Volume 2

Professional Practice Reports

by

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Chapter 1

<u>Introduction to Volume 2</u>

1. Introduction

In 2006 the training route for educational psychologists (EPs) changed from a one year masters course to a three-year Doctoral training programme in Applied Educational and Child Psychology. The author of this volume is a member of the third cohort of Trainee Educational Psychologists (TEPs) accepted onto the course at the University of Birmingham (2008-2011). The structure of the course at Birmingham University dictates that trainees attend university on a full-time basis for the first year, alongside two fieldwork placements within educational psychology services. For the subsequent two years employment as a trainee educational psychologist (TEP) employed by a local authority is a pre-requisite.

This thesis was produced as part requirement towards the award of my doctorate. Volume Two comprises of four professional practice reports (PPRs) based on work undertaken within my practice as a TEP during years 2 and 3. The university provide guidance on the four broad areas in which these studies should focus, although there is flexibility for TEPs to negotiate work based on local need within individual services. The topics reflect my own interests as a trainee educational psychologist and the nature of the casework undertaken within my Local Authority EPS context.

The Birmingham course has focussed upon providing TEPs with a wide skill-set within an ecological understanding of the functioning and development of children (Bronfenbrenner, 1979). The four PPRs demonstrate the breadth of casework EPs are able to undertake within their practise, and the empowering and ecological

principles that underpin that work. The PPRs highlight the distinctive contribution that EPs can make within the educational context, applying and sharing evidence-based psychology to effect change for individual children, teachers, school systems and parents (Cameron, 2006).

2. Context

During Years 2 and 3 of the Doctoral training I have been employed in a large West Midlands Local Authority (LA), working in the North-West area of the LA under the guidance of two experienced EPs. The EPS serves a diverse community, with a wide-range of differing ethnicities, cultures and levels of prosperity. Nearly 30% of the population are from ethnic minority communities (Office for National Statistics, 2001) and areas of the city experience high levels of deprivation, crime and unemployment (Ofsted, 2007). The LA also has a high percentage of young people with over half of pupils hailing from ethnic minority communities and 30% from one parent households (Ofsted, 2007). Of the 178,000 pupils attending school within the authority 40,000 have been designated as having special needs, 4000 are registered as disabled (Ofsted, 2007), 7000 have a statement of educational needs and 3000 attend special schools (Midlands EPS, 2007)

I have worked within six schools, five primary one secondary, with increasing independence over those two years in an inner city area with relatively social disadvantage and high ethnic minority population. During the last eighteen months I acted as the visiting EP in those schools independently negotiating casework,

training and statutory work. Alongside delivery of EPS services to schools I have also completed work with nine pre-school children, their families and other agencies working with them. In addition to this I have worked with three children and their families whose circumstances and arrival in the city is regarded as non-routine within the service, for example work with a disabled asylum seeker and his family. I have also contributed within service to the Behaviour and Well-Being core group as part of my development work time. Where practical I have tried to incorporate the academic demands of the course within my work practise in order to benefit those schools I have had responsibility for.

The educational psychology service (EPS) presently employs 43 fulltime EPs, 3 TEPs and two graduate psychologists, although at this time the service is contracting in response to local and national budgetary pressures. I have joined the service at a time of great change and uncertainty, with the role of EP being redefined, and the EPS's relationship with schools being reconstituted, as the move towards traded services gathers pace. The shift to a traded services model may radically change the relationship between school and EP, although how this is likely to change is as yet a matter of conjecture. Clearly EPs remain focussed upon preventative work, carrying out a range of whole school, class and small group interventions, as well as training and consultation with staff and parents. However whether this will be the priority for individual schools remains to be seen, as their power or otherwise as the customer is still to be fully realised. The next few years will be an interesting, challenging and exciting time to be a newly qualified EP, perhaps somewhat dependent upon how schools understand and conceptualise the unique psychological contribution we can

contribute in schools. Furthermore somewhat belated local moves towards multi-agency working will further stretch the role of EP and may further deepen the sense of identity crisis that so often seems to engulf the profession (Cameron, 2006), as services compete and seek to reinforce their own unique and definitive professional identify (Love, 2009).

