

A COLLECTION OF PROFESSIONAL PRACTICE REPORTS

by

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CHAPTER 1: AN INTRODUCTION TO VOLUME TWO

Volume two constitutes the second part of a two volume thesis, forming the written requirements for the Doctorate in Applied Educational and Child Psychology at the University of Birmingham. Volume two comprises four Professional Practice Reports (PPRs) on topics relevant to educational psychology practice. The topics selected are salient to my experiences as a Trainee Educational Psychologist (TEP), both in terms of the nature of casework undertaken and the service context in which I was employed.

1.1 SERVICE CONTEXT

I was part of an educational psychology team that forms part of an integrated educational service, Access to Education, which supports children and young people with additional educational needs. Access to Education is based within a large metropolitan local authority, and serves a city with a diverse population. Under the supervision of an experienced educational psychologist, I worked within a team covering the western region of the city. In particular, I worked as the visiting psychologist for five different educational settings, comprising a grammar school, a mainstream secondary school, two mainstream primary schools and a special school that caters for children diagnosed with autism. All of these schools are located in multi-cultural areas, with high levels of deprivation (DfCLG, 2010) and crime rates higher than the national average.

The Educational Psychology Team currently works with schools and pre-school settings to support children and young people aged 0-19 years; however, the

team is planning on responding to proposed changes in legislation by extending its service to cater for young people aged 19-25. In addition to school based work, the Educational Psychology Team works in a variety of community settings and provides a valuable contribution to local authority initiatives.

Since 2011 the Educational Psychology Team has operated a part-traded model of service delivery. Under this model of service delivery, the core/statutory functions of educational psychologists are funded directly by the local authority, but schools are required to purchase any additional psychological support. A typical subscription with the Educational Psychology Team provides:

- 18 hours visiting from a named Educational Psychologist.
- Access to telephone and e-mail consultation and advice.
- Discounts for all Educational Psychology Courses.
- Support implementing the requirements of the Equality Act 2010.
- Swift and easy access at times of particular need.

Many schools choose to use their 'hours' in a variety of ways, but work is typically negotiated through a consultation approach in termly planning meetings.

The subsequent chapters outline a range of work undertaken during my time as a TEP, working within this service context.

1.2 PPR 1: APPLYING CONSULTATION SKILLS IN A COMMUNITY ORGANISATION

Government reforms have outlined a vision to increase partnership between statutory and community sectors (DFE, 2011). This professional practice report responds to the changing profile of the voluntary sector, by exploring the contribution that educational psychologists can make to community organisations. In particular, the report details my work as a TEP commissioned to provide consultation services to a charitable organisation based in the local community. This involved a series of consultation workshops, which helped the staff within the organisation to plan a programme of support for young carers. The consultations undertaken by the TEP were underpinned by community psychology approaches and social constructionism.

This professional practice report reflects on the notion that the role of the educational psychologist is evolving and that practitioners may experience uncertainty about the future direction and identity of the profession (Fallon et al, 2010). It is argued that in the current economic environment of traded services and competition, psychologists must demonstrate their unique contribution and capacity to work within a range of contexts and organisational settings. However, the efficacy of a community orientation should not be limited to economic expediency, and may also be viewed as an opportunity for psychologists to position themselves as agents of social change, influencing policy and supporting the most vulnerable groups within society.

1.3 PPR 2: USING 'FRIENDS' AS A RESILIENCE-BUILDING PROGRAMME FOR CHILDREN AND YOUNG PEOPLE DIAGNOSED WITH ASPERGER'S SYNDROME

Many adolescents with a diagnosis of Asperger's Syndrome (AS) will experience anxiety, and this can have debilitating effects on their everyday functioning. Cognitive Behaviour Therapy has been used to successfully treat anxiety symptomatology in individuals with an AS diagnosis; however, this approach is often a reactionary response to the presentation of psychopathology symptoms.

This small scale research study examined a targeted intervention, The Friends for Youth Programme (Barrett, 2004), as a tool for building resilience and improving coping skills in adolescents diagnosed with AS. The study employed a case study design, and evaluated the programme using pre and post intervention measures. Reports from school staff, and self-report measures suggest that the FRIENDS for Youth programme is an effective tool for promoting pro-social behaviour and improving coping skills in adolescents diagnosed with AS. Moreover, the results highlighted that when equipped with evidence-based interventions, schools can be positioned to contribute to the identification and prevention of mental illness (DoH, 2004).

1.4 PPR 3: POST-16 PROVISION: HOW CAN EDUCATIONAL PSYCHOLOGY CONTRIBUTE?

The (0-25) Special Educational Needs (SEN) Code of Practice (DfE, 2013) and the Education and Skills Act 2008 represent significant national developments for the role of local authorities. Central to the forthcoming legislation is an increased emphasis on young people's transition into adulthood, the need for continuity of service beyond school leaving age, and the integration of policies and practices across providers. Changes to legislation will position educational psychologists more centrally within post-16 settings, and provide an opportunity for educational psychology services to position themselves as a core support service for vulnerable young people aged 16-25.

This professional practice report aims to brief local authorities about how educational psychology and pedagogic principles can contribute to practice within the post-16 sector. The paper draws on relevant literature and case study examples to illustrate the type of work that post-school educational psychology services may engage in. Educational psychologists have a number of generic skills that are applicable to the post-16 context; however, these skills may not be sufficient by themselves and areas of educational psychology requiring further development must be identified. This report seeks to highlight the skills, competencies and training needed to work effectively within the post-16 sector.

1.5 PPR 4: EXPLORING THE USE OF TARGETTED RESIDENTIAL SUPPORT AS AN APPROCH FOR DEVELOPING FUNCTIONAL SKILLS IN CHILDREN WITH SEVERE LEARNING DIFFICULTIES: A CASE STUDY EXAMPLE

The majority of children and young people with severe learning difficulties (SLD) live with family carers (Braddock et al, 2001). However, research suggests that many children with SLD also exhibit challenging behaviour, which may result in some children transferring from local special schools to residential provision (Kiernan and Kiernan, 1994). It is argued that residential provision offers intensive educational input and social support, which both families and local services may struggle to provide (Pilling, McGill, and Cooper, 2007). Despite the perceived benefits of residential placements, research has highlighted two areas of concern: the quality of care and education provided by such provision, and the large geographical distance that often exists between residential settings and family homes (McGill et al, 2006).

This professional practice report presents an exploratory case study of a local alternative to full time residential schools: a six week targeted residential intervention provided by a school that caters for children with severe learning difficulties. This intervention aims to assist children with SLD in acquiring functional and meaningful skills in four key domains: self-help, social/communication, recreation, and community living. The case study explores the efficacy of the provision from the perspectives of three stakeholder

groups, comprising residential staff, school staff, and parents of children attending the provision.

1.6 REFLECTIONS

The professional practice reports provided me with an opportunity to develop a range of research skills, which may be considered integral to the scientist-practitioner role of an educational psychologist. These skills include critical appraisal and synthesis of existing literature, conducting rigorous research, paying due regard to ethical considerations, employing a range of data collection and analysis techniques, and reporting and interpreting research findings.

My professional practice reports sought to cover work at four levels: individual, group, organisation and community. The purpose of this was to explore the breadth of work undertaken by educational psychologists, and to strengthen the argument for their value and distinctive contribution within a local authority context. Completing the professional practice reports enabled me to develop my practice as an applied psychologist, and to enhance my knowledge and understanding of empirical research. I had opportunities to work in a range of contexts, and developed a particular interest in the area of community psychology.

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The Education and Skills Act 2008.

The Equality Act 2010

CHAPTER 2: APPLYING CONSULTATION SKILLS IN A COMMUNITY ORGANISATION

Abstract: This paper describes the contribution of a trainee educational psychologist (TEP) commissioned to provide consultation services to a voluntary organisation. A process consultation model (Schein, 1999), underpinned by community psychology principles was used to support three consultees to recognise the contextual factors relevant to programme development. The TEP aimed to work collaboratively with the consultees, and support them to utilise their own skills and resources when problem solving. Post-consultation questionnaires were administered to gather feedback from the voluntary organisation. Consultees reported that they were satisfied with the consultation process and cited the visual representation, participatory element, and psychologist input as particular strengths of the model espoused. In addition, they made reference to the learning aspect of the consultation process, citing that it had enabled them to develop skills and knowledge which could be applied to other areas of their work. It may therefore be inferred that educational psychologists have a role in providing psychological services to community settings, and in using consultation to facilitate programme development.

2.1 INTRODUCTION

The paper begins by giving a brief history of educational psychology practice – detailing the movement from a traditional child-focussed approach to the dominance of systems work. In reviewing the current practice of systems work,

the paper critiques preoccupations with the school system and provides a rationale for educational psychologists (EPs) to develop a community orientation. The paper discusses the application of systems work, specifically how consultation has been instrumental in effecting change at an organisational level. Sections 2.2 and 2.3 apply the literature discussed to an action research project, in which a process consultation model was used to support the development of a community project for young carers. The paper concludes by drawing each section of the paper together and by considering future directions for educational psychology practice.

2.1.1 Educational psychology: models of professional practice

2.1.1.1 A Traditional Model of Educational Psychology Practice

The 'traditional' model of educational psychology practice has been defined as practice that is

'entirely child-focussed with little or no attempt being made to investigate or change elements of the context in which the child functions'

(Stobie et al, 2002: p.245).

Implicit in this approach is the assumption that the child is deficient in some way and that prescriptive, individualised interventions are used to solve 'problems' that reside with or in the child (Norwich, 2005). According to a traditional model of educational psychology practice, the EP is positioned as an expert, external to the school, who takes on a key role in 'pathologising' and 'treating' the individual.

The reconstruction movement expressed dissatisfaction with a 'traditional' model, recognising that it had a reductionist emphasis and failed to take account of the hidden complexities of human interaction (Gillham, 1978). Consequently, Burden (1978) called for EPs to move away from individual referrals and instead effect organisational change by applying a systems approach.

2.1.1.2 A Systems Approach

A system is considered as being comprised of separate parts that mutually interact to form an interconnected whole (Bateson, 1972). These mutual interactions recur over time and form patterns, which are circular and sustained through feedback. A systems approach attempts to provide a holistic perspective; i.e. rather than focussing exclusively on the individual, it recognises the contextual issues and the reciprocal patterns of interaction that occur within and between multiple systems (Fredrickson, 1990). Where patterns of interaction result in undesired behaviour, a systems approach seeks to identify the elements within the system that need to change (Rendall and Stuart, 2005).

The study of the school as a system can be conceptualised as an investigation into the interrelationships of the individual, the school subsystems, the school organisation, and the school environment. Each component of the school system works towards a common goal or outcome; however the meaning and experience attached to the goal may be different for each component of the system. In order for the school to function effectively, it must seek to integrate the individual experiences of its members and form a cohesive whole. Thus,

the school must recognise that all of its policies, procedures and activities affect, and will be affected by the component parts of the school system (Rendall and Stuart, 2005).

In addition to the interactions that occur “inside” the school, schools are subject to outside influences (e.g. parents and local authority officers) and are considered to be open systems (Fox, 2009). The EP can be viewed as an external agent that provides input to influence the school system. An EP working at a systems level may focus on:

- Broadening their own role beyond special educational needs and mitigating the effects of existing difficulties
- Encouraging the school to work in a preventative way, i.e. changing procedures, policies and practices to target the whole school.
- Supporting staff through staff development meetings and in-service training, so that staff are able to broaden their knowledge and better support the children that they work with.
- Reframing individual beliefs, attitudes and values, with a view to supporting members of the system to construct new ways of viewing problems.

The reconstruction movement led to significant change in the professional practice of EPs. Systems work now forms a dominant narrative within the literature and is posited as the preferred approach when working with schools (Fox, 2009). Despite the support for systems work, Prilleltensky (1994) argues that applied psychologists have become entrenched within the micro and meso-

system level of analysis (see **Figure 2.1** for a description of micro and meso-system). For EPs, this has resulted in the profession becoming too narrowly focussed on school issues and referring psychological work on to other agencies, when the work is not rooted within education (McKay, 2006).

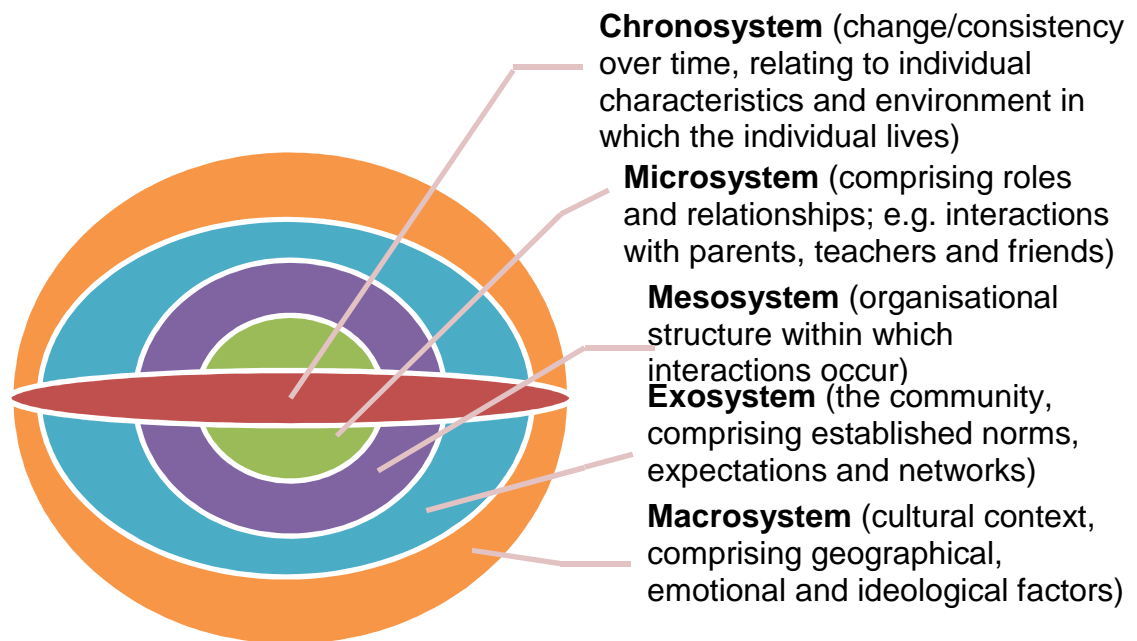


Figure 2.1 Nested ecological levels of analysis (Bronfenbrenner, 1979).

2.1.1.3 Community Psychology

Community psychology offers an alternative framework for applied psychologists, and emphasises a level of analysis and intervention beyond the individual and their immediate context (Kagan and Burton, 2000).

Bronfenbrenner's (1979) ecological systems perspective has been widely adopted by community psychologists, as it uses ecological principles to understand social systems, human experience and social change (Kagan, Burton, Duckett, Lawthom and Siddiquee, 2011).

Bronfenbrenner's (1979) ecological systems perspective draws attention to four interdependent levels of analysis: the microsystem, mesosystem, exosystem and macrosystem (see **Figure 2.1**). It is within the microsystem, or more proximal components of the overall system that the most direct interactions with social agents take place; however, these interactions are dependent on the environmental structures that occur at the same and higher levels. According to Bronfenbrenner (1979) it is the cultural and political expectations defined in the macrosystem that have an overarching influence over the subordinate levels of the ecosystem.

An individual's developmental outcomes are a function of their reciprocal interactions and the influence of multiple ecological systems (Bronfenbrenner, 1979). Thus, applying psychology in multiple-settings will create more opportunities to develop environments in which children can thrive. Community psychologists' further maintain that since the macrosystem exerts influence over every other level of the ecosystem, it should form the principle level of focus for applied psychologists (Kagan et al, 2011). It can therefore be argued, that providing the actions of EPs are underpinned by evidence-based psychology, the role of the EP may legitimately extend to challenging social and legislative structures (MacKay, 2000).

2.1.2 Community Psychology and Social Constructionism

Community psychology aims to challenge dominant discourse and ideology, by presenting the possibility of alternative constructions (Orford, 2008). Within community psychology, language is viewed not only as a means for

understanding social reality, but also as an action in itself (Orford, 2008). As such a preference for a social constructionist epistemology is implied.

According to social constructionism, traditions are sustained through the on-going process of generating shared meanings and common interpretations of reality (Gergen, 1999). Social constructionists view language and action as interdependent; that is, dominant discourses promote certain actions whilst inhibiting others. Through deconstructing shared meanings, community psychologists recognise that it is possible to reveal the power-relations that exist within society; i.e. the laws, institutions and voices that are promoted within the community (Kagan et al, 2011). Gergen (1999) argues that the process of deconstruction, i.e. questioning discourse, listening to multiple perspectives, and presenting alternative constructions is fundamental for liberation and emancipation.

Unlike community psychology and social constructionism, traditional social psychology uses the rigorous methods of quantification and experimentation to draw generalizable conclusions and objectivity. Social constructionists' argue that traditional social psychology is too often studied in artificial settings, and fails to gain a rich understanding of people in context (Orford, 2008). By contrast, social constructionism adopts a position of moral relativism; what is truth emerges from a consensual process of negotiation (Nelson & Prilleltensky, 2005). Whilst Gergen (1999) argues that this approach has helped to stimulate moral and ethical debate about scientific truths, community psychologists must be cautious not to neglect the reality of the material world (Orford, 2008).

2.1.3 Consultation

2.1.3.1 Changing Patterns of Thinking

Social systems are considered to be soft systems, and are defined as

'systems that cannot be understood by mechanistic processes of input-output and prediction; they involve people, and people have ideas, beliefs and attitudes, and these enter into the system as properties'

(Kagan et al, 2011:p.48).

Within a social system there may be resistance to change, especially when problems are externally attributed (Roffey, 2004). Resistant attitudes may be maintained through administrative procedures and group culture, and can be problematic for EPs involved in promoting change or developing effective strategies (Miller, 2003).

Consultation is a method which integrates systems work with systemic thinking, and has been used to facilitate the change process (Fox, 2009). When consultation is collaborative it can support individuals to process their attributions and construct new ways of understanding a problem (Fox, 2009).

2.1.3.2 Defining Consultation

Consultation has a variety of meanings and is a term that is used widely across a range of settings and contexts (Leadbetter, 2006). In general terms, consultation refers to a joint problem-solving exercise, and has similarities to advice-giving and psychotherapy (Conoley and Conoley, 1990). It consists of a

three-way relationship between the consultant (e.g. EP), a consultee (e.g. teacher) and a client (e.g. child) (Bergan & Kratochwill, 1990). The primary purpose of any consultation is to involve the consultee in problem identification and analysis, so that the consultee is able to develop new skills, knowledge, objectivity and self-efficacy (Conoley and Conoley, 1990). This process enables the EP to work through the consultee to bring about change for the client (Conoley and Gutkin, 1995).

Within the broad definition of consultation, there is scope for variation in how it is practiced and the models espoused (Wagner, 2000). Bergan and Kratochwill (1990) cite ten consultation models; however, Leadbetter (2006) maintains that practicing EPs will be most familiar with the traditional breakdown of consultation into:

- Process consultation (Schein, 1999)
- Behavioural consultation (Bergan and Tombari, 1976)
- Mental health consultation (Caplan, 1970).

All consultation models have certain common features: i) to provide problem solving services for presenting problems, and ii) to enhance the skills of the consultee so that they are better able to respond to similar problems in the future (Gutkin and Curtis, 1982). Differences between models lie in the espoused psychological theory, knowledge base, consultant goals, processes and responsibilities (West and Idol, 1987).

2.1.3.3 Process Consultation

Process consultation originates from organisational psychology and social psychology. It is most commonly used in the business world, but has been used more recently by EPs (Leadbetter, 2006). Process consultation takes an interactionist perspective, and emphasises the relationships between environmental factors and the effects that these have on work processes and the social, emotional aspects of organisations (Schein, 1999). It is therefore a useful model for EPs to adopt when working at a systems level (Leadbetter, 2006).

The change process associated with process consultation is facilitated by the use of systemic thinking; process consultation explicitly recognises the social and emotional factors relevant to the problem. Schein (1999: p.16) states:

‘The client must learn to see the problem for herself or himself by sharing in the diagnostic process and be actively involved in generating a remedy’

The role of the consultant is to facilitate the consultation process and to work collaboratively with the consultee to identify the problem and generate solutions (West and Idol, 1987). This process empowers the consultee, so that they feel more confident in using their own skills and expertise to select and implement appropriate solutions (Farouk, 2004).

2.1.3.4 Moving Forward: taking consultation into the community

The practice of educational psychology is an evolving process, as it responds to evidence-based research and social, political and economic trends (Gersch, 2009; MacKay, 2006). Government reforms outline a vision for increased partnership between statutory and community sectors (DFE, 2011a). Inherent in this vision is an opportunity for public services to share their expertise and knowledge with third sector organisations, and for EPs to move towards a community psychology orientation.

EPs are already positioned to address social and community contexts, by providing generic child psychology services and utilising their skills in systems work and consultation (MacKay, 2006). Consultation forms a major role in the work of community psychologists, and is considered a means by which change can be radiated across the community (Erchul, 1993). As Caplan (1970: p.21) states:

‘Consultation provides an opportunity for a relatively small number of consultants to exert a widespread effect through the intermediation of a large group of consultees, each of whom is in contact with many clients’.

2.2 THE COMMUNITY PROJECT: METHODOLOGY

The paper will now discuss a TEP’s involvement with a third sector organisation, whereby process consultation was used to facilitate group problem solving and project development. The work will be referred to as the community project for the remainder of the paper.

2.2.1 Background

Community psychology recognises that vulnerable groups often have little control over the key factors that affect their lives. Community psychology aims to explore, identify and challenge the way in which power is distributed and exercised within society; it seeks to empower marginalised groups, so that they are able to achieve greater social equality (Orford, 2008).

Current government policy recognises that there is a growing awareness of the potential vulnerability of young carers, in terms of their risk to adverse educational, health, and social outcomes (DFE, 2011b). Young carers are defined as:

‘young people under the age of eighteen who provide, or intend to provide, care, assistance, and support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult’.

(Becker, 2000: p. 37).

In 2011, The Big Lottery ‘Youth in Focus’ scheme awarded a Birmingham based charity £600,000 to provide holistic support for young carers in the local area, including:

- **A family support package:** responding to the immediate needs in the home.

- **A school engagement package:** raising schools' awareness of young carers, and helping schools to identify and support young carers.
- **Activities and events:** Offering recreation and advice outside of school and the home.
- **Evaluation and monitoring:** Consulting with young people to identify areas of need and evaluating the impact of interventions offered.

During the initial stages of the project, the TEP was commissioned by the charity to support three of their youth workers to problem solve and plan for the implementation of the 'school engagement' programme. This involved a series of consultation workshops, focussing on problem definition and action planning. The work undertaken by the TEP was underpinned by community psychology approaches and social constructionism.

2.2.2 Research Aims

The overarching aim of this study was to examine the contribution EPs can make to community organisations, specifically how EPs can use process consultation to facilitate group problem-solving and action planning in community settings. The following research questions were used to examine the broad research aim:

- (1) What factors contribute to the effectiveness of process consultation?
- (2) What are the outcomes for consultees, when using process consultation within a community setting?

2.2.3 Action Research Design

The research adopted a participatory action research design. Action research, a term coined by Kurt Lewin (1946), aims to not only understand and interpret the world, but also to change it. It is a process rather than a method, whereby the focus of study must impact on the systems or interventions being evaluated (Thomas, 2009). The utility of participatory action research as an orientation for community psychology has been widely noted (e.g. Kagan et al, 2011; Orford, 2008) and is illustrated by the number of underlying features that it shares with community psychology:

‘Action research seeks to bring together action and reflection, theory and practice, in participation with others, in pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities’

(Reason and Bradbury, 2001: p.1)

Participatory action research requires close collaboration between the researcher and the organisation involved (Park, 1993); it can improve the quality of the research and the moral imperative to make research socially meaningful (Greenwood, Whyte, & Harkavy, 1993). Participatory action research makes the political dimension of psychology explicit and emphasises the need for active participation in and reflection about community change (Kagan et al, 2011).

Taket and White's (2000) 'participatory appraisal of needs and development of action' (PANDA) framework has many parallels with action research and social constructionism. It has also been advocated as an effective approach when consulting with community partners or clients (Kagan et al, 2011). The framework is underpinned by what Taket and White term 'pragmatic pluralism'; i.e. doing what works for the group. A pluralist approach is advocated, as it can address a heterogeneous group and be used effectively within multiagency settings. According to the PANDA process, pluralism refers to four areas: the nature of the clients, the methods used, the modes of representation employed, and the facilitation process (see **Table 2.1**).

Table 2.1 Taket and White's (2000) pragmatic pluralist approach

Type of pluralism	Description
Nature of client	Organisations often comprise diverse and heterogeneous groups. A pluralist strategy aims to acknowledge the views of a range of stakeholders and construct a shared meaning of the problem situation. This approach is consistent with systems work.
Methods employed	Organisations can experience a range of problems at any given time. A pluralistic approach enables methods to be modified and mixed to address the particular needs and context of the organisation.
Modes of representation employed	Representation does not directly correspond to the real world and can be viewed as a tool for analysing and synthesising a situation. Using representation aids can facilitate the individual to express their ideas, and to develop a group understanding (Rosenhead, 1989).
Facilitation process	Facilitators are in a privileged position, as they help the group to understand the problem and move forward. Flexible facilitation processes ensure that the facilitator is able to adapt to the needs of the group and ensure that all group members are able to participate in the process. This requires a process that has a sense of purpose, progress and place.

Within the PANDA framework, Taket and White (2000) discuss a number of techniques that can be used to work collaboratively with organisations. The community project utilised a number of these approaches using a process consultation framework, which consisted of a combination of soft systems methodology, visioning, and SWOT analysis, that was drawn together through graphic facilitation within a modified PATH framework (Pearpoint, O'Brien and Forest, 1993) (depicted in **Figure 2.2**). These approaches were used consultatively to support the voluntary organisation in defining their areas of focus and in planning actions.

