a, p.385). The entire cycle is viewed as “energised and often radically refocused by negotiation: questioning, criticising, even rejecting the accepted wisdom” (Engeström, 1999a, p.385). A central premise of the theory is the notion that evolving tensions or contractions that may be identified in the complex organisational system, offer potentials for continued learning and development. More specifically, Engeström and Kerosuo (2007, p.339) suggest that,

“participants of an activity system take specific learning actions to analyse inner contradictions in their activity, then design and implement a new model for their activity, that radically expands its object, opening up new possibilities for action and development.”

Furthermore, Engeström (1999a, p.32) suggests that,

“actions involve failures, disruptions, and unexpected innovations ... analysis of the activity system may illuminate the underlying contradictions that give rise to those failures and innovations.”

Ultimately, the expansive cycle endeavours to provide a framework for collaborative working that provides new solutions, procedures or systemic transformations in organisational practices (Engeström, 1995).

The development of activity theory has been depicted by Engeström (1987) as falling into three generations. Engeström’s (1987) ‘Second Generation Activity Theory’ (see Figure 5.2) was used as a conceptual framework for the semi-structured interviews conducted with individual EPs.

Figure 5.2

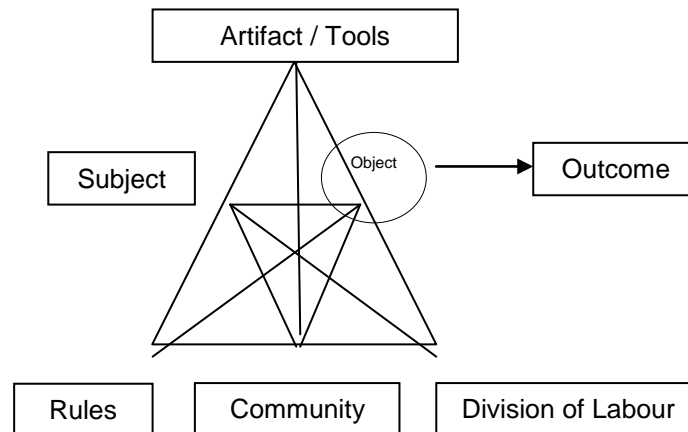


Figure 5.2: 'Second Generation Activity Theory' (Engström's, 1987)

A description of each of the seven activity theory nodes is provided in Table 5.3.

Activity theory was utilised to explore EPs' perceptions regarding their professional practice and role in relation to supporting children and young people who have engaged in HSB. The activity theory framework was used to facilitate discussions with EPs regarding their current role and work, compared with what they perceived as their role and how they worked in the past, and whether they perceived that their role and work practices would change in the future. This paper addresses the learning actions 1-4 identified in Table 5.2: questioning existing practice; offering an analysis of the situation and specific context; exploring the newly proposed model (draft protocol); and examining the model to identify potentials and limitations. Contradictions could then be identified and surfaced in the activity system, so offering potentials for new learning, development and change.

Table 5.3: The functions of each node within an activity system (adapted from Leadbetter, 2008)

Node	Description of the Node
Subject	This position can be taken up by an individual, group or dyad taking action.
Object	The object is what is being worked on, acted upon or the focus of activity. There will invariably be a lack of clarity about what the object is, and this object is likely to be interpreted slightly differently depending on a range of factors but particularly upon the motives of the individuals involved.
Outcome	The outcome is what is hoped to be achieved.
Rules	The rules reflect what supports or constrains the work or activity.
Community	The community identifies who else is involved in the work or activity.
Division of Labour	Division of labour refers to role demarcation and role expectation, for example, who does what and how is the work shared out and why.
Mediating Artifacts	This part of the triangle presents the mediation that takes place between the subject and the object in order to achieve an outcome. The artifacts (or tools) might be concrete (such as an object, instrument or resource) or maybe abstract (such as a common language being used, processes or frameworks).

5.7 Key questions considered in this paper

The study endeavours to focus on the perspective of the professionals when considering the potential for organisational learning with regards to supporting children and young people who have engaged in HSB. The focus on the perceptions

of the professionals in the organisation complements the adopted conceptual framework, activity theory, by privileging the views of the professionals themselves and acknowledging that they are a central force for change. Furthermore, the perceptions of EPs will offer a socially and culturally contextualised account of what can and what does happen in a real life specific context. Moreover the EPs perception of their role and potentials for enhanced future working, in the specific LA, can be cross referenced with the national findings regarding work in this area.

- What are the perceptions of EPs regarding their professional practice and role in supporting children and young people who have engaged in HSB?
- What new ways of working do EPs suggest would enhance the professional practice of EPs in relation to supporting children and young people who have engaged in HSB?
- Does sociocultural activity theory afford a useful theoretical framework to understand, analyse and explore the professional practice of EPs in relation to supporting children and young people who have engaged in HSB?

5.8 Research design

5.8.1 Case study

The paper offers a case example of situated research and development in one LA context. The research is positioned as practitioner research that intends to offer an illustrative case to afford transferable knowledge regarding what does and what could

happen in real life practice in relation to organisational learning and development. Case studies offer the opportunity to provide a spotlight for illuminating innovative organisational policies and practices, particularly in response to developing areas such as HSB. Furthermore, De Vaus (2001, p.237) asserts that, “case study designs are fundamentally theoretical”. Case studies offer the possibility of theoretical generalisation by: developing, refining and testing theory; through, the logic of replication (Yin, 1989); and the identification of similar research with similar findings from which tentative conclusions can be drawn through the process of theoretical generalisation.

The LA where the research was conducted had recently developed a draft protocol in relation to the working practices of EPs when supporting children and young people who have engaged in HSB. The draft protocol was devised in response to regional changes in relation to the transfer of labour from the NSPCC to LA professionals with regards to HSB cases. Previously, the LA funded the NSPCC to provide the vast majority of support for children and young people who have engaged in HSB. However, in March 2011 the NSPCC withdrew the service, with the view to assisting other LAs to develop within-service support for children and young people who have engaged in HSB.

Within the LA, a District Senior EP was allocated the task of leading the service response and promoting organisational change and development. Following consultation and negotiation with key stakeholders, seeking the advice and guidance of Forensic Psychologists and conducting training for EPs in relation to HSB, a draft

protocol was developed. This research was therefore conducted during the fourth learning action of the expansive learning cycle, “examining the new model” (Engeström, 1999a, p.384).

The development detailed above resulted in the impetus for thirteen EPs (eight Area EPs, three District Senior EPs and two Specialist Senior EPs) to transform their working practices regarding supporting children and young people who have engaged in HSB.

The aim of the support, detailed in the draft protocol, is to reduce the engagement in HSB by children and young people and promote positive behavioural change through co-working cases with SW colleagues as case holders and EPs as therapeutic partners and peer supervisors; and by the appropriate involvement of partner agencies.

This paper attempts to provide an insight into the perceptions of four EPs (two Area EPs, one District Senior EP and one Specialist Senior EP) with regards to the development in their working practices, whilst taking account of the social and cultural factors impinging on their role, following the development of the draft protocol. All of the EPs employed by the LA were approached to participate in the research. The sample represents all of the EPs who voluntarily offered their participation and who had had at least one prior experience of working with children or young people who had engaged HSB. The inclusion of only EPs who had experience in relation to HSB reflected the selection of the most strategic cases that

would provide valid and challenging tests of theory (De Vaus, 2001). The paper strives to identify contradictions in the EPs' perceptions of their developing role and working practices, in an endeavour to illuminate potentials for contextualised improvements to future working.

5.9 Ethical considerations

Information regarding the ethical considerations that were pertinent to the research and how these were addressed is presented in Table 5.4.

5.10 Method: Semi-structured interviews

Interviews are the most prominent data collection tool in qualitative research (Punch, 2009). Interviews are considered to offer an 'infinitely flexible tool for research' (Breakwell, 1995). The interview method of data collection complements social constructivist epistemology, as it seeks to ascertain individuals' perceptions, and implies that there may be a variety of truths that arise out of our engagement with the world. Furthermore, the flexible nature of face to face interviews allows the interviewer to modify lines of enquiry and follow up interesting responses and investigate underlying motives in a manner that other research methods permit less fully (Robson, 2011).

Table 5.4: Ethical issues and how they were addressed in the research

Ethical considerations	Consideration of the issue and how the identified ethical issue(s) have been addressed in the research
Recruitment of participants	All of the Educational Psychologists (sixteen in total) working for the Local Authority were sent an email requesting their voluntary participation in the research (see Appendix Two for the participation letter). The inclusion criteria for the sample will be any Educational Psychologist that replies to the email and offers their voluntary consent to participate.
Informed consent	The necessary steps were taken to ensure that the participant understood the process in which they would be engaged, including how using activity theory as a framework to explore and analyse working practices may be beneficial and to whom the results would be reported and possible consequences of the research process (see Appendix Three for the participant consent form). The voluntary requirement of participation will be stressed to participants at the recruitment stage, before ascertaining informed consent and before the interview.
Uses and ownership of data must adhere to the Data Protection Act (1998).	Participants will be briefed on how and why their personal data is being stored. Permission will be sought to disclose (anonymously) information gathered in the interview to third parties. All data will be kept securely and any form of publication will not directly or indirectly lead to a breach of agreed confidentiality and anonymity. In accordance with University of Birmingham policy, the raw data (audio taping and written notes) will be securely stored in a locked cabinet for 10 years from the date of first publication of the results. No names will be attributable to the stored data.
Protection of the Local Authority and the professionals' who will participate in the research	The challenge of protecting the identity of professionals' and the Local Authority discussed in this research can be addressed by ensuring that

Protection of service users and other educational establishments that may be identified in the research.

Consideration that the participants may experience distress or discomfort in the research process, specifically when identifying tensions and contradictions in the activity system.

Participants may disclose practice or conduct that may be harmful to the participant themselves or others.

Right to withdraw

Debriefing

all records and information collected are anonymous.

As the interview will concern the discussion of working practices, participants will be encouraged to refrain from using the names of any service users or educational establishments.

Participants will be informed that they can decline to answer any specific questions put to them. Participants will be reminded that their data will be kept anonymous. It will also be reiterated that the identification of tensions and contradictions is essential for the research and will provide the potential for development and change.

Participants will be made aware of the limitations of maintaining confidentiality. The decision to override agreements on confidentiality and anonymity will be taken after careful and thorough deliberation and following consultation with a professional colleague. The participant will be apprised of any reasons and intentions of the researcher to disclose harmful practice or conduct. In the interests of transparency, contemporaneous notes will be kept on any such decisions and the reasons behind them.

Participant's right to withdraw for any or no reason, at any time will be made explicit during the research. The participant will be notified that they can withdraw their participation at anytime without explanation or consequence.

Transcriptions of the interview were made transparent for the participant to view during the interview. Following subsequent data analysis (repeated listening) the transcriptions were sent to participants in an attempt to further check for accuracy.

The final report will be made available for participants. The participants along with the other Educational Psychologists' that work for the Local Authority will also be made aware of the recommendations and outcomes of the research.

Semi-structured interviews were designed to avoid possible constraints that structured interviews may impose on the interviewee's constructions of reality and to afford flexibility and the opportunity for spontaneity of response. Activity theory provided a framework for the questions used to gather data in the semi-structured interview (see Appendix Four). The interview focused on a specific example of work that involved the EP supporting a child or young person who had engaged in HSB.