3. Professional Practice Reports

The four professional practice reports (PPRs) contained within this volume are summarised below.

3.1 PPR1 (Part 1) Raising Achievement

PPR1 focussed upon raising achievement, a central aspect of government attempts to address social inequality and ensure each individual can reach their potential (House of Commons Education and Skills Committee, 2003). In particular the study focussed upon the under achievement of pupils with learning difficulties and disabilities (LDD) and the role Ofsted plays in improving standards for this often vulnerable pupil group.

The study explored the issue within a local secondary school to provide a contextualised account of the factors underlying their recent Ofsted inspection (07/2009), which emphasised the "outstanding progress" made by pupils with learning difficulties and/or disabilities (LDD, predominantly MLD). This report

assessed the perceptions of staff linked to the school regarding how the school supports the achievements of these pupils and considers their views regarding the role Ofsted plays in this process, and how informative inspection is for the school.

3.2 PPR 1 (Part 2) Raising Achievement Online E-Activity Reflections

This paper reflects on two asynchronous online discussion forums based around raising achievement.

Forum 1 was based around the critique of an article by Demie, Lewis and Taplin (2005) entitled 'Pupil Mobility in Schools and Implications for Raising Achievement'.

Forum 2 was based around the fictional town of Grimtown within a fictional EPS. The scenario concerned how to raise the achievement of white working class boys, and the group were to identify three practical ideas the EPS could help to deliver.

3.3 PPR 2 Cognitive Behavioural Therapy

This case study report considered the use of Cognitive Behavioural Therapy (CBT) and other individualised therapeutic approaches within Educational Psychology (EP) practice. The study reports the use of a CBT intervention to support a 14 year old male identified with complex Social, Emotional and Behavioural Difficulties (SEBD). The report discussed the role EPs should take in delivering individual-focussed therapeutic work and highlights the complexity involved in delivering CBT. In light of

this the evidence base for CBT is assessed and the potential barriers to EPs using CBT within their practice are identified. The report discusses the future for EP therapeutic practice and concludes that EP services seeking a distinctive contribution should consider a more constructive stance toward therapy, provided that it is delivered as part of multi-modal systemic interventions that avoid purely within-child conceptualisations.

3.4 PPR 3 Instructional Psychology

This report assesses the role of instructional psychology in accelerating basic literacy skill development and considers why the pedagogical principles of instructional psychology are not used more widely within educational settings in the UK. The study focuses upon the implementation of a Direct Instruction (DI) intervention to develop the basic literacy skills of four pupils identified with Special Educational Needs and Learning Difficulties/Disabilities (SEN/LDD). Raising the educational attainments of pupils with SEN/LDD and fostering high expectations have been central to government approaches over the last 15 years (DCSF, 2009d), and the development of literacy skills is central to this agenda, as those who fail to acquire basic literacy skills may become some of the most socially excluded within society (UNESCO, 2006). This study has demonstrated that, when implemented with fidelity, DI can be an important way in which school staff can support these children, and argues that instructional psychology can play a central role in supporting children with SEN/LDD as part of a broad, flexible and occasionally specialised pedagogic approach.

3.5 PPR 4 TaMHS

Using Nominal Group Technique (Delbecq and Ven De Ven, 1971) this study sought to elicit the views of a cohort of secondary school teachers', within a TaMHS school, in order to identify some of the strengths and difficulties associated with supporting the emotional health and well-being of pupils through school-based mental health programmes.

4. Reflections

The opportunity to undertake research-based professional practice reports has allowed me to develop skills which are central to developing an evidence-based approach to practice, something that can hopefully contribute to the professions distinct professional identity in the future (Cameron, 2006; MacKay, 2000). Indeed these skills will form the basis of my professional practise in the future. Furthermore the reports have allowed me to develop specific knowledge around key psychological approaches such as CBT and instructional psychology, aspects of which are also embedded within my day-to-day practice.