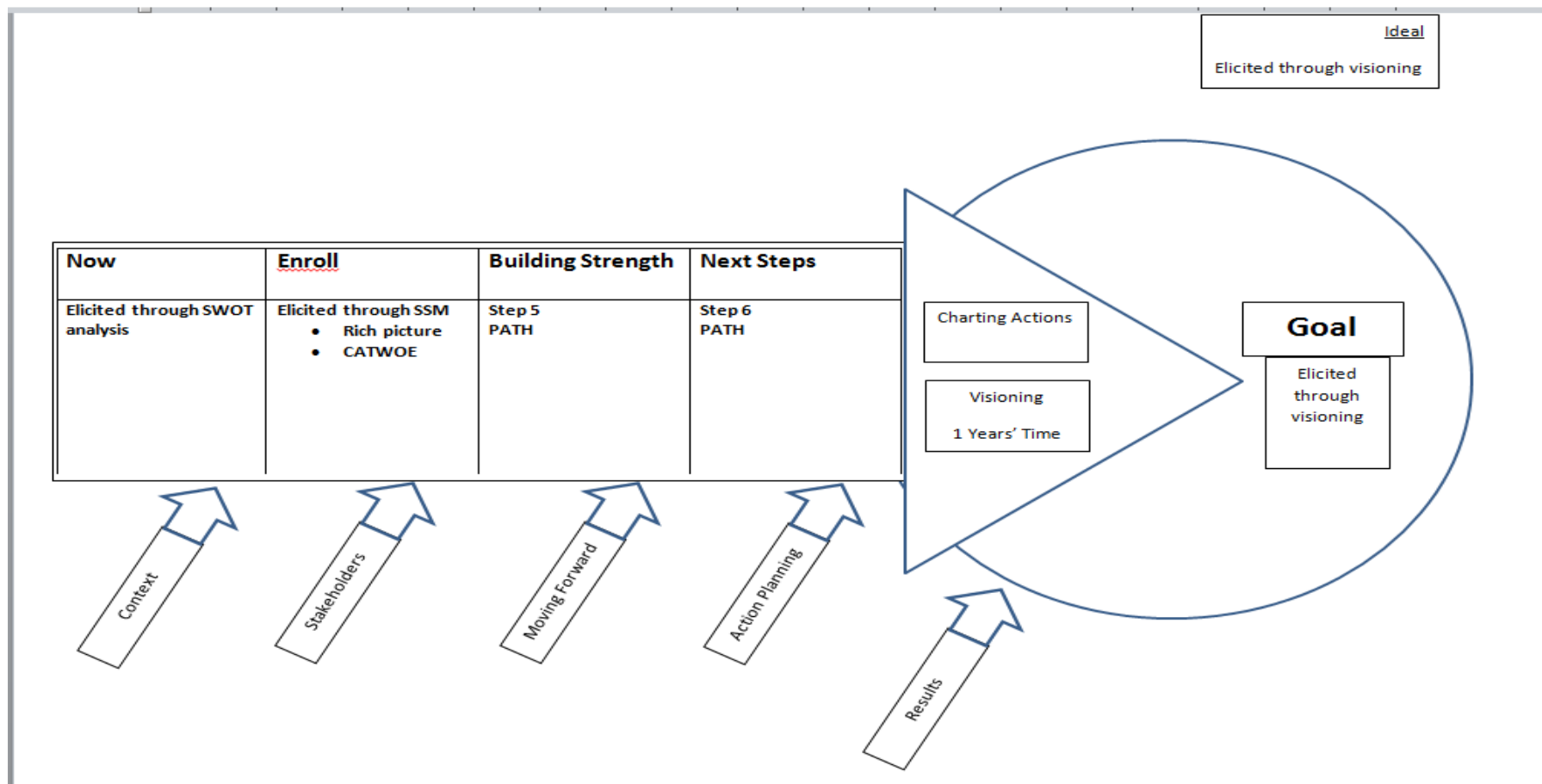


Figure 2.2 Modified PATH process

2.2.4 Problem Definition

Prior to developing a community programme, it is necessary to understand the social issues within the community and recognise how needs can be addressed (Kagan et al, 2011). This process can be supported by the use of soft systems methodology (Checkland and Scholes, 1990). Soft systems methodology draws on multiple perspectives and can be used to encapsulate the disparate perspectives of community groups and organisations (Miller and Fredrickson, 2006). The problem definition stage of the community project began with a soft system process, in which the elements of the 'school engagement' system and the relationships between them were presented as a 'rich picture'.

The rich picture was used as a tool to demonstrate the complex links within the school engagement system and to highlight the respective power relations. A stakeholder analysis aimed to further demonstrate the power and influence different stakeholder groups' hold. Using a soft systems methodology approach, the mnemonic CATWOE was used to analyse stakeholder input. CATWOE (taken from Checkland and Scholes, 1990) stands for:

C = Customers of the system (those on the receiving end of the system).

A = Actors (those who carry out the envisaged activities)

T = Transformation process (how the system converts inputs to outputs)

W = World view (the system within the wider community context).

O = Owners (those with the formal power to stop the system from existing)

E = Environmental constraints (e.g. resources, regulations, policy, other systems)

The CATWOE mnemonic aimed to support the consultation group to form a root definition, i.e. a structured definition of the system (Smyth and Checkland, 1976). The purpose of the root definition was to prepare the group for the transformation process (Checkland and Scholes, 1990). In any purposeful activity there will be a number of different transformation processes, deriving from different interpretations of the purpose (Checkland and Scholes, 1990). Through identifying the roles different people hold within the system the CATWOE process makes explicit the interests of different stakeholder groups, and facilitates discussion about the importance of these interests. The aim was to encourage the consultation group to recognise that whilst they are ultimately responsible for delivering the school engagement programme, certain stakeholders are beneficiaries of the system, whilst others, such as the owners, have the power to stop it.

2.2.5 Planning Actions

Once the problem has been mapped and the consultation group have an understanding of context, it is possible to make decisions about the action to be undertaken (Kagan et al, 2011). This is action planning! Action planning involves understanding the nature of change; what the envisaged change is and how this change can be achieved. The process of planning action within a group can be complex, as there is rarely only one possible action, and often actions will be prioritised differently by different people (Nelson and Prilleltensky, 2005).

Originally designed as a tool for person-centred planning for people with special educational needs, the PATH process (Planning Alternative Tomorrows with Hope, Pearpoint et al, 1993) combines and conjunctures the interests of people within the system (Miller and Leyden, 2006). A PATH process was used in the community project and began with a visioning exercise entitled 'The North Star'. This involved the group imagining a future beyond the life of the project.

Visioning encourages individuals to take risks with their thinking and to respond to situations in a proactive way (Gaffikin and Sterrett, 2006). It is concerned with ideals, but more importantly, the values and principles that underpin them. This approach is premised on the notion, that plans resonating with individuals' deepest aspirations and values are more likely to be implemented in the future (Klein et al, 1993). Moreover, it is easier to gain consensus about future goals when the vision has been created collectively (Gaffikin and Sterrett, 2006).

The second stage of action planning included what the PATH process defines as, 'the goal'. This involved inventing positive and possible futures; i.e. identifying what can be accomplished by the end of the project/ within the next year. A set of systematic steps then grounded the PATH process in the present; consultees identified who would need to be 'enrolled' in the programme and what the group needed to do to meet their goal (Pearpoint et al, 1997). As previously discussed, elements of soft systems methodology were utilised to identify key stakeholders and their respective power and influence in the programme. Identifying potential allies and blockers to change can inform programme development; for example, the group can plan for stakeholders requiring further persuasion and develop strategies for overcoming resistant attitudes (Kagan et al, 2011).

Stakeholder analysis was just one element of appraising the needs and development of the programme within the modified PATH process. A SWOT (strengths, weaknesses, opportunities and threats) analysis was used to align organisational variables and issues (Houben, Lenie and Vanhoof, 1999). Plotting aspects of a programme according to the SWOT acronym enabled the group to recognise how internal strengths can be leveraged to realise opportunities, and how external threats can be magnified by organisational weaknesses (Helms and Nixon, 2010). The challenge for the group was to postulate how weaknesses and threats can be overcome and then plan actions accordingly.

During the final stages of the modified PATH process, the group were asked to operationalize their goals into short term and immediate targets, taking note of what they had learned from the stakeholder and SWOT analysis. The group were reminded that targets are not static and will need to change as the programme evolves.

2.2.6 Evaluation

Consultation is a problem-solving relationship between the consultant, consultee and client, which seeks to achieve outcomes that are valued by each party (Miller, 2003). The consultation process requires that all adults concerned engage in problem-solving so that they have an understanding about the process of change (Miller and Fredrickson, 2006). In developing a coherent framework for consultation, which meets the needs of both consultees and clients, it is imperative that evaluative data is collated (Miller and Fredrickson, 2006).

2.2.6.1 Evaluation methods

At the end of the community project the three consultees were asked to complete a questionnaire (see section 2.6.1: Appendix 1). The questionnaire aimed to evaluate the impact of the TEP's involvement in the problem solving process.

Self-completion questionnaires are the most commonly used research tool in the field of social science. Their apparent simplicity, versatility, and low cost make them a popular research method for gathering data (Fife-Schaw, 2000). Moreover, they can be completed anonymously, reducing research effects and encouraging frank responses to sensitive questions (Robson, 1993). The questionnaire used in the community project comprised two elements; a Likert Scale, and open questions.

The Likert Scale is an approach to attitude measurement, which is widely used and relatively easy to develop (Robson, 1993). The Likert Scale was used to elicit consultees' attitudes towards the consultation process and the input provided by the TEP. Open questions scaffold interviewees' responses, without constraining the content given or the way in which the response is expressed (Kerlinger, 1970). Using open questions encourages the respondents to elaborate on their experiences and enables the researcher to make a more accurate assessment of what the respondent truly believes (Cohen, Manion and Morrison, 2007). By combining a Likert Scale with open questions, the questionnaire aimed to further develop our understanding of the consultation process and identify ways in which it can be enhanced to effect change.

2.2.7 Data analysis

The data collected from the open questions was analysed using thematic analysis (Braun and Clarke, 2006). This involved 5 of the 6 phases described by Braun and Clarke (2006), which are presented in **Table 2.2** below:

Table 2.2 A summary of the thematic analysis process

Phase	Summary of the process
1. Familiarisation with the data	Reading and re-reading written responses
2. Generating initial codes	Assigning codes to interesting features of the data.
3. Searching for themes	Placing the codes into themes.
4. Reviewing themes	Checking that the themes correspond to specific extracts and the whole data set.
5. Defining and naming themes	On-going analysis and refinement of themes.

A summary of the codes generated during the thematic analysis process, along with the corresponding themes are detailed in Section 2.6.3: Appendix 3.

2.3 THE COMMUNITY PROJECT: RESULTS

The results aim to summarise the findings from the data gathered during the evaluation stage of the community project. The results intend to answer the following research questions:

- What factors contribute to the effectiveness of process consultation?
- What are the outcomes for consultees, when using process consultation within a community setting?

2.3.1 Factors Contributing to the Effectiveness of Process Consultation.

Results obtained from the open questions demonstrate that consultees found some elements within the consultation process particularly effective. The elements identified by consultees as contributing to the effectiveness of the consultation process can be grouped according to three themes: structure of the sessions, group dynamics, and the skills and knowledge base of the TEP.

2.3.1.1 Structure of the sessions

The mode of representation can support a group to understand a situation and the issues they may encounter (Taket and White, 2000). Two of the consultees held the view that the visual nature of the consultation process had facilitated their ability to develop a shared understanding of the problem and attribute meaning to events. Graphic facilitation is advocated by the PATH process, and is a tool commonly used within organisations to record and visualise group thinking (Pearpoint et al, 1993). Sibbet (2005: p155) states,

‘graphic facilitation increases participation, systems level thinking, memorability, and group ownership’.

In addition to visual information, all consultees cited the systematic approach to consultation as fundamental to the problem-solving process. They explained that the stakeholder analysis and SWOT analysis provided them with a context in which actions could be prioritised. These results are supported by Miller and Fredrickson (2006), who argue that positive outcomes associated with consultation are greatest when clear models of consultation and practice frameworks are used.

2.3.1.2 Group dynamics

Consultees highlighted the value of working together as a group to problem-solve and action plan. The efficacy of group consultation was first highlighted by Hanco (1985), but the approach grew in popularity following the Elton report (DES, 1989). Consultees recognised that through working as a group, they were able to draw together the knowledge and expertise of each individual. They further maintained that SWOT analysis enabled them to identify resources already existing within the group, and discuss ways in which they could utilise these skills to the benefit of the programme. Hanco (1985) states that in a group situation, colleagues can act as a consultative tool for the problem holder, sharing expertise and recognising the contextual issues that are likely to impact on a given situation.

2.3.1.3 The trainee educational psychologist: skills set and knowledge base

All consultees stated that the consultation process benefitted from educational psychology input. Active listening and the use of questioning were referred to as skills that the TEP possessed, and skills that fed into the problem-solving process. Consultees perceived the TEP as having expert knowledge in problem-solving processes and consultation tools (e.g. PATH, Soft Systems Methodology, SWOT). They further maintained, that the TEP was effective in engaging all members of the group. Schein (1999) emphasises that in process consultation, the consultant must be aware of the power and influence within the group, and ensure that group goals are reflective of individual beliefs.

Although on the surface consultation may appear relatively simple, Miller (2003: p.86) states:

'it can be seen as a subtle and delicate undertaking, steering a course between thoughts and feelings, the professional and the personal'.

It is for these reasons that consultation may be viewed as best undertaken by professional psychologists (Hanko, 1999), although others may differ in their views!

Consultees stated that the TEP had imparted her own knowledge of school organisations, education systems, and young carers on the group, and this in turn had allowed the group to strategise and identify ways of moving forward. One consultee concluded that whilst the focus of EPs' work may be in schools, many voluntary organisations would benefit from working collaboratively with consultant psychologists.

2.3.2 The Outcomes of Process Consultation for Consultees

Results obtained from the Likert Scale (summarised in Section 2.6.2: Appendix 2) suggest that through the consultation process, consultees were able to develop a clearer understanding of the problem and its context. In addition to this, they felt that the consultation process had enabled them to develop their skills as a team and increased their confidence in problem-solving and action planning processes. According to the perception of the consultees, the consultation process was successful in meeting the primary goals of consultation (as advocated by Gutkin and Curtis, 1982); i.e. in providing

problem-solving services for existing problems, and increasing the skills of consultees so that they can respond to situations more effectively in the future.

Schein (1999) maintains that the primary function of process consultation is to pass the skills of problem identification, action planning and implementation onto the consultee. According to the results of the open questions, consultees developed both skills and knowledge in these areas. Results indicated that through engaging in effective group consultation, consultees felt better equipped to work collaboratively with their own stakeholders. This is likely to have a significant impact on the success of the school engagement programme, as one of the key factors of organisational success, is regarding people as the most important resources within an organisation (Peters and Waterman, 1982).

Consultees stated that the consultation process had enabled them to develop a greater understanding of the stakeholders that they work with. Furthermore, through this process they were able to recognise that different stakeholders have different expectations of the school engagement programme. In understanding stakeholder needs, consultees reported that they felt more confident working in school settings and prioritising actions. They also noted, that having acquired knowledge of problem-solving processes, they felt better equipped to manage and plan future programmes.

As well as developing their knowledge base, consultees reported that their skills set had also increased. Consultees explained that they had developed interpersonal skills, such as effective listening and communication, and that they were starting to apply them in other areas of their work.

The consultation process focussed on problem identification and action planning, rather than programme implementation; therefore, change was effected at the level of the organisation and not at the level of the young carer population. It is however, hoped that the skills and knowledge acquired by the group, during the consultation process, will have a positive impact on the young carers once the programme has been implemented.

2.4 CONCLUSION

The reconstruction movement re-defined the practice of educational psychology; the profession witnessed a shift in focus, from the individual to a systems level (Fox, 2009). Systems work continues to be the preferred model of educational psychology practice (Norwich, 2005), and when integrated with systemic thinking has enabled EPs to adopt a holistic, preventative approach (Fox, 2009). Through applying systems theory and promoting healthy environments, EPs have broadened their role beyond special educational needs and alleviating existing problems (Fox and Sigston, 1992); however, prioritising work rooted within schools and education, may have resulted in the profession neglecting the contribution they could make to other organisations and settings (MacKay, 2006).

The profile of the community and voluntary sector has been raised at a national level over recent years. The government are currently appealing to the voluntary sector to promote innovative public service practice and challenge conventional orthodoxies (Coatham and Martinali, 2010). An emergent theme within the Giving Green Paper (HM Government and Cabinet Office, 2010) was the notion that voluntary organisations can act as an agency for promoting the

voice of the local community. Additional strengths of the voluntary sector are its capacity to engage and consult with community members and develop trusted relationships with local people (Paxton et al, 2005). Despite the perceived strengths of the voluntary and community sector, Paxton et al (2005) recognise that it is part of a local ecology of organisations and groups, and cannot therefore operate in isolation. They further maintain that the most innovative voluntary organisations are those which operate within complex and networked environments, and achieve organisational objectives through building partnerships with other organisations, such as regional and local government.

Educational psychologists training in research and child development means that they are placed in an ideal position to support community projects and third sector organisations (MacKay, 2006). Furthermore, consultation, a popular model of educational psychology service delivery, has been recognised as an efficacious tool for promoting community change (Caplan, 1970). Wood (2006) proposes that process consultation in particular, shares many of its principles with a community psychology philosophy. The efficacy of using a process consultation model was noted in the results section of this paper, with consultees recognising its utility in building capacity and empowering the voluntary organisation to support the needs of the local community. The paper also identified the skills of educational psychologists, as being fundamental to the success of the consultation model. These results are supported by Miller's (2003) findings, in which psychologists' knowledge, skills, personal qualities, and job role were noted as contributing to an effective consultation model.

It may therefore be concluded that EPs have a significant contribution to make to third sector organisations, and the role they play within the field of special educational needs and community settings. EPs are well positioned to utilise their skills in psychology, consultation and systems thinking to provide support to community organisations and project development work. In the current economic environment of traded services and competition, psychologists must demonstrate their unique contribution and capacity to work within a range of contexts. However, the efficacy of a community orientation should not be limited to economic expediency, and may also be viewed as an opportunity for psychologists to position themselves as agents of social change, influencing policy and supporting the most vulnerable groups within society.

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2.6 APPENDICES

2.6.1 Appendix 1: Questionnaire evaluating the impact of the TEPs involvement in the consultation process.

Input: Facilitating problem solving and action planning

Organisation:

Name:

Role:

Part 1: Open Questions

Please read each question carefully and answer as fully as possible.

1. Was the consultation process useful? If so, what were the factors that contributed to its effectiveness?
 2. In your opinion, has any change resulted from the consultation process?
If so, where has change been effected?
-

Part 2: Likert Scale

Please read each statement and circle the number that corresponds to your view,

Where:

1 = strongly disagree

2 = disagree

3 = undecided

4 = agree

5 = strongly agree

1. I am satisfied with the support given by the trainee educational psychologist

1-----2-----3-----4-----5

2 a) The training materials presented were useful

1-----2-----3-----4-----5

2 b) Please list the materials that you found most helpful and why

3 a) The delivery of training materials was effective

1-----2-----3-----4-----5

3 b) Were there any skills that the educational psychologist brought to the sessions? If yes, please specify.

4 a) The support given has helped me to develop my understanding of problem solving and action planning.

1-----2-----3-----4-----5

4 b) Please provide details.

5. The support given has helped me to identify strengths and weaknesses in the team

1-----2-----3-----4-----5

6 a) The support given has helped me to identify training needs within the team

1-----2-----3-----4-----5

6 b) Please state any training needs that you have identified and explain how they were identified.

7 a) The support given was useful in developing skills within the team

1-----2-----3-----4-----5

7 b) List any skills you have developed as a result of the trainee support.

8 a) I have a better understanding of the needs of stakeholders.

1-----2-----3-----4-----5

8 b) How has your knowledge of stakeholders impacted on the programme?

9 I feel better able to support the needs of all stakeholders involved in the project

1-----2-----3-----4-----5

10 a) The support given was useful to the development of the programme.

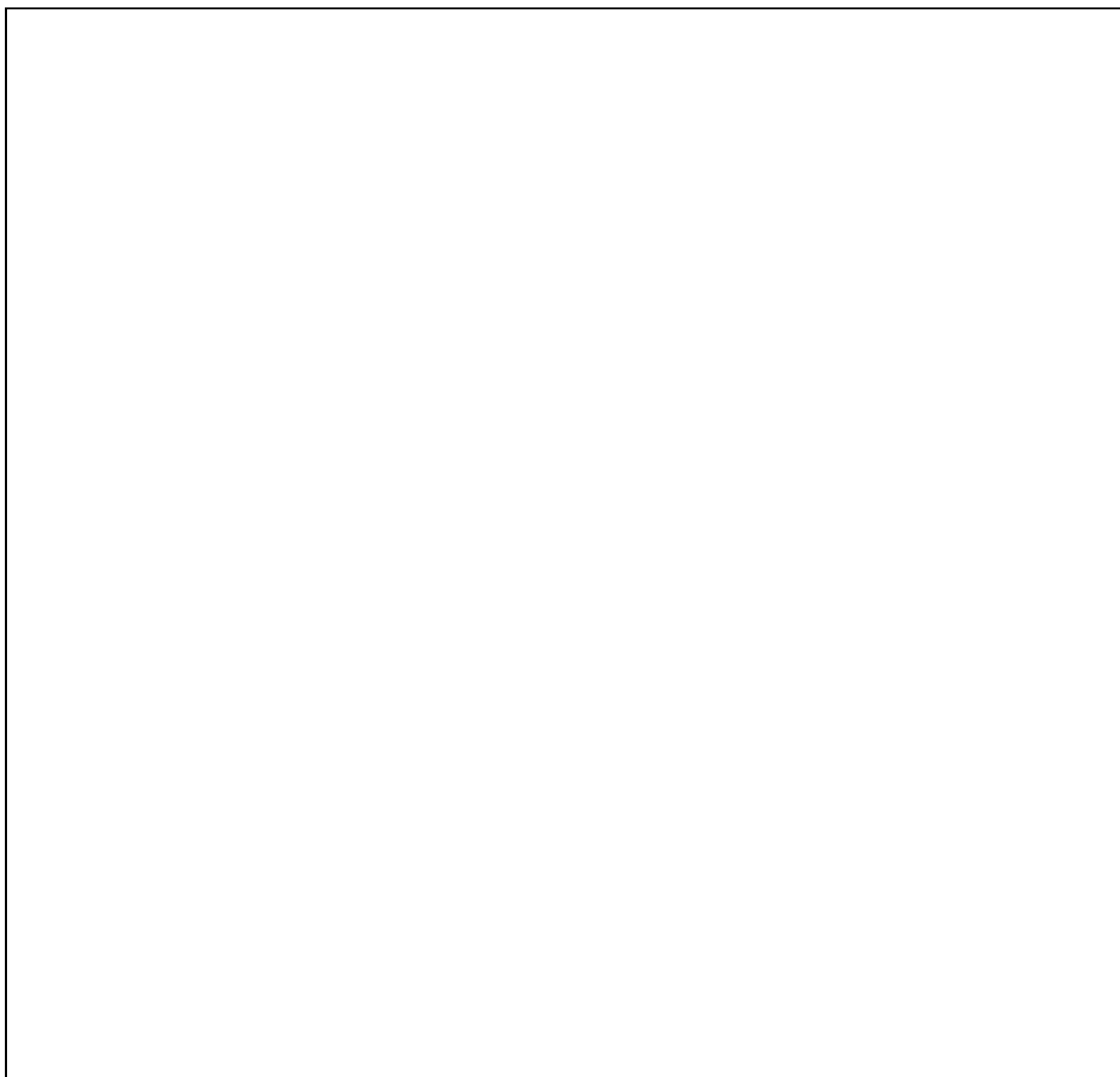
1-----2-----3-----4-----5

10 b) List the ways the programme has developed as a result of the support given.

11. I feel more confident delivering the programme

1-----2-----3-----4-----5

Any other comments



2.6.2 Appendix 2: A summary of responses from the Likert Scale

Question	Number of responses					Mean response
	Strongly disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly agree (5)	
I am satisfied with the support given by the trainee educational psychologist	0	0	0	3	0	4
The training materials presented were useful	0	0	0	2	1	4.33
The delivery of the training materials was effective	0	0	0	3	0	4
The support given has helped me to develop my understanding of problem solving and action planning	0	0	0	1	2	4.66
The support given has helped me to identify strengths and weaknesses in the team	0	0	1	1	1	4
The support given has helped me to identify training needs within the team.	0	0	0	2	1	4.33
The support given has helped to develop skills within the team.	0	0	0	3	0	4
I now have a better understanding of the needs of stakeholders	0	0	0	1	2	4.66
I feel better able to support the needs of all stakeholders involved in the project.	0	0	0	2	1	4.33
The support given was useful to the development of the programme	0	0	0	2	1	4.33
I feel more confident delivering the programme.	0	0	0	2	1	4.33

2.6.3 Appendix 3: Codes and themes generated during thematic analysis

The raw data from each questionnaire was read and re-read. During this phase possible codes were identified. Next, the data was organised into meaningful categories and initial codes were given. The codes were then grouped according to broad themes. Each theme was reviewed according to its relevance within the whole data set, and to specific extracts. This enabled themes to be refined, before being finalised.

Presented below are the initial codes identified by the researcher and the final themes that they were grouped into. Numbers represent each time the code was identified within the data set.

2.6.3.1 Factors Contributing to the Effectiveness of Process Consultation

Structure of the sessions	TEP knowledge	TEP skills	Group dynamics
Systematic approach to problem solving (5)	TEP's knowledge of problem-solving tools (4)	Listening and questioning skill (3)	Team approach (3)
Visual representation (4)	TEP's knowledge of school systems (1)	Engaging (2)	Identifying strengths and weaknesses within the team (4)
SWOT analysis (3)	TEP's knowledge of school curriculum (1)	Supported the group to work together (3)	Utilising strengths within the team (2)
	TEP's knowledge of group work (1)	Focussed the team (2)	
	TEP's knowledge of young carers (2)	Rapport building skills (1)	
	TEP's knowledge of school culture (2)	Supportive (1)	

2.6.3.2 The Outcomes of Process Consultation for Consultees

Interpersonal skills	Awareness of stakeholders	Strategic skills
Effective listening (2)	Different stakeholders have different priorities (1)	Developing a holistic picture (1)
Better communication (3)	Importance of all stakeholders to project success (3)	Improved problem-solving (4)
Increased confidence working in schools (2)	Need to work in collaboration with stakeholders (1)	Application of skills to other areas of work (1)
		Planning (3)
		Focus (3)
		Developing skills within the team (3)

CHAPTER 3: USING 'FRIENDS' AS A RESILIENCE-BUILDING PROGRAMME FOR CHILDREN AND YOUNG PEOPLE DIAGNOSED WITH ASPERGER'S SYNDROME: A SINGLE SUBJECT REPORT

Abstract: Asperger's Syndrome (AS) is a pervasive developmental disorder that is characterised by qualitative impairments in social interaction, and restricted, repetitive, stereotyped behaviours, interests and activities (Gilberg, 1991). Many adolescents with a diagnosis of Asperger's Syndrome will also experience anxiety, and this can have debilitating effects on their everyday functioning. Cognitive Behaviour Therapy has been used to successfully treat anxiety symptomatology in individuals with an AS diagnosis; however, this approach is often a reactionary response to the presentation of psychopathology symptoms. The present case study report examines a targeted intervention, The Friends for Youth Programme, as a tool for building resilience and improving coping skills in adolescents diagnosed with AS. Results from the Strengths and Difficulties Questionnaire indicated improvements in teacher ratings of pro-social behaviour and a reduction in teacher ratings of overall difficulties from baseline to post intervention. Measures of the coping strategies employed by the subject also yielded positive results. The study provides support for the use of The Friends for Youth Programme, as a preventative intervention for students with Asperger's Syndrome. The findings are discussed in relation to the limitations of the research, and the implications for future practice of educational psychologists.