The interview prompt questions (adapted from Durbin, 2010) were developed under each of the seven activity theory nodes as flexible prompts to ensure that each node was discussed in depth. Each of the nodes and related questions were presented in a sequential order in conjunction with the activity theory framework (See Table 5.3 for a description of each node and the order of the nodes).

Breakwell (1995) suggests that if an interview fails to provide a coherent structure with sets of issues presented sequentially, interviewees can become confused, suspicious and sometimes belligerent.

At the beginning of the interview the participants were read standardised information (See Appendix Four) regarding: the interview procedure, to check again for informed consent and to provide participants with a further opportunity to ask any questions. In an effort to ensure transparency, the interview was conducted in a manner that enabled the interviewee to view all of the questions and the transcriptions that were made during the interview. The transcriptions made during the interview were later checked for accuracy by repeated listening of the audiotape of the interview. Once

the transcription process was complete (see Appendix Five), the transcriptions were sent to the participants to be checked, (see Appendix Six) in a further endeavour to ensure accuracy. An example of a participant's response to the transcription accuracy check is provided in Appendix Seven.

5.11 Data analysis: Thematic analysis

Thematic analysis was employed in an endeavour to provide a rich analysis of the information gathered from the semi-structured interviews. Braun and Clark (2006, p.82) suggest that, "a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set". The use of thematic analysis afforded a flexible approach, as "thematic analysis is independent of theory and can be applied across a range of theoretical and epistemological approaches" (Braun and Clark, 2006, p.78). Thematic analysis additionally accommodates an active role for the researcher to select and interpret the themes in the data. The constructivist epistemology of the research bestowed the examination of "the ways in which events, realities, meanings, experience and so on are the effects of a range of discourses operating within society" (Braun and Clark, 2006, p.81). A 'deductive' or 'theoretical' thematic analysis was adopted; the analysis was informed by the espoused conceptual framework for the paper, activity theory.

All of the participants' data were collectively collated under each of the seven activity theory nodes and then analysed. The thematic analysis was additionally conducted at the 'latent' level, resulting in an interpretive approach as opposed to at a semantic

or explicit level. Analysis at the 'latent' level goes beyond the semantic or surface content of the data and analyses the underlying ideas, assumptions and conceptualisations in the data (Braun and Clarke, 2006). The 'latent' level analysis resulted in a theorised analysis derived from the use of activity theory as the conceptual framework. 'Theme tables' were produced for each of the seven activity theory nodes (see Appendix Eight).

The recursive process adopted in the thematic analysis reflected the six phase guidelines proposed by Braun and Clark (2006, p. 87). Table 5.5 offers a summary of the six phases and a description of how each of the phases was implemented in the current research.

Table 5. 5: The six phases of thematic analysis (Braun and Clark, 2006, p.87)

Phase	Description of the process	How the process was achieved in this paper
1. Familiarising yourself with your data	Transcribing data, reading and re-reading the data, noting down initial ideas.	Summary transcription of the audio-tape recording of each interview, repeated listening and re-reading of the data, highlighting initial points of interest.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.	Transcriptions for each of the nodes segmented and collated together. Coding of the data in each node.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.	Potential themes identified from the codes. Collation of the themes and codes into a 'theme table' (see Appendix Eight).
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (level 1) and the entire data set (level 2), generating a 'thematic map' of the analysis.	All themes cross checked with the allocated codes and amended accordingly. All themes checked with the entire data set and amended accordingly.
5. Defining and naming themes	Ongoing analysis to define the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.	All of the theme tables analysed and again cross referenced with the overall data set. Names and definitions for each theme amended accordingly.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.	Pertinent quotes selected to illustrate key findings. Overall findings related back to the research question and literature. Discussion of the findings and conclusions drawn.

5.12 Findings

The themes identified from the individual semi-structured interviews with the EPs are presented in Figure 5.3. The current paper adopts a specific focus on the contradictions identified between the artifact or tool, namely the draft protocol, and other nodes in the activity system. However, it is noteworthy that the same contradiction may be considered as occurring between multiple nodes. It is therefore acknowledged that the discussion in relation to the analysis offers only a narrow focus on the activity system. The rationale for a focus on the draft protocol is to afford an analysis of potentials for new learning and development specifically in relation to the draft protocol, which will ultimately inform the LA policy and will arguably have the most impact on future working practices. The focus also complements the activity theory premise that human activity is mediated by cultural artifacts and that cultural artifacts are mediated by human activity.

The contradictions surfaced by the themes between the nodes are outlined below. Direct quotations from the participants are italicised and presented in the accompanying boxes:

5.12.1 (i) Artifact-Subject

- EPs' perception of themselves as 'learners' requiring further training versus the draft protocol's conceptualisation of EPs as 'consultants'.

Figure 5.3

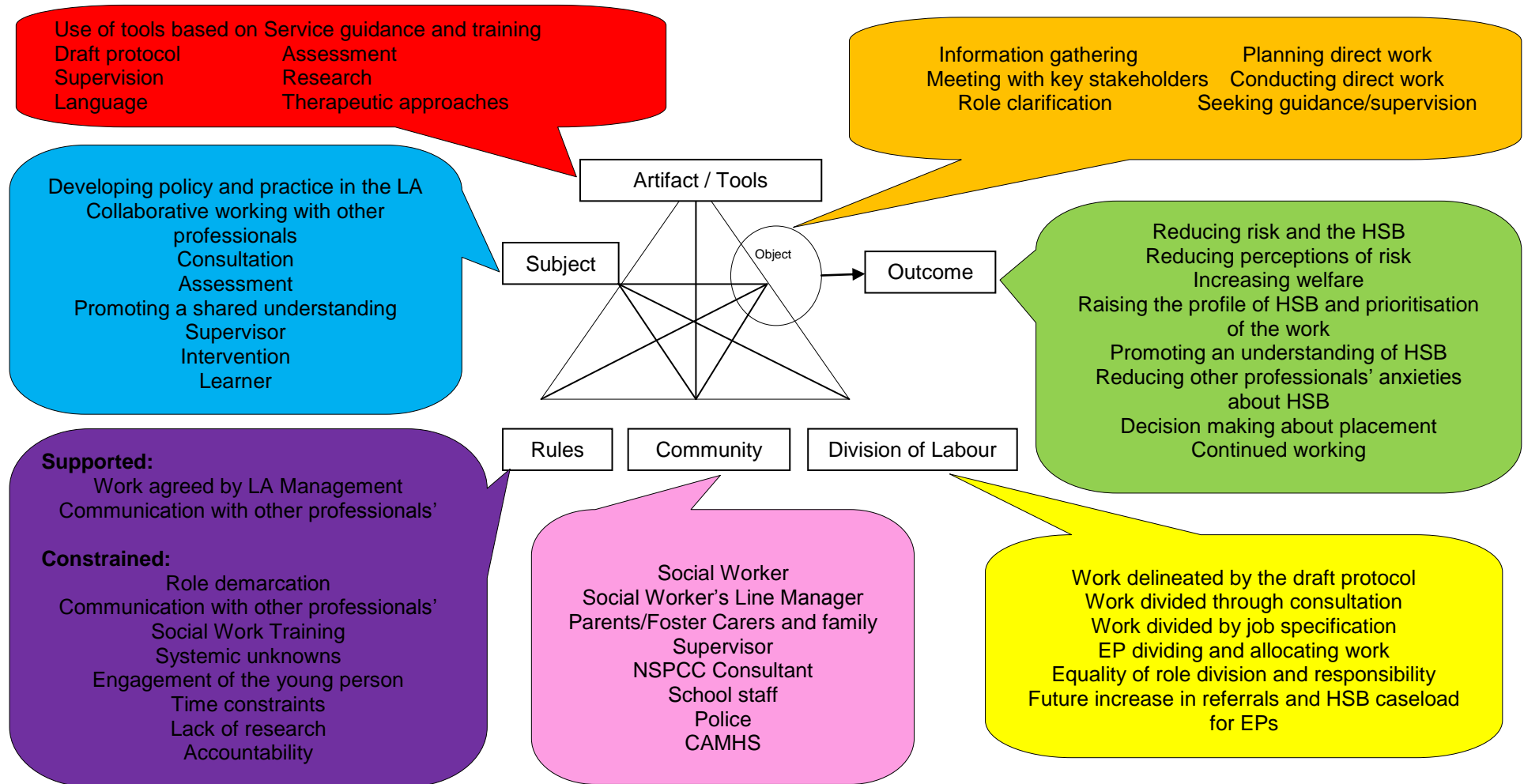


Figure 5.3: *Thematic Analysis of EP perceptions regarding to their working practices in relation to supporting children and young people who have engaged in HSB*

"[I am] somebody who is still learning about the area of HSB so...it's a pretty varied role really"

"not enough professional development opportunities"

"although we don't need any more psychological knowledge, we do need an understanding of harmful sexualised behaviours"

"need a lot more training, I have friends who are Clinical Psychologists who regularly go on 3 or 4 day residential top-up training around this area... it kind of feels a bit underpowered"

"I'm quite keen on a model that would lead to the development of the use of a protocol and colleagues going so far with a case and then being able to refer on to colleagues who have more of a degree of professional knowledge and expertise in the area"

"further role development [for EPs] of a specialism to supervise colleagues and conduct direct specialised case work with complex cases"

- EPs' concern in relation to their capacity and competency to supervise a differing profession: SWs, compared to the protocol's direction that EPs will provide supervision for SWs.

"we need a lot more evidence that the approach the protocol promotes of the EP supervising a SW who is able and willing to commit weekly time to working with young people...whether this model is viable"

"further role development [for EPs] of a specialism to supervise colleagues and conduct direct specialised case work with complex cases"

"...I've got a feeling that the EP role will evolve and look quite differently in a few months time"

5.12.1 (ii) Artifact-Object

- Absence of a clear definition of what constitutes HSB and a HSB case, as opposed to the protocol's implicit inference that such work is clearly defined and delineated.

"we haven't got a clear definition of HSB...I think that is critical"

5.12.1 (iii) Artifact-Outcome

- EPs' perception that HSB cases will require both short-term and long-term continued worked versus the protocol's indication of the relatively short-term nature of such work.

"it's a time intensive piece of work"

"the work will change and become more time-consuming"

"we need to provide both short-term and long-term support"

"there is a need to be realistic about the outcome of 4-12 CBT sessions [suggested by the protocol]...you need at least 6-8 weeks to build a therapeutic relationship"

5.12.1 (iv) Artifact-Rules

- Tension between limited communication between EPs, particularly Area EPs, and SWs despite the protocol's requirement of co-working.

"It would be good to have a joint meeting with SWs as we are going through the training"

"there is poor links between SWs and Area EPs"

"not having open lines [of communication] between the professionals and lack of collaborative working"

"SW had been told about the protocol but only in a very superficial sense...I think she knew that the Psychology Service may be doing this kind of work now...but didn't know it required her to do some direct work with the child"

- Conflict between SWs' limited access to EP electronic communication systems versus the protocol's emphasis on EPs and SWs co-working HSB cases.

"shared access to systems...we have access to Care First [LA name of the electronic database for SWs] but SWs don't have access to ONE [LA name of the electronic database for EPs], which I think is ridiculous"

5.12.1 (v) Artifact-Community

- Absence of any collective joint meetings or training for EPs and SWs versus the protocol's requirement for joint understanding and working.