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Chapter 2

<u>**Professional Practice Report 1**</u>

A Case Study Exploring the Role of Ofsted in Raising the Achievement of Pupils Identified with Learning Difficulties and Disabilities (LDD) in a Local Secondary School

Abstract

Raising achievement is central to government attempts to address social inequality and ensure each individual can reach their potential (House of Commons Education and Skills Committee, 2003). Following the significant changes in the education system over the last 30 years, including the apparently contradictory philosophies of marketisation and inclusion, the under achievement of pupils with learning difficulties and disabilities (LDD) has been highlighted, and there has been a wide variety of legislation and national and local initiatives designed to address this. In order to regulate this complexity the role of inspection by the Office for Standards in Education (Ofsted) has increased and become more regulatory but there is a belief amongst some teachers that the process has become disconnected from schools and serves no useful formative purpose.

Adopting a qualitative methodology this paper aims to explore these issues with a local secondary school to provide a contextualised account of the factors underlying their recent Ofsted inspection (07/2009), which emphasised the "outstanding progress" made by pupils with learning difficulties and/or disabilities (LDD, predominantly MLD). This report assessed the perceptions of staff linked to the school regarding how the school supports the achievements of these pupils and consider their views regarding the role Ofsted plays in this process and how informative inspection is for the school. Key themes to emerge were identified from the semi structured interviews conducted. Overall the staff felt that the school environment is central to supporting LDD pupils along with high expectations and the

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careful monitoring of progress. Ofsted was seen to be relatively unhelpful in this although significant contradictions in the discourses about Ofsted emerged and are discussed.

1.0 Introduction

1.1 Raising Achievement

Raising pupil achievement has become something of a mantra within education in recent years in a move to address social inequality and provide children and young people with the necessary skills to find work in the largely post industrial landscape of modern Britain (House of Commons Education and Skills Committee, 2003). Achievement in school is seen as central to an individual reaching their potential and making an effective contribution to the society in which they live. However the notion of achievement is complex and is often poorly defined. To mitigate for this the Office for Standards in Education, Skills and Children's Services (Ofsted) have, since September 2009, included a definition of achievement and attainment within all Section 5 Inspectorate reports as a part of a 'common terminology' section. Achievement is described as;

"The progress and success of a pupil in their learning development"

This is to be differentiated from attainment which is defined as;

*"The standard pupils' reach with regard to national norms i.e. the
standard of the pupils work shown by test and examination results and
in lessons"*

From these definitions it is clear that achievement encapsulates attainment but has a wider meaning. This distinction is often not explicitly understood and within my practice I have noted that achievement may be discussed in the same largely academic terms as attainment within certain school contexts. It is important however to draw a distinction between them because not all children are able to attain a high level of academic success but may achieve well in school relative to their starting point or based on other non academic 'measures', for example those with learning difficulties or disabilities (LDD).

The focus on raising achievement is part of an approach to tackle underachievement in sections of the population and the government's strategy, forming part of a new sociology of education, has been to promote interventions based around improving school organisation, teaching and learning (House of Commons Education and Skills Committee, 2003). The acknowledgement that environmental factors rather than a fixed aspect of a particular individual play a central role in underachievement has led to the recognition that if environments can be redefined then the potential of each individual can be raised (Department for Communities and Local Government, 2006). There are various ways in which government has sought to address underachievement, from addressing systemic concerns *within schools* where underachievement is viewed as the result of a structurally inadequate education

system, to the targeting of particular *groups* (for example pupils from white working class backgrounds) and the targeting of specific *areas* through programmes such as the Excellence in Cities initiative (DCLG, 2006). However from my own professional experience it appears that this increasingly prescriptive approach may be leading education to become ever more centralised and target-driven, with change often enforced or imposed.