3.1 INTRODUCTION

The paper begins by giving a brief overview of child and adolescent mental health, and the governmental measures taken to support mental health needs in the UK– detailing the movement away from mental health being viewed as the exclusive remit for health professionals, towards a belief that it is the responsibility of all professionals working with young people. The paper discusses how educational professionals can contribute to mental health prevention, specifically through the application of resilience-building programmes. In section 3.3, the paper considers anxiety, the most prevalent form of mental health disorder within the UK. Particular consideration is given to the impact of anxiety on individuals diagnosed with Asperger's Syndrome; i.e. prevalence rates, manifestation, impact, and mechanisms of support. Sections 3.5.3, 3.5.4 and 3.5.5 apply the literature discussed to a case study, in which the FRIENDS for Youth resilience-building programme was used as a targeted intervention for young person diagnosed with Asperger's Syndrome. Sections 3.6 and 3.7 consider the impact of the intervention, in terms of its ability to reduce anxiety/ challenging behaviour and improve coping skills. The paper concludes by identifying the limitations of the study, and by considering the implications the for educational psychology practice.

3.2 PREVENTING MENTAL HEALTH DIFFICULTIES IN CHILDHOOD AND ADOLESCENCE

3.2.1 Context

An increased awareness of psychological well-being has followed a steady rise in mental health difficulties among children and young people (Meltzer,

Gatward, Goodman, & Ford, 2000). It has been reported that children and young people in the UK have the lowest levels of well-being in the developed world (UNICEF, 2007) and that 10% of 5-15 year olds have a mental health disorder that would meet the criteria for clinical diagnosis (DoH, 2004). Sub-clinical levels of mental health problems are also high and require intervention to prevent them from escalating to clinical levels (Liddle and Macmillan, 2010).

The emotional well-being of children and adolescents has become a key challenge for public health services. The Government's desire for improved mental health in children and young people has been clearly stated in Standard 9 of The Children's National Framework (DoH, 2004). Within government policy and empirical research, early intervention and prevention are increasingly being promoted as an effective approach for achieving this goal (e.g. DoH, 2004; Stallard Simpson, Anderson, Hibbert and Osborn, 2007):

"By promoting good mental health and intervening early, particularly in the crucial childhood and adolescent years, we can help prevent mental health from developing and mitigate its effects when it does"

(DoH, 2011: p 2).

Following the promotion of preventative work, mental health support is no longer viewed as an exclusive remit for health professionals (Rait, Monson, and Squires, 2010). The government recognises that schools and local authorities also have a responsibility to identify mental-health difficulties (DoH, 2011), and to provide structured, preventative programmes that reduce risk-factors and enhance positive adaption (DoH, 2004). The four tier model of Child Adolescent Mental Health Services (CAMHS) identifies teachers and other non-medically

based professionals as the first point of contact at tier 1. At this tier, practitioners will offer general advice and support, contribute to mental health promotion, and prevent mental health problems from escalating (DoH, 2004). At tier 2, educational psychologists may offer training and consultation to tier 1 professionals, e.g. school workforces. Such training aims to develop awareness, confidence and expertise in mental health issues, and to enhance the capacity and capability of school staff to offer mental health support and recognise problems early on in their development.

Tier 1 preventative approaches (i.e. approaches that are implemented prior to the initial onset of a disorder) can be targeted at three levels; universal, selective and indicated (Mrazek and Haggerty, 1994):

- **Universal:** interventions that can be applied to the whole population regardless of individuals' risk and protective factors.
- **Selective:** interventions that are applied to those individuals who are at greater risk than the general population of developing a mental health problem during their lifetime.
- **Indicated:** interventions that are applied to those individuals who are exhibiting symptomatology of a recognised mental health disorder.

There are benefits and limitations attached to each type of preventative approach. Selective interventions are attractive to funding bodies, as the efficiency of the programme in relation to cost, labour and time can be easily calculated. Identifying participants for a selective intervention can be problematic however; as valid, reliable and cost-effective assessment tools

must be used during the identification process (Donovan and Spence, 2000). Indicated interventions target those individuals already demonstrating symptomatology, thus participants are easier to identify and intervention generally results in a higher level of symptom reduction (Stallard, 2010). By contrast, universal programmes produce more modest treatment effect sizes, but have the benefit of addressing the needs of all children, including those at risk of psychopathology (Farrell and Barrett, 2007). The utility of universal programmes is further recognised in their potential to address multiple difficulties. This has been viewed as extremely beneficial given that there are high levels of comorbidity between mental health disorders (Greenberg, Domitrovich and Bumbarger, 2001).

3.2.2 Building Resilience

Early school-based interventions aimed at targeting psychopathology, sought to reduce the risk-factors experienced by young people; for example through behaviour-management policies, curriculum reform, and parent-school meetings. These approaches were generally unsuccessful; researchers have concluded that the avoidance of risk is not always possible and the nature of risk cannot always be modified (Yates and Masten, 2004).

Theories and aetiology in psychopathology have been better informed by children displaying resilience (e.g. Anthony, 1974; Garmezy, 1971; Murphy & Moriarty, 1976; Rutter, 1979; Barrett, Sonderegger and Xenos, 2003; Kaplan, 2006). Contemporary resilience is generally characterised by *“good adaption despite developmental risk, acute stressors or chronic adversities”* (Maston, 1994:p5). It has been studied using two approaches, person-focussed

approaches and variable-focussed approaches. Person-focussed approaches have aimed to differentiate between individuals displaying resilient behaviour and those individuals fairing less well. In contrast, variable-focussed approaches have examined the relationship between individuals and the environments that have contributed to successful adaption. Studies using each of these approaches and a range of methodologies have revealed a striking degree of consistency, for example in identifying fundamental adaptive systems which encourage positive developmental outcomes (O'Dougherty-Wright and Masten, 2006).

Resilience has been recognised as a set of dynamic processes and not a static trait that is unique to certain individuals. This has led to some resilience-based programmes being aimed at children within the general population, and not just those presently at risk; for example FRIENDS for Life (Barrett, 2004) and Penn Resiliency Program (Reivich, Gillham, & Seligman, 2008). Within these programmes, practitioners encourage children to identify their strengths and resources or to generate new strengths and resources that will enable them to adjust when faced with significant risk. The development of protective factors may enable children to use effective coping strategies, increasing their likelihood of achieving a positive developmental trajectory (Middlemiss, 2005).

Child-focussed resilience-building interventions have generally taken place in schools. Schools have access to a whole population of children and young people, and are therefore ideally positioned to offer a universal service of mental health promotion and prevention (Doll and Lyon, 1998; DoH, 2004; Farrell and Barrett, 2007; Stallard, 2010). Recruiting schools to implement

resilience-building programmes have two further advantages; a) universal, school-based recruitment is viewed as non-stigmatising (Stallard, 2010); b) implementing programmes in a school setting is a protective factor for a child's development (Middlemiss, 2005); for example, preventative interventions may promote change at a systems level and can improve peer-relationships, as well as create an inclusive school culture (Liddle and MacMillan, 2010). Rait, Monson and Squires (2010: p5) further state that, with appropriate professional support, schools can provide a 'therapeutic environment' in which programmes can be closely monitored and evaluated.

3.3 ANXIETY

The most prevalent forms of mental health disorder in young people are anxiety disorders. Anxiety is defined as a psychological and physiological state involving interaction between somatic, emotional, behavioural and cognitive responses (Weems and Sickel, 2005). Anxiety affects many young people, and most adolescents will experience concern or worry at some point during their lifetime (Barrett, Locke, & Farrell, 2005). Thus, anxiety is generally considered a normal and transient part of child development (Barrett, Lock and Farrell, 2005).

Anxiety disorders may develop when worry becomes persistent or extreme, and this can have debilitating effects on everyday functioning (Treadwell, Flannery-Schroeder, & Kendall, 1995). Anxiety disorders can impact on developmental trajectories, and compromise educational attainment and interpersonal relationships (Stallard, 2010); for example, children with anxiety disorders are more likely to have prolonged absence from school (Green et al., 2005) and

experience social isolation (Messer and Biedel, 1994). Long-term effects associated with childhood anxiety include an increased likelihood of developing anxiety, depression and illicit drug dependency in adulthood (Woodward and Fergusson, 2001).

3.3.1 Asperger's Syndrome and Anxiety

Asperger's Syndrome (AS) is a pervasive developmental disorder that is characterised by qualitative impairments in social interaction, and restricted, repetitive, stereotyped behaviours, interests and activities (Gilberg, 1991). It is not characterised by a clinically significant language delay; however, conversations initiated by individuals with a diagnosis of AS may be narrow in content and give little regard to the interest of the listener (Sofronoff, Attwood and Hinton, 2005). The characteristic difficulties of Asperger's Syndrome place individuals diagnosed with AS at a greater risk of developing mental health problems (Donoghue, Stallard, & Kucia, 2011). The link between AS and secondary mood disorder, including anxiety disorder is identified in the DSM-IV-TR description of Asperger's Syndrome (American Psychiatric Association, 2000).

Reported prevalence rates of psychopathology in young people diagnosed with AS vary considerably between epidemiological studies (Donoghue, Stallard and Kucia, 2011). It is currently estimated that 65% of the AS population have an affective disorder, i.e. a mental disorder that is characterised by a consistent and dramatic alteration in mood, affecting an individual's thoughts, emotions and behaviours (Attwood, 2004). Anxiety is the most prevalent affective disorder, and studies suggest that 30-80% of individuals diagnosed with AS will

experience anxiety at some point during their lifetime (Donoghue, Stallard and Kucia, 2011).

The manifestation of anxiety in individuals diagnosed with AS is often different to that observed in the general population (Ozsivadjian, Knott, and Magiati, 2012). Sung et al (2011) note that pupils with comorbid AS and anxiety are more likely to misinterpret ambiguous situations and selectively attend to threat-related information. This may ultimately result in challenging behaviour; a behavioural response to 'threatening' social situations may be viewed by observers as spontaneous or unpredictable (Baron-Cohen, 1988). Kim et al (2000) explain that unpredictable behaviour can be viewed as aggressive, and may disrupt pupils' relationships with family members, peers and teachers.

The risk of young people diagnosed with AS developing anxiety increases during the adolescent years. Frith (2004) explains that unlike individuals diagnosed with Autism Spectrum Disorder, levels of cognitive functioning are typical in individuals diagnosed with AS. Consequently, individuals with AS may have a greater insight of their own social difficulties, which may subsequently lead to heightened levels of anxiety in social situations. During adolescence, individuals may experience an elevated awareness of how their behaviour is socially different to their mainstream peers, and this may result in an increase in anxiety symptomatology (Tobias, 2009). This may be further compounded by physical and verbal bullying, as pupils with AS are more susceptible to victimisation than the general population (Tantam, 2000).

The social and environmental structure of secondary education presents an additional problem for the AS population (Tobias, 2009). In a typical secondary

school, students are exposed to a number of transition periods throughout the school day; i.e. they may be expected to move to different classes, with different teachers and teaching groups for each academic subject. These additional transition periods result in an increased frequency and duration of unstructured time, as well as an increase in unpredictability. Ozsivadjian, Knott, and Magiati (2012) cite disruptions to daily routines and a lack of predictability as one of the main triggers of anxiety in pupils with an AS diagnosis.

3.3.2 Supporting Young People Diagnosed with Asperger's Syndrome

Managing anxiety in adolescents diagnosed with AS requires educational professionals to consider the academic and social environments that the young person is exposed to. Further consideration must be given to how the young person reacts in different contexts or situations (Ozsivadjian, Knott, and Magiati, 2012). The majority of students diagnosed with AS are educated in mainstream schools and settings (Myles and Simpson, 2002; Humphreys, 2008); however, research that has investigated the efficacy of educational inclusion has not produced exclusively positive results (Harrower and Dunlop, 2001; Lindsay, 2007). It is now generally agreed that including individuals with AS within mainstream schools is not an intervention in itself (Harrower and Dunlap, 2001). For inclusive provisions to be effective, educators must have access to and knowledge of validated strategies and interventions (Humphreys, 2008). Providing this level of inclusive education for adolescents with AS can be a challenge for mainstream schools; lessons are often delivered by teachers who have a limited knowledge of AS, and/or evidence-based interventions that can be used to support young people with a diagnosis (Wilkinson, 2005). To

obtain support schools may access local authority educational psychology services, CAMHs, and other local authority support services. In doing so, they may seek advice about systems-level interventions (Boyle and Mackay, 2007) and individual case formulations (Ashton and Roberts, 2006).

School-based consultation services are considered a primary tool for educational psychologists working with teachers and school systems (Wilkinson, 2005). Consultation between school staff and educational psychologists will often focus on the classroom environment and the skills of the teacher, so that adaptations can be made to assist in accommodating the special educational needs of pupils. Whilst change at an environmental and instructional level has yielded positive results (Harrower and Dunlap, 2001), pupils may also benefit from individual and/or therapeutic support.

Inclusion is a multi-dimensional concept. A core value within the concept of inclusion is that of entitlement, and the belief that all pupils have the right to receive education aimed at enhancing personal skill and knowledge (Shamir, 2007). In order to manage the externalised behaviour exhibited by some young people diagnosed with AS, any underlying issues of anxiety may need to be addressed. Myles (2003) argues that this can be achieved by providing pupils with (a) activities that develop self-understanding, (b) programmes that improve social understanding and problem-solving, and (c) methods of self-soothing. Tantam (2000) further advocates the use of psycho-education and psychological therapy in the treatment of emotional symptomatology and conduct disorder displayed by adolescents with an AS diagnosis.

Support for psycho-education and skills building programmes suggests that individuals diagnosed with AS have the capacity to develop effective coping strategies and improve self-regulation (Tantam, 2000; Sung et al, 2011).

Furthermore, there is an argument that individual therapy, aimed at promoting these skills is of benefit to pupils with AS (e.g Sofronoff et al, 2006).

Therapeutic intervention is often reactive; it is usually delivered by clinicians who respond to heightened levels of anxiety. Given that a diagnosis of AS places individuals at risk of developing anxiety (Donoghue, Stallard, & Kucia, 2011), it may be argued that pupils with an AS diagnosis meet the criteria for selective, preventative support (Mrazek and Haggerty, 1994). Preventative work could enable pupils to apply social/emotional coping skills prior to the onset of anxiety symptomatology, and this could potentially reduce the likelihood of them developing psychopathology in later life.

3.4 AIMS OF THE RESEARCH PROJECT

The overarching aim of this study was to examine the efficacy of the FRIENDS for Youth resilience-building programme (Barrett, 2005) as a targeted intervention for a child diagnosed with Asperger's Syndrome. The study utilised a case study design, and the following research questions were used to examine the broad research aim:

- (1) Following the FRIENDS for Youth intervention (Barrett, 2005), does the client demonstrate a reduction in anxiety and/or challenging behaviour?

(2) Following the FRIENDS for Youth intervention (Barrett, 2005), is there a change in the coping strategies employed by the client during anxiety-evoking situations?

Additionally, the school aimed to use the research process to support the development of a universal preventative programme for Year 7 pupils. It was hoped that through attending the FRIENDS sessions and accessing local authority training, school staff would develop their knowledge and understanding of the FRIENDS programme, and would feel more confident delivering it as both a universal and as a targeted intervention.

3.5 METHODOLOGY

3.5.1 Epistemology

The research study was underpinned by a positivist approach; i.e. a belief that the approach adopted by social science research is essentially the same as the approach adopted by natural science research (Delanty, 1997). A positivist approach is built on four implicit assumptions (Cohen et al, 2000):

- **Empiricism:** Support for theory and hypotheses through verifiable means.
- **Determinism:** Recognising patterns of cause and effect relationships.
- **Parsimony:** Explaining the phenomena in the most simplistic and economical way.
- **Generality:** Generalising the observations of a particular phenomenon to the whole world.

3.5.2 Case Study Design

A case study is defined as a methodological approach that focuses on a single person, project, policy, organisation, programme or system (Simons, 2009). A case study can utilise a range of methods to investigate the particularity of a case; however, there must always be a commitment to investigating the phenomenon in real-life situations (Yin, 2008). The purpose of a case study may be instrumental or intrinsic (Stake, 2005):

- **Instrumental:** “the inquiry is serving a particular purpose. So, the case study is acting as an instrument – a tool” (Thomas, 2011: 98).
- **Intrinsic:** “the case is being studied not with a secondary purpose in mind but out of interest” (Thomas, 2011: 98).

Thomas (2011) further distinguishes between evaluative, explanatory, and exploratory case studies. Evaluative case studies look at the impact of a new approach or intervention, identifying the positive and negative outcomes associated with the identified innovation. Explanatory case studies aim to gather a deep understanding of the case, and provide a detailed description of ‘how’ or ‘why’ something has happened. Exploratory case studies on the other hand, are applied when a problem has occurred. Here the researcher seeks to find out more, so that s/he can understand what is happening and why.

An instrumental, exploratory case study approach was adopted for the research study. The purpose of the study was instrumental, as the overarching aim was to improve the behaviour and mental health of the client. The initial fieldwork (observation and consultation) enabled the researcher to gather facts about the

client's behaviour, so that she could develop explanations about why the behaviour was occurring and propose solutions in line with those explanations. Exploratory work (analysis of pre-test data) then examined whether the researcher's explanations had substance. The final stage of the case study involved implementing a solution, FRIENDS for Youth intervention, and testing whether the intervention impacted on the client's behaviour (comparison between pre-test/post test data).

3.5.3 Case Background

The study follows the case of Reg (pseudonym), a dual heritage, 13 year old male. Reg has a diagnosis of AS, according to the DSM-IV criteria (American Psychiatric Association, 2000). He has been attending a grammar school since September 2010. Prior to this he was educated in an Autism specific special school. Whilst attending the Autism specific special school, a local primary school provided outreach services to ensure that Reg's needs were fully catered for within the special school setting.

Reg was referred to the Educational Psychology Service by the grammar school, following concerns about his social and emotional behaviour. The school reported that over recent months Reg's behaviour had become increasingly disruptive. He was said to regularly shout out in class and often refused to follow instructions. The school further reported that when staff tried to discuss an issue with Reg he would display behaviours similar to that of a 'temper tantrum'; i.e. behaviours such as lying on the floor, kicking his feet, and screaming. The school were concerned that Reg's behaviour was impacting on his social functioning, as he appeared to have difficulty making and maintaining

friends. The school also reported that Reg's behaviour was having an impact on the learning of others, as his behaviour was extremely disruptive and required a high level of support from school staff.

A number of support systems for Reg had previously been put in place by the grammar school; for example reward charts, additional adult support, and a visual timetable. However, the school reported that these had had little impact on Reg's behaviour. Following consultation with staff at the school, it was felt that Reg may benefit from a more therapeutic approach, which aimed to address the cognitions and emotions associated with the disruptive behaviour.

3.5.4 Measures

The following psychological measures were completed pre-intervention (2 weeks prior to intervention) and post-intervention (2 weeks following intervention):

Spence Children's Anxiety Scale (Spence, 1994) is a self-report measure consisting of 45 items. For each item, the child is asked to read a statement and circle the word that corresponds to the frequency in which the statement occurs. The scale aims to measure symptoms associated with separation anxiety, obsessive-compulsive disorder, panic agoraphobia, generalised anxiety and fears of personal injury.

The Strengths and Difficulties Questionnaire (Goodman, 1997) is a tool for behavioural screening. It consists of 25 items comprising 5 scales; emotional symptoms, conduct problems, hyperactivity/inattention, peer problems and pro-

social behaviour. There are three versions of the measure, which are completed by a parent, teacher, and pupil respectively.

Kidcope: older children (Pretzlik & Hindley, 1993) is a self-report measure for assessing the coping strategies employed by adolescents, aged 13-18 years. The measure is divided into two parts. In part one, the adolescent describes a problem-situation. He/she then rates the problem, so that a score for distress can be calculated. In part two, the adolescent identifies coping strategies that they use and then rates how useful they find each strategy.

3.5.5 Intervention: The FRIENDS resilience-building programme

3.5.5.1 Overview

Developed in Australia, FRIENDS for life (Barrett, 2004, 2005) is a resilience-building programme that aims to prevent anxiety through the application of cognitive behaviour therapy (CBT) principles. The programme was developed for school-age children and has three versions: fun FRIENDS (children aged 4-6 years), FRIENDS for life (children aged 7-11 years) and FRIENDS for youth (12-16 years). The programme comprises ten developmentally tailored sessions and two booster sessions, which can be used in treatment or as a universal self-development tool (Barrett, 2004, 2005). Over the course of the programme concepts associated with positive developmental trajectories are promoted; for example self-esteem, psychological resilience, positive peer and adult relationships, relaxation, and problem-solving. The CBT element of the programme also addresses cognitions and behaviours associated with anxiety, encouraging individuals to replace negative 'red' thoughts with helpful 'green' cognitions. As the programme develops individuals become familiar with the

interconnectedness of thoughts, feelings and behaviours, and develop systematic strategies to cope with and overcome anxiety-inducing situations (Barrett, 2004, 2005).

3.5.5.2 Research Support

The FRIENDS programme has been recognised by the World Health Organisation (2004) for its comprehensive validation and assessment process, including randomised control studies across numerous countries and languages. Studies have demonstrated that FRIENDS is an effective approach to significantly reducing childhood anxiety (e.g. Barrett and Turner, 2001; Lowry-Webster et al, 2001). The effectiveness of the programme has been documented in children aged 9-16 years; however, research suggests that FRIENDS for life yields the greatest reduction of anxiety symptoms in children aged 9-10 years (Barrett et al, 2005).

Stallard, et al (2007) found reductions in anxiety for children aged 9-10 years, three months after completion of the FRIENDS programme. They further reported significant reductions in anxiety for those pupils with the most elevated levels of anxiety prior to intervention. These results suggest that when used as a universal school-based programme, FRIENDS for life can address the needs of children with significant emotional difficulties. Longitudinal evaluations further suggest that changes in cognitive processing following the FRIENDS for life programme are maintained over time, and individuals may experience reductions in anxiety years after the initial intervention (Barrett, Farrell, Ollendick, and Dadds, 2006).

To date there is no research investigating the effectiveness of the FRIENDS intervention with individuals diagnosed with AS.

3.5.5.3 Implementation

In this study FRIENDS for youth was delivered to a group of four Year 8 pupils, by a Trainee Educational Psychologist (TEP). The TEP attended a two-day training session prior to administering the FRIENDS programme. The training session aimed to familiarise the TEP with the core psychological principles underpinning the FRIENDS intervention, along with a detailed plan of how the intervention should be delivered. The FRIENDS programme was delivered in accordance with the FRIENDS manual and the materials presented during the two-day training session (see appendix 1 for an overview of each session). Throughout the FRIENDS programme the TEP sought regular supervision from a qualified FRIENDS trainer.

The FRIENDS programme was used as a selective and indicated intervention for Reg; Reg's AS diagnosis placed him at greater risk than the general population of developing a mood disorder. Secondly, the challenging behaviour that was being exhibited by Reg suggested that he may have been experiencing heightened levels of anxiety.

For the three remaining pupils, FRIENDS for Youth was used as a universal/preventative intervention, and aimed to promote concepts such as self-esteem and resilience. The three pupils selected for the universal intervention were identified by the school as good role models for Reg. Delivering the FRIENDS programme in a group format is viewed as efficacious,

as it can provide individuals with positive role models and peer support systems (Barrett, 2005, 2005). Parental consent was obtained for all pupils completing the FRIENDS programme (See appendix 2 for parent information, and appendix 3 for consent letter). Pupils were also reminded that they could withdraw from the intervention at any point.

In order to ensure that the principles taught in the FRIENDS for Youth sessions were consolidated in the school environment, a teaching assistant from the school attended each session. The teaching assistant provided 20 hours of additional support for Reg each week. Her role within the sessions was to support Reg to identify problem situations that had occurred between FRIENDS sessions, and to discuss these in the group. It was hoped that by including Reg's teaching assistant in the delivery of the intervention, Reg would have adult support, and would be better able to apply the coping strategies developed during the FRIENDS programme to the wider school context.

3.6 RESULTS

3.6.1 Spence Anxiety Scale

Table 3.1 Results from the Spence Anxiety Scale – subscale classifications at pre-intervention and post-intervention points.

Sub-scale	Pre-Intervention		Post-intervention	
	Score	Banding	Score	Banding
Panic Attack and Agoraphobia	0	Normal	1	Normal
Separation Anxiety	0	Normal	0	Normal
Physical Injury	2	Normal	3	Normal
Social Phobia	3	Normal	4	Normal
Obsessive Compulsive	5	Normal	4	Normal
Generalised Anxiety	3	Normal	2	Normal
Total	13	Normal	14	Normal

According to data obtained from the Spence Anxiety Scale there was no change in anxiety symptomology following intervention; anxiety levels were within the normal range for each sub-scale, pre-intervention and post-intervention.

3.6.2 Strengths and Difficulties Questionnaire (SDQ)

Table 3.2 SDQ Parent Questionnaire – subscale scores and classifications at pre-intervention and post-intervention points.

Scale	Pre-intervention		Post-intervention		Difference
	Score	Banding	Score	Banding	
Emotional symptoms	0	Normal	0	Normal	0
Conduct problems	3	Borderline	3	Borderline	0
Hyperactivity	7	Abnormal	5	Normal	-2

Table 3.3 SDQ Pupil Questionnaire – subscale scores and classifications at pre-intervention and post-intervention points.

Scale	Pre-intervention		Post-intervention		Difference
	Score	Banding	Score	Banding	
Overall difficulties	7	Normal	15	Normal	+8
Emotional symptoms	1	Normal	1	Normal	0
Conduct problems	3	Normal	4	Borderline	+1
Hyperactivity	2	Normal	5	Normal	+3
Peer problems	1	Normal	2	Normal	+1
Prosocial behaviour	4	Abnormal	3	Abnormal	-1

Table 3.4 SDQ Staff Questionnaire – subscale scores and classifications at pre-intervention and post-intervention points

Scale	Pre-intervention		Post-intervention		Difference
	Score	Banding	Score	Banding	
Overall difficulties	24	Abnormal	18	Abnormal	-6
Emotional symptoms	2	Normal	0	Normal	-2
Conduct problems	7	Abnormal	3	Borderline	-4
Hyperactivity	9	Abnormal	6	Borderline	-3
Peer problems	6	Abnormal	4	Borderline	-2
Pro-social behaviour	0	Abnormal	5	Borderline	+5

The data obtained from the SDQ questionnaires was inconsistent across assessors.

Data obtained from the parent questionnaire (see **Table 3.2**) revealed a decrease in hyperactivity following the intervention; however, no change in emotional symptoms or conduct problems were reported. According to data obtained from the pupil's questionnaire, (presented in **Table 3.3**) behaviour relating to conduct problems, hyperactivity, and peer relationships deteriorated following the intervention. A decrease in pro-social behaviour and an increase in overall difficulties were also reported. Conversely, staff reported improved behaviour across all areas assessed by the SDQ (see **Table 3.4**), including improvements in the areas of emotional symptoms, conduction problems, hyperactivity, peer problems, and overall difficulties. An increase in pro-social behaviour was also reported.