"It would be good to have a joint meeting with SW as we are going through the training"

"SW had been told about the protocol but only in a very superficial sense...I think she knew that the Psychology Service may be doing this kind of work now..but didn't know it required her to do some direct work with the child"

"Duty (SW) weren't aware of the protocol...the Duty Manager did not know what the protocol was"

- Concern in relation to the espoused threshold for SW's case involvement and apparent lack of clear guidelines as opposed to the protocol's assumption that SWs will be the case holders for HSB cases.

"There isn't any clear guidelines in terms of thresholds for involvement from Social Care for HSBs...and I do think that we are approaching cases from very different perspectives in terms of assessing priorities and assessing risk. I tend to think Social Care have a much higher threshold for involvement in education than we would like them to have and there needs to be a better shared understanding about what would initiate behavioural concerns...and some consistency in that"

- Tension between professionals' willingness, capacity and ability to commit to such work versus the protocol's necessity for professionals to become involved.

"It wasn't appropriate for the SW to get involved with any therapeutic work...and when I did suggest it, in the very early stages, she looked frankly horrified at the prospect"

"they [SWs] need a better awareness and understanding of therapeutic working"

"SW had anxieties about her role in the protocol...working with the child one to one on a weekly basis"

"the SW prioritised the case in a way that other SWs would find difficult because of caseload"

"we can only ethically supervise someone to deliver CBT if they have had training in CBT, people are delivering CBT who do not have the necessary skills and training"

5.12.1 (vi) Artifacts-Division of Labour

- EPs offering the premise that in reality when working with other professionals there is a need for equitable division of labour as opposed to the protocol's suggestion that EPs act mostly as consultants.

"there needs to be an equal division, each [EP and SW] have key roles...if there is an imbalance it can have an impact on the role that is played in the intervention"

"equal levels of responsibility, but what those responsibilities include are different due to our varying roles and professional duties. It needs to be a collaborative approach...otherwise you get a diffusion of responsibility where no one takes responsibility"

"because I did include myself in quite a number of tasks... peoples respect in terms of the negative view of being a consultant that you tell everyone what to do then walk off and go on to the next consultant role. I rolled my sleeves up and got involved as well, might have added to peoples willingness to participate. Consultant role only works if you have an acknowledged area of expertise, I don't I've got some experience but experience is different to expertise"

5.12.1 (vii) Artifacts v Artifacts

- EPs require further support to embed the assessment tools suggested by the protocol in their practice.

"still lots of work needed to embed them [assessment tools] in working practices and ensure everyone is comfortable using them"

5.13 Discussion

The discussion endeavours to celebrate the learning and organisational development that has taken place in the LA in relation to supporting children and young people who have engaged in HSB, in connection with the current position in the expansive learning cycle. The contradictions identified within the activity system are then examined and considered in relation to national research and the literature. Attempts are then made to offer context-specific recommendations for the further development of policy and working practices in the LA before the next learning action in the expansive cycle, of 'implementing the new model' is commenced. Finally, a critique of the research is offered with implications for future practice.

5.13.1 Discussion of previous organisational learning regarding supporting children and young people who have engaged in HSB

The developing policy and practice within the LA in relation to HSB serves to address some of the national criticisms of working practice in this complex and developing area. The draft protocol endeavours to ensure a consistent approach to the assessment and associated risk assessment of children and young people who have engaged in HSB, as implored by Gill and Johnson (1993). In addition, and arguably most importantly, the draft protocol establishes guidelines to ensure that children and young people who have engaged in HSB receive support and intervention.

The draft protocol attempts to develop and establish a consistent and co-ordinated approach within the LA to support children and young people who have engaged in

HSB (NCH, 1992). More specifically, the draft protocol demonstrates a legitimisation of EPs and SWs undertaking this kind of work, underscoring the importance and relevance of this area to child protection (NCH, 1992). In addition the LA's prioritisation of HSB, supported by the commitment of resources and time, in order to develop both policy and working practice signifies both thoughtful strategic planning and foresight (NCH, 1992). The adoption of a multi-agency approach that necessitates co-working between EPs and SWs further addresses previously noted national pleas for "an overall system ensuring and enabling multi-agency and multi-disciplinary co-operation when dealing with the problem" (NCH, 1992, p.28).

5.13.2 Discussion of the identified contradictions and potentials for further organisational learning

5.13.2 (i) Contradiction between the Artifact and Subject

The identified contradiction between one of the assertions of the artifacts (draft protocol) that EPs will employ a consultant role conflicts with the EPs' subject position in relation to their tentative approach to their newly developing role and conceptualisation of themselves as 'learners'. The literature may explain this contradiction by highlighting: limited awareness and training and definitional ambiguity in relation to what constitutes HSB (NCH, 1992); presence of fear of labelling (NCH, 1992); and resistance to accept that young people engage in abusive relationships (Araji, 1997). The contradiction additionally reinforces the notion that complex or 'high tariff' HSB cases may necessitate the involvement of professionals who have the willingness to work in this area and specialist expertise and

experience. In addition the premise identified in the draft protocol, that SWs will deliver the direct therapeutic work, suggested to entail Cognitive Behavioural Therapy, with the young person is further challenged by the constraining rule that SWs generally have limited training in therapeutic interventions. However, in the Government response to the Munroe Review of Child Protection (DfE, 2011b), Social Workers are directed to “learn from their own practice, from other professionals and from research evidence, to provide high quality help to children, young people and their families so that their work is clearly focused on the needs of the child” (DfE, 2011c, p.2).

5.13.2 (ii) Contradiction between the Artifact and Community

The perception that there is an absence of a clear definition of what constitutes HSB and a HSB case in the LA reflects the definitional ambiguity in the literature. Furthermore, the findings suggest that there is no shared definition between the community of professionals who may become involved in such cases. This conflicts with the protocol’s implicit inference that such work is clearly defined and delineated. Without awareness and a clear and shared LA definition and description of HSB, Araj (1997) asserts that children and young people who have engaged in HSB will fall through the cracks in the system.

The artifact additionally appears to conflict with the community, in that the protocol advocates conjoint working between EPs and SW; hitherto there have been no collective joint meetings or training for EPs and SWs in relation to HSB practice and casework. By suggesting the necessity for co-working between EPs and SWs, the

draft protocol conflicts with the constraining rule that there is and has been limited communication between EPs, particularly Area EPs and SWs. The limited nature of communication is also highlighted by the absence of any collective meetings or training for EPs and SWs during the development of the protocol. This is further accentuated by the limited access that SWs have to EPs' electronic communication databases and systems. A further tension between the artifact and the community relates to the protocol's expectation that SWs are the 'case holders' and will be involved with HSB work despite the EPs' perception that the espoused threshold for SWs' involvement in cases is both too high and inconsistent. This tension appears to be exacerbated by the apparent dearth of clear guidelines in the LA regarding the threshold for SWs' involvement in casework. The above tensions may be considered to exemplify national criticisms that work in this area still requires further coordination and consolidation (Masson and Hackett, 2003).

5.13.2 (iii) Contradiction between the Artifact and Division of Labour

A further tension was surfaced between the artifact and the division of labour: EPs identified that although the protocol suggests only a consultative role for EPs, in reality a more equitable division of the work occurred. Furthermore, EPs perceived that, in reality, the work necessitated their longer term involvement as opposed to the protocol's suggestion that such work would be relatively short-term.

5.13.2 (iv) Contradiction between the Artifact and Rules

The above tensions have further implications when considered in conjunction with the EPs' identification of time restraints as a constraining rule. Moreover, the addition

of HSB casework for EPs without any renegotiation of their workload typifies the identified national concerns that professionals are undertaking this kind of work in their own time with little or no concession being made in their workload allocation (NCH, 1992).

The above identified contradictions between the artifact (draft protocol) and other activity theory nodes offer potential for learning and development before the next learning action in the expansive cycle. The learning process in the complex system, of the LA, involves the successive identification of contradictions and potential solutions during each of the learning actions in an iterative expansive learning cycle. Table 5.6 offers context-specific recommendations in relation to how each of the identified contradictions may be addressed and how the LA might learn and develop policy and working practices.

5.13.3 Critique of the current research and implications for future practice

The findings from the current paper offer a contextualised analysis of the developing policy and practice in one LA from the perspective of four EPs'. The paper affords an illustrative example of learning and organisation development, with findings specific to one context. Although statistical generalisations cannot be derived, there is an opportunity for theoretical generalisation. The research findings may be compared to the findings of similar research. The findings from the current research may be considered to have developed, refined and tested theories of organisational learning and EP practices in relation to supporting children and young people who have engaged in HSB.

A further consideration relates to the notion that although the sample size reflected the participation of nearly one third of EPs in the LA, four participants may be regarded to constitute a relatively limited sample. The small nature of research samples is a key criticism of research in this area. Furthermore, although the orientation of the paper was on analysing the developing policy and practice for EPs, the protocol advocates the conjoint working between EPs and SWs and therefore it may have been judicious additionally to obtain the perceptions of SWs in relation to the developing policy and practice.

Table 5.6: Potential resolutions to the identified contradictions that may promote organisational change and development

Contradiction	Potential Resolution	Supporting Research
Artifact v Subject	It may be advantageous to develop a working group or specialist team that consists of EPs, SWs and other professionals that may be involved with HSB. This could be achieved by sending a questionnaire to 'audit' the professional groups' skills, interest in conducting this work and willingness to develop a specialism in this area.	NCH (1992) acknowledgment that some professionals are reluctant to become involved in HSB cases due to: denial (Araji, 1997), fear of labelling, limited knowledge and limited assistance facilities.
	A favourable development may entail the promotion of training and development for EPs in relation to supervisory practice with a different professional group. There may be scope for this training to be offered within the LA context in light of the LA's multi-agency structure and composition.	The suggested imperative of a coordinated and joint up approach between professionals who support children and young people who use HSB (DCSF, 2010; Masson and Hackett, 2003; NCH 1992).
Artifact v Object	The production of two or three worked examples or case studies exemplifying the conjoint working between EPs and SWs based on pilots of the protocol may offer a valuable guidance and insight into what does and what can happen in the real life context when supporting children and young people who use HSB.	Gill and Johnson (1993) highlight the necessity to develop a consistent and coherent framework to guide the support of children and young people who use HSB.
Artifact v Rules	Endeavours to ensure that professionals who work collaboratively have access to shared electronic databases and communication systems may alleviate some of the barriers for interagency communication and facilitate effective conjoint	NCH (1992) assert the importance of a co-ordinated multi-agency and multi-disciplinary approach that is characterised by co-operation.

working. It may therefore be beneficial if SWs have access to the ONE system.

Artifact v Community

A tiered approach to service delivery may also be adopted. This could entail: the protocol being utilised for 'low level' HSB; 'medium level' HSB being referred to the specialist team; and 'high level' HSB, that is likely to include a police investigation, also referred to the specialist team but in conjunction with an expert in the field, for example a Forensic Psychologist. Such an approach would require guidelines in relation to what constitutes a 'low', 'medium' or 'high' HSB with intrinsic flexibility for professional judgement.

The development and dissemination of a clear LA definition in relation to what constitutes HSB would be beneficial in promoting a shared understanding within and between professional groups.