During the data gathering for this project, school staff talked of 'drowning under endless initiatives' and this is certainly a popular discourse in education circles at present. The emphasis on children and young people's achievement is now legally enshrined within the Every Child Matters legislation as a distinct strand (DCSF, 2009a). Subsequent legislation has been introduced that is now specifically aimed at raising achievement, for example Achievement for All (DCSF, 2009b). The attainment strands of the push for raised achievement have led to increasingly centralised targets aimed at raising attainments for all pupils such as the National Challenge (DCSF, 2009c) and the Progression Guidance for LDD pupils (DCSF, 2009d). School Improvement Partners (SIPs) now support schools to improve standards (DCSF, 2009e) and in the classroom programmes such as the National Literacy Framework (DCSF, 2009f) have been introduced and personalised learning promoted through Assessment for Learning (Qualifications and Curriculum Development Agency, 2009). There is a wealth of guidance published around working with different populations of pupils, for example learning and teaching for children with dyslexia (Rose, 2009) and work targeting the achievement of specific groups, for example white working class boys (DCSF, 2009g). Continuous training and CPD for the

workforce is seen as central to this strategy (DCSF, 2009h) as is the Building Schools for the Future (National Audit Office, 2009) programme which aims to improve the physical environment in which education takes place and provide the resources to help children further their achievements (TeacherNet, 2009).

Local Authorities have a legal responsibility to work within these national frameworks. However alongside this they also have to meet local priorities and identify initiatives to work in partnership with schools to focus on the teaching and learning of all pupils and allow for the dissemination of good practice (House of Commons Education and Skills Committee, 2003). Within Birmingham, Special Educational Needs (SEN) support services, under the banner of Integrated Services, support the inclusion agenda and seek to help raise the achievements of pupils with LDD. At a systemic level school effectiveness co-coordinating bodies (Birmingham Advisory Service for Schools) help schools monitor staff professional development and school improvement more generally (Birmingham Grid for Learning, 2009). Specific areas are targeted for intervention through Neighbourhood Renewal and certain schools within these areas have been targeted for additional funding and resources. Many of the schools work closely with external professionals to prioritize early intervention and there are a number of parent initiatives such as Triple P (2009) and the Incredible Years (2009). Birmingham with its highly diverse cultural composition has placed an emphasis on intervention at the group level, targeting for example white working class boys, black, Pakistani and Bangladeshi boys, newly arrived pupils and Looked after Children, and this all links into the wider Brighter Futures strategy where the:

"...vision is for Birmingham to be an inspiring place where all children and young people enjoy living, learning, developing and achieving together whilst feeling secure in a city that is child and family friendly"

(Brighter Futures, Birmingham Grid for Learning, 2009)

1.2 Monitoring Achievement: The Role of Ofsted

The central means of regulating the complexity of the education system is through Ofsted. Ofsted was initially created to ensure school accountability for the delivery of the National Curriculum (Shaw et al., 2003). The monitoring of standards in education was not a new phenomenon (Case, Case and Catling, 2000) but the shift from the existing system of inspection represented a radical shift from inspectors advising the system to fundamentally steering it (Fitz and Lee, 1997). Ofsted is based around the idea of 'improvement through inspection' (Rosenthal, 2004) and New Labour have embraced this neo-liberal (Power and Whitty, 1999) performance management approach to education by widening the Ofsted remit alongside taking steps endeavouring to tailor the national curriculum to meet the needs of the wider economy and the ever increasing central control of teaching and learning (Gewirtz, 2002).

In relation to education the central purpose of Ofsted has remained largely unchanged since its inception:

"The improvement of standards and achievement and quality of education through regular independent inspection, public reporting and informed advice" (Ofsted, 1993, in Shaw et al., 2003, p64).