Despite inconsistencies in the reported behaviour change, all assessors stated on the questionnaire, that behaviour was 'better' following the intervention. The pupil and the school staff also reported that the FRIENDS intervention had been extremely helpful in other ways; for example, in providing information and in making the situation more bearable.

3.6.3 Kidcope Questionnaire

Table 3.5 Results from the Kidcope Questionnaire – subscale scores at pre-intervention and post-intervention points.

	Pre-intervention			Post-intervention		
Coping strategy	Applied		Total efficacy	Applied		Total efficacy
	Yes	No		Yes	No	
Distraction	√		2		√	1
	√			√		
Social withdrawal	√		1	√		1
		√		√		
Cognitive restructuring		√	-	√		1
Self-criticism		√	-		√	-
Blaming others	√		1		√	-
Problem-solving		√	-	√		2
		√		√		
Emotional regulation	√		1		√	2
	√			√		
Wishful thinking	√		2	√		0
	√			√		
Social support	√		1	√		1
Resignation		√	-		√	-

Data obtained from the Kidcope Questionnaire (see appendix 6) suggests that following intervention there were changes in the coping strategies employed by the pupil. Reg's preferred coping strategies prior to the FRIENDS intervention consisted of:

- Trying to forget the problem.
- Engaging in an alternative activity
- Isolating self
- Blaming others
- Externalising the problem; for example shouting and getting angry
- Trying to calm myself down
- Speaking to Friends
- Wishing the problem had not happened
- Wishing things were different

Post intervention, there was an increase in the number of cognitive strategies employed; for example, trying to resolve the problem (independently or with support) or recognising positives within the situation. Data also suggests that emotional regulation was used more effectively following intervention; the pupil did not report any instance of externalising behaviour and reported that calming techniques were being used more successfully. Post intervention, coping strategies such as trying to forget the problem and blaming others were not used, and efficacy ratings for wishful thinking and distraction strategies decreased.

3.7 DISCUSSION

3.7.1 Friends for Youth: Impact on Anxiety and Challenging Behaviour

3.7.1.1 Anxiety

Anxiety is recognised as a significant and prevalent mental health problem for children and adolescents diagnosed with AS (Donoghue, Stallard and Kucia, 2011). The FRIENDS programme has been documented as an efficacious school-based intervention, that can reduce anxiety and build emotional resilience in the general school-age population (e.g. Stallard et al, 2005., Stallard et al, 2007). However, there is a paucity of research documenting its effectiveness with children and adolescents diagnosed with AS. The study aimed to develop an understanding of whether the FRIENDS for Youth Programme could effectively reduce anxiety symptomatology and/or challenging behaviour in adolescents with an AS diagnosis.

The impact of FRIENDS on anxiety was measured using the Spence Anxiety Scale. Results from the Spence Anxiety Scale suggest that prior to intervention Reg's anxiety levels were within the normal range. These results were replicated in the post-intervention measure of anxiety. Whilst these results may suggest that Reg was not experiencing anxiety at the time of intervention, they may also reflect a fundamental error in the choice of anxiety measure used in the research. The Spence Anxiety Scale is a self-report measure, and therefore required Reg to have an insight into his own emotional functioning. This may have been problematic for Reg, since emotional recognition is identified as an area of difficulty for the AS population (Anderson and Morris, 2006). The

validity of the data obtained from the Spence Anxiety Scale could have been increased by triangulating it with reports from Reg's parents or school staff.

The difficulties measuring anxiety were further compounded by the recognition that anxiety is manifested differently in individuals with an AS diagnosis (Ozsivadjian, Knott, and Magiati, 2012). Within this population, anxiety may be manifested through externalised behaviours; for example, increases in repetitive, ritualistic behaviours (Sofronoff, Attwood, and Hinton, 2005) or aggression (Kim et al, 2000). Measuring changes in challenging behaviour may provide more interesting data about the utility of FRIENDS as an intervention for individuals diagnosed with AS.

3.7.1.2 Challenging behaviour: parent and staff perceptions

Challenging behaviour was measured using the SDQ, and was completed by Reg, Reg's parents and school staff. Reg's parents submitted an incomplete SDQ; however, data relating to emotional behaviour, conduct problems, and hyperactivity was extracted. According to this data, Reg's parents did not identify a change in emotional symptoms or conduct problems following intervention. A reduction in hyperactivity was identified however, with the data suggesting that hyperactivity had moved from abnormal to within the normal range. Following intervention, improvements in Reg's behaviour across each subscale of the SDQ were identified in the data obtained from staff questionnaires.

The discrepancy between staff perceptions and parent perceptions of Reg's behaviour may be explained using systems theory. Systems theory attempts to

provide a holistic perspective of child development; i.e. rather than focussing exclusively on the individual, it recognises that developmental outcomes are a function of the individual and the reciprocal influence of the systems that they are part of (Fredrickson, 1990). Through including school staff in the FRIENDS sessions, change may have occurred at both the levels of the individual and the school-system, which may have resulted in a positive feedback loop (see **Figure 3.1**).



Figure 3.1 Using systems theory to explain the recursive causation of behaviour change.

Frazer (1992) suggests that the transference and maintenance of skills may be particularly problematic for individuals with special educational needs. Wang et al (1994) maintains, that whilst school based interventions are useful, schools must make a concerted effort to utilise the resources within the school, to promote the role of the family and improve the generalisation of skills developed

during intervention. Coie et al (1993), further states that children are exposed to risk in a range of environments, and interventions delivered in one setting may not be sufficient in providing children/youths with the skills necessary for successful adaption across a multitude of risks and environments. Middlemiss (2005) states that multi-setting resiliency-based approaches create more opportunities to develop positive environments in which children can thrive. Furthermore, applying resilience-building programmes in a range of settings enables more stakeholders to benefit from the intervention.

3.7.1.3 Challenging behaviour: pupil perceptions

According to the data obtained from the SDQ-pupil version, Reg's behaviour in each of the sub-scales deteriorated following intervention. This was particularly interesting, given that Reg had reported an overall improvement in behaviour following the FRIENDS intervention. This discrepancy could be accounted for by a change in how Reg was appraising his own behaviour following intervention; for example, the CBT element of the FRIENDS programme may have supported Reg to develop an awareness of, and make judgements about the functionality of the behaviours he exhibited in social situations.

Assessing individual cognitions is necessary for behavioural responses to be understood (O'Dougherty-Wright and Masten, 2006); the impact of the social context on the child's developmental outcomes will be mediated by how the child perceives and interprets the situation (Boyce et al, 1998). Individuals' with AS often display cognitive inflexibility, that is, a rigidity of thinking that does not alter in response to change or failure (Minshow et al, 1992). CBT enables clients to view cognitions as mental events rather than reality, and this exposes

the client to alternative viewpoints (Beck et al, 1979). Following intervention, Reg demonstrated a change in the coping strategies he employed in stress-inducing situations; for example there was a shift away from blaming others, wishful thinking and distraction, towards an emphasis on problem-solving and cognitive restructuring. This change may suggest that Reg was decentring; i.e. thinking more rationally about the problem situation, rather than responding to emotionally laden cognitions (Beck, 1979). As such, Reg was less susceptible to cognitive biases and better positioned to make accurate appraisals (Westbrook, Kennerley, and Kirk, 2007).

3.7.2 Friends for Youth: Improving Coping Skills

Previous research studies evaluating the FRIENDS intervention have generally focussed on how it impacts on anxiety symptomatology. However, given that cognitive-behaviour therapy and resilience-building are core elements of the FRIENDS for Youth programme, coping strategies were also evaluated. A central aim of CBT is for the client to develop cognitive self-regulation; i.e. to understand their mental state, and to develop tools for coping with the causes and symptoms that underpin it (Williams and Jones, 1997).

3.7.2.1 Cognitive Restructuring

Beck's (1979) cognitive model hypothesises that an individual's emotions are influenced by their perceptions of events. When an individual's perceptions are too extreme or rigid, they can become dysfunctional and this can lead to negative automatic thoughts (termed red thoughts in the FRIENDS programme). The FRIENDS programme encourages pupils to work together,

and to explicitly recognise when an automatic negative thought is occurring. Subsequent learning focuses on viewing all thoughts as hypotheses, and replacing negative thoughts with more positive beliefs (termed green thoughts in the FRIENDS programme).

When completing the post-intervention Kidcope Questionnaire, Reg identified cognitive restructuring as an applicable and effective tool for managing anxiety-evoking situations. This strategy is advocated by proponents of cognitive-behaviour therapy, who believe that behavioural self-regulation is inextricably linked to the manipulation of one's own cognitive processing (Williams and Jones, 1997). The results suggest that the FRIENDS intervention had a fundamental impact on how Reg views events, which may have further impacted on his behavioural responses to anxiety-inducing situations, and led to a reduction in challenging behaviour.

3.7.2.2 Problem-Solving

Prior to intervention Reg was not using problem-solving strategies in anxiety-evoking situations. Loumidis and Hill (1997) report that poor problem-solving skills can lead to an increased likelihood of anxiety, depression, and dysfunctional thinking. Conversely, effective problem-solving may be viewed as a resilience building asset that equips individuals to a) resolve current problem situations b) view problems differently when resolution is not possible, and c) deal with future problems more effectively (Loumidis and Hill, 1997).

During the FRIENDS programme, Reg was encouraged to complete a number of seven-stage coping plans. This process aimed to facilitate the discovery of

effective social action, by encouraging participants to break down current and future problems into small achievable goals. Post-intervention Kidcope and SDQ questionnaires revealed that, following the FRIENDS intervention Reg was applying problem-solving skills with apparent success. This new skill may be viewed as a resilience-building asset, as the link between psychological adjustment and social problem-solving has been recognised by a number of researchers (e.g. Marx, 1988; D’Zurilla, 1988).

3.7.3 Limitations and Future Research

The present study provides encouraging evidence to support the use of the FRIENDS programme as a tool for building resilience in young people diagnosed with AS. The study, however, had several limitations and results should be interpreted with caution. Firstly, the participation of only one participant diagnosed with AS precludes the findings from being generalised to other adolescents with an AS diagnosis. Secondly, the FRIENDS programme was embedded within the school system and could not be isolated, making it difficult to determine whether the improvements identified were due to the FRIENDS programme, other school-based interventions, or a change in staff-pupil interactions. Furthermore, as the intervention was delivered over a period of time, it is possible that the identified reductions in challenging behaviour, along with improved coping strategies were a result of the participant maturing and not a function of the intervention itself.

Given the methodological limitations of the study and the aforementioned threats to internal validity, findings obtained from this study should be treated as exploratory. A more rigorous design, such as a randomised control trial, would

enable inferences to be made about the relationship between the FRIENDS programme and behaviour change in pupils diagnosed with AS. The application of qualitative methods may also be useful, in enhancing our understanding about teacher and pupil perceptions of the programme; e.g. the perceived optimal context for delivering the intervention and the aspects of the intervention that are most valued. It is difficult to delineate, through pre-test/post-test procedures which aspects of the programme are efficacious, e.g. is it the CBT element of the programme or the social/group format of the programme that has the biggest impact on the individual.

3.7.4 Implications for Practice

UK legislation has reconceptualised the role universal services play in managing the psychological well-being of children and young people (DoH, 2004). As part of a tiered comprehensive CAMHS framework, school professionals are expected to have competencies, skills and knowledge of issues surrounding mental health, positioning them to contribute to the identification and prevention of mental illness (DoH, 2004). The introduction of the comprehensive CAMHS framework saw a movement away from tightly defined professional titles and roles, to an emphasis on professional flexibility and competence. This has arguably resulted in an ad hoc development of mental health provision, and significant variations in professional practice (Morris, Anderson, & Nixon, 2009).

Education is an important arena for supporting the mental health needs of children and adolescents (Weare, 2004); however, it is of paramount importance that school workforces are adequately trained and resourced to

deliver a comprehensive service. This presents many educational psychologists with a challenging and exciting context within which to work. As tier-2 professionals, educational psychologists are ideally placed to work systemically with schools, supporting the implementation of evidence-based mental health projects and programmes.

The present study provides an account of FRIENDS as a resilience-building programme for individuals diagnosed with AS. Whilst FRIENDS has a strong evidence base, the use of the programme in this context has not previously been documented. Educational psychologists (EPs) may therefore play a pivotal role in synthesising psychological theory, so that school-based interventions can be selected to meet the idiosyncratic needs of pupils. Furthermore, EPs' professional training in real world research makes them ideally positioned to support schools with project/programme evaluation; i.e. to support schools in a) identifying the outcomes of specific programmes, and b) making judgements about programme efficacy.

The four-tier CAMHS model and the emphasis on preventative mental health support, has led to difficulties in role demarcation between services (MacKay, 2007). The role for educational psychologists may include acting as a bridge between education and health professions (Farrell et al, 2006); supporting schools to identify mental health needs and implement evidence-based programmes, but also to recognise when pupils may require individual or specialist Tier-3 CAMHS support.

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3.9 APPENDICES

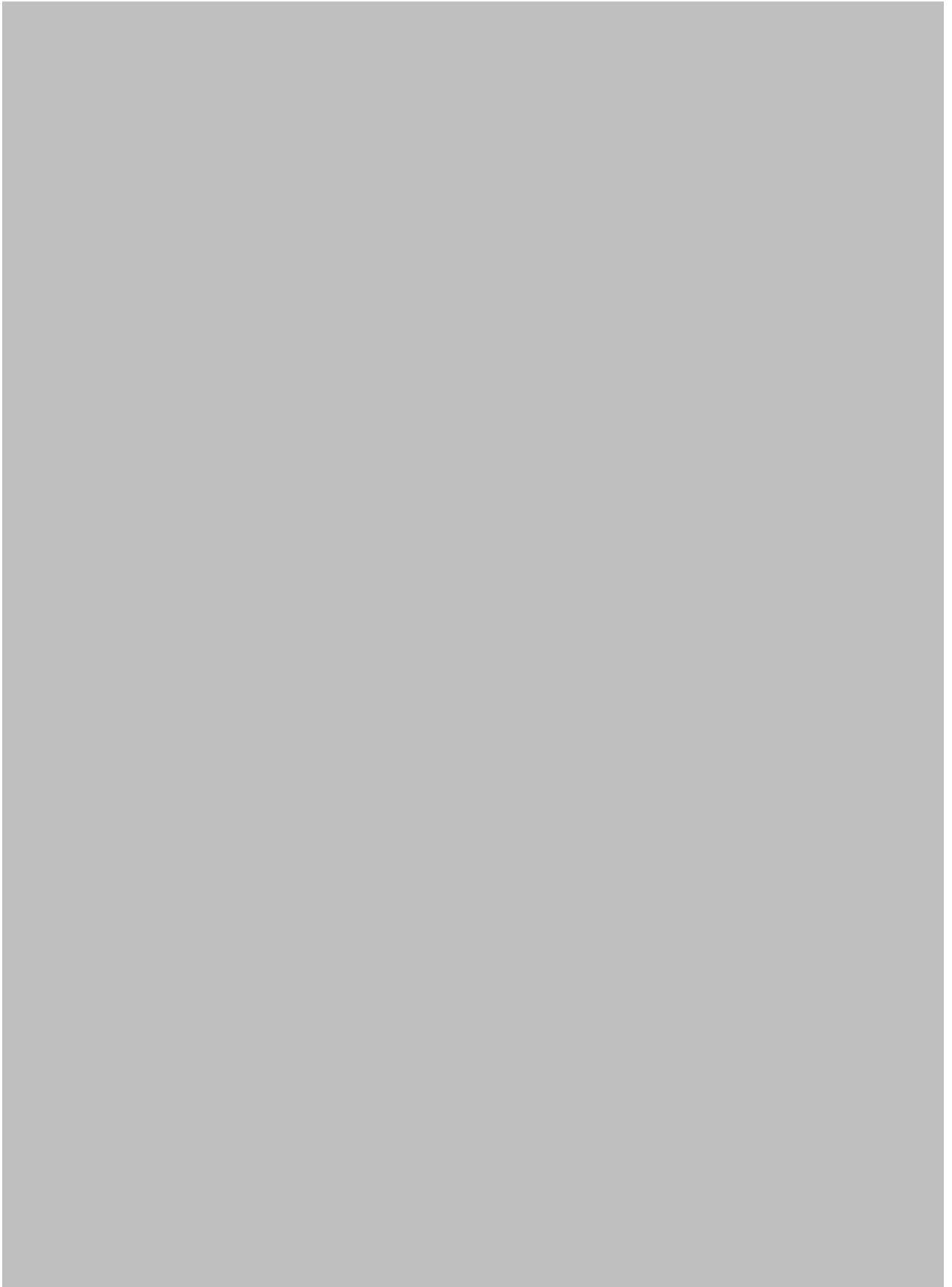
3.9.1 APPENDIX 1: Overview of concepts and skills taught in each

FRIENDS session (taken from Barrett, 2005)

Session 1	<ul style="list-style-type: none">▪ Working in groups▪ Feeling confident and brave▪ Getting to know one another and interacting▪ Understanding and accepting differences▪ Goal setting▪ Identifying happy experiences
Session 2	<ul style="list-style-type: none">▪ Self-esteem and feelings▪ Self-confidence▪ Recognising personal achievements and strengths▪ Safety cues to help us cope
Session 3	<ul style="list-style-type: none">▪ Understanding our own and other people's feelings▪ Thinking in powerful or helpful ways▪ Understanding how thoughts and feelings affect behaviour▪ Verbal and non-verbal communication▪ Learning to make good friendships
Session 4	<ul style="list-style-type: none">▪ Listening to our body's clues to understand feelings▪ Different methods of relaxation – progressive muscle relaxation, deep-breathing, using relaxation scripts, the importance of rest and quiet time.▪ Using humour to deal with different situations
Session 5	<ul style="list-style-type: none">▪ Exploring what makes us happy▪ Understanding self-talk - helpful (green) thoughts make us feel strong, brave and happy; unhelpful (red) thoughts make us feel miserable, worried or upset▪ Paying attention to positive thoughts and things▪ Challenging unhelpful thoughts▪ Changing unhelpful thoughts into helpful thoughts
Session 6	<ul style="list-style-type: none">▪ Exploring ways to cope▪ Coping step plans (breaking down difficult things into smaller steps)▪ Mindfulness and attention training▪ Looking at situations more positively, whilst focusing on other people (interpersonal), yourself (intrapersonal), and surrounding environment (environmental)

Session 7	<ul style="list-style-type: none"> ▪ The importance of role models and support teams ▪ Dealing with conflict in a CALM way ▪ Understanding conflict styles ▪ Managing bullying
Session 8	<ul style="list-style-type: none"> ▪ 6-stage problem-solving plan (identifying the problem and possible solutions, listing possible consequences, picking the best solution, putting the plan into action, evaluating the results) ▪ Reward ourselves for trying (effort is important) ▪ Thinking like a winner
Session 9	<ul style="list-style-type: none"> ▪ Practising the skills learnt in FRIENDS ▪ Planning ahead for difficult situations ▪ Staying calm ▪ Being confident and brave ▪ Positive affirmations about self
Session 10	<ul style="list-style-type: none"> ▪ Putting it all together ▪ Using the FRIENDS plan to help ourselves and others ▪ Preparing for future challenges ▪ Party to celebrate new skills learnt

3.9.2 Appendix 2: Parent information sheet (taken from Barrett, 2005)



3.9.3 Appendix 3: Consent letter: parents

Dear Parents,

On March 8th 2012 we will be starting the “FRIENDS for Youth” program.

The FRIENDS for Youth program was created to assist children to build resilience and self-esteem and to learn important skills and techniques to cope with feelings of fear, worry and depression. The symbolism drawn from the word FRIENDS is based on the following principles:

- The word FRIENDS helps children to remember each of the skills taught throughout the program (i.e. each letter stands for a new skill learned).
- Our body is our FRIEND and tells us when we are feeling worried or nervous by giving us clues.
- It is important to learn to be our own FRIEND and reward ourselves when we try hard.
- It is important to make FRIENDS, so that we can build our social support network and feel happier.
- FRIENDS can help us to cope with difficult situations more effectively.

The FRIENDS for life program will be run in the inclusion department, every Tuesday Morning, for 10 weeks.

Throughout the term you will be given some extra information regarding this program and how you can help your child and other family members to practice the strategies taught at home.

I thank you kindly for your interest and support with the FRIENDS program. I am sure it will be an extremely valuable experience for your child.

Kind Regards,

I _____, (parent) give consent for my son to participate in the FRIENDS program.

Signed _____

CHAPTER 4: POST-16 PROVISION: HOW CAN EDUCATIONAL PSYCHOLOGY CONTRIBUTE?

Abstract: The Children and Families Bill 2012-13 to 2013-14 and the Education and Skills Act 2008 represent significant national developments for the role of Educational Psychologists (EPs). Central to this legislation is an **increased** emphasis on young people's transition into adulthood, the need for continuity of service beyond school leaving age and the need to integrate policies and practices across providers. There are numerous ways in which the developments outlined in government reform will have an impact on local authorities and the delivery of educational psychology services. Among the most significant is the requirement for local authorities to "support all vulnerable people aged up to 19 (and up to the age of 25 if they have an Education Health and Care Plan) to participate in education, employment or training" (DfE, 2013a: p.49). This requirement has the potential to place EPs more centrally within post-16 settings, and provides an opportunity to extend the work that is currently taking place in schools and community organisations. This new context in which EPs will work provides the focus for this review. The overall aim was to consider the contributions that EPs can make to the post-16 sector, and the extent to which these contributions will distinguish them from other related services. It was recognised that the remit for this report was broad, thus an emphasis was placed on the support that EPs can offer to young people with additional needs.

4.1 REPORT REMIT

Birmingham Educational Psychology Service is seeking to respond to the proposed changes in government policy (DfE, 2013a; Children and Families Bill 2012-13 to 2013-14) and gaps in current service provision, by offering psychological services to the post-16 sector. In order to ensure that educational psychologists work effectively in this context, Birmingham Educational Psychology Service has established a development group focussing on needs of young people aged 16-25. As part of my role, as a Trainee Educational Psychologist working within the development group, I was commissioned to produce a public domain briefing on the role of educational psychologists working in post-16 settings. The objectives of this briefing were to consider:-

- the political and legislative context surrounding post-16 education;
- the rationale for establishing a post-16 educational psychology service;
- the contribution that EPs can make to the post-16 sector; and
- the training and development implications for EPs planning to work within the Post-16 sector.

4.2 POST-16 EDUCATION AND TRAINING: POLICY AND LEGISLATION

4.2.1 Raising Participation Age

The age until which young people are required to remain in education has been raised by the Government, and will come into effect in two phases:

- From September 2013 young people will be expected to remain in education or training until the end of the academic year in which they turn 17.
- From September 2015 young people will be expected to remain in education until their 18th birthday.

(DfE, 2013b)

These legislative changes have a significant impact on the statutory duties of local authorities. To date, local authorities in England have had statutory duties to provide targeted support to young people, in order to:

- 1) enable and assist young people aged 13-19 and those aged 20-24 with SEN to participate in education (Section 68 Education and Skills Act 2008); and
- 2) ensure that young people aged 16-19 and those aged 20-24 with SEN are provided with assistance to secure suitable educational provision (Sections 15ZA and 18A of the Education Act 1996 (as inserted by the Apprenticeships, Skills, Children and Learning Act 2009)).

The Education and Skills Act 2008 (Section 68) outlined two further local authority duties, which came into effect in June 2013. These were to identify any young person aged 16-17 years (who has not attained a level 3 qualification) who is not in education or training, and to promote effective participation in order to ensure that every young person fulfils their statutory duty to engage in post-16 education or training.

The benefits of young people remaining in education until at least the age of 18 were originally outlined by the 1997-2010 Labour Government. It was stated that 'raising the participation age' would benefit young people themselves and the UK economy as a whole: i.e. young people would be more likely to achieve the qualifications and skills needed to compete in a global economy, increasing their own employability but also the skills level of the UK workforce (DfES, 2007). Studies further indicate that increasing compulsory schooling by one year can reduce crime and anti-social behaviour (Feinstein, 2002; and Feinstein and Sabates, 2005), and improve the health and social skills of young people (Sabates and Feinstein, 2004).

Despite the apparent benefits of further education, 8.2% of young people (in England) between the ages of 16-18 are not in education, employment or training (NEET), and have become disillusioned by the education system (IoE, 2009; Arnold and Baker, 2012; DfE, 2013c). The government proposed that alternative post-16 curricula were required, in order to increase work-based learning and to re-engage those young people categorised as NEET (DCFS, 2009). They maintained that post-16 education should be made meaningful to young people; it should prepare them for adult life and provide the skills and qualifications necessary for progression into paid employment or further study (DfES, 2007; DfE, 2013b). Thus, young people are now able to choose between three options for post-16 provision:

- 1) full-time education (540hrs of directed learning per year) delivered via school, college, or home education;

- 2) an apprenticeship comprising five elements: a competencies qualification; a technical skills qualification; a module on employee rights and responsibilities; a module on personal learning and thinking skills; and a qualification in functional skills or a GCSE with enhanced content (apprenticeships, 2013); or
- 3) part-time education or training (15 hours per week, for 28 weeks, during an academic year) in addition to full-time employment, self-employment or voluntary work (full-time is defined as work which lasts for a period of 8 or more consecutive weeks, where one week consists of more than 20 hours work).

(DfE, 2013b)

Vocational and practical curricula are often viewed as a solution for disengaged young people; however, there is a paucity of evidence to suggest that such programmes actually increase the prospects of those entering the labour market (IoE, 2009). Many studies emphasise the heterogeneity of the NEET population and the disparate reasons for disengagement from education or training (DfES, 2009). It may therefore be postulated that young people from the NEET cohort require not only appropriate educational provision, but a comprehensive support system that can assess individual circumstances and needs (Ofsted, 2010). It is argued that through this support, young people would be assisted to develop the human and social capital needed for lifelong learning and productivity (IoE, 2009).

4.2.2 The Children and Families Bill 2012-13 to 2013-14: The Rights of Young People with SEN

Young people with special educational needs and disabilities (SEND) are likely to be particularly vulnerable at the point of transition from school to work, college or further training (Scottish Executive, 1999). The Children and Families Bill 2012-13 to 2013-14 has responded to this with the introduction of the Birth-to 25 Education Health Care (EHC) Plan, a mechanism that will purportedly support the achievement of positive life outcomes for young people with SEND (DfE, 2013a).

The (0-25) EHC Plan intends to extend the statutory rights and protections to young people in further education and training, and provide families with personal budgets so that they have more control in accessing the support that they need (DfE, 2013a). Written into the Indicative Code of Practice (DfE, 2013a) is a requirement for young people to be involved in planning for their future, to ensure that they can make informed choices and set goals that are relevant, realistic, and motivational. In government policy, person-centred planning (PCP) is promoted as a tool that can be used by professionals to involve young people with SEN in decision-making about post-16 provision (DfE, 2013a). This approach aligns closely with adult services, where PCP has been widely used to tailor vocational, recreational, residential and educational support to the needs and aspirations of adults with learning difficulties (Robertson et al, 2007). The Government envisages that by introducing PCP into education there will be greater continuity of support across providers, and

young people with SEND will be better supported to access appropriate educational provision and achieve independence (DfE, 2013a).