The production of a document that clearly outlines the threshold(s) for involvement, particularly for SWs, to ensure a consistent approach and again, a shared understanding within and between professional groups regarding the potential for conjoint working.

Prior to the next learning action in the expansive cycle 'implementing the new model' it would be advantageous to hold a joint training day for all EPs and SWs to collaboratively

Masson and Hackett's (2003) assertion that professionals are more aware of the relevance of this work to the criminal justice system.

Hackett (2004) and Araj (1994) emphasise that the varying terminology and lack of consensus regarding the definition of HSB used by children and young people has a detrimental effect on further development in this area.

Recognition of the need for a coherent framework to ensure that the different multi-agency services (health, welfare and education) are delivered equitably to all children and young people who have engaged in HSB (DCSF, 2010).

Acknowledgement of the need for an overall system to enable and ensure multi-agency and multi-disciplinary cooperation. Such work should be coherent, coordinated and joined up (DCSF, 2010; Gill and Johnson, 1993;

explore the suggested model. The training day would also provide an equitable opportunity for identifying issues to encourage further learning and development.

EPs who have the requisite qualifications to deliver Cognitive Behavioural Therapy and other therapeutic approaches could offer a programme of training for SWs. This would serve to build professional relationships and hopefully communication between EPs and SWs and would support professional development and build competency in the use of therapeutic techniques

NCH, 1992).

It is largely accepted that children and young people who use HSB require specific interventions tailored to reflect their individual needs (Forensic Psychology Practice, 2006). Furthermore, EPs have the professional skills to devise and develop therapeutic interventions (HPC, 2010).

The paper consequently represents only the views and perceptions of a limited number of EPs who support children and young people who have engaged in HSB. Moreover by concentrating on the perceptions of EPs and utilising the method of interviews, the paper can only analyse the views the participants were prepared to reveal about their subjective perceptions, which are likely to change both over time and in accordance with circumstance (Walford, 2001).

The current paper also offers a situated account of learning and development at one specific point in the expansive learning cycle. The cycle is iterative, and continued successive surfacing of contradictions and resolutions are necessary for continued learning and development. In addition, part of the research analysis adopted a narrow focus on the contradictions that related particularly to the draft protocol. The specific focus was intended to ensure that the possible resolutions of the surfaced contradictions resulted in the greatest impact on policy and practice. However, further analysis and identification of additional tensions between all of the nodes, while beyond the scope of this paper, would provide a more comprehensive analysis and identification of additional potentials for learning and development.

The use of activity theory as a conceptual framework to inform the research design and methodology may be open to some scrutiny. Activity theory is acknowledged as an evolving theory that should be conceptualised, as all theories, with noted limitations. Activity theory consists of specific theoretical constructs and language that may appear complex for researchers and participants to decipher. However, a useful theoretical framework should not be rejected on the basis of intricacy. Epps

(1999) described a useful theory as one that can account for the data and promote further research, which, in turn, leads to further theoretical development. The use of activity theory enabled a socially and culturally embedded examination of the context, and supported the systemic collection of data trends which can be applied to inform organisational learning and development.

5.14 Conclusion

In conclusion, the paper offers an example of how activity theory can be applied meaningfully and flexibly by EPs in a specific “real life” context to inform organisational learning and development. Activity theory provided a useful framework with which to explore the perceptions of EPs in relation to their working practices and role in supporting children and young people who have engaged in HSB. The findings illustrate that the specific LA has satisfied some of the imperatives noted in the national literature and developed a more sophisticated approach to work in this area by engaging in progressive clarification and development, regarding supporting children and young people who have engaged in HSB. The use of activity theory enabled context-specific new working practices to be identified which may offer the opportunity to enhance EPs’ practice in the LA. The identified potentials for learning reflect those identified in the literature regarding the need for further development of a coordinated and consolidated multi-agency approach to supporting children and young people who have engaged in HSB. It is now important that the identified solutions to the surfaced contradictions are thoughtfully considered and proportionate developments implemented by EP and SW professionals in the LA, to ensure that the

findings contribute to a measurable impact on LA policy and practice. Furthermore this research must be considered in the context of the necessity for recursive surfacing of contradictions, with successive resolutions of the expansive learning cycle to ensure continued organisational learning and development in relation to how LA professionals support children and young people who have engaged in HSB.

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Appendix One

Local Authority draft HSB protocol

***** Psychology Service protocol for supporting Social Workers who work with Children and Young People who have used Harmful Sexual Behaviour (HSB)**

Introduction: This protocol describes the procedures, practices and measures that are being put into place for working with ***'s children and young people who use Harmful Sexual Behaviour (HSB). With due regard to the *** Safeguarding and Children Board Policy and Procedures and the primary Child Protection role of Social Workers, the protocol describes how *** Psychology Service will be employed to support and supervise Social Workers in working with these children and young people.

This protocol is analogous to the NSPCC procedures, practices and measures used at the time that the NSPCC *** Partnership HSB contract with *** Local Authority was rescinded (March, 2011). Prior to this, the NSPCC *** Partnership provided an important HSB assessment and intervention resource for four Local Authorities. It is now incumbent on *** – and presumably the other 3 LAs, to provide an HSB service from within existing staffing resources.

Harmful Sexual Behaviour is a Child Protection issue, both in respect of the harm that children and young people cause to the other children and young people that become their victims; and in respect of the evidence that the majority (70%-80%) of children and young people who use HSB will have previously been the victims of the HSB of other young people and adults.

Statistical profiling is inexact because of the secrecy that shrouds HSB and because of the methodological difficulties of longitudinal research, but it can be estimated that approximately half the children under the age of 18 who use HSB once will go on to use it with more than one victim.

The assessment of HSB and reparative and/or therapeutic interventions with both the child / young person who has used HSB and with their victims is a core professional responsibility for Social Worker colleagues. Research in a number of other Local Authorities has suggested that 70% of Social Care case files that record instances of HSB by children and young people are closed within 6 to 7 weeks without any therapeutic or reparative work having been completed with the young people concerned. A ball-park figure used by the NSPCC when their contract was running was that they would allow for 40 new cases of children or young people using HSB in *** Local Authority each year to benefit from assessment and intervention.

Aim of the * Local Authority HSB Protocol:** To reduce the Harmful Sexual Behaviour of concerning children and young people and promote positive behavioural change through co-working cases with Social Worker colleagues as case holders and Psychologists as therapeutic partners and peer supervisors; and by the appropriate involvement of partner agencies.

Strategic actions:

1. The Psychology Service will offer a targeted, staged approach to supporting Social Workers working with children and young people who use HSB; and with their families and/or carers through a conjoint working relationship. This service will be comprised of consultation, supervision, protective factor / risk assessment; formulation, intervention planning and outcome measurement; in partnership with the allocated Social Worker, the concerning young person and their family.
2. Brief direct therapeutic work (4-12 sessions – including assessment phase) might be undertaken with a young person, and their family - either by the allocated Social Worker with appropriate supervision by the Psychologist; or by both the Social Worker and the Psychologist in conjoint sessions, once essential protective factors have been planned and put into place, e.g. additional supervision of the child or young person by a teacher or a foster carer.

3. The Psychology Service will offer an intervention-outcome appraisal including risk assessment and a Protective Factors Plan that will then be used to inform referrals to additional intervention providers and decisions about future placement.
4. Medium term to long term: the Psychology Service - in conjunction with education colleagues, will deliver cycles of awareness-raising and training sessions to schools and partner agencies.

Requirements for an HSB Support Service Request being made to the Psychology Service:

1. The HSB Support Service is offered at a post-Common Assessment Framework (CAF) level and with the majority of service requests a CAF will already have been completed. There is no lower age limit for the HSB Support Service and an upper age limit of 18 years.
2. Access to the HSB Support Service is via the professional agency of a Locality, LAC, YOT or FAST Social Worker allocated to the young person who will fill in the HSB Support Service Request form for consultation, advice and/or intervention with the Psychology Service. In the majority of cases the allocated Social Worker who makes the service request will remain the principal case holder.
3. HSB Support Service Request information will include a current Initial or Core Assessment by the Social Worker and this will provide supplementary HSB Support Service Request information.
4. The completed HSB Support Service Request form will include the signed consent of parent(s) / carer(s); which includes their agreement to any evidence the police might make available being shared with involved professionals.
5. Parents will also need to be fully informed about and consensually *involved* in any conjoint therapeutic work undertaken by the allocated Social Worker and the Psychology Service.
6. It would also be expected that all necessary information had been collated by the allocated Social Worker prior to an HSB Support Service Request being

made. This will include a record of the **A**ntecedents, **B**ehaviour and **C**onsequences (**ABC** - what happened before, during and after), Description of the **B**ehaviour will include an estimated record of the **F**requency, **I**ntensity, **D**uration and **O**nsset circumstances (**FIDO**). A record of the implementation of a 'Keep Safe' programme should also be included.

7. Police interviews may be appended to an HSB Support Service Request form but transcripts will not be sufficient on their own. Transcripts will need to be supplemented by comprehensive information from Social Workers (detailed previously – points 1-5) and other partners such as the Youth Offending Team (YOT).
8. In HSB cases where there is initially no allocated Social Worker the young person will need to be discussed within the Duty and Assessment department. The D&A rota manager can subsequently consult the Psychology Service without naming the child. Senior and MAST Psychologists (as determined by the child's home address) will be available for anonymous pre- HSB Support Service Request consultation to determine next actions with due regard to this protocol.

What happens next? The Social Care response – a Child in Need Meeting (CIN) or a Strategy Meeting (SM) in respect of HSB:

1. HSB Support Service Requests will be initially screened by the local MAST or LAC Psychologist - as determined by the young person's home or placement address.
2. Any emergency Protective Factors deemed as being immediately necessary will have been put into place by the allocated Social Worker, e.g. a restriction of perpetrator contact with victim and potential victims; notification of Police.
3. By arrangement between the Social Worker and Psychologist, the service request will be carried forward to a series of Child in Need Meetings (CINs); Strategy Meetings (SMs) or a combination of both, held with the allocated Social Worker, Psychologist, partner agencies; and parent(s) / carer(s).

Parent(s) / Carer(s) attendance and co-operation is essential in the majority of cases.

4. The purpose of initial CIN or Strategy meetings is to collate and share information as it is gathered on the history and circumstances of the HSB, and events before and after.
5. The allocated Social Worker may be advised by the Psychologist about information required to complete the assessment of the young person's HSB. The Social Worker will gather the required information in the course of conducting up to 4 assessment sessions with the young person; their parent(s) / carer(s); and in some cases other family members. The Social Worker will also collate relevant information from paper and electronic file sources; and from the Police database, including information sourced from the Multi Agency Public Protection Arrangements (MAPPA) network.
6. At subsequent CIN meetings following the assessment phase being completed, the development of a Risk Assessment and Protective Factors Plan will be discussed between Psychologist and Social Worker and implemented by the Social Worker.
7. Following the assessment phase a brief CBT-based (Cognitive Behaviour Therapy) therapeutic support package (usually a further 4-8 weeks) will be delivered – principally by the Social Worker; with the Psychologist acting as a conjoint therapist.
8. The young person might *alternatively or additionally* be sign-posted to partner or specialist agencies for longer-term work, e.g. BASE 25, Child and Adolescent Mental Health Service (CAMHS), the Youth Offending Team (YOT), Inspire or CAMHS LAC team or another specialised service provider.
9. Working in the role of case supervisor, the MAST Psychologist (or a deputy they supervise) will co-work the case with the Social Worker. In some cases the Psychologist will take on the role of conjoint therapist working alongside the Social Worker in sessions with the child or young person.
10. In an exceptional case, the Psychologist might conduct individual sessions with the child or young person without the Social Worker being present – provided the case remains open and allocated to the Social Worker.

11. Other LA agencies may also become involved and offer support work and/or monitor the strategies being implemented, for example designated staff in school, Education Welfare Officers (EWOs), Parent Support Advisors (PSAs) and other workers based in Multi-Agency Support Teams (MASTs). Note: all MAST Centres have therapy rooms which could be used for therapeutic interventions by Social Workers and other visiting WCC professionals.
12. In most cases, parent(s) / carer(s) will be expected to transport the young people to and from therapy sessions and be on the premises whilst sessions are taking place as appropriate. Parent(s) / carer(s) will also be sometimes required to work together in therapeutic sessions with the young person, the Social Worker, and perhaps the Psychologist.
13. An HSB Support Service will continue to be offered by the Psychologist to the Social Worker and the young person whilst the case remains open and allocated to the Social Worker and whilst the HSB and its harmful effects continue to be of significant current concern. Once an HSB case has been closed by the Social Worker, the case will be deemed to have reduced in risk sufficiently for the Psychologist to withdraw the HSB Support Service.
14. It will be an important duty of the Social Worker to share information discussed in CIN or Strategy Meetings (as required) with partner agencies, e.g. Safeguarding, CAMHS, YOT and the Police.

Child in Need meeting (CIN) or Strategy Meeting (SM) – HSB agenda Items:

Each Child in Need or Strategy Meeting for children and young people who display HSB should include 5 special HSB items; as follows:

1. **Assessment** – This is an ongoing process and should be continually reviewed and revised as feedback from the formulation and intervention processes produce information or inspire requests for new information.
2. **Formulation** – Similarly with formulation will require revisiting, review and revision. It also means that the CIN meeting is reminded about the problem focus and why the intervention targets have been chosen.

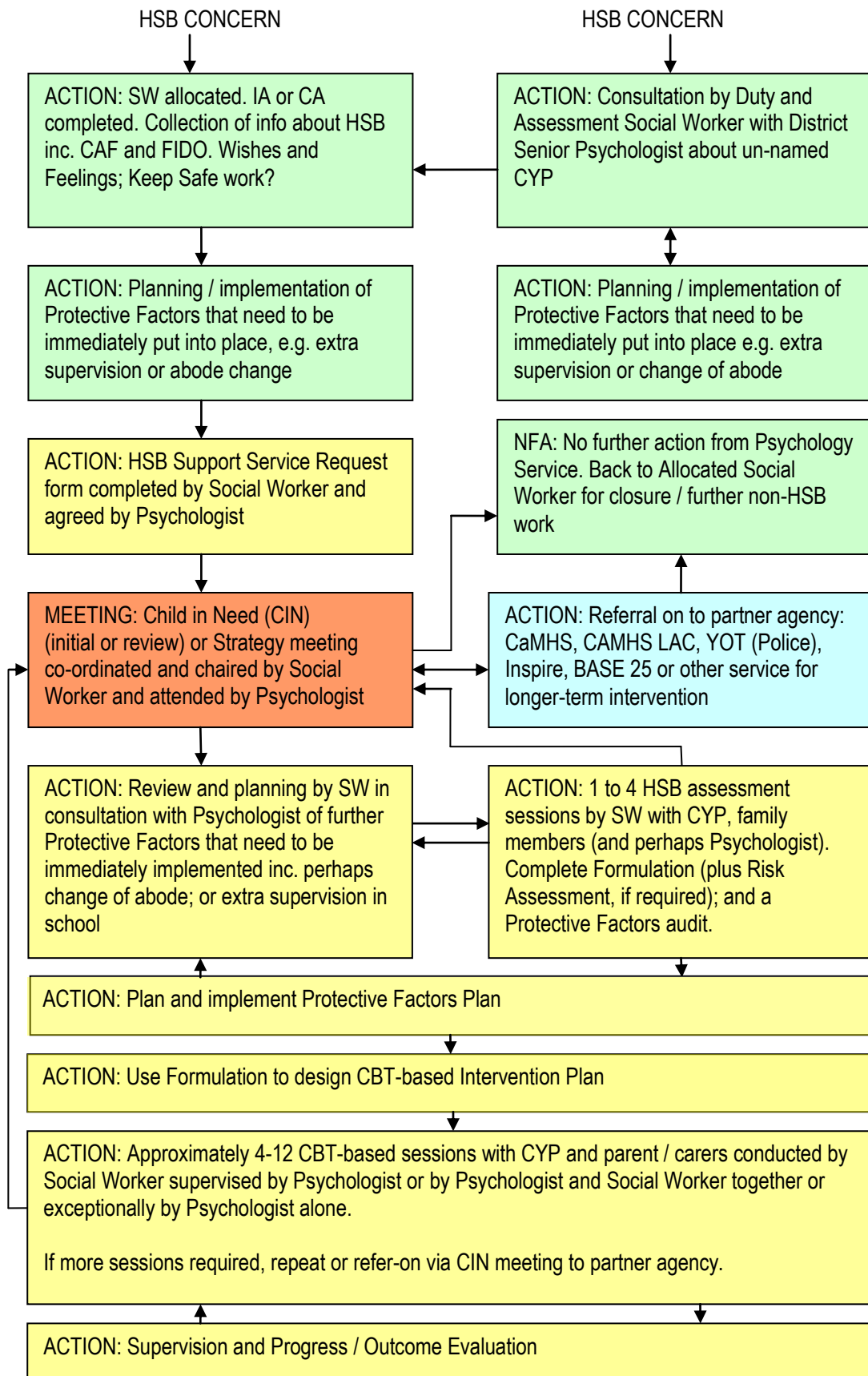
3. **Intervention Plan** – The design and development of the Intervention Plan will be a reflexive process that is modified according to the responses of those involved.
4. **Outcome Measures** – Restatement of the desirable outcome, e.g. reduction in risk; the progress that has been made; and an estimation of how long the intervention will need to continue.
5. **Risk Assessment and Protective Factors Plan** – Progress and development will be discussed at each CIN meeting.

The HSB process is illustrated in a flow diagram (below).

District Senior Psychologist

(1.3.2012)

Figure – flow diagram of the HSB Service Request pathway



Appendix Two

Participation letter

Dear (EP name)

***** Council Psychology Service protocol and pathway for supporting Social Workers who work with Children and Young People who have used Harmful Sexual Behaviour (HSB)**

You are invited to take part in small-scale action-orientated research regarding the newly developed Psychology Service protocol and pathway related to working practices for Educational Psychologists in relation to children and young people who have used harmful sexual behaviour.

This is an opportunity to contribute to improved Service delivery with the aim of promoting better outcomes for children and young people. It involves an individual semi-structured interview lasting a maximum of one hour (March/April 2012). The research is being conducted by Stephanie Herriotts-Smith, Trainee Educational Psychologist working in MAST 7, and it serves several purposes.

Firstly, it will constitute situated research and development in relation to the recently developed protocol and pathway for cases regarding harmful sexual behaviour. It will additionally facilitate the Service response to national criticism that, “very few areas of the country have a consistent, co-ordinated approach to this type of investigation” (National Children’s Home, 1990 p.8).

Finally, I am studying for a Doctorate in Applied Child and Educational Psychology at the University of Birmingham and the research will form part of Volume Two of my Thesis. I would greatly appreciate your support.

I intend to explore aspects of the new working practice in relation to children and young people who use HSB by using socio-cultural Activity Theory as a methodology and analytical tool (Engeström, 1987). This model was designed by Engeström (1987) for the purpose of viewing, analysing and working on professional activities. The reason for selecting this methodology is that it recognises the professionals working in an organisation as the central force for authentic organisational change and development (Engeström, 2001). The questions which will be considered, drawn from Activity Theory, are as follows:

1. Subject – *whose perspective?*
2. Outcomes – *what are people working on?*
3. Object – *what are we trying to achieve?*
4. Rules – *what supports or constrains the work?*
5. Community – *who else is involved?*
6. Division of labour – *how is the work shared?*
7. Tools – *what is being used?*

The semi-structured interviews will be audio-taped and the information transcribed. The information will then be themed using Activity Theory as a framework. Following the thematic analysis contradictions will be identified. Contradictions in the activity system are viewed as important sources of change and development. They occur especially when an activity system adopts a new element or approach (Leadbetter, 2008). Through reflection on working practices it is intended that means will be identified by which current practices might be improved upon, in order to produce more positive outcomes for children and young people who have used HSB.

A Professional Practice Report will be produced that will be available to all of the participants. The report will also be sent to Mr *** (Head of Social Inclusion) who was instrumental in the commissioning of this research. The final document may also be available to all professionals in the Local Authority. The report will also be utilised for University purposes.

Confidentiality

Evidently, being asked for your views on working practices requires you to be able to trust that there will be appropriate regard for confidentiality. This is of paramount importance to good research practice. The researcher assures you that the following measures will be taken to ensure that no individual's views are identifiable in the process or the reporting of the research:

- No written or audio-taped notes from the interview will contain individuals' names; no comment will be attributed to an individual.
- Paper copies and audio-tapes of raw data will be stored in a locked cabinet, accessible only to myself and University colleagues, for 10 years. After the 10 years, the written and audio-taped material will be destroyed.
- You can withdraw from the research at any time without any need to offer explanation. You may elect not to answer a particular question or questions. If you wish your data to be destroyed at any point it will be.
- If at any time you have any concerns about confidentiality, these will be addressed immediately by the researcher.

Thank you for considering this request for your participation in what I hope will be an interesting and valuable piece of research. If you would like to be included in the project, please complete and forward the attached consent slip to my email or to MAST 7 no later than Friday 23rd March 2012. Also, if you would like to discuss the research further, please do not hesitate to contact me.

Yours sincerely

Stephanie Herriotts-Smith
Trainee Educational Psychologist (MAST 7)

Appendix Three

Consent form

PARTICIPANT INFORMED CONSENT

Title of project: Harmful sexual behaviour: A sociocultural analysis of the developing policy and practice for Educational Psychologists in one Local Authority

Researcher: Stephanie Herriotts-Smith
stephanie.herriotts-smith@***.gov.uk
0**** 555887

This research is part of my Doctoral Studies at The University of Birmingham.

Purpose of the study

- To investigate Educational Psychologists working practices in relation to recent protocol development for supporting children and young people who have used harmful sexual behaviour.

- | | |
|---|--------------------------|
| 1. I have had the opportunity to ask questions about the research and have received satisfactory answers to any questions I have asked. | <input type="checkbox"/> |
| 2. I understand that my participation in the study is voluntary and that I may withdraw from the study at any time, without explanation, by advising the researcher. | <input type="checkbox"/> |
| 3. I understand that only the researcher will have access to the personal data provided, that data will be stored securely and used only for research purposes. | <input type="checkbox"/> |
| 4. I agree to take part in this study. | <input type="checkbox"/> |
| 5. I agree to audio tape recording of the interview and give my permission for the tape to be used for transcription, analysis and as part of the researcher's studies at The University of Birmingham. | <input type="checkbox"/> |

Information received as part of this procedure will be treated in confidence. The data obtained through interviews will be analysed and presented individually to

participants to ensure accuracy. Any quotes used from the interviews (used to illustrate themes) will remain anonymous.