It is also strongly indicated in the indicative draft Code of Practice (DfE, 2013a) that transitions should be seen as a priority for local authorities, and that local policies should promote early planning in order for information to be shared more effectively and with greater clarity. Within the SEND pathfinder programme (DfE and DoH, 2013), preparation for adulthood is identified as a key transition point. Thus, the National Development Team for Inclusion (funded by DfE) is currently supporting pathfinders to work with mainstream colleges and independent specialist providers, to develop flexible programmes of support for young people aged 16-25. It is hoped that through this work, each pathfinder will produce a tailored programme of work that is outcome-oriented, with a focus on increasing local provision, working with families and young people, and using resources effectively. Once this work has been evaluated, approaches will be disseminated to other local authorities around the country.

The interim report detailing evaluation findings of the first 18 months of the Special Educational Needs and Disability (SEND) Pathfinder Project describes and analyses new approaches developed over the course of the programme (DfE, 2013d). This evaluation indicates that there have been significant developments with regard to the operationalization of the SEN legal framework, which is outlined within the Children and Families Bill 2012-13 to 2013-14: personal profiles have been developed to assist young people and families to express themselves; services are working together more effectively and

efficiently, utilising allocated key workers as single points of contact for families; PCP approaches have been adopted and have assisted with the development of an agreed plan with which positive outcomes can be achieved (DfE, 2013d). To date, the implementation and outcomes of the Pathfinder Project have been less promising: children and young people have had limited involvement in assessment and planning processes; there have been challenges engaging adult health professionals in the process; keyworkers have reported difficulties understanding the broad range of assessments required and how these can be joined up into an integrated assessment framework; there has been little agreement about how work will be delegated across services; there has been a limited take-up of personal budgets; and some pathfinders have been unsure of the support that they can offer to young people aged 19-25 (DfE, 2013d).

The pathfinder project has been extended to September 2014, and the impact of the approaches used by the pathfinders is not yet known. However, the interim evaluation highlights a number of challenges inherent in the Children and Families Bill 2012-13 to 2013-14; in particular, there appear to be difficulties engaging young people, stakeholders from the post-16 sector, and adult health services in the process; and in identifying an integrated approach for assessment and intervention with young people aged 19-25 (DfE, 2013d). This raises questions about the utility of the proposed SEN reforms, and the specific contribution that educational psychologists will make, who in their role as scientist-practitioners are expected to use evidence to inform practice.

Within the legislation, the specific work of educational psychologists has not been stipulated; however, there may be a key role for the profession in bridging

practice between work at an individual level with work at a systems level: i.e. rather than focussing solely on the individual, educational psychologists could assist professionals to increase their capacity to work with young people that are making transitions into adulthood, and promote learning environments in which young people can thrive. Furthermore, educational psychologists may be well placed to assist with the development of policies and protocol at a local authority level (MacKay, 2006a), using their knowledge of psychology and research to critique the political rhetoric and ensure that plans for contingent service development are grounded in evidence and worthy expectations.

The remainder of this report considers the potential contribution of educational psychologists to the post-16 sector in more detail, and the implications that this will have on practice.

4.3 RECONCEPTUALISING EDUCATIONAL PSYCHOLOGY

Over half a century ago, The Wall Report (1956) anticipated that educational psychology might extend beyond school services; it was recommended that EPs should work across a broad age-range, to include work with pre-school children, school-aged children, young people attending university, and young people making the transition from full time education to paid employment.

However, in 2007 the International School Psychology Association found that in a survey of 43 countries, Scotland was the only country to have developed a comprehensive post-school psychology service (Jimerson et al, 2007).

4.3.1 The Scottish Context

Mackay (2009; p.8) asserts that *“post-school psychology services represent a distinctive Scottish development which has no international parallel”*. It is proposed that this unique development has emerged from the distinctive context in which Scottish educational psychology services operate. In **Table 4.1**, the key features of this context are described and compared with the wider context surrounding educational psychology practice in England and Wales.

Scottish statute mandates a broad range of duties for EPs, which promotes work outside of the school context and beyond the field of education. Within the statute it is stated that EPs are required to, where appropriate, provide clinical provision for children with additional support needs, and advise local authorities in relation to the Social Work [Scotland] Act 1968 ‘or to the provisions of any other enactment’. Thus, Scottish educational psychology services have been uniquely positioned to develop a community orientation, which has considerable overlap with clinical and forensic fields of practice (Mackay, 2009). This, along with nationally endorsed performance indicators, has assisted the profession of educational psychology to develop national recognition as a service that has a broad remit (Mackay, 2009).

Table 4.1 Wider context surrounding EP practice in England, Wales and Scotland (taken from Mackay, 2009; p.13-17)

Characteristic	Context for EP practice in Scotland	Context for EP practice in England and Wales
Statutory functions	<p>Educational psychology services have a broad statutory role, which comprises four statutory duties:</p> <ol style="list-style-type: none"> 1) "The study of children with additional support needs. 2) The giving of advice to parents and teachers as to appropriate methods of education for such children. 3) In suitable cases, provision for the additional support needs of such children in clinics. 4) The giving of advice to a local authority within the meaning of the Social Work (Scotland) Act 1968 regarding the assessment of needs of any child for the purposes of any of the provisions of that or any other enactment" (Education [Scotland] Act 1980, section 4, as amended). <p>The broader child guidance functions of educational psychology services have remained statutory since they were first outlined in the Education (Scotland) Act 1946, despite being extended to incorporate newer roles and duties.</p>	<p>Educational psychologists work within the arrangements and procedures laid down by statute for assessing and meeting the special educational needs of early-years and school-aged children (Part IV of the 1996 Education Act; 2001 SEN & Disability Act.). Statutory duties include:</p> <ol style="list-style-type: none"> 1) Responding to notifications from the local health authority under Section 332 of the Education Act 1996 of pre-school children who may have special educational needs (assessment, report writing, advising on appropriate provision). 2) Providing Psychological Advice (Appendix D) as part of a statutory assessment under Section 329 of the Education Act 1996. 3) Contributing to annual reviews for children and young people with statements (LA priorities). 4) Tribunal Work (consultation, assessment, intervention contributing to LA Case Statement preparation; appearing as a tribunal witness).

Professional roles	<p>On the surface, Scottish educational psychologists appear to have similar professional roles to educational psychologists working in other parts of the UK:</p> <p>“They work at “the level of individual child or family, the level of the school or establishment and the level of the local authority. In relation to each of these levels of work they have five core functions: consultation, assessment, intervention, training and research.” (Scottish Executive, 2002; p.20)</p> <p>The distinctiveness of the Scottish profession arises because these functions and roles have been nationally endorsed. It was this endorsement, according to MacKay (2009) that led to the national decision to introduce post-school psychology services throughout Scotland.</p>	<p>The professional role of educational psychologists is concerned with promoting positive life outcomes for children and young people. In doing so, educational psychologists may work with children and young people directly, or with their parents and carers, and other adults who teach and care for them.</p> <p>Educational psychologists may also work to support organisations which make provision for children and young people (Schools, LAs, Community organisations). Educational psychologists working in this way will promote the welfare of children and young people, and will show an awareness of how factors such as race, disability, gender, nationality, socio-economic status and sexuality can affect access to education and educational experiences (DECP , 2002).</p> <p>The work of educational psychologists may include: individual assessment, consultancy, intervention, training and research (Farrell et al, 2006).</p>
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Quality assurance	<p>Educational Psychologists are required to register with the statutory regulator, the Health Professions Council. All educational psychologists should expect appropriate supervision of their work by a qualified educational psychologist.</p> <p>Since 1999, performance indicators for Scottish educational psychology services have been published nationally. In addition, HMIE inspections are undertaken to assess the education functions of psychology services.</p> <p>According to MacKay (2009), these processes have assisted Scottish educational psychologists to promote quality services and maintain professional standards.</p>	<p>Educational Psychologists are required to register with the statutory regulator, the Health Professions Council. All educational psychologists should expect appropriate supervision of their work by a qualified educational psychologist.</p>
Staffing	<p>Scottish psychology services have one of the highest staff ratios in the world. This ensures that they have the capacity to deliver statutory and non-statutory duties, and work innovatively to develop new roles and responsibilities.</p>	<p>Following their election in May 2010, the Coalition Government outlined an austerity programme which aimed to reduce the budget deficit. Three features of this programme had a significant implications for the staffing and delivery of traditional educational psychology services:</p> <ol style="list-style-type: none"> 1) <i>“The imposition of significant reductions in public spending which would lead to massive cuts to local authority funding;</i> 2) <i>Changes to the nature of the delivery of public services which would lead to fewer</i>

		<p>3) <i>staff being employed by local authorities; Changes to the nature of “state schools” so as to achieve a significant increase in the number of academies and free schools that would receive all their funding directly from the government rather than spending decisions being made within local authority structures”.</i> (AEP, 2011).</p> <p>In responding to the austerity programme, many local authorities reduced the workforce of their children’s services. Between Autumn 2010 and Autumn 2011, approximately 200 substantive educational psychology posts disappeared from local authorities (AEP, 2011). The austerity programme will remain in place until 2015-2016, with local authorities and educational psychology services continuing to make budgetary cuts.</p> <p>Many education psychology services have responded to the current political and economic climate by moving to a part-traded or fully traded model of service delivery. Other services have experienced only minor cuts and have retained a traditional local authority model of service delivery (AEP, 2011).</p>
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MacKay (2009; p.18) suggests that the “distinctive” and “historical” context of Scottish educational psychology has enabled services to respond quickly to the recommendations that were outlined in the Beattie Report (Scottish Executive, 1999): that is, for vulnerable young people to receive greater supervision during transition from school to adulthood and adult services. Furthermore, the comparatively high level of staffing in Scotland has ensured that integrated post-school psychology services have been sustained overtime, and extended to cover a broader range of duties than those outlined in the original brief (Hellier, 2009).

4.3.2 England and Wales: A School Psychology Approach

Educational psychologists working in England and Wales have very similar functions to EPs working in Scotland; however, the broader context in which they work is very different. At present, in England and Wales, the discipline of educational psychology has a strong identity within school settings, and is funded and organised to address the needs of children and adolescents (MacKay and Hellier, 2009). In order to respond to government reforms, such as the Education and Skills Act 2008 and the Children and Families Bill 2012-13 to 2013-14, educational psychology services in England and Wales may need to redefine the boundaries of their work and reconceptualise what is understood by the term ‘educational psychology’.

When considering the future direction for educational psychology, Norwich (2005) identified four discrete professional specialisms that EPs could hypothetically adopt: *school psychologist*, *educational psychologist*, *child/youth*

psychologist and clinical child psychologist. Each of these specialisms places the profession of educational psychology within different fields of practice, and influences the identity and role of the profession. MacKay and Hellier (2009) propose that Norwich's educational psychology model offers a flexible approach to service delivery and positions educational psychology services more centrally within the post-16 sector. According to this model, educational psychology would focus on development across the lifespan, and would address typical and atypical needs through the application of psychology in diverse educational institutions: e.g. pre-school settings, schools, further education institutions, vocational provisions, and universities (Norwich, 2005).

Over the past two decades the profession of educational psychology has been reviewed extensively, and consistent themes of 'reconstruction', 'reformulation' and 'refocusing' have been identified within the literature (Fallon, Woods, and Rooney, 2010). These themes have resulted in concerns about the identity of EPs (Fallon et al, 2010), and the need for the profession to evolve in response to changing, challenging and complex working contexts (Cameron, 2006).

The extension of educational psychology training from a one-year Masters to a three-year Doctorate sought to enable EPs to make a significant contribution as applied psychologists with children and young people of all ages and in a range of settings (Evans et al, 2012). Whilst the core curriculum does not differ substantially from the Masters programme, the Doctoral programme is reported to:

“allow for more realistic depth of coverage, a wider range of practical application and time for reading, reflection, observational learning and discussion which are necessary for mastery, and the integration of the diffuse component parts of the course” (Farrell, Gersch, and Morris, 1998: p. 46)

In reviewing the restructured initial professional training in educational psychology, Evans et al (2012) found EPs entering the profession to be *“confident, equipped for the job with clarity about their roles and responsibilities”*. Many newly qualified EPs referenced the idealistic nature of Doctoral training courses, and the discrepancy between training and real-world demands; however, this was argued to equip EPs with the flexibility needed to work in changing political and economic climates, whilst retaining their position as scientist-practitioners and ethically-minded professionals (Evans et al, 2012). This has recently been evidenced in changes to models of service delivery, with many educational psychology services trading EP commodities in order to generate income (AEP, 2011). As the profession of educational psychology responds to current government reforms, it is possible that the purchasing and commissioning of EP services will continue to expand. Thus, the increased profile of the post-16 sector may be an opportunity for the profession to strengthen its evidence-based approach, and to further support local communities.

4.4 CONTRIBUTING TO THE POST-16 SECTOR: LEARNING FROM SCOTTISH DEVELOPMENTS

In order to learn from existing practice, educational psychologists in England and Wales can look back to the initial recommendations and pathfinder projects used to develop Scottish 'post-school psychological services' (PSPS).

The Beattie Report (Scottish Executive, 1999) outlined recommendations for the development of a specification for psychological services designed for vulnerable young people. In responding to these recommendations 12 local authorities opted to become involved in a 2004-2006 pathfinder project, which required local authorities to deliver post-school psychological services to young people aged 16-24. In 2008, the pathfinder project was extended to include the remaining 12 Scottish local authorities (HMIE, 2011).

The overall aim of PSPSs was to improve outcomes for young people, and to contribute to the reduction of young people falling into the NEET category (MacKay, 2006a). In seeking to achieve this aim, PSPSs were encouraged to utilise the five core functions of educational psychology: *consultation, assessment, intervention, training, and research* (Boyle et al, 2003; Topping et al, 2007). These functions were incorporated into a PSPS brief comprising four key objectives:

- 'to support transition and continuity for young people;

- to complement assessment and advice to colleges, Careers Scotland (merged into Skills Development Scotland since 2008) and training providers;
- to improve understanding, skills and effectiveness of service providers through consultation, training and action research (partnership); and
- to contribute to the strategic developments locally and nationally including policy development.’ (MacKay, 2006a; p.13)

Within these objectives there was a focus on the processes and outcomes of PSPSs (Mackay, 2006a), which emphasised the need to adopt a strategic and holistic approach to work within the post-16 sector, rather than a model of service delivery that focussed primarily on individual casework (Boyle et al., 2003). This provided PSPSs with a basis for collaborative and effective multi-agency work (including social workers, clinical psychologists, local authority officers and education providers), where EPs could make a distinctive contribution based on their foundation in psychological theory and practice (Mackay, 2006a).

The remainder of Section 4.4 will give consideration to the four objectives of the PSPS brief: integrated transition planning, complementary assessment, capacity building, and strategic development. The purpose of this is to demonstrate the potential contribution of educational psychology within the post-16 field in England.

4.4.1 Integrated Transition Planning

The transition that young people make when they leave secondary schooling has been described by McGinty and Fish (1992) as:

“a phase or period of time between the teens and twenties which is broken up educationally and administratively. During the phase there are changes of responsibility from child to adult services, from school to further and higher education and from childhood dependence to adulthood responsibility....a process by which the individual grows through adolescence to adulthood and achieves the balanced state of dependence and independence which a particular community expects of its adult members.”

Some young people, such as those who experience social disadvantage or have additional support needs, are more vulnerable when making the transition from secondary school into further education, training or work (Scottish Executive, 1999; Dee, 2006). This is likely to be further compounded by systems-level barriers, including poor communication between agencies and post-school providers, and inadequate transfer of school information about additional support needs (Craig, 2009). It was these factors that led to transition becoming a central focus within the Scottish 2004-2006 PSPS pathfinder project (Mackay, 2006a).

In a national evaluation of PSPSs, Mackay (2006a) found that transition support was regarded by psychologists and key stakeholders as one of the most

valuable services provided by PSPSs. It is therefore unsurprising that all PSPSs involved in the pathfinder project, had invested considerable time and resource in improving post-school transition in their respective local authorities (MacKay, 2006a). That said, it was noted that there was sizeable variation in the transition projects undertaken (Mackay, 2006a), and the policies and protocols used within cluster local authorities (Craig, 2009). This variation presents problems for researchers seeking to exemplify good practice, and for practitioners wishing to improve on current transition processes.

4.4.1.1 What does Research Tell us about Transition and the Role of Educational Psychologists?

Current government reform in England (e.g. Children and Families Bill 2012-2013 to 2013-2014) has raised the profile of transition from secondary schooling to post-16 provision. However, this is not entirely new as previous guidance and policy provided by the Government also considered this area: the importance of addressing transition for young people with additional needs is outlined in the 2001 SEN Code of Practice (DfES, 2001), which recognises that schools have a statutory duty to support young people's transition (Education Act, 1996).

Research indicates that there has been much variation in the type and quality of transition support available to young people, which is mediated by a range of factors and reflected in the variable experiences reported by young people and their families (e.g. Dewson et al, 2004, and Ward et al, 2003). Mediating factors include:

- the needs of the young person: transition support/planning appears to be more straightforward when the young person has clearly defined needs (Grove, 2003);
- the capacity or capability of the young person to identify and communicate their future aspirations (Tyson, 2011);
- the mechanisms used to engage young people in planning for transition (Heslop et al, 2002);
- the identified stage of the SEN Code of Practice for the young person: young people without a Statement of SEN are vulnerable to receiving less support with transition than those young people with a Statement (Dewson, 2004);
- the skills base and training of professionals involved in the transition process (Dewson, 2004); and
- the secondary educational provision that the young person attends: positive aspects of transition planning for young people have been more widely described in special or residential schools (Heslop et al, 2002).

Craig (2009) proposes that a high level of adult support is therefore needed to reduce anxiety associated with the transition process and to ensure that transition is successful for young people. According to Craig (2009), this can be achieved through three key processes:

- providing each young person (with additional needs) with a key worker who knows them well. The key worker should be selected on the basis

of their relationship with the young person, and may or may not be a member of staff from the young person's school.

- providing phased transition into further education or training, to enable the young person to be familiarised with the new setting and staff before they are expected to attend full time.
- effective multi-agency working, which is associated with clear and standardised protocols for collecting and sharing information, and beginning transition planning early on in order to utilise resources and engage relevant agencies.

Craig's (2009) recommendations were based on a small-scale, exploratory research project, which had inherent limitations: not all individuals in the transition process were asked to participate in the study (e.g. parents, educational psychologists, and education management, young people who have moved into employment or training); the results described transition processes that were undertaken in a Scottish context and findings may not reflect processes undertaken in England and Wales. Furthermore, Craig (2009) has identified a number of factors that mediate successful transition; however these have not been situated within a wider conceptual framework.

Research literature refers to the complex nature of transition support for young people leaving secondary education and moving into the post-16 field, and to the range of interacting organisations and systems that can mediate experiences of transition support for young people. Bronfenbrenner's original ecological systems theory (Bronfenbrenner, 1979) and its further development

within his bioecological theory of human development (Bronfenbrenner, 2001) may therefore provide a useful conceptual framework for understanding transition processes (see **Figure 4.1**).

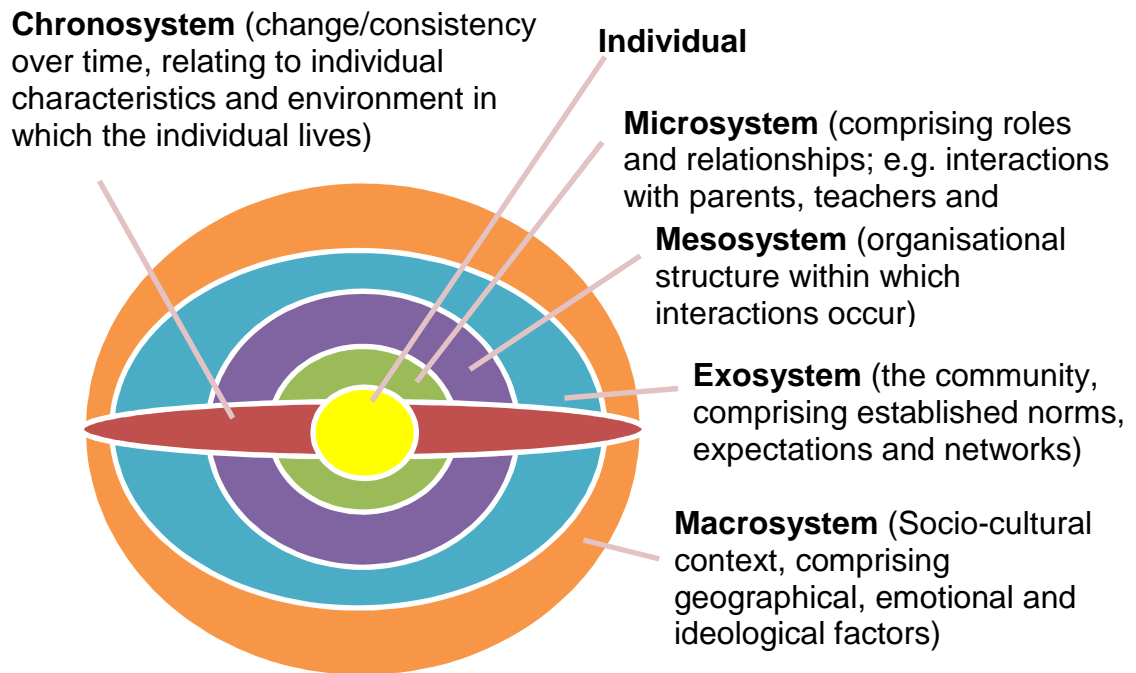


Figure 4.1 Nested ecological levels of analysis (Bronfenbrenner, 2001).

Bronfenbrenner's (2001) bioecological theory of human development draws attention to five interdependent levels of analysis: the individual, microsystem, mesosystem, exosystem and macrosystem. It is within the microsystem, or more proximal components of the overall system, that the most direct interactions with social agents take place; however, these interactions are dependent on the environmental structures that occur at the same and higher levels. According to Bronfenbrenner (2001) it is the cultural and political expectations defined in the macrosystem that have an overarching influence over the subordinate levels of the ecosystem. Bronfenbrenner (2001) also emphasises that synergistic interactions must occur on a regular basis and over

an extended period of time to be effective. This notion was reflected in the addition of the chronosystem to his original ecological systems model.

The bioecological model suggests that effective transition planning will be influenced by the personal characteristics of the young person (e.g. educational needs) and their interaction with the features of the environment (proximal and distal). Fox (2009) suggests that educational psychologists can be viewed as external agents that provide input to influence social systems (e.g. schools), and are therefore positioned to offer support and expert advice that is underpinned by a bioecological framework. In practice this could involve:

- assisting schools to identify a young person's needs, and ensuring that mechanisms are used to effectively engage the young person in the transition process;
- encouraging schools to develop comprehensive and coherent procedures, policies and practices to address the process of transition, and to engage effectively external agencies and family members;
- working with the local authority to develop wider policies, protocols and guidelines for post-16 transition.
- challenging government ideology and discourse in order to ensure that government legislation is useful for those that it intends to support: i.e. transition processes have an evidence-base rather than promoting a political agenda.

4.4.2 Complementary Assessment

Assessment and intervention are inextricably linked, where the purpose of assessment is to inform intervention and effect change (ASPEP, 2005). Thus, high quality assessments are essential for PSPSs seeking to improve life outcomes for young people aged 16-25 (Hellier, 2006b), as is the case with children and older adults.

It is widely recognised that young people over the age of 16 have specific needs which distinguish them from younger clients; for example, developing intimate relationships (Erickson, 1950), new social roles and responsibilities (Masten et al, 2004), and transition into further education and employment (Cohen et al, 2003). In order fully to understand the particular need of young adults, an ecological systems approach to assessment has been advocated (Hellier, 2006b), because it draws attention to the interdependence of multiple analysis (Bronfenbrenner, 1979). Hellier (2009) maintains that an ecological systems approach enables complex information to be integrated, and takes account of individual experiences in addition to wider contextual factors. Furthermore, when an ecological systems approach is used alongside an “*holistic view of individual development*”, psychologists are able to develop an understanding of a young person based on their individual needs, potential risks, ideal outcomes and thresholds for intervention (Hellier, 2009: p.26).

Understanding complex ecological contexts requires psychologists working within PSPSs to adopt a scientist-practitioner role that is underpinned by a range of theoretical frameworks (Hellier, 2009). To support this role, Topping et

al (2007) recommend the utilisation of sophisticated problem-solving models that explicate the knowledge and tools necessary for case formulation. For example:

- **Fredrickson and Cline's (2002) Interactive Factors Framework:** encourages psychologists to draw on biological, cognitive, behavioural and environmental factors when conceptualising need and proposing intervention.
- **Wolfson et al's (2003) Integrated Framework:** provides a coherent way for psychologists to structure, organise, analyse and communicate complex information when working with a range of stakeholders.
- **Gameson et al's (2005) COMOIRA Model:** adopts a social constructionist approach that seeks to empower service users to understand and manage problems, so that they become less dependent on professional experts. This is achieved through identifying individual constructions and explicating the processes of change that may occur throughout intervention.

Hellier (2009; p.26) recognises the utility of each of these problem-solving frameworks. He asserts that PSPSs undertaking assessment require *“the facility to objectify, to engage complex environments and issues, to reframe and to persist in seeking solutions to complex phenomena”*. A problem-solving framework that incorporates all of these facilities is therefore proposed as an ideal basis for assessment within the post-16 sector.

4.4.2.1 A Needs Led Contextual Model of Assessment

The Scottish PSPS strategic officers (Hellier and Crichton, 2005) sought to develop a model of assessment that was needs-led and contextually-based. The model was intended to assist collaborative working within a multi-agency context, as it was widely accepted that effective assessment requires (a) the appraisal and synthesis of information from a variety of sources; (b) information to be regularly updated so that it is relevant to the young person's current context; and (c) information to be used to support the development of an intervention plan that is both appropriate and sustainable (Hellier, 2006b). Furthermore, it was hoped that the model would be client-centric, focussing on the conceptualisation of need, minimal but effective intervention, and the removal of duplication from different services. The application of such a model presupposes that different agencies will negotiate their distinctive contribution and that one agency will take the lead as the co-ordinator for the assessment.

Figure 4.2 depicts Hellier's (2006a) Needs-Led Contextual Model of Assessment that was designed for use within the post-16 sector. Outlined in the model is a need for existing information to be considered alongside additional assessment measures. The relative importance of different assessment measures is reflected in the top-down triangle design, where the most fundamental assessments are positioned at the top of the triangle. Hellier (2006b) asserts that progressing to the bottom of the triangle should only occur when assessments are unclear. Using the model in this way is argued to enable practitioners to assess the functional skills of the client and to develop

an ecological perspective on need. Hellier (2006b) suggests that this ensures that interventions directly address the purposes of the assessment, and can be tailored to the specific needs of the client.

Hellier's (2006a) Needs-Led Contextual Model provides one example of how conceptual models can be used to address the needs of young people.