Name.....

Signed.....

Date.....

Appendix Four

Semi-structured interview schedule

Semi-Structured Interview Introduction and Questions

***** Local Authority Psychology Service protocol and pathway for supporting Social Workers who work with Children and Young People who have used Harmful Sexual Behaviour (HSB)**

I would like to begin by thanking you for offering your voluntary participation in the research. The aim of the research is to investigate Educational Psychologists perceptions regarding working practices in relation to the recently developed draft protocol for supporting Social Workers who work with children and young people who have used harmful sexual behaviour (HSB). The interview questions are derived from activity theory.

Can I again remind you that your participation is voluntary and that you can decline to answer any of the questions without any need to offer an explanation. You can also terminate the interview at any point without giving a reason. If you decide after the interview that you do not want your data to be used in the research, please contact me and your data will be destroyed.

I can assure you that the answers you give will remain anonymous. No records of the interview will contain individuals' names. No comment(s) will be attributed to an individual. The interview should take about 1 hour but this time may vary depending on your answers. The interview will last no longer than 1 hour and 30 minutes.

I would like to again check that you consent to the interview being audio-taped and that you give your permission for the tape to be used for transcription, analysis and as part of the researcher's studies at The University of Birmingham. All data will be stored securely and will only be used for research purposes.

Interview Questions

1. Subject

- What is your professional role?
- What relevant experience do you have?
- What date did you qualified/ when did you start your post?
- What qualifications and training do you have?
- What professional development opportunities have you experienced?

2. Object

- Can you please describe a specific example of an activity undertaken to support children or young people who have used HSB?

- Does the current focus of your work differ from how you have worked in the past? If so how?
- Do you foresee the focus of your work changing significantly in the future as the draft protocol develops? If so how?

3. Outcomes

- What did you hope to achieve?
- What did you achieve?
- What was the impact?
- What were the outcomes?
- Have these outcomes changed since the draft protocol was introduced? If so how?
- Do you perceive different outcomes becoming prioritised in the future? If so what?

4. Rules

- What facilitated and supported what you did?
- What constrained and restricted what you did?
- Were there any other factors that influenced what you did?
- How had the above come to be?
- Have these factors changed / do you foresee different factors impacting on your work in the future?

5. Community

- Who else worked with you on this activity?
- What was their role and working relationship with you?
- Who have you worked with in the past?
- Who do you envision working with in the future?

6. Division of Labour

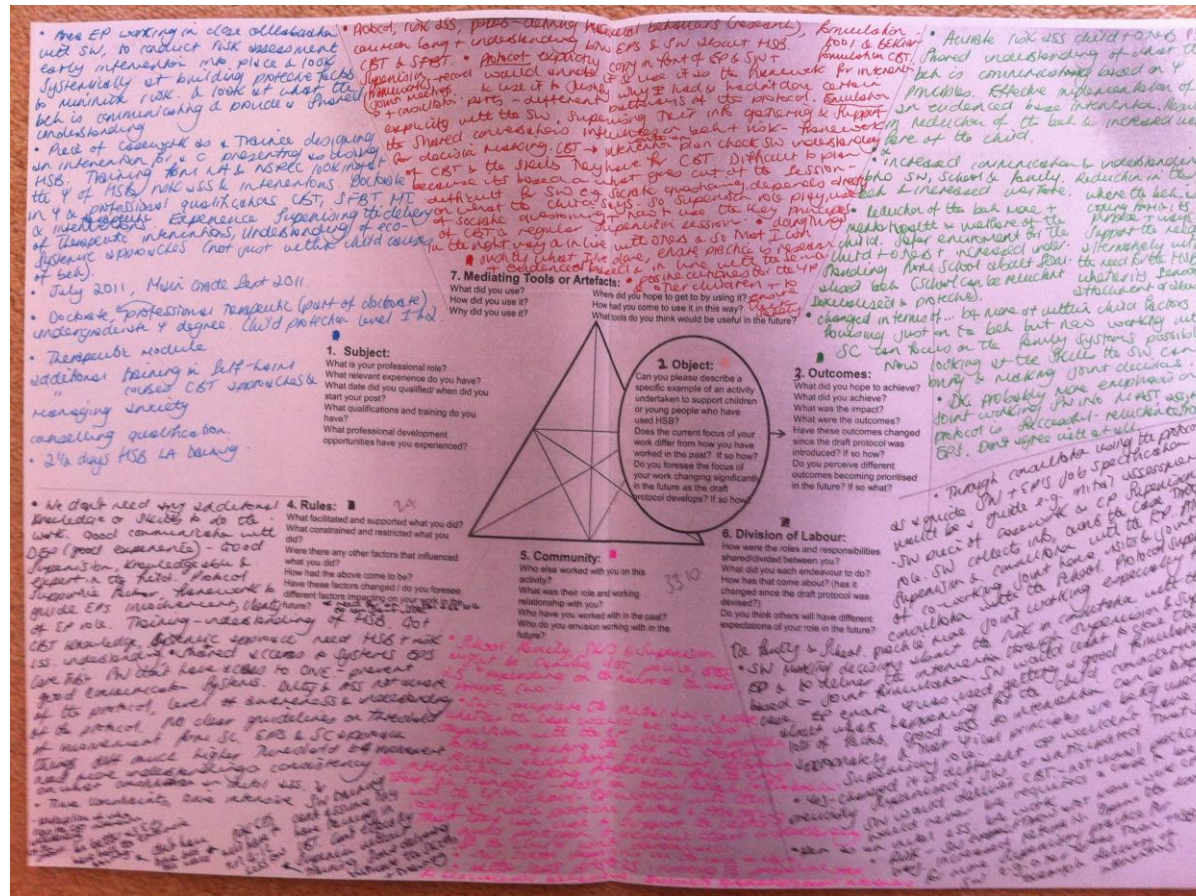
- How were the roles and responsibilities shared/divided between you?
- What did you each endeavour to do?
- How has that come about? (has it changed since the draft protocol was devised?)
- Do you think others will have different expectations of your role in the future?

7. Mediating Tools or Artefacts

- What did you use?
- How did you use it?
- Why did you use it?
- Where did you hope to get to by using it?
- How had you come to use it in this way?
- What tools do you think would be useful in the future?

Appendix Five

Example transcription from the semi-structured interviews



Appendix Six

Letter to participants to check the accuracy of transcription and initial analysis

Dear Educational Psychologist

***** Local Authority Psychology Service protocol and pathway for supporting Social Workers who work with Children and Young People who have used Harmful Sexual Behaviour (HSB)**

Thank you for participating in the research. I hope that you found the interview useful in providing a further opportunity for you to reflect on the professional activity that you had undertaken. I have now conducted all of the interviews and have completed the initial analysis utilising the activity theory framework. I have attached the written summary of the interview, presented using the activity theory triangle, to ensure that you have a written record and to enable you to check the accuracy of my analysis. A written record can never do justice to the richness and quality of the discussion. Nevertheless, I hope the attached represents a fair and accurate record of our discussion.

Tensions identified from the interview are described below the activity triangle. Tensions in the activity system are viewed as important sources of change and development. The tensions will provide the means by which current practices might be improved upon, in order to produce more positive outcomes for children and young people who have used harmful sexual behaviour.

As part of the next stage of the research, I would be grateful if you would check the activity triangle (attached) and answer the following questions:

- 1) The triangle represents a true, accurate and fair record of the discussion.

Yes/No (delete as appropriate)

- 2) Is there anything that you think needs to be added or changed?

Yes/No (delete as appropriate) If yes, please detail what needs to be added or changed.

- 3) Looking at the triangle now, does it highlight any further contradictions or issues for you about the activity?

Yes/No (delete as appropriate) If yes, please can you indicate what these are and why.

- 4) Do you have any further comments you wish to make about the process used, any learning that came from our discussion or this record and any follow up activity or development that happened as a result?

Yes/No (delete as appropriate) If yes, please can you say what these are.

Following receipt of all of the participant's responses, I will conduct a thematic analysis, again using activity theory as the framework. The results of the thematic analysis will be presented in the Professional Practice Report. In the meantime, if you have any queries or questions, please do not hesitate to get in contact with me on 0**** 555887 or stephanie.herriotts-smith@***.gov.uk

I look forward to receiving your e-mail response. Many I take this opportunity to thank you for your participation and continued support. I have every confidence that the information collected from the interviews and the reflections on working practice will illuminate how current practices might be improved upon, in order to promote more positive outcomes for children and young people who have used HSB.

Thanks once again for participating in the research.

Yours sincerely

Stephanie Herriotts-Smith
Trainee Educational Psychologist

(Letter adapted from Durbin, 2010)

Appendix Seven

An example participant response to the letter in Appendix Six

Dear Educational Psychologist

***** Local Authority Psychology Service protocol and pathway for supporting Social Workers who work with Children and Young People who have used Harmful Sexual Behaviour (HSB)**

Thank you for participating in the research. I hope that you found the interview useful in providing a further opportunity for you to reflect on the professional activity that you had undertaken. I have now conducted all of the interviews and have completed the initial analysis utilising the activity theory framework. I have attached the written summary of the interview, presented using the activity theory triangle, to ensure that you have a written record and to enable you to check the accuracy of my analysis. A written record can never do justice to the richness and quality of the discussion. Nevertheless, I hope the attached represents a fair and accurate record of our discussion.

Tensions in the activity system are viewed as important sources of change and development. The tensions will provide the means by which current practices might be improved upon, in order to produce more positive outcomes for children and young people who have used harmful sexual behaviour.

As part of the next stage of the research, I would be grateful if you would check the activity triangle (attached) and answer the following questions:

- 1) The triangle represents a true, accurate and fair record of the discussion.
Yes (delete as appropriate)
- 2) Is there anything that you think needs to be added or changed?
No (delete as appropriate) If yes, please detail what needs to be added or changed.
- 3) Looking at the triangle now, does it highlight any further tensions or issues for you about the activity?
Yes (delete as appropriate) If yes, please can you indicate what these are and why.
 - *Tensions between the equal division of responsibility between social care professionals and EPs*
 - *Tensions between EP time and resource capacity to undertake this role and work*
 - *Tensions between EP's feelings of skill and confidence in working with HSB (i.e. a lack of confidence)*
- 4) Do you have any further comments you wish to make about the process used, any learning that came from our discussion or this record and any follow up activity or development that happened as a result?

Yes (delete as appropriate) If yes, please can you say what these are.

- *It was a useful opportunity for me to reflect on the role EPs may be expected to play re: HSB*
- *I felt some of the nodes can be repetitive in what they ask*

Following receipt of all of the participant's responses, I will conduct a thematic analysis, again using activity theory as the framework. The results of the thematic analysis will be presented in the Professional Practice Report. In the meantime, if you have any queries or questions, please do not hesitate to get in contact with me on 0*** 555887 or stephanie.herriotts-smith@***.gov.uk

I look forward to receiving your e-mail response. Many I take this opportunity to thank you for your participation and continued support. I have every confidence that the information collected from the interviews and the reflections on working practice will illuminate how current practices might be improved upon, in order to promote more positive outcomes for children and young people who have used HSB.

Thanks once again for participating in the research.

Yours sincerely

Stephanie Herriotts-Smith
Trainee Educational Psychologist

Appendix Eight

Thematic analysis tables

Theme	Code/Extract
Subject Node	
Developing policy and practice in the LA	Lead on developments in the service (1) Develop an initial draft protocol (1) Re-draft the protocol (1) Meeting was held with all the SW Managers and the protocol was 'rolled out' (1) Psychologists got 3.5 days of training organised by myself (1)
Collaborative working with other professionals	Work in a consultative mode with SWs (1) Con-joint consultative work (1) Support of other professionals (2) Collaboration and the need to work together (2) Working in close collaboration with SWs (3) An element of supervision of SW and other EP's using the protocol (4)
Consultation	Work in a consultative mode with SWs (1) Con-joint consultative work (1) SW Manager consulted (1) Consultation (4) Advice (4)
Assessment	Assess the educational needs and challenges faced by young people in their educational provision and with regards to their learning and development (2) More specifically with regards to HSB my role is linked to helping assess a child or young person's vulnerabilities in relation to their experiences of HSB and how this might present on a day to day basis (2) Complete risk assessment (3) Look at what the behaviour is communicating (3) Assessment (4)
Promoting a shared understanding	Look at what the behaviour is communicating and provide a shared understanding (3)
Supervisor	An element of supervision of SW and other EP's using the protocol (4)

Intervention	<p>Helping them [young person] to work through their difficulties (2)</p> <p>Early intervention directly with the student putting protective factors into place to minimise risk in the different systems within which the child lives (3)</p> <p>Designing an intervention (3)</p>
Learner	<p>Re-draft the protocol (1)</p> <p>The SW Manager was fully supportive and offered constructive feedback (1)</p> <p>Somebody who is still learning about the area of HSB (4)</p>

Theme	Code/Extract
Object Node	
Information gathering	<p>First look to the recently developed HSB pathway developed by professionals that have more knowledge and experience with HSB (2)</p> <p>First point of contact would be to consult with the professionals that are already involved to gain the background of the case and what's gone on (2)</p> <p>Try and find out if they [young person] are on a CIN or a Child Protection case (2)</p> <p>Find out about what kind of support they have received in the past (2)</p> <p>I'd look to try and gain more specific information about the nature of the HSB behaviours that have been demonstrated e.g. nature, who it involved, what kinds of behaviours and whether they give any indication of what might be going on, the meanings behind the behaviour and what might be going on to lead a young person to actually engage in those behaviours (2)</p> <p>Look into legality (consent) (2)</p> <p>My first question would be whether school have had a consultation with the family about the behaviour to get some more contextual information (3)</p> <p>I would have a consultation with school staff looking at the context, frequency, the behaviour, the level of concern about the behaviour and then would link this back to research about typical and atypical sexual behaviour (3)</p> <p>I would also have a consultation with the family to talk about what has happened (3)</p> <p>I took part in three consultation meetings with the HT, SW, SW Manager & Foster Carer to assess in a narrative way (gathering data) a 7 year old boy who had been exhibiting very high levels of potentially HSB in his home and school (4)</p>

Meetings with key stakeholders	<p>Met with the SW who would manage the case (1)</p> <p>Set up the first CIN meeting in school and invited the young person, Father, SW and member of school staff (1)</p> <p>SW elevated the case to a 'Strategy Meeting', 2 were held (1)</p> <p>First point of contact would be to consult with the professionals that are already involved to gain the background of the case and what's gone on (2)</p> <p>Consult with the family members, class teachers, school professionals who know the young person well (2)</p> <p>I would also have a consultation with the family to talk about what has happened (3)</p> <p>I would have a consultation with D&A, the conversation would be about risk and the risk to other children and the impact of the behaviour (3)</p> <p>Joint meeting EP & SW information sharing, next steps to improve the situation, risk and protective factors, child and other children's safety (3)</p> <p>I took part in three consultation meetings with the HT, SW, SW Manager & Foster Carer (4)</p> <p>I also had additional sub meetings with the individuals that I have highlighted [HT, SW, SW Line Manager & Foster Carer] (4)</p>
Providing information	<p>Completed a formulation (1)</p> <p>Educated her [SW] about the protocol (1)</p> <p>Help them [SW] to understand the CBT framework, my thought processes, why I might ask certain questions and take certain strategies in a certain way (2)</p> <p>Ensure that the young person & parent are aware of what the support may involve (2)</p> <p>Share information with D&A and link this back to the protocol (3)</p>
Role clarification	<p>Met with the SW to clarify her role (1)</p> <p>I would clarify my role and their role (2)</p>
Planning direct work	<p>SW and I planned work to put in protective factors (1)</p> <p>The SW met with the young person on 3 occasions and then 'touched base' with me after each meeting and shared notes (1)</p> <p>I would then try and put a plan together based on the information in collaboration with the SW and use evidenced based therapeutic interventions, CBT (2)</p> <p>Joint meeting EP & SW information sharing, next steps to improve the situation, risk and protective factors, child and other children's safety (3)</p>

Conducting direct work	<p>Develop a therapeutic relationship [with the young person] use unconditional positive regard and be non-judgemental to them (2) You can help the young person explore and understand their reasoning, thoughts & errors in their thinking (2)</p> <p>Regardless if the SW will open the case I would work to support school and the family regarding assessment and establishing protective factors (3)</p> <p>Urgent action need to be taken across a range of fronts (4)</p> <p>I wrote extensive minutes and wrote a report that supported the application for the External Placement Panel to look at this case as a matter of urgency (4)</p> <p>I met the boy once to put a face to the name (he was isolated in school so I couldn't do any observation of him in school with peer group or at home with his younger brother) (4)</p> <p>I worked with the SW in identifying providers of support and I visited the provider with the SW and met with the senior member of the management and the providers Therapist (4)</p>
Referral	<p>A referral to Camhs was made (1)</p> <p>Referral to Duty and Assessment (3)</p> <p>A successful request was made to place the child out of city to live and work with a specialist provider in the area of HSB (4)</p>
Seeking Guidance/ Supervision	<p>First look to the recently developed HSB pathway developed by professionals that have more knowledge and experience with HSB (2)</p> <p>Consult with DSEP (supervision) to check I have followed all the correct procedures (3)</p> <p>I would have a consultation with school staff looking at the context, frequency, the behaviour, the level of concern about the behaviour and then would link this back to research about typical and atypical sexual behaviour (3)</p>

Theme	Code/Extract
Outcome Node	
Reducing risk and the HSB	<p>Reducing risk (primary role) (1)</p> <p>Certainly we have reduced risk (1)</p> <p>The risk has been lowered of the young person using HSB with under aged girls (about 90% reduction) (1)</p> <p>Refrain from engaging in HSB (2)</p> <p>Motivated to engage in less HSB (2)</p> <p>Accurate risk assessment (3)</p> <p>Reduction of the behaviour (3)</p> <p>Reduction in the HSB (3)</p>

	<p>A safer environment for the child and other children (3)</p> <p>Reduction in the HSB in school and in the Foster Care home but this didn't prove to be possible because of the nature of the context, child's age and the very high level of HSB (4)</p>
Reducing perceptions of risk	<p>Perceptions of risk (secondary role) (1)</p> <p>Certainly we have reduced risk and perceptions of risk in the SW and the SW's Line Manager and we are still working to reduce the perception of risk with the Father (1)</p> <p>We have reduce the perception of risk and anxiety around the perception of risk with the SW (about 75-80%) (1)</p> <p>Before the protocol there was less emphasis on the perception of risk in SW colleagues, now the SW's perception is very important (1)</p>
Increasing welfare	<p>Impact on the child's self-esteem; awareness of themselves; motivated to engage in less HSB; develop meaningful and safe relationships; higher self value and better self image; and engaged and focused more on education (2)</p> <p>Improve outcomes for the young person's future (2)</p> <p>Reduction of the behaviour & increased welfare of the child (3)</p> <p>Increased welfare (3)</p> <p>More positive mental health and welfare for the child. A safer environment for the child and other children (3)</p>
Raising the profile of HSB & prioritisation of the work	<p>The profile of HSB has been raised by the protocol. It promoted his needs (4)</p>
Promoting an understanding of HSB	<p>Ideally they [young person] would become more aware of the harmful aspect of their HSB (2)</p> <p>Help them reflect on their own individual needs and challenges that they face and how they might be using HSB to cope with the challenges in their life (2)</p> <p>Help them develop an awareness that the HSB is not the safest or most appropriate way to go about things (2)</p> <p>May help them to reflect and think of other ways of managing the difficult situations and develop their understanding of themselves so they can identify triggers (2)</p> <p>Shared understanding of what the behaviour is communicating based on psychological principles (3)</p> <p>Increased communication and understanding between SW, EP, school and family (3)</p> <p>Understanding where the behaviour is coming from, the purpose it is serving and how the needs can be met without using HSB e.g. sensory issue, attachment issue or abuse</p>

	(3) Increased understanding from school about sexualised behaviour and how to approach it as school can be very reluctant to discuss and support these kinds of issues (3)
Reducing other professionals' anxieties about HSB	SW and their line Managers have become much more comfortable and confident, but not entirely, that the protocol works and that it is a good way of working (1) The whole business about anxiety. The issue and role of anxiety will be revisited with Psychologists' and the importance of focusing on working with SW's anxieties around children and young people who use HSB (1) The case illustrated the importance of recognising, deconstructing and reducing it [anxiety] (1)
Decision making about placement	We couldn't find a specialist Foster Carer in the city that could provide the care let alone the therapy (4) very swift decision around the placement and hopefully avoided a number of future placement breakdowns and disrupted foster care and school placements (4) Quickly identified the centrality of his HSB and prioritised it in any decision making. It is unusual to have a 7 year old in residential specialist care (4)
Continued working	The case is still not finished (1) There is a need to be realistic about the outcome of 4-12 CBT sessions. You need at least 6-8 weeks to build a therapeutic relationship (2)

Theme	Code/Extract
Rules Node	
Work agreed by LA management	SW Managers and EP Line Manager have given the authority to work in this way (1) In the future I become more specialised and devote more time to this and get more 'freed up' by my Line Manager to devote more time to this (1) Protocol was supportive it is a useful structure, although we only got to the first stages (4)
Role demarcation	NSPCC consultant was clear on the work and how we can do it (1) Perceptions that EPs do not work with SW in this way (1) Initial misunderstanding of the PEP around what could be done (1) Worries from other psychologists' in relation to the role