Regardless of the specific model used, Booker (2005) emphasises that EPs working in integrated services must use their knowledge of problem-solving processes to promote effective, staged procedures of information gathering and sharing, in order to ensure that interventions are appropriately informed, monitored and reviewed. This role emphasises EPs' scientific underpinnings and their strategic function as agents of change. Hellier (2006b; p.71) concludes that failure to adopt this role *"represents a missed opportunity if not a derogation of professional duty"*.

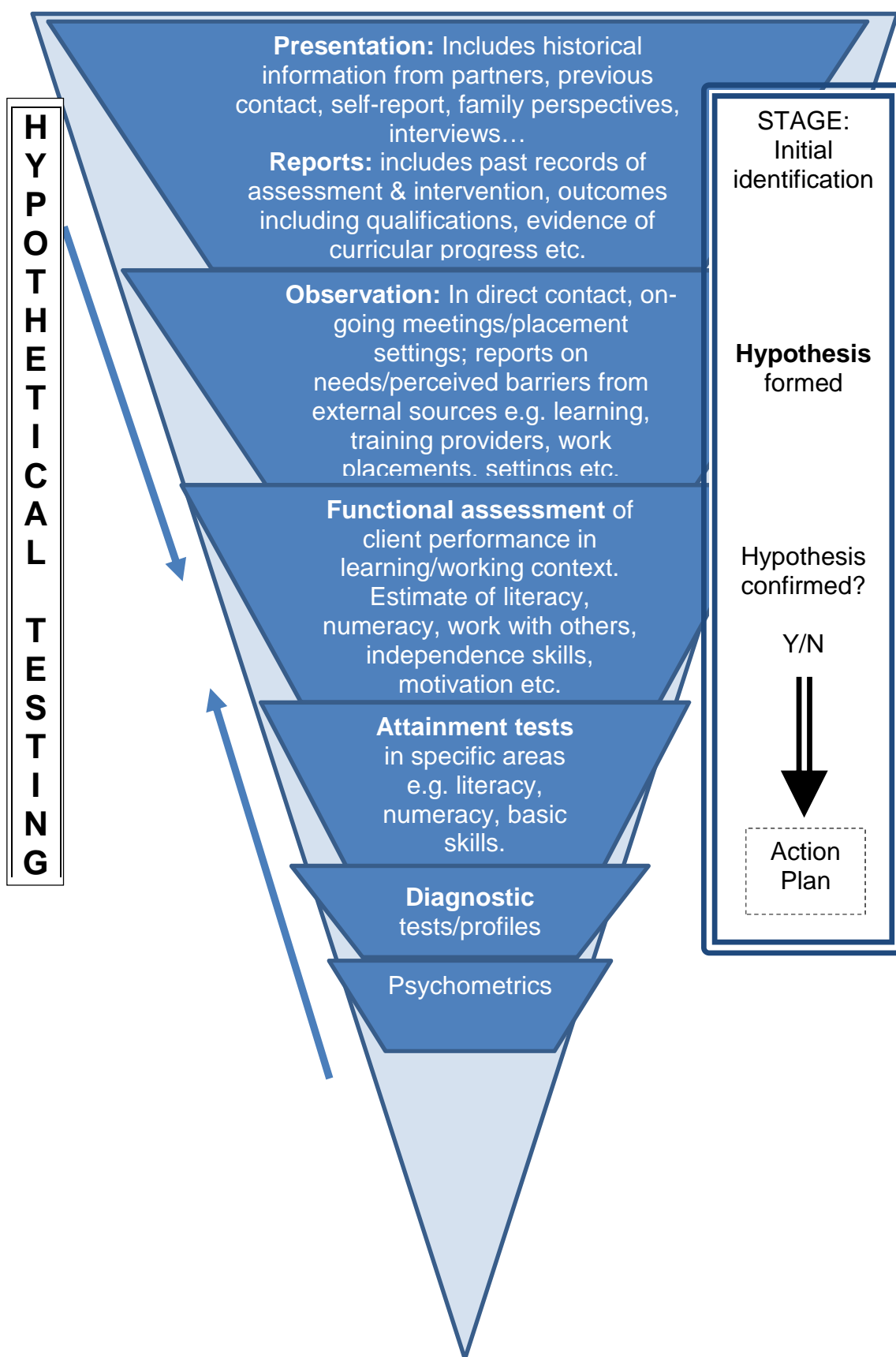


Figure 4.2 Needs Led Contextual Model (Hellier, 2006)

4.4.3 Capacity Building within Post-School Settings

Educational psychologists have a wealth of knowledge in the areas of learning, well-being and developmental psychology (MacKay, 2006b). Thus, PSPSs have the potential to develop a wide portfolio of in-service training, and may support settings to build capacity by offering support packages that promote effective systems and the use of evidence-based interventions (Boyle et al, 2003).

Prior to developing a specification for PSPSs, Boyle et al (2003) surveyed key stakeholders from three sectors: further education colleges, training providers and Careers Scotland. This research enabled Boyle et al (2003; p.31) to develop an 'illustrative training directory' based on needs identified by key stakeholders. Identified needs fell into four broad categories, which are shown in **Figure 4.3**. These needs appear to be largely consistent with the training packages that are currently promoted in PSPS brochures.

The stakeholder needs identified by Boyle et al (2003) focus predominately on special educational needs and disability. However, there is scope for PSPSs to offer a much broader contribution (Hellier, 2009); for example, training in preventative interventions that are aimed at both universal and targeted levels (e.g. FRIENDS for Youth, Barrett, 2005; Restorative Practice, Strang and Braithwaite, 2001). Moreover, there may be a requirement for PSPSs to develop a bigger role in helping clients (e.g. young people and post-16 educational providers) respond to changing educational contexts, e.g. by raising

awareness of new legislation, and supporting organisations to develop new roles that address the needs of a changing client base (MacKay, 2006a).

Developmental Disorders	Additional Support Needs	Challenging Behaviour	Effective Interventions
<ul style="list-style-type: none"> •Dyslexia •Dyspraxia •Autism •Asperger's Syndrome •Language and Communication Difficulties 	<ul style="list-style-type: none"> •Moderate Learning Difficulties •Severe and Complex Learning Difficulties •Sensory Impairment •Physical Impairment 	<ul style="list-style-type: none"> •Social Emotional and Behavioural Difficulties. •Attention Deficit Disorder •Attachment Needs 	<ul style="list-style-type: none"> •Solution Focussed Brief Therapy. •Motivational Interviewing •Social Skills Groups •Anger Management •Emotional Literacy Projects •Behaviour Modification

Figure 4.3 Identified needs of key stakeholders (Taken from Boyle et al, 2003; p.20)

Literature indicates that training packages may be delivered in collaboration with other service providers, e.g. the voluntary sector, career services, social workers and specialist teachers (e.g. Boyle et al, 2003; Mackay, 2006a).

Therefore, it is important that educational psychologists offer contributions that 'add to' rather than duplicate the work of other agencies. Boyle et al (2003) maintain that when providing training packages, psychologists must draw on their skills and knowledge, in order to provide a psychological perspective. This ensures that the distinctive contribution of PSPSs is recognised and valued within post-school settings.

4.4.4 Contributing to Policy and Strategic Developments

Doctoral training in educational psychology has been reported to improve practitioner research skills, critical thinking and understanding of wider social and political issues (Evans et al, 2012). These skills (amongst others developed during doctoral training) have assisted EPs to challenge entrenched ways of working, promote evidenced-based practice and raise the profile of educational psychology services at a local authority level (Evans et al, 2012). In England the current government is committed to supporting the development of highly skilled EPs (DfE, 2011), maintaining that the profession has a pivotal role in contributing to work at a strategic level, carrying out research and advising on educational policy development (DfE, 2013e).

Boyle et al (2003) suggested that PSPSs in Scotland should adopt a strategic role within settings and local authorities; i.e. working with a range of stakeholders to develop regional and national policies. He further asserted that PSPSs commissioned to undertake strategic work, should adopt a collaborative approach and use psychological processes to promote negotiation and shared understanding. These recommendations have parallels with social constructionism, a research philosophy that is widely espoused within the PSPS literature (e.g. Hellier, 2009).

Within Scottish literature, it is suggested that regardless of the specific policy under development, PSPSs can draw on their knowledge of social constructionism and psychological skills & expertise to inform several key areas:

- changing the dominant discourse in order to promote anti-oppressive practice;
- streamlining policies by identifying and removing areas of duplication;
- using knowledge of psychological theory and research to inform policy, contributing to areas such as additional support needs and behavioural difficulties; and
- applying knowledge of problem-solving frameworks to develop coherent approaches to assessment and intervention (Mackay,2006a).

The suggested recommendations from Scotland may not be congruent with the political and professional landscape of English local authorities/educational psychology service providers. Over recent years local authorities have received significant budgetary cuts, and have been subject to a reduced role in educational spending: more money has been directly allocated to educational provisions, who have more autonomy in selecting the school improvement services that they require (DFE 2010). Consequently local authorities have less money to spend on strategic developments and the expansion of existing provision. In contrast to this, Scottish local authorities expanded their educational psychology support by introducing a specialist PSPS. It is unlikely that the current English context (of reduced local government spending) would allow for the creation of additional EP teams.

In response to the current political and economic climate many educational psychology services have moved to a part-traded model of service delivery: local authorities are only responsible for commissioning statutory functions of

educational psychology work, and non-statutory functions are provided as traded services to education providers (AEP, 2011). It may be inferred that post-16 provisions are less likely to commission educational psychology services because they have been removed from local authority governance for the past 20 years. Thus, educational psychologists are required to develop new working relationships with these provisions in order to market the services they provide and contribute at a strategic level.

4.4.5 Impact of Post-School Psychological Services

At present, educational psychology services in England and Wales make a limited contribution to the post-16 sector, and Scotland is the only country currently operating a post-school psychology service. Evidence relating to the impact of PSPSs is therefore limited to Scottish research, where MacKay (2006a) is the only researcher to have conducted a comprehensive evaluation of such services.

It is increasingly recognised that educational psychology services should seek feedback from service users, in order to evaluate the impact of their work (MacKay, 1999). MacKay's (2006a) evaluation of PSPSs therefore sought to gather the views of young people making/following the transition from school into adult life. However, the strategic role adopted by PSPSs meant that young people often had very little direct contact with educational psychologists, and there was a need to triangulate their views with the views of other key stakeholders; i.e. parents and carers, staff from post-16 settings, and other professional agencies.

The overall conclusion of MacKay's (2006a; p.74) evaluation was that the implementation of PSPSs had been highly successful, and had contributed to the "*quality of life of young people and their families*". Outcomes resulting from PSPSs were evidenced at three different levels: the young person, the organisation and the local authority. **Table 4.2** presents a summary of these outcomes.

It appears that the strategic role adopted by PSPSs created opportunities for psychological principles to be promoted in a variety of different settings. This approach is strongly rooted in Bronfenbrenner's (1979) ecological systems model, and recognises that developmental outcomes are a function of the interactions between the young person and the reciprocal influences of multiple ecological systems.

**Table 4.2 Outcomes of Scottish Post-School Psychology Services
(Adapted from MacKay, 2006a)**

Level	Outcomes
Young Person	<ul style="list-style-type: none"> • Increased engagement from young people and their families. • Improved goal setting; i.e. the identification of realistic and motivating targets. • More direct involvement in assessment and intervention processes.
Organisation	<ul style="list-style-type: none"> • Improved understanding of additional needs. • Improved provision planning for young people. • Improved understanding of effective learning environments. • Increased capacity to deliver evidence-based interventions to retain and support young people; e.g. solution focussed approaches.
Local Authority	<ul style="list-style-type: none"> • More extensive and structured support from service providers. • Improved tracking and data gathering for those young people at risk of becoming NEET. • More effective assessment processes; e.g. increased quality and quantity of information gathered during initial interview; asset-focussed approaches to intervention. • Improved sharing of information and multi-agency working. • Streamlined processes to support continuity and consistency across service providers. • Improved signposting to relevant services.

4.5 IMPLICATIONS FOR EP PRACTICE: TRAINING AND DEVELOPMENT REQUIREMENTS

In the past twenty years there has been a decline in the contribution that Local Authority EPs make to the post-16 sector. Despite there never being an official upper age limit for those supported by EPs, the shift of Further Education from local authority governance and funding in England naturally resulted in

educational psychology services focussing on the support of pre-school and school-aged children/young people. Current government reform, with its emphasis on young people aged 0- 25, therefore has implications for the working context and practice of educational psychologists. There is not scope within this report to explore these implications in depth; however, thought will be given to key areas requiring consideration: practice in the adult range, service context, and training needs (MacKay, 2006a).

Practice in the post-16 field requires educational psychologists to make the transition from working with children and adolescents to supporting young adults. This will require educational psychologists to draw on their knowledge of development across the lifespan in order to understand the stages of adult development (e.g. Erickson, 1950; Kohlberg, 1981; Schaie, 1994), and the mediating influences of wider contextual factors; for example, the local community, peer relationships, and family circumstances. Research indicates that during the transition from childhood and adolescence to adulthood, young people will acquire new roles and responsibilities; e.g. becoming increasingly independent (Moore, 1987), developing intimate interpersonal relationships (Masten et al, 2004), entering employment (Settersten, 2007) and becoming a parent (Maggs et al, 2012). Educational psychologists will need to have a sound understanding of the implications of these new roles, if they are to work effectively in the post-16 field.

According to MacKay (2006a) moving into the realm of adult work is a logical next step for educational psychologists. He states that whilst the needs of

young adults may be different from younger clients, the processes used to conceptualise need are fundamentally the same. Indeed, Section 4.4 highlighted the utility of adopting an ecological systems approach to assessment, and using problem-solving frameworks to gather and appraise information from a variety of sources (Hellier, 2006). Although the psychology underpinning practice in the post-16 field is essentially the same as in other areas of educational psychology practice, the political context and social and academic environments are considerably different (MacKay, 2006a): for example, educational psychologists will be required to make connections with new service providers, and understand legislation relating to the adult field (e.g. The Mental Capacity Act 2005). Consequently, practical experience of post-school settings, networks and organisational structures may be a pre-requisite for educational psychology services wishing to branch out into the adult field (Mackay, 2006a).

A second implication for post-school work relates to the provenance of educational psychology as a profession that is generally based within local authorities, under the directorate of children's services and within departments of education. Evidence from Scotland suggests that post-school psychology practice offers opportunities to deliver services beyond education (work in youth offending teams and adult social care), and to organisations located outside of local authority structures (e.g. third sector organisations, independent companies, universities). Whilst practices in similar establishments have been documented in England and Wales (e.g. Ryrie, 2006; Wood, 2006), it is likely that cuts to public spending will present challenges relating to staffing: the

historic focus on the 0-19 age range suggests that more psychologists may be needed to meet the demands of the post-school sector; however, in local authorities that have issued recruitment freezes (due to public spending cuts) this may not be possible. The need for increased staffing has implications not only for educational psychology services, but also universities delivering initial training in educational psychology (MacKay, 2006a).

PSPSs in Scotland were delivered as standalone services working in partnership with educational psychology services (MacKay, 2006a). This raises questions about whether post-16 work should be developed as a specialist post, or a generic role available to all practising educational psychologists. Moreover, there is scope for wide and variable practice within the post-16 field, and decisions will need to be made about the areas of particular focus; i.e. What will be delivered? Who will it be delivered to? And how will outcomes be evidenced? Whatever decisions are made, post-school work requires psychologists to always consider whether they “are capable of working lawfully, safely and effectively” (HCPC, 2012).

4.6 CONCLUSION

Doctoral training programmes in educational psychology equip those entering the profession with a range of skills, including consultation, approaches for assessing children and young people, and research and development skills (Topping et al, 2007). This expertise, along with a broad knowledge base, provides the foundation for educational psychology practice both inside and outside of school settings and beyond educational functions (MacKay, 2006b).

It is therefore imperative that educational psychologists embrace the proposed changes to government legislation (e.g. Education and Skills Act 2008; DfE, 2013a) by extending their services to include work within the post-16 sector. This will support services to retain a strong trading base and illustrate their relevance as a public commodity.

There is considerable scope for educational psychologists to offer a unique contribution to the post-16 sector, which has already been evidenced in Scotland, where post-school psychology services have been widely embedded and embraced (e.g. MacKay 2006a; Hellier, 2009). Educational psychologists can therefore look to the examples set by Scotland in order to develop post-school service plans that have clear rationale and aims.

There is still a long way to go before educational psychology is universally offered to the post-16 client group; however, carefully planning in the early stages will ensure that services are prepared and trained to respond to these new and exciting ways of working. In doing so, educational psychology services will position themselves as agents of social change, influencing policy and supporting the most vulnerable groups within society.

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**CHAPTER 5: EXPLORING THE USE OF TARGETTED RESIDENTIAL
SUPPORT AS AN APPROCH FOR DEVELOPING FUNCTIONAL SKILLS IN
CHILDREN WITH SEVERE LEARNING DIFFICULTIES: A CASE STUDY
EXAMPLE**

Abstract: This paper presents an exploratory case study of a six-week targeted intervention, delivered by a school-based residential unit that caters for pupils with severe learning difficulties. The overall aim of this exploratory case study was to explore the efficacy of the provision from the perspectives of three stakeholder groups: residential staff, school staff, and parents of children attending the provision. Due to the severe learning needs of children attending the residential provision, pupil views were not obtained. A multi-method approach was used to gather data, which comprised focus groups, a semi-structured interview, and Target Monitoring and Evaluation (TME). All stakeholders presented a very positive view of the residential unit and the targeted intervention programmes that were being delivered by residential staff. It appeared that the residential unit was offering programmes that assisted pupils to achieve a good quality of life: assisting the development of interpersonal skills, independent living skills and physical well-being, and complemented the learning objectives that were delivered through the school curriculum. A high staff: pupil ratio, multi-agency working, and outreach support were viewed as particular strengths of the residential programme. These aspects, along with intensive and focused support assisted pupils to achieve positive outcomes, and support school staff and parents to continue implementing agreed strategies. This study, whilst only exploratory, may

provide supporting evidence for community-based interventions that focus on developing functional and life skills for children and young people with severe learning difficulties.

5.1 Background

Sunnyside School (pseudonym) is a special school that caters for pupils with severe learning difficulties. Located on the site of Sunnyside School is a residential unit, which offers a 'targeted intervention programme' for pupils attending the school. The 'targeted intervention programme' typically lasts for 12 weeks, and aims to assist with the development of functional and life skills in five key domains: self-help, mobility, social/communication, recreation, and community living. Pupils are referred for targeted residential support by school staff, parents or the school nurse; however, the final decision to admit pupils is decided by a panel of residential staff, following baseline observations and discussions with key stakeholders. Prior to pupils beginning the residential placement, pupils' parents are consulted and are asked to provide information about child/family needs. Parents are also provided with outreach support for the duration of the residential placement and for one year following residential placement.

Elizabeth and Imogen (pseudonyms) are monozygotic twins who have a diagnosis of Angelman syndrome. They are 10 years of age and attend Sunnyside School. Elizabeth and Imogen have accessed Sunnyside School's residential unit intermittently for the past two years, and have just reached the end of a six week intervention programme. This exploratory research study

follows the cases of Elizabeth and Imogen, and seeks to develop understanding about the residential unit's 'targeted intervention programme', by gathering the views of multiple stakeholders: parents, residential staff, and school staff.

The purpose of this research study was to provide preliminary information to the school about the utility of the community-based residential provision, prior to a more comprehensive evaluation that is due to be conducted by the Local Authority later in the year. The research questions that were used to answer this broad research aim were:

- How do the targeted intervention programme and residential unit operate?
- What were the outcomes of the targeted intervention programme for Elizabeth and Imogen?

5.2 INTRODUCTION

A systematic search strategy was used to identify relevant research literature relating to residential provision and children identified as having severe learning difficulties. Three databases were used: the British Education Index (BMI), Australian Education Index, and Information Center (ERIC). In addition, the FindIT@Bham service, a search engine that examines the full range of interfaces available to the University of Birmingham, was used to search for books and other publications relevant to the appraisal. The search terms used to identify research literature were: residential settings/provision, respite care,

Angelman syndrome, severe learning difficulties and education/curriculum. A range of research papers was identified; however, there was a paucity of contemporary literature pertaining to the education of children with severe learning difficulties; with most literature in this field dating from the 1960s-1990s. Section 5.2 will examine this literature in more detail by:

- (a) outlining the needs of pupils with Angelman syndrome and severe learning difficulties; and
- (b) considering the utility of specialist pedagogies for pupils identified as having specific learning needs.

5.2.1 Angelman Syndrome

Angelman syndrome is a rare genetic condition that affects between 1 in 10,000 and 1 in 40,000 people (Clayton-Smith, 2001). It results from lack of functioning in the maternally inherited chromosome 15. Four different genetic causes of the condition have been identified: deletion of chromosome 15 (accounting for approximately 70% of cases), mutation of the chromosomal region UBE3A (15% of cases), paternal uniparental disomy 15 (3-5%) and chromosome 15 imprinting defect (2-5%) (Cassidy et al, 2000).

Individuals affected by Angelman syndrome are more likely to have certain physical features and often display specific behaviours, thus a phenotype-genotype correlation in Angelman syndrome is observed (Brun Gasca et al, 2010). The behavioural phenotype of Angelman syndrome was pioneered by Harry Angelman (1965), who described 'puppet-like' behaviour as a

distinguishing feature of the condition. More recently, the behavioural phenotype has been reported to include a happy demeanour, excessive laughter and smiling, hyperactivity and a fascination with water (Zori et al, 1992; Williams et al, 1995; Horsler & Oliver 2006; Oliver et al., 2011). Angelman syndrome is also associated with diminished or absent speech, sleep disturbance, EEG abnormalities and seizures, and movement and balance disorders (Didden et al, 2008).

Clinical studies have reported that individuals with Angelman syndrome will be affected by developmental delay and impaired cognitive functioning, and these difficulties will be further compounded by the physical and behavioural phenotypes of the condition (Dan, 2009). Many pupils with a diagnosis of Angelman syndrome will be educated in special educational settings (Leyser & Kirk, 2011), and pedagogic approaches that address the distinctive needs of children and young people with the condition have been advocated (Summers & Szatmari, 2009):

- The use of augmentative communication systems to support communication and language development.
- Physical aids and support from occupational therapy to develop and assist with fine motor and gross motor movements.
- Specialised instructional approaches, such as applied behaviour analysis and discrete trial instruction, to assist with the acquisition of new skills.

Due to the relatively new and rare diagnosis of Angelman syndrome, there is a paucity of research investigating the utility of these pedagogic approaches.

Further research is required to fully understand the specific learning needs of individuals diagnosed with Angelman syndrome, and the pedagogic approaches that can aid learning.

As previously noted, many pupils with a diagnosis of Angelman syndrome will be educated in special schools, with parents perceiving that such institutions offer greater support, resources and more specialised teaching approaches (Leyser & Kirk, 2011). The next section will examine the legitimacy and utility of pedagogy that is designed for pupils with particular learning needs; in this case, pupils with severe learning difficulties; since many pupils diagnosed with Angelman syndrome will fall into this 'umbrella' category of special educational needs.

5.2.2 Severe Learning Difficulties

5.2.2.1 Defining Severe Learning Difficulties

The term 'severe learning difficulties' (SLD) has been subject to definitional diversity, where different countries use disparate assessment measures and criteria to identify SLD pupils. In much of Europe, classifying a person as having SLD is likely to be based on aetiology or severity of need, as determined by formal cognitive assessments (Hodapp & Dykens, 1994). Conversely, in the United Kingdom (UK), definitions have been indicative of provision and refer to those individuals requiring a developmentally based curriculum, which places an increased emphasis on the acquisition of self-help skills, independence, and social skills (DfE, 2011). This definition has parallels with those used in the United States (US), which refer to the teaching of functional and life skills to

pupils with severe learning needs (Browder and Spooner, 2006). The level of academic functioning is also referred to in both US and UK literature. In the US, pupils with SLD are not expected to progress to a level of functioning beyond that of a typical 7 to 8 year old (Yesseldyke, 1987); and in the UK, pupils with SLD are recognised as functioning in the upper P-Scales for most of their formal education (DfE, 2011).

Definitions of SLD are imprecise and classifying pupils as having SLD often relies on the subjective judgements of educational professionals (Porter, 2005). Furthermore, the definitional diversity that exists across different countries has led to problems comparing UK literature in the field of SLD with literature produced in other parts of the world.

5.2.2.2 Conceptualising Need for Pupils with Severe Learning Difficulties

Research evidence suggests that pupils with SLD have particular needs which influence how they learn (Porter, 2005). Psychologists who have investigated the learning and development processes of atypical populations have proposed two broad theories of learning difficulty: the defect theory (e.g. Ellis, 1969; Ellis & Cavalier, 1982) and the developmental position (Zigler, 1969, 1982).

5.2.2.2.1 Defect Theory

The defect theory proposes that pupils with learning difficulties have different learning processes to the general population: i.e. cognitive deficits impact on pupil performance in particular learning tasks (Ellis, 1969; Ellis & Cavalier, 1982). Deficits amongst pupils with learning difficulties have been identified in

the areas of attention and discrimination (Zeamon and House, 1979), memory (Ellis and Woodridge, 1985; Marcell and Weeks, 1988) and generalisation (Zeamon and House, 1984). According to defect theory, teachers should account for difficulties in these areas when working with pupils who have severe learning needs. For example, literature in the field of memory consistently documents that pupils with SLD are more efficient at processing visual information, compared to auditory and verbal material (Porter, 2005). These results may indicate that pupils are able to keep 'information alive' in their working memory better, when prompted with visual cues. However, when considering the implications of research in this area, one must take account of the definitional diversity described in Section 5.2.2.1, and interrelatedness of different cognitive functions (Fredrickson & Cline, 2002); for example, poor language development may also impact on the processing and retrieval of auditory information.

The defect theory conceptualises learning difficulties according to within child deficits, and advocates interventions that focus on utilising professionals to encourage the expansion of pupil functionality (Barnes and Mercer, 2010). Viewing 'disability' in this way can be oppressive, as it fails to recognise how barriers existing within society may impact on the individual's ability to function (Thomas, 2008). For example, whilst memory deficits amongst pupils with SLD have been widely identified in laboratory studies, naturalistic studies suggest that the environment and context can influence a pupil's ability to retrieve information (Porter, 2005).

5.2.2.2 The Developmental Position

A contrasting theory of learning difficulties, the developmental position, emerged following research that utilised an experimental design and matched pupils according to their mental age. Such studies revealed that pupils with SLD performed equally well to matched-peers on a number of developmental tasks (e.g. Zigler, 1969, 1982). The developmental position therefore proposes that individuals with learning difficulties progress through the same developmental stages as the general population, but at a slower rate and with a lower ceiling (Zigler, 1969, 1982). Some researchers have extended this idea further and have suggested that pupils with SLD also exhibit similar reasoning to matched-peers at each developmental stage (e.g. Weisz et al, 1982). The developmental position contrasts to the defect theory by suggesting that individuals with SLD merely progress slower than their typically developing peers, and that specialist teaching is not required other than to differentiate tasks and curriculum objectives according to pupils' specific learning needs (Porter, 2005). This notion will be considered further in the next section: Section 5.2.2.3, Specialised Teaching.

5.2.2.3 Specialised Teaching

Historically, settings that cater for pupils with SLD have focussed on the complex and individual needs of pupils, and specialist pedagogy has been endorsed (Jones, 2010). Specialist pedagogies have emphasised a functional individualised curriculum, which are generally delivered in separate educational settings (Tilstone, Florian & Rose, 1998). However, the specific nature,

rationale and evidence-base for specialised teaching approaches have perplexed many educational professionals (Garner, 1994), with some academics and practitioners calling for the construction of 'specialist pedagogy' to be critically appraised (e.g. Skrtic and Meyen, 1998; Norwich and Lewis, 2007)

Norwich and Lewis (2007) propose a conceptual framework, which focusses on the commonality-differentiation of pedagogy. According to this framework there are three kinds of pedagogic need: pedagogic needs common to all learners; pedagogic needs specific to distinct groups of learners and pedagogic needs unique to individual learners. Norwich and Lewis (2007) suggest that educational practitioners will be influenced by each of these needs, but will conceptualise difference according to the '**general difference**' or '**unique differences**' position. These positions are summarised below:

- **General difference position:** Pedagogic decisions are informed by the needs common to all learners, the needs that are unique to individual learners, and the needs that are specific to a particular group of learners. According to this position, group needs form the focus of pedagogic practice. Thus, pupils may be grouped into categories that reflect their learning needs, e.g. SLD, MLD, or Autism.
- **Unique differences position:** Pedagogic practices are informed by needs common to all learners and needs that are unique to individuals. Practitioners recognise that teaching strategies are relevant to all learners regardless of disability or difference.

Experts in the area of special educational needs have called for practitioners to adopt the ‘unique differences position’, and have argued that common teaching principles have relevance for all pupils including those identified as SEN (e.g. Bull and Solity, 1987; Ainscow, 1991). However, Norwich and Lewis (2005; p.5), suggest that a “*continua of teaching approaches*” may be useful for capturing the “*appropriateness of more intensive and explicit teaching for children with different patterns and degrees of learning difficulties*”. The ‘continua of teaching approaches’ adopts the view that pedagogic approaches used with SLD pupils are, whilst different, not distinct from pedagogic approaches used within mainstream schools: i.e. the same teaching strategies are used, but teaching is more intense and focussed for those pupils with SLD (see **Table 5.1**).

The continua of teaching strategies framework offers a useful insight into specialist pedagogy; however, it may be criticised on the grounds that it fails to contextualise teaching strategies within the curriculum and does not account for the specialist knowledge of teachers (Norwich and Lewis, 2007). Norwich and Lewis (2007; p.134) state:

“what is specialist about teaching exceptional children might be the teachers knowledge rather than, or as well as, their pedagogic strategies”

Table 5.1 Framework of continua of teaching strategies (taken from Norwich and Lewis, 2005: p.1332)

Examples of teaching strategies	Continua of strategies x perceived attainment level	
	High intensity	Low intensity
Provide opportunities for transfer	Explicit and teacher-led	Autonomous (pupil-led)
Shape task structure	Small discrete steps; short-term objectives emphasised	Larger steps; longer-term goals emphasised.
Provide examples to learn concepts	Many and varied	Little
Provision of practice to achieve mastery	Extensive and varied	Little
Provision of task-linked mastery	Immediate, frequent, explicit, focussed, extrinsic	Deferred, moving to self-evaluation
Checking for Preparedness for the next stage of learning	Explicit and frequent; teacher monitoring emphasised	Fleeting (by the teacher); self-monitoring stressed

Within the UK and US, professional programmes have been designed and delivered to teaching staff who work with pupils with SLD: e.g. EDY (Farrell, McBrien & Foxen, 1993) and online courses (e.g. Jones, 2010). However, such training is not accessed widely, with many schools preferring to utilise school-based training that is led by professionals working in the school (Jones, 2010). This approach to professional development can be problematic, and often leads to the promotion of practices that align with connective pedagogy: i.e. learning opportunities that seek to connect the needs of the learner to the needs of the curriculum (Haplin and Lewis, 1996; Corbett, 2001).

Connective pedagogy may be particularly problematic when the curriculum emphasises academic progress, and fails to take account of the wider life

outcomes and emotional wellbeing of pupils with SLD (Aird and Aird, 2010). In the majority of cases, pupils with SLD do not experience cognitive impairment alone. An increased likelihood of sensory, motor, health, and speech language and communication difficulties have also been widely reported (e.g. Smith & Phillips, 1992; Male, 1996; Mar and Sall, 1999; Porter, 2005). Thus, for some pupils, there may be the requirement that different or greater emphasis be placed upon certain aspects of the curriculum, in order to address individual needs (Rose, 2007). Furthermore, pupils with SLD may participate in strategic interventions or programmes that have distinctive or different curriculum goals; e.g. using augmentative communication systems to facilitate interaction, engaging in a programme of personal development to support the acquisitions of self-help and personal care skills (Norwich & Lewis, 2007; Aird & Aird, 2010).

Another way in which the curriculum may be different for pupils with SLD is the increased need for pupils to access a multi-professional team (Jones, 2010). Multi-professional support should help to ensure that education is individualised, holistic and comprehensive. In the UK there has recently been an increased focus on the role of multiple disciplines within the field of education; the 2010-2013 Coalition Government have proposed replacing Statements of Special Educational Needs with Education, Health and Care (EHC) plans (DfE, 2013). It is proposed that EHC plans will help professionals to develop a holistic understanding of children with special educational needs and disabilities, and will support them to make positive transitions into adulthood.

In reviewing existing literature in the field of SLD and pedagogic practices, it appears that specialist pedagogy focuses on the interaction of three broad areas (Norwich and Lewis, 2007):

- teaching strategies: teaching is more intensive, repetitive and focussed to support pupils to develop mastery.
- teacher knowledge: teachers have specialist knowledge about the curriculum goals and learning needs of pupils with SLD.
- curriculum foci: the curriculum places an increased emphasis on functional and life skills, for example developing augmentative communication systems and self-help skills.

5.2.2.4 Residential Settings

The majority of children and young people with SLD live with their families (Braddock et al, 2001), and this arrangement often continues as the young person transitions into adulthood (McConkey et al, 2010). Caring for a young person with SLD can be extremely demanding for caregivers; thus support for carers, such as short-term respite, should form a priority in local authority service provision (Hantrais, 2004). However, the demand for support services cannot always be met and this raises issues about the equitable distribution of services (McConkey, 2010). Moreover, when services are available they are often poor quality, unsuitable, or inaccessible (Mental Health Foundation, 1997).

Each year a number of parents will request that their child enters a 52-week residential provision (Pilling et al, 2007). These requests often arise for a

combination of social, health and educational reasons (McGill et al, 2006).

According to Pilling et al (2007; p.194), 52-week residential provisions have three core functions:

- 1) *“they provide an intensity of educational support not typically available in local authority SLD schools”.*
- 2) *“they provide year-round respite for the families of children and young people who, in a context of inadequate or non-existent local support , may have found their situation unsustainable”.*
- 3) *“by providing a 24 hour curriculum, they ensure a consistency of provision that facilitates the development and management of their pupils”.*

Despite the stated benefits of 52-week residential provision, a number of concerns have been raised about such settings. Firstly, residential settings are often located at considerable geographical distance from the family home. This results in the young person having reduced contact with family members (McGill et al, 2006), and increases their vulnerability to abuse or neglect (Pilling et al, 2007). Secondly, the lack of clarity about the ‘looked after status’ of children in residential settings (Abbott et al, 2001) has resulted in inadequate monitoring of the care and education that children and young people receive (Pilling et al, 2007).

Local alternatives, such as community-based rehabilitation (CBR), have been posited as a solution to some of the disadvantages associated with 52-week residential provision (Pilling et al, 2007). CBR has been conceptualised as a

strategy for promoting equal opportunities, social inclusion of people with disabilities, and (re)habilitation (World Health Organisation, 2003). CRB has two core objectives, which are:

- 1) *“To ensure that people with disabilities are able to maximise their physical and mental abilities, to access regular services and opportunities, and to become active contributors to the community and society at large.*
- 2) *To activate communities to promote and protect the human rights of people with disabilities through changes within the community, for example, by removing barriers to participation”* (International Labour Office, United Nations Educational Scientific Cultural Organisation and World Health Organisation, 2004: p.127)

There is currently a paucity of research documenting the effectiveness of CBR for children with SLD, since most research has adopted a process evaluation methodology (Robertson et al, 2012). Nevertheless, it appears plausible that CBR, an approach that can address the multi-dimensional construct of ‘quality of life’ (Schalock et al, 2002), may complement curriculum objectives delivered in SLD schools. This study aims to add to the insufficient evidence-base of CBR, by exploring the impact of a community-based residential/outreach provision for monozygotic twins Elizabeth and Imogen, who have a diagnosis of Angelman Syndrome. Since there is considerable diversity in how CBRs operate, the purpose and operation of the provision will also be described.

5.3 METHODOLOGY

5.3.1 Epistemology

The overarching aim of this research study was to explore the implementation of a ‘targeted intervention programme’ used in a residential unit for children with severe learning difficulties. I was interested in contextually bound information and the meanings attributed to the programme by implementers, users and other stakeholders. My focus, on acquiring a rich understanding of the programme in context, denotes my social constructivist epistemological stance:

“all knowledge, and therefore all meaningful reality as such, is contingent on human practices, being constructed in and out of interactions with human beings and their world, and developed and transmitted within an essentially social context.” (Crotty, 1998, p 42).

5.3.2 Research Design: Exploratory Case Study

In this study I utilised a case study design. The case study had an instrumental purpose, which was to advance professional knowledge about a targeted residential provision that aims to assist in the acquisition and maintenance of life skills in young people with severe learning difficulties. An exploratory case study design was delineated, where my aim was to understand the specific purpose of the residential provision, and its relevance for the wider home and school context. The decision to use an exploratory case study design was due to the lack of detailed preliminary research in the field of targeted residential support for young people with severe learning difficulties. This paucity of

research precluded me from using an evaluative or explanatory case study design, as it was not possible to test empirically-formulated hypotheses about the chosen area of investigation.

This case study has been applied as a preliminary step for a more detailed study that is due to be conducted by the Local Authority, which seeks to investigate the utility of the 'targeted residential provision'. It explores a relatively new field of scientific investigation in which the research questions have neither been clearly identified nor carefully formulated. Although the exploratory purpose of the research was to gather rich and contextual information about targeted residential support, it may be criticised on the grounds that it fails to produce generalizable results (Nisbet and Watt, 1984). Thomas (2011) argues that the purpose of a case study is not to generalise; however, the inferences that can be drawn from this case study design may support the development of generalizable theory (Yin, 2008). Thus, whilst this research study does not identify programme regularities that are generalizable to a whole population, it may enhance our understanding about the investigated phenomenon and produce theory which has relevance beyond the particular case.

5.3.3 Participants

I had preliminary knowledge of the residential provision, but what I knew was one-dimensional; i.e. knowledge reflected my own perspective of the residential provision, in my role as a visiting trainee educational psychologist to Sunnyside School. This small-scale research study therefore aimed to gather multiple

perspectives of the provision, by obtaining the views of staff (residential and school) and parents. According to the EIPP-Centre (2012), gathering multiple perspectives of a social programme enables the researcher to (a) explore contextual factors relevant to practice and (b) compare the views of different stakeholders. **Figure 5.1** provides an overview of the participants that were selected to take part in the study.

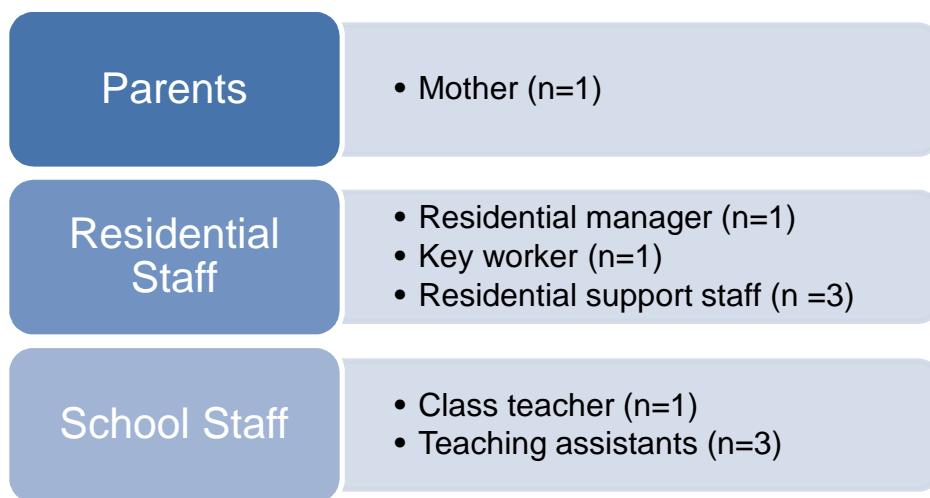


Figure 5.1 Participants selected to take part in the study.

5.3.4 Research Methods

In this research study, data was collected using three research methods: target monitoring and evaluation, focus groups, and individual interview (see **Figure 5.2**)

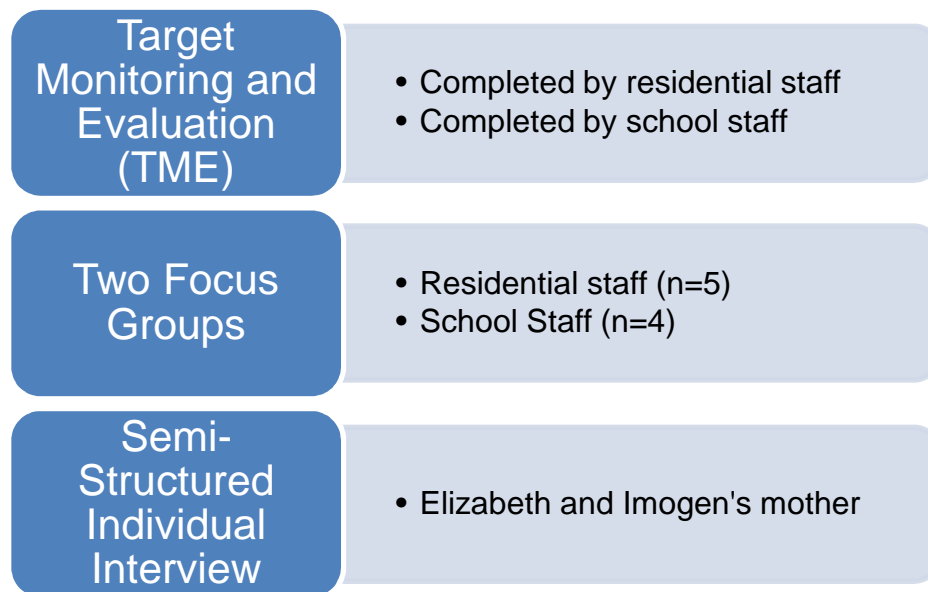


Figure 5.2 Methods of data collection

5.3.4.1 Target Monitoring and Evaluation (TME)

TME (Dunsmuir et al, 2009) is conceptually and methodologically very similar to Goal Attainment Scaling, an internationally recognised method that can be used to evaluate a variety of interventions (e.g. Zaza, Stolee, & Prkachin, 1999; McLaren & Rodger, 2003; Urwin & Ballinger, 2005). TME involves setting one or more intervention targets, and reviewing these targets at the end of the intervention. This enables the psychologist to ascertain whether progress was as expected, better than expected or worse than expected.

In this study, residential staff and school staff were asked to assign ratings to targets using a ten point Likert scale (1-10), prior to and following the targeted intervention programme. The ratings given prior to intervention were assigned at two levels; baseline and target. Ratings were reviewed at the end of the

intervention, enabling participants to assess whether the target had been achieved, and to specify the level of progress that was made.

5.3.4.2 Focus Groups

A focus group is a qualitative method of data collection, whereby a group of people who are knowledgeable about the topic under investigation are interviewed as a collective (Krueger, 2008). In focus groups, the researcher supplies a topic and facilitates the discussion process; however, the onus is on the participants to interact with each other in order to make their views known (Cohen et al, 2004). Focus groups have a number of advantages over traditional individual interviews; they are an effective and time-efficient method of gathering qualitative data; the group format assists the researcher to identify the most relevant points; and individual views can be checked against the views of the whole group (Robson, 2002). Despite the identified benefits of focus groups, Cohen et al (2004) maintain that they are most effective when triangulated with other forms of data. This is because there are a number of challenges inherent in group interviewing; for example, information presented by the group may be biased, when deviant or atypical experiences are silenced and the views of dominant members are overrepresented (Bloor et al, 2001).

In this research study, two focus groups were conducted; a focus group with residential staff participants and a focus group with school staff participants. Homogenous focus groups were constructed to improve the quality of participant interaction and encourage self-disclosure (Corfman, 1995). Both focus groups lasted approximately 40 minutes, and were recorded by the

researcher. The script used by the researcher during the focus group is presented in Appendix 1.

5.3.4.3 Individual Semi-Structured Interview

Semi-structured interviews have been defined as an interview style that:

“has predetermined questions, but the order can be modified based on the interviewer’s perception of what seems most appropriate. Question wording can be changed and explanations given; particular questions which seem inappropriate with a particular interviewee can be omitted, or additional ones included”.

(Robson, 2002: p.270)

A semi-structured interview was used to gather parent perspectives of targeted residential support. Open questions were used throughout the interview schedule, to ensure that there was an in-depth exploration of the subject area, and that participants’ answers were not constrained by the questions being asked (Robson, 2002).

Robson’s (2002; p.277) ‘commonly used sequence of questions’ was used to provide a framework for the interview schedule (see Appendix 2). This consisted of the following elements:

- **Introduction:** I introduced myself and the purpose of the study. The participant was reminded of her right to withdraw from the interview and was assured that her answers would remain confidential. The participant

was asked if she would give permission for the interview to be audio recorded.

- **Warm-up:** Rapport building questions were used to 'ease' the participant into the interview process.
- **Main body:** Questions sought to find answers to the main purpose of the interview. I considered a logical progression of questions, but there was flexibility for me to change the order of questions depending on the answers that the participant gave. In line with Robson's (2002) recommendations long, leading, double-barrelled and biased questions were avoided.
- **Cool off:** A number of straightforward questions were asked at the end of the interview to ensure that any built-up tension was defused.
- **Closure:** Participants were thanked for completing the interview and were asked if there was anything else they wished to comment on.

5.3.5 Thematic Analysis

Thematic analysis (Braun and Clarke, 2006) was used to analyse the data that was obtained from the individual interview with Elizabeth and Imogen's mother and the focus groups that were conducted with school staff and residential staff. Thematic analysis was chosen because it supports the researcher to identify themes and patterns across the whole data set, and can be used to interpret elements of the topic under investigation (Boyatzis, 1998).

An outline of the thematic analysis phases (Braun and Clarke, 2006) and how they were applied to this research study is shown in **Table 5.2**.

Table 5.2 Phases of thematic analysis adapted from Braun and Clarke (2006)

Phase	Process Undertaken
1. Familiarising yourself with the data.	<ul style="list-style-type: none"> • All interviews and focus groups were recorded and transcribed verbatim. • The transcribed data was read twice, to gain an overview of the information that had been gathered. • Information that was relevant to the research questions was highlighted.
2. Generating initial codes	<ul style="list-style-type: none"> • The highlighted data was given a code. • Codes were checked and refined where appropriate. • Codes from the individual interview and the two focus groups were amalgamated in a single table.
3. Searching for themes	<ul style="list-style-type: none"> • The codes were grouped into meaningful categories and category themes were defined.
4. Reviewing themes.	<ul style="list-style-type: none"> • Themes were checked against specific extracts and the data set as a whole.
5. Defining and naming themes.	<ul style="list-style-type: none"> • Themes were refined where appropriate and grouped together under superordinate themes.
6. Producing a report.	<ul style="list-style-type: none"> • Data was explained in relation to the research questions (see Section 5.4, Results).

5.4 RESULTS

The data gathered from the individual interview and focus groups were considered in relation to the broad research questions:

- How do the targeted intervention programme and residential unit operate?

- What were the outcomes of the targeted intervention programme for Elizabeth and Imogen?

Information relating to each research question is organised according to the themes that were generated during the thematic analysis. A thematic map, which provides an overview of themes identified within the data corpus is detailed in Appendix 3.

5.4.1 How do the targeted intervention programme and residential unit operate?

Within the data set six key themes were identified in relation to the operation of the residential provision:

- a structured referral process;
- a life skills curriculum;
- outreach support
- staffing;
- staff skills and experience; and
- monitoring.

5.4.1.1 A Structured Referral Process

Elizabeth and Imogen were referred for targeted residential support for three reasons:

- To assist with their development of functional and life skills.

- To support parents to develop and maintain appropriate intervention strategies for use within the home environment.
- To support Imogen to regain confidence following a recent break to her arm.

Elizabeth and Imogen's referral to the residential unit was made by the head teacher following concerns raised by staff and parents at a recent IEP review meeting. Following the initial referral, staff from the residential provision conducted a number of baseline assessments to ensure that the residential provision was appropriate for both Elizabeth and Imogen. Baseline assessments included consultations with school staff and parents, and observations of Elizabeth and Imogen in both the home and school environment.

Data showed that the referral process that was completed for Elizabeth and Imogen was typical of the general referral process used in Sunnyside School, which typically comprises three elements:

- Pupils are identified (by school staff, outside agencies, or parents) as requiring additional support to assist with the development of functional and/or life skills.
- Pupils' needs are discussed in a panel meeting and a formal referral to the residential unit is made.
- Staff from the residential unit complete baseline assessments to ascertain whether residential support is appropriate for the identified

pupils and their families. Baseline assessments are completed in multiple settings, e.g. home, school and respite provision.

All respondents noted how the referral system used in Sunnyside School helped to define Elizabeth and Imogen's idiosyncratic needs and ensure that appropriate targeted intervention was implemented to minimise the disabling effects of their identified barriers to learning: i.e. difficulties in the areas of self-help skills, communication, gross motor skills, fine motor skills, and use of recreational time.

Parent: *"The deputy head knew I was finding things hard and not making life easy for myself. I just didn't know how to make things better... The assessments that the residential staff completed helped me to see what the girls needed... We set up targets which have been worked on by staff".*

Class staff: *"The referral process is clear. Residential is not for all pupils...the staff in the residential unit work with leadership, parents and class staff to decide whether residential support will help. We work together to identify needs and set targets."*

Residential staff: *"Families that use us are the families that we've probably met for a FCAF review, or doing the IEPs reviews they've said they need extra support... they are assessed by us, in school and at home."*

These results are consistent with literature in the field of SLD; for example, Aird and Aird (2010; p.19-20) state that when baseline assessments are considered alongside a pupil's Statement of Special Educational Needs, schools are able to:

- Identify a "child's priority barriers" and decide how interventions will be "implemented, monitored and reported on".

- *“organise teaching and therapeutic care to ensure a pupil's sense of wellbeing and facilitate his/her structured engagement in the learning process”.*
- *“facilitate the personal development of its pupils”.*

The baseline assessments conducted by residential staff were highly regarded by participants; however, through the focus groups and individual interview it was unclear how objective the baseline assessments were. Observations were reported to take a narrative form and were conducted by a single member of staff. Furthermore, there appeared to be an absence of a strict criteria for identifying pupils needing residential support, and assessments were reported to take place over a short period of time: two weeks. This raises questions about the validity and reliability of the results obtained from baseline observations.

Residential Staff: *“if we think that a pupil could benefit from being in here [residential unit] then they can come in here and access targeted support...we use our observation notes to help us decide whether the provision is right for the child”*

Residential Staff: *“It's kind of trial and error... what we're doing is just writing a report basically”*

5.4.1.2 A Life Skills Curriculum

It was indicated by all research participants that the purpose of the targeted intervention was to help pupils to develop functional and life skills. Participants viewed life skills as essential for assisting pupils to achieve positive life outcomes and some level of independence; however, it was also noted that life skills were often seen as a secondary priority within the classroom setting due

to an emphasis on curriculum requirements and the monitoring of academic targets.

Class staff: *“They teach children to you know... to brush their teeth, eat with a fork and spoon. It’s not an academic curriculum, but helps the pupils to progress personally. I suppose it teaches those life skills...”*

Class staff: *“The focus in schools is so focussed on academic achievement that it is hard for us to teach outside of the core curriculum. The girls need to become more independent, but it is hard for us to give them the time they need to progress in this area. The residential unit has worked wonders: the girls have learnt some important life skills”.*

Parent: *“They [residential staff] can do things that I just can’t, but which are really important for the girls development: for example, they encourage them to access and explore the local shops, and to develop their motor skills by walking with their walker.”*

Parent: *“This week the girls went on trips to the bowling alley and pets at home, and were encouraged to use their walkers to move around. I couldn’t do that; I would have to push them. Hopefully as their skills improve, I will be able to take them to similar places. It’s really important that they experience things that we take for granted.”*

Residential staff: *“Each of the children have programmes set for them and we cover just about everything related to life skills...so they might have a target set and a programme to follow for dressing, toileting...”*

Elizabeth and Imogen’s six-week targeted intervention programme focussed on life skills in five key domains:

- 1) Self-help skills: i.e. developing greater independence when feeding, washing and dressing.
- 2) Communication/social interaction: using augmentative communication systems to make needs known and to interact with others.

- 3) Recreation: participating in recreational activities with other members of the residential group (e.g. bowling).
- 4) Community living: accessing community resources and amenities, e.g. buying items from the local shop.
- 5) Mobility: increasing mobility through the assistance of appropriate resources and exercise.

Elizabeth and Imogen's targeted intervention programme could be viewed as an example of how educational provisions can contribute to the quality of life for pupils with SLD. Both participants and research literature indicated that quality of life extends beyond educational outcomes and can be considered a multi-dimensional construct, which includes interpersonal relations, physical wellbeing, independence and personal development (Schalock et al, 2002). The residential unit was therefore viewed by participants as a resource that enables the school to deliver twenty-four hour educational provision: it complements general classroom teaching, enabling the school to adopt a holistic approach to child development.

Class staff: *"It's more relaxed than a classroom, it's like a structured home environment."*

Class staff: *"It's an extension of school. It's different to school, but still focussed with specific aims. It's definitely different to home."*

Residential staff: *"we're a structured learning environment, and we provide support all through the night. Pupils have 24hour support from staff when they are accessing the unit."*

5.4.1.3 Outreach Support: Developing Transferable Skills

The residential setting sought to develop a programme of support for Elizabeth and Imogen that could be transferred to multiple settings: i.e. implemented within the classroom and the home. The staff from the residential setting worked closely with classroom staff and parents to identify targets and ensure that all stakeholders adopted a consistent approach to intervention: residential staff offered outreach support to parents and school staff, which involved modelling strategies, observing implementation, and monitoring progress. Outreach support is provided to parents every half term and school staff are supported as required (currently on a daily basis).