	<p>demarcation of EPs and Clinical Psychologists (1)</p> <p>Perception that EPs are not equip to do this work (1)</p> <p>Different working practices between professionals. SW have a different agenda, they focus on the welfare and the basic needs being met. EPs focus on developing skills that they [young person] carry with them for the rest of their lives (2)</p> <p>Different professional approaches, awareness, agendas and training (2)</p> <p>Protocol is supportive because it gives a framework to guide involvement and clarify roles (3)</p> <p>Lack of clear & consistent guidelines on Social Care threshold of involvement. Social Care threshold of involvement different from EPs and higher (3)</p> <p>It would be better if EPs ran the CBT sessions due to extensive training but need the additional time (3)</p> <p>Lack of joint training with EPs and SWs (3)</p> <p>Work viewed as part of the role of an EP like literacy regarding assessment and intervention. It is an area that requires a psychologist to want to specialise in it and to want to develop more expertise over and above a more general grasp of the circumstances (4)</p>
Communication with other professionals	<p>NSPCC consultant was clear on the work and how we can do it (1)</p> <p>Open communication with other professionals (2)</p> <p>Not having open lines between professionals and lack of collaborative working (2)</p> <p>Good communication with the DSEP who has experience with HSB (3)</p> <p>Good supervision (3)</p> <p>Poor links between SW and Area EPs (3)</p> <p>Lack of shared communication systems, SWs do not have access to EP systems (ONE) (3)</p> <p>General communication systems (3)</p> <p>Lack of joint training with EPs and SWs (3)</p> <p>Experienced HT who was very clear she would do everything they could to continue the school placement (4)</p> <p>SW who was committed to attending meetings and Foster Carers (perhaps a testament to the case) (4)</p> <p>We need more evidence and need to consult with other psychologists in the LA and audit the expertise that we have (4)</p>
SW Training	<p>Other professionals not trained in therapy. They need a better awareness and understanding of therapeutic working. Hopefully this would impact on their professional roles (2)</p> <p>Different working practices between professionals. SW have a different agenda, they focus on the welfare and the basic</p>

	<p>needs being met. EPs focus on developing skills that they carry with them for the rest of their lives (2)</p> <p>Different professional approaches, awareness, agendas and training (2)</p> <p>Hope the above factors will change through more research and professional awareness and training (2)</p> <p>SWs not aware of the protocol, level of awareness and understanding of the protocol (3)</p> <p>Assumptions that SW can deliver CBT, EPs cannot ethically supervise SW if they haven't had training on CBT (3)</p> <p>Lack of joint training with EPs and SWs (3)</p> <p>SW only superficially aware of the protocol. SW horrified at the prospect of conducting individual therapeutic work with the child (4)</p>
Systemic unknowns	<p>Systemic unknowns 'unchartered territory' (1)</p> <p>Not convinced a one size fits all approach is appropriate (4)</p> <p>'shutting the stable door after the horse has bolted' This piece of casework felt like part of a pilot prior to rolling something out formally to colleagues (4)</p> <p>The protocol will evolve and will be amended & will look quite different in 6/12 months (4)</p>
Engagement of the young person	<p>Engaging the young person and getting them to commit to playing an active role, they may engage because they are told to this makes it less meaningful to them and impacts on their willingness to change (2)</p>
Time constraints	<p>Time constraints for EPs (3)</p> <p>It would be better if EPs ran the CBT sessions due to extensive training but need the additional time (3)</p>
Lack of research	<p>Lack of research directly from young people on what it is like for them and what has been useful (2)</p> <p>Hope the above factors will change through more research and professional awareness and training (2)</p> <p>We need more evidence (4)</p> <p>Ongoing research not set in stone (pilot) (4)</p>
Accountability	<p>Worst case scenario, I make a mistake and 'bite off more than I can chew' (If I haven't already) and get called to account in a very messy way (1)</p> <p>Assumptions that SW can deliver CBT, EPs cannot ethically supervise SW if they haven't had training on CBT (3)</p>

Theme	Code/Extract
Community Node	
SW	<p>SW- conjoint worker, peer supervision model. Balance of power although SW relied on my confidence and authority moving forward in the right direction. I offered options and she indicated if she could do it. The SW had case responsibility for the child, victim and family (1)</p> <p>SW- information sharing; case discussion; peer supervision; a 'checking out' role checking the appropriateness of suggestions to move forward with someone who knows the young person; supporting the young person directly and holistically; supporting family and schools to ensure a similar viewpoint and consistent approach to support the young person in different contexts; ensuring that all are aware of the potential risk factors & how to help reduce the risk of the young person engaging in it (2)</p> <p>SW- complete the initial assessment and judge whether the case will be opened, in close consultation with the EP. Increasing protective factors, completing the risk assessment, making decisions about home placement (appropriateness), delivering the intervention, seeking supervision from the EP and the SWs Line Manager. Most of the above in consultation and collaboration with the EP (3)</p> <p>SW- seeking advice on how to manage the case in terms of ways forwards, prioritising his [young person's] care placement move because it was imminently going to end (4)</p>
SW Line Manager	<p>SW Line Manager- Role to say that the SW can't do all of this work. Capacity management and understanding what was being required by the protocol of their SW (1)</p> <p>SW Manager- similar to SW wanted to raise the profile of the case, respond to the judge in the case who was saying that the child's needs were such that the LA needed to seek an out of city placement with a specific provider (which we ended up doing). She was under a lot of pressure to be seen to have responded to the judge (4)</p>
Parents/Foster Carers and family	<p>Parents, wanted things to be better often appeared to be very pro the work but missed key meetings due to their own problems. Appeared mixed up about wanting to help and being ambivalent and that their son should be locked away forever (1)</p> <p>Foster Carer- desperate for something to be done, feeling out of her depth, trapped in her own home, couldn't let the boy out of her sight, No one listening to her notice (4)</p>

Supervisor	Supervisor (1) Supervisor (3)
NSPCC Consultant	Past worked with NSPCC (4)
School staff	School, looking at risk and protective factors and strategies that they can use to support the child and build protection. Increase their understanding so that the child is not demonised (3) Head Teacher- School and LA hadn't got the expertise or resources to address the needs of the child. In her opinion the boy was one of the most challenging in terms of behaviour he was presenting and we needed to do something out of the ordinary as a consequence. School used a modified timetable and 1:1 monitoring, babysitting wrapped up as therapy (4)
Police	Police- actively investigating allegations that the boys birth Father had abused his 10 year old half sister and the boy himself. Police were concerned that any work done with the boy would corrupt evidence for court or possible lead him into making a disclosure. All worked had to be passed through the liaising police officer first (4)
CAMHS	Past worked with CAMHS (4)

Theme	Code/Extract
Division of Labour Node	
Work delineated by the protocol	It was crucial that the SW accepted that it was a child protection issue and that this is their core work and their issue not someone else's. The protocol establishes the emphasis on this firmly (1) Divided through consultation using the protocol as a guide (3)
Work divided through consultation	Divided through consultation using the protocol as a guide (3)
Work divided by job specification	SW aim to reduce risk and close the case (1) I aimed to reduce risk and reduce the perception of risk and anxiety of other professionals working on the case. I was not interested in closing the case (1) SW have accepted that HSB is a child protection issue and is the core work of all SWs. It was crucial that the SW accepted that it was a child protection issue and that this is

	<p>their core work and their issue not someone else's (1)</p> <p>EPs focus on the therapeutic intervention and aim to achieve the intended outcomes in relation to the therapy. The SW ensures that the young person is receiving the support that they need and ensuring that their other needs are being met and addressed e.g. they are safe and that there are not any other factors in their life that are increasing the risk of them engaging in HSB and ensuring that they are protected from harm (2)</p> <p>SW and EP job specification can also act as a guide (3)</p> <p>SW would aim to close the case. EP would endeavour to ensure that psychology was used to get a good formulation about what is happening for the child and considering lots of different factors. Good assessment so that intervention can be targeted appropriately. EP would also make sure that psychological principles are being used (3)</p>
EP dividing and allocating work	<p>EP- trying to summarise the actions and activities for people to do before the next meeting including tasks that I gave to myself. Because I did include myself in quite a number of tasks... peoples respect in terms of the negative view of being a consultant that you tell everyone what to do then walk off and go on to the next consultant role. I rolled my sleeves up and got involved as well, might have added to peoples willingness to participate. Consultant role only works if you have an acknowledged area of expertise, I don't I've got some experience but experience is different to expertise (4)</p>
Equality of role division and responsibility	<p>Equal division, each have key roles. If there is an imbalance it can have an impact on the role that is played in the intervention (2)</p> <p>Equal levels of responsibility but what those responsibilities include are different due to our varying roles and professionals duties (2)</p> <p>It needs to be a collaborative approach otherwise you can get diffusion of responsibility where no one takes responsibility (2)</p> <p>Different responsibilities but equally important (2)</p> <p>EP- trying to summarise the actions and activities for people to do before the next meeting including tasks that I gave to myself. Because I did include myself in quite a number of tasks... peoples respect in terms of the negative view of being a consultant that you tell everyone what to do then walk off and go on to the next consultant role. I rolled my sleeves up and got involved as well, might have added to peoples willingness to participate. Consultant role only works if you have an acknowledged area of expertise, I</p>

	don't I've got some experience but experience is different to expertise (4)
Future increase in referrals and HSB caseload for EPs	<p>There may be higher expectations of the outcomes of what might be achieved through the pathway and this might impact on the role and capacity of EPs to be able to engage in this kind of work (2)</p> <p>There is a risk that SW will throw a lot more work EPs way (3)</p> <p>Increased referrals (3)</p>

Theme	Code/Extract
Tools Node	
Use of tools based on Service guidelines and training	It is also recommended by the LA and is based on evidence and recommendations by more experienced professionals(2)
Protocol	<p>The draft protocol was used as a point of reference and the SW referred back to it (1)</p> <p>HSB protocol (2)</p>
Supervision	<p>ERASOR was used as a conjoint risk assessment tool in supervision to structure discussion and decide on the risk (1)</p> <p>Supervision and support from senior EPs (2)</p> <p>Supervision to guide me in my role (2)</p> <p>It is also recommended by the LA and is based on evidence and recommendations by more experienced professionals (2)</p>
Language	Need to develop similar perceptions and use of language between professionals to ensure that we are not using language that makes a situation worse or that leads things in a certain direction (2)
Assessment	<p>ERASOR was used as a conjoint risk assessment tool in supervision to structure discussion and decide on the risk (1)</p> <p>The formulation tool and functional assessment were used to structure the gathering of information and then make it meaningful and get indications for interventions and protective factors (1)</p> <p>ERASOR validated on younger kids and kids indicted for offences. ERASOR also fits the protocol better than alternatives such as JASOP II (1)</p>

	<p>ERASOR for risk assessment (2)</p> <p>ERASOR to estimate the risk of HSB, identify risk factors and gain a better understanding around the HSB (2)</p>
Research	<p>Research (2)</p> <p>Guidance written by national bodies (Department of Health) (2)</p> <p>Research as a tool to increase knowledge and awareness (2)</p> <p>To guide my input and plan my intervention and role and adjust it to make it appropriate for the young person and ensure the adjustments fit the evidence (2)</p> <p>It is also recommended by the LA and is based on evidence and recommendations by more experienced professionals (2)</p> <p>The research is limited compared to other areas, there are not much tools to choose from (2)</p>
Therapeutic Approaches	<p>The formulation tool and functional assessment were used to structure the gathering of information and then make it meaningful and get indications for interventions and protective factors (1)</p> <p>I developed the formulation tools (not happy with others (1)</p> <p>CBT framework for the intervention and therapy offered. However, other types of therapeutic frameworks may be needed (problem solving, solution focused, counselling or psychodynamic) (2)</p> <p>Development of therapeutic tools and strategies and checklists to develop a more in-depth, richer picture (2)</p>