Parent: *“Now that Imogen and Elizabeth have finished in the residential unit I am given outreach support, which has helped me no end. I was making life difficult for myself before, but I have been given really simple but useful strategies: for example, Elizabeth was kicking me when I was changing her, but from outreach I learnt to have the girls stand whilst I change them, rather than getting them to lie down”.*

Parent: *“There’s a lot of interaction between the residential staff and the classroom staff. The girls are observed in class by ***** [residential staff member] and are helped with feeding every lunch time”.*

Class staff: *“The communication between residential staff, school staff and parents works really well. Information is shared through conversations and pupils’ home-school books. We also have formal meetings where we share IEPs, risks assessments and intervention programmes.”*

Class staff: *“Communication is a two-way process. If we’ve got some ideas we will share them with the residential staff and they will incorporate into their planning. Similarly, they pass on information about the programmes they are running, information about pupil progress and any concerns that they may have.”*

Residential staff: *“we can’t offer this all the time, we have lots of children that would benefit from residential support...we need to support parents and other staff working with Elizabeth and Imogen to implement the strategies*

we've developed and build on the new skills that the twins have learnt".

Residential staff: *"Imogen has regained the skills that she lost when she broke her arm and is now back home. We're supporting mum in the home, so that strategies continue to be implemented and Imogen is supported to progress."*

Residential support was viewed by all participants as an opportunity for Elizabeth and Imogen to receive intervention that appeared consistent with Norwich and Lewis' (2005) 'continua of teaching strategies: i.e. it was reported that learning was adult-led, tasks were broken down in to small discrete steps, educational provision was extensive and varied, and progress was carefully monitored and reviewed. This intensive and focussed support was reported to assist with the acquisition of new skills, which could then be maintained through on-going intervention delivered in home and classroom environments. All participants referenced the utility of outreach support in facilitating this process, noting that joint working between parents, classroom staff and residential staff was fundamental to the success of a targeted residential intervention.

Class staff: *"The girls have thrived from that 1:1 learning situation. The residential staff have strict routines that are practised every day and pupils are given intense support to follow them. They need this to get over the fear factor, to have that opportunity to overlearn. Then, having the outreach support has just kept up the practise, given the girls chance to consolidate, and to use skills in different environments."*

5.4.1.4 Staffing

In discussing the efficacy of the targeted residential intervention, most participants suggested that the high staff: pupil ratio enabled staff to provide an intensity of support that was not typically available in the classroom environment. It was also noted that the high staff: pupil ratio gave staff the

capacity to work with a range of multi-agency professionals (e.g. school nurse, physiotherapist, educational psychologist, occupational therapist), which ensured that remedial programmes could be implemented effectively; for example, staff from the residential unit worked closely with the physiotherapist to implement physiotherapy programmes. Specifically, for Elizabeth and Imogen this focussed on building, developing and maintaining gross motor movements.

Class staff: *“Compared to the classroom the residential unit has a high level of staff. In class we have 8 children and 4 adults, but in the unit the ratio is 5 adults to 3 pupils. It’s a different combination, but the pupils do make a lot of progress because of it. They can implement programmes that aren’t logistical in the classroom.”*

Class staff: *“They support teachers, parents and pupils by offering interventions that help pupils to progress. They can do that because of the high staffing levels.”*

Class staff: *“There are more staff, who can liaise with other professionals – the school nurse or physiotherapists. I know, in the case of Imogen, the residential staff have worked closely to implement the physiotherapy programme set by the physiotherapist.”*

Residential staff: *“We regularly get together with our physios, with speech and language therapists... so that we can put structured programmes of support into practice.”*

Whilst the high staff: pupil ratio was noted as a strength of the residential provision, both school staff and Elizabeth and Imogen’s mother noted that some aspects of the targeted intervention programmes developed for Elizabeth and Imogen were difficult to implement outside of the residential setting. This was predominately because of the differential adult: child ratios present in the home, school and residential settings.

Parent: *“Independent feeding has come on, although I can’t do what they have managed to achieve in the residential: one-to-one it’s fine, but I have two to feed”.*

Class Staff: *“Imogen broke her arm which knocked her confidence and she wouldn’t feed herself. We hadn’t got the staffing to retrain her, but now she is almost independent. We continue to have support from the residential staff at lunch time. It helps Imogen having that extra pair of hands and someone there to give her reassurance. We couldn’t do that on our own, we don’t have the staff”.*

Residential staff: *“We’re lucky with the 1:1 staffing that we have. It’s hard for the class staff, they don’t have as much capacity. We’ve tried to help out where we can and have assisted Elizabeth and Imogen during lunch times, which has been essential for their progress.”*

5.4.1.5 Staff Skills and Experience

In the residential staff focus group, participants noted that their background in social care and experience working in respite provision had assisted them to develop and implement targeted intervention programmes. Participants stated that they had a good knowledge of the life skills needed for community living, which was useful when creating new targeted intervention programmes where staff were required to identify relevant targets. Staff stated that they had a good understanding of the difference between respite care and residential support, but that this knowledge had been extended through relevant staff training courses: school in-service training and training delivered specifically for residential staff. It was reported by residential staff that this training, along with regular meetings helped to ensure that staff delivered interventions in a consistent manner. Consistency was also noted by parents and school staff as a particular strength of the residential unit.

Residential staff: *“A lot of us have come from a respite background, which has been a real plus. Yes, parents get a break when their child accesses respite, but that’s not why we provide this service. There are some big differences between us and respite...there are clear structured routines and activities.”*

Residential staff: *“it’s helped being able to access the school in-service training, when it has been relevant to us. It helps with ensuring consistency throughout the school.*

Residential staff: *“We’re recognised as being connected to the school, but as having different needs. We can organise training that is specific to our role within the school.*

5.4.1.6 Monitoring

Targets for pupils attending the residential unit are recorded on individual education plans (IEP), and are reviewed at the end of the six-week targeted intervention programme. All stakeholders are invited along to the IEP review, to ensure that multiple views are represented and appropriate next steps are identified. Elizabeth and Imogen’s mother stated that she found this process extremely useful, because it enabled her to formally communicate her own experiences of the provision. Following Elizabeth and Imogen’s IEP reviews it was noted that Elizabeth and Imogen’s mother was finding it difficult to implement strategies when caring for both twins together, and it was thus decided that Elizabeth should return to the targeted intervention programme for an additional six weeks (two days a week). The decision to readmit Elizabeth was also based on corroborating evidence from school staff and residential staff, who reported that Elizabeth had not reached her original targets and would benefit from a longer intervention programme.

Class staff: *“Elizabeth and Imogen’s mum has had chance to say how the residential provision was going. I know that she had problems implementing the strategies when both girls were in residential at the same time. This has changed now, the girls go on different days, which has really helped mum cope.”*

Class staff: *“We all just felt that Elizabeth hadn’t made as much progress as she could. She learns at a slower rate than Imogen and needs more time to reach her full potential. I think it was a good idea to give her that additional time in the unit.”*

Parent: *“The staff are just so flexible. When I said that I was having problems implementing the strategies having both girls at home, they suggested Elizabeth stayed on for longer. It’s been brilliant! I’ve had some quality time with Imogen and really worked on her feeding.”*

Residential staff: *“initially both girls were accessing full time residential support, but it wasn’t working for Elizabeth. She was tired and was being dominated by Imogen. The decision to re-admit Elizabeth for two nights a week has really worked, and everyone agrees.”*

Outreach support was viewed by all participants as an essential part of the monitoring process. It ensures that (a) pupil progress can be monitored using observation schedules and checklists, and (b) adults are supported to implement strategies in a consistent manner.

5.4.2 What Were The Outcomes of the Targeted Intervention Programme For Elizabeth And Imogen?

Outcomes were reported at three levels: outcomes for Elizabeth, outcomes for Imogen and outcomes for parents.

5.4.2.1 Outcomes for Elizabeth

Table 5.3 and **Table 5.4** present the results from the TME conducted by residential staff and school staff. Different targets were identified by school staff

and residential staff, to reflect the priority aims of each context (residential and school). All targets were addressed in the residential setting.

Table 5.3 TME results for Elizabeth, as reported by residential staff.

Target	Baseline	Expected	Actual	Difference pre and post intervention
To assist with washing, e.g. by rubbing shampoo into hair.	1	8	3	2
To use an augmentative communication system (e.g. pecs) to signal wants and needs	3	5.5	3	0
To sit upright in a chair when feeding.	2	10	4	2
To sleep in bed all night, without a dummy	2	10	6	4

Table 5.4 TME results for Elizabeth, as reported by school staff.

Target	Baseline	Expected	Actual	Difference pre and post intervention
To use a walker for 15 minutes each day	2	6	6	4
To toilet self independently	1	3	1	0
To feed self independently	2	6	6	4

The TME results highlight that Elizabeth made progress in the following areas: self-help (washing and feeding), sleeping, and mobility. Information gathered from the focus group and individual interview provide corroborating evidence for these results. Elizabeth's mother reports that Elizabeth no longer uses a dummy, and all participants report that Elizabeth is now using a walker more frequently instead of a wheel chair, and can feed herself using a curved bowl.

Parent: *“They got Elizabeth off dummies. Initially this was major, major, major thing; I thought it would never happen.”*

Residential support: *“Elizabeth is now using her walker much more and using it in a much more efficient way...she’s able to manoeuvre it around objects, which she couldn’t do before”.*

All participants reported that Elizabeth did not make progress in the area of communication. However, it was noted that the picture exchange communication system (PECS) may not have been an appropriate augmentative communication tool for Elizabeth, due to her difficulties with fine and gross motor movements. Similarly little progress was made in the area of toileting, which will be a focus for Elizabeth’s next targeted intervention programme.

Class staff: *“Elizabeth is not using PECs, it think the pictures are too small. Objects would work better, or the talking mats.”*

All participants reported that Elizabeth did not make expected levels of progress during the targeted intervention programme. This may have occurred for the following reasons:

- Elizabeth had presented as being very tired following the 24 hour curriculum. It was suggested by school staff that she may benefit from longer, but less intense intervention programmes. Consequently, Elizabeth was re-referred to the residential unit.”
- The targets identified for Elizabeth were not appropriate. Residential staff reported that they spent a significant amount of time on Elizabeth’s behaviour/confidence, so that she was more willing to have a go at a range of activities. Even though this was not an identified target for

Elizabeth, both parents and school staff reported that Elizabeth had made progress in this area.

Parent: *“Sleep deprivation is a bit of a concern for Elizabeth. She does not always sleep brilliantly in the unit and this can trigger seizures. I think it works better now she is doing a couple of days in the unit and the rest of the week at home.”*

Class Staff: *“Thinking about it, I’m not sure some of the initial targets were appropriate for Elizabeth. She’s not made much progress with her communication, but I’m not sure she was ready to. She needed to improve her concentration and behaviour first and that has improved”.*

Class staff: *“Elizabeth is now much calmer going out: she used to scream, but now she likes it when we go to pizza hut”.*

Residential staff: *“Elizabeth is still working towards her targets, which is why she has been re-referred. However, she has made a lot of progress in other areas. She’s really calm and well-behaved when we go out on community visits, which is a massive change”.*

5.4.2.2 Outcomes for Imogen

Table 5.5 and **Table 5.6** present the results from the TME conducted by residential staff and school staff. Different targets were identified by school staff and residential staff, to reflect the priority aims of each context (residential and school). All targets were addressed in the residential setting

Table 5.5 TME results for Imogen, as reported by residential staff.

Target	Baseline	Expected	Actual	Difference pre and post intervention
To assist with dressing, e.g. by placing arm in sleeve.	2	5	4	2
To use an augmentative communication system (e.g. pecs) to signal wants and needs	4	6	7	3

To feed self independently	4	10	8	4
To sleep in bed all night, without a dummy	2	10	4	2

Table 5.6 TME results for Imogen, as reported by school staff.

Target	Baseline	Expected	Actual	Difference pre and post intervention
To use a walker for 15 minutes each day	2	8	9	7
To toilet self independently	3	5	5	2
To feed self independently using a weighted spoon and curved bowl.	4	8	6	2

The TME results highlight that Imogen made progress in the following areas: self-help (dressing, toileting and feeding), sleeping, communication and mobility. Information gathered from the focus group and individual interview provide corroborating evidence for these results. Imogen's mother reports that Imogen no longer uses a dummy, and will use the toilet when placed on it by an adult. All participants report that Imogen is now using a walker more frequently instead of a wheel chair, and can feed herself using a weighted spoon and curved bowl. Imogen is consistently using PECS at school to make choices between two options, but Imogen's mother has not yet introduced PECs into the home environment. School staff and parents intend to continue integrating the strategies developed by the residential unit into Imogen's daily routine, so that she is provided with opportunities to consolidate new learning.

Parent: *"Imogen has come on leaps and bounds: for example, she no longer has a dummy. Toileting has been another big outcome; she's still in nappies, but if you sit her on the toilet she know to go."*

Parent: *“Imogen is really good at making choices at school and in the residential unit. I need to do this at home... I tend to give them certain things because of our routine: chocolate is their bedtime drink”.*

Class staff: *“I’m really pleased with the progress that Imogen has made... She now uses PECS: If she gives the symbol for a biscuit she knows that it is the biscuit she needs to take... Toileting is also much better, if you put her on the toilet she will go now!”*

Residential staff: *“Imogen is using PECS to make choices. The symbols are quite big, but she understands the process.”*

5.4.2.3 Outcomes for Elizabeth and Imogen’s Parents

Elizabeth and Imogen’s mother reported that prior to the targeted intervention programme she had *“wrapped the twins up in cotton wool”* and had not encouraged them to try and do things for themselves; e.g. Elizabeth and Imogen were fed by their mother at meal times. According to Elizabeth and Imogen’s mother, the staff from the targeted intervention programme had given her confidence to use a range of new strategies and implement structured routines; e.g. assisting Elizabeth and Imogen to feed themselves using a curved bowl; sitting Elizabeth and Imogen on the toilet rather than relying solely on nappies. Elizabeth and Imogen’s mother also noted that by sending Elizabeth and Imogen for targeted residential support on different evenings, she was able to focus on each twin separately and ensure that interventions were consolidated in the home environment.

Parent: *“I never would have been confident sitting them on the toilet before it was suggested by the residential unit.”*

Parent: *“I’ve always been soft with the girls, wrapped them up in cotton wool, treated them like babies. The residential staff have taught me be firmer with them, you know, not treat them like babies... no means no... I’ve got new*

perspective”

Parent: *“no disrespect to parents with one child with special needs, but having the girls access the unit on different days has just made life so much easier. I can try all those strategies I wanted to try before, but couldn’t.”*

Class staff: *“It’s helped mum to cope at home. The residential unit helped to set patterns and routines which mum has used and followed at home: sleeping is now much more settled from what I understand”.*

Elizabeth and Imogen’s mother reported that the targeted intervention programme offered a bridge between home and school, offering assistance in areas of a non-academic matter. She explained that by having professionals work with Elizabeth and Imogen on the acquisition of life-skills, relevant resources were identified that could be used within the home; for example a curved bowl.

Parent: *“The unit has helped with lots of little things, well they’re big things for me but not such a concern in the classroom: getting the girls into a regular sleeping pattern, weaning them off dummies...”*

Parent: *“Feeding is another big thing...It’s much easier now that we have the correct equipment: curved bowls, weighted spoons, feeding chairs”.*

Residential staff: *“Imogen broke her arm, which really affected her feeding: her arm would shake as she lifted it and the food would fall off the spoon before reaching her mouth. We’ve now provided home and school with a weighted spoon to help Imogen feed herself independently.”*

Elizabeth and Imogen’s mother was very happy with the residential provision provided by Sunnyside School. She explained that Elizabeth and Imogen had made substantial progress and had clearly benefitted from having additional support. Elizabeth and Imogen’s mother also reported that the targeted intervention programme had provided her with an opportunity to spend more time with her other child and had gave her respite from her role as a carer. She concluded that the targeted intervention programme was *“like a trial residential*

provision”, and having seen the benefits of the programme she would be open to the twins receiving 52-week residential support in the future.

Parent: *“I’ve got a 12 year old and it’s hard for her when all my time is spent with the twins. It’s made a massive impact on family life: I have more time with my 12 year old and the girls are doing more things for themselves.”*

Parent: *“it’s been fantastic, when I just have one of the girls at home it just gives me time, time to play, time to give that 1:1 quality time.”*

5.5 DISCUSSION

In this paper specialist teaching has been conceptualised in terms of the interconnection between pedagogy, curriculum and practitioner knowledge. Norwich and Lewis (2005; p218) highlighted the *“intensification of common pedagogic strategies”*, which require that a common teaching strategy is applied differentially to those pupils with learning difficulties. Teachers working in the field of special educational needs may need to cultivate their practitioner knowledge so that they are positioned to offer teaching support that is more intense and focussed (Norwich and Lewis, 2005). A developmental perspective of learning difficulties (Zigler, 1969; Weisz, 1982) further suggests that teachers should apply knowledge from child development to the context of special educational needs and the processes of teaching and learning (Norwich and Lewis, 2005). The developmental perspective, in line with Norwich and Lewis’s recommendations, also advocates the use of differentiation to assist pupils with learning difficulties to progress through the same developmental stages as their typically developing peers, albeit at a slower rate and with a lower ceiling (Porter, 2005).

Academic literature has highlighted the need for quality differentiation over specialised teaching approaches for pupils with learning difficulties; however, a curriculum that emphasises the acquisition of functional and life skills has also been endorsed (Aird and Aird, 2010). Implementing a curriculum that focuses on life skills has been problematic for schools, since government policy has historically focussed on the achievement of academic targets (e.g. DCSF, 2009). Whilst, the indicative draft Code of Practice (DfE, 2013) promises to support children with learning difficulties to achieve life outcomes, it is not yet known how this will be achieved in practice.

The present study provides encouraging evidence to support the use of a targeted residential intervention as a strategy for assisting pupils with SLD to acquire and maintain new skills. Within the data set, six key themes relating to the operation of the residential provision were identified. Included in the six themes was a focus on a life skills curriculum and high levels of staffing to ensure that pupils were provided with intensive, adult-led, focussed learning opportunities. The teaching approach adopted by the residential staff corresponded with Norwich and Lewis' (2005) recommendation: that intensified common pedagogic strategies should be employed to enable pupils with SLD to make progress in a specified area of development. The specific area of focus for residential staff was the development of life skills, which is consistent with recommendations outlined by Aird and Aird (2010). Within Sunnyside School, life skills were identified as a primary area of need for many children; however, it was also noted that the organisation of the school curriculum did not provide the flexibility required to adequately address this area of need. The targeted

residential unit was therefore viewed as an opportunity for the school to offer a twenty-four hour curriculum, which enabled all areas of child development to be addressed; including promoting independent living, through the development of self-help skills, social interaction skills, community living skills, and participation in recreational activities.

The targeted residential support was viewed by participants as an approach that enabled pupils to acquire new skills within a six week period. However, participants also noted that in order for the skills to be maintained, pupils required opportunities to re-visit past learning and practice skills in multiple contexts. These views appear to correspond to Haring et al's (1978) instructional hierarchy, which maintains that when learning a new skill, the learner will progress through a series of learning stages: acquisition, fluency, generalisation, and adaption. Thus, outreach support was viewed as a core element of the targeted residential support, as it supported those individuals working with pupils on a regular basis to implement similar strategies to those used in the residential setting. Regular monitoring of pupil progress enhanced this process, as key stakeholders were given opportunities to discuss any difficulties that they were experiencing and develop solutions to problems that had been identified.

Within this case study a number of positive outcomes were identified for Elizabeth and Imogen; however, differential rates of progress were also reported: i.e. Imogen made greater progress than Elizabeth. Participants questioned the appropriateness of the targets set and intensity of intervention

that Elizabeth received. This raises questions about the referral process and the validity of the baseline assessments that were conducted. Staff do not currently use criterion-based assessments and decisions to accept pupils for residential support appear to be based on the subjective judgements of residential staff. In order to ensure that all pupils are given equal access to the targeted residential support, Sunnyside School may need to develop the referral process further and consider the utility of the baseline assessments that are used.

5.5.1 Limitations

This study was exploratory and provides a modest insight into the area of targeted residential support; however, it had several limitations and results should be interpreted with caution. Firstly, the case study design precludes the findings from being generalised to other pupils with SLD that are receiving targeted residential support. Secondly, the targeted intervention programme was embedded within the school system and could not be isolated, making it difficult to determine whether the improvements identified were due to the targeted intervention programme or other school-based interventions. Thirdly, some of the participants had a vested interest in the targeted intervention programme, and therefore may have presented a biased description of it.

Given the methodological limitations of the study, findings obtained from this study should be treated as exploratory. A more rigorous design, such as a quasi-experimental design, would enable inferences to be made about the relationship between the targeted intervention programme and skill acquisition

in pupils with SLD. The application of a realistic evaluation methodology may also be useful, in enhancing our understanding about the contexts and mechanisms that support programme implementation and lead to positive outcomes for pupils receiving targeted residential support.

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5.6 Appendices

5.6.1 Appendix 1: Staff Focus Group Schedule

My name is Joanne Crowley and I am a Trainee Educational Psychologist. For my doctoral thesis at the University of Birmingham I am completing a small-scale research project that aims to evaluate the efficacy of targeted residential support for pupils with severe learning difficulties. In doing so I will be seeking residential staff, school staff, and parent perspectives about the effectiveness of the approach in relation to the case study pupils. The research project is commissioned by Birmingham Local Authority and Sunnyside Special School, and it is hoped that the findings will be used to inform practice and provision within Sunnyside School. The research may also be used to inform the Local Authority about the usefulness of applying this type of residential care in other areas of the city.

If you have any further questions you can contact me via email:

[Redacted email address]

Thank you for agreeing to participate in the study. Before we begin the focus group please could I remind you that:

- Your participation in the study is entirely voluntary.
- You are free to refuse to answer any question.
- You can withdraw from the study at any point.
- All answers given will remain confidential.

The interview will be recorded and transcribed and I may use direct quotations within my research report; however, your name will not be used within the research report. In accordance with University guidelines, the data gathered during the research process will need to be securely stored for 10 years. During this process all personal information will be removed and data sources will not be identifiable.

Before we begin, could I remind you that there are no right or wrong answers to the questions that I am going to be asking you - I am interested in your own opinions and personal experiences. Please feel free to interrupt me at any point or ask for clarification about any of the questions that are asked.

Could I also ask, that before you answer any question that you state your name. This will support me when I come to interpret and analyse the data. May I remind you again that your responses will remain strictly confidential and will only be available to me and my supervisor (Huw Williams, University of Birmingham).

Focus Group Questions

Rapport Building Questions

1. What is your name and role within school/residential unit?
2. What drew you into this line of work?
3. What was your previous experience prior to working within the school/residential unit?

Describe the Residential Unit

4. What is the purpose/aim of the residential unit? (expand by asking participants to consider purpose for family/school).
5. How long has the residential unit been open for?
6. How is the residential unit organised within the school/community? (expand by asking participants to consider location of unit, referral process, selection process, staff communication).
7. How is the residential unit organised? (expand by asking participants to consider staffing, routines, number of pupils that attend)
8. Is anyone else involved in the residential unit? (expand by asking participants to consider the role of outside agencies, charities, etc.)

Consider the outcomes for cases Elizabeth and Imogen

9. Why were Elizabeth and Imogen referred to the residential unit and who referred them?
10. Had they attended the residential unit before, if so why were they re-referred? (why, when, for how long)
11. What do you consider were the desired outcomes of residential support for Elizabeth and Imogen? (ask participants to consider desired outcomes for pupils, residential staff, school staff and parents).
12. What has been the impact of the residential support for Elizabeth and Imogen, staff and parents?
13. Were any desired outcomes not achieved? Why do you think this was?

Discuss how the intervention supported/didn't support case outcomes.

14. Which aspects of the residential approach were instrumental in ensuring that positive outcomes were achieved for Elizabeth and Imogen (ask participants to consider training, class work, school ethos, particular activities, skills of staff)?
15. Were there any aspects of the residential unit that you felt prevented Elizabeth and Imogen from achieving positive outcomes (ask participants to consider training, class work, school ethos, particular activities, skills of staff)?
16. How did the parents support Elizabeth and Imogen's placement at the residential unit?

17. Were there any qualities that Elizabeth and Imogen had that supported/prevented their engagement with the residential unit and the achievement positive outcomes?

Conclusion

Finish the interview by summarising the information gathered.

18. Is there anything else you would like to add or comment on?

5.6.2 Appendix 2: Parent Interview Schedule

My name is Joanne Crowley and I am a Trainee Educational Psychologist. For my doctoral thesis at the University of Birmingham I am completing a small-scale research project that aims to evaluate the efficacy of targeted residential support for pupils with severe learning difficulties. In doing so I will be seeking residential staff, school staff, and parent perspectives about the effectiveness of the approach in relation to the case study pupils. The research project is commissioned by Birmingham Local Authority and Sunnyside Special School, and it is hoped that the findings will be used to inform practice and provision within Sunnyside School. The research may also be used to inform the Local Authority about the usefulness of applying this type of residential care in other areas of the city.

If you have any further questions you can contact me via email:

[Redacted email address]

Thank you for agreeing to participate in the study. Before we begin the focus group please could I remind you that:

- Your participation in the study is entirely voluntary.
- You are free to refuse to answer any question.
- You can withdraw from the study at any point.
- All answers given will remain confidential.

The interview will be recorded and transcribed and I may use direct quotations within my research report; however, your name will not be used within the

research report. In accordance with University guidelines, the data gathered during the research process will need to be securely stored for 10 years.

During this process all personal information will be removed and data sources will not be identifiable.

Before we begin, could I remind you that there are no right or wrong answers to the questions that I am going to be asking you - I am interested in your own opinions and personal experiences. Please feel free to interrupt me at any point or ask for clarification about any of the questions that are asked.

May I remind you again that your responses will remain strictly confidential and will only be available to me and my supervisor (Huw Williams, University of Birmingham).

Interview Questions

1. Why was a referral for targeted residential support made? (prompt: who made the referral, reasons for the referral, what did the referral hope to achieve).
2. What was your experience of the referral process? (prompt: what was the referral process, how effective was the referral process).
3. What was the purpose of the targeted residential intervention? (prompt: what targets were set, who were they set by, why were these targets identified).

4. How was the residential unit structured? (prompt: routines, activities, resources, staffing).
5. What involvement did the residential staff have with Elizabeth and Imogen once the targeted intervention was ceased? (prompt: individual involvement, involvement with classroom staff, involvement with home).
6. What have been the outcomes of the targeted residential intervention? (prompt: outcomes for Elizabeth, outcomes for Imogen, outcomes for staff/parents)
7. Was anything not achieved that you hoped would be?
8. Have you learnt anything personally from the residential support? (prompt: strategies, resources).
9. How did the residential unit contribute to the achievement of positive outcomes? (prompt: systems, skills of staff, location).
10. Is there anything else that the residential unit could do to support pupil?

5.6.3 Appendix 3: Thematic Map