From this conceptualisation of the role of Ofsted four key inspection objectives have emerged (Rosenthal, 2004) that place an emphasis on putting children and learners more generally first (Ofsted, 2009):

1. Raising standards of achievement of students

2. Enhancing educational experiences

3. Increasing financial efficiency

4. Developing the ethos of the school and raising pupil self esteem.

Ofsted have tended to focus on measuring school performance through the analysis of academic progress indicators but it would be misleading to suggest that Ofsted is only concerned with statistical indices of achievement which are relatively easy to measure and quantify. As a result Contextual Value Added (CVA) factors such as prior attainment, gender, poverty and mobility and their impact on achievement are taken into account (DCSF, 2009i). Within the Ofsted (2009) Inspection Guidance there are many less academically orientated areas which are investigated, which will have a direct impact on all pupils' achievement including those with LDD (Marshall, 2008). For example there is an emphasis on admissions and attendance, discipline and exclusions, behaviour policies, bullying, safeguarding, health and safety, risk assessments, accessibility plans and how the curriculum promotes pupils' enjoyment

and achievement. Schools are expected to comment on pupils' social, moral, spiritual and cultural development and how inclusive they are. Progress and achievement in these areas however is likely to be measured by mainly soft outcomes which are difficult to define and may be highly subjective.

1.3 Rationale for the Study

I developed this small scale research project in order to provide a contextualised account of the factors underlying a local secondary school's recent Ofsted inspection (07/2009), which emphasised the "outstanding progress" made by pupils with learning difficulties and/or disabilities (predominantly MLD).This report assesses the perceptions of staff linked to the school regarding how the school supports the achievements of these pupils and consider their views regarding the role Ofsted plays and how informative the inspection process is.

As a Trainee Educational Psychologist I believe all pupils in school should expect a high standard of education coupled with high expectations regarding achievements and developmental potential. As a trainee I felt it was important to assess a school which has been deemed to be successful in this domain in order to inform my own practice and to facilitate the sharing of best practice. As a Trainee EP new to the school it could also represent an important way of understanding how the school functions, as well as providing an opportunity to work alongside staff and build relationships. The role of Ofsted as an education 'watchdog' is often contested within education and I felt assessing its role from the perspective of staff attached to the

school could be informative. I am interested in how influential the Ofsted process is in motivating staff and how it influences the activity of the school more generally with regard to its work with pupils with LDD.

The aims of the research were to;

- elicit the views of staff linked to the school regarding their conceptualisation of what constitutes achievement for LDD pupils and what factors have, in their opinion, contributed to the perceived success of the school in meeting the needs of LDD pupils;

- elicit the views of the staff regarding the role of Ofsted and the benefits of the inspection process in raising the achievements of LDD pupils; and

- understand the implications of these views for Educational Psychologists (EPs) practice.

2.0 Methodology

2.1 Setting and Context

This study was conducted in a mixed comprehensive secondary school in Birmingham. It is a foundation school which means that although the school is funded by the Local Authority it has greater independence from central decision making than non-foundation schools (DCSF, 2005j). The school was designated a specialist business and enterprise college in September 2004.

The school is located in a highly populated area that experiences relatively high levels of unemployment, crime and infant mortality. The population of the area is highly diverse with 76.2% from ethnic minorities. The area has a younger age profile than the wider city and the levels of educational attainment for the area are below the average (Birmingham Economy, 2009). The school had 1028 pupils on roll (July 2009). Of these pupils around two thirds speak English as an additional language, although few are at the early stages of speaking English (Ofsted, 2009). The number of pupils who are eligible for free school meals is three times the national average and the number of pupils with a statement of educational needs is broadly in line with the national average (Ofsted 2009). The school does however have double the national average number of students with learning disabilities and difficulties (LDD), the vast majority of whom may can be classified as Moderate Learning Difficulties (MLD) (Ofsted, 2009). Overall 23.6% of the pupils are described as having SEN.

The school places a significant emphasis on "improving the attainment and achievement of all pupils" and there is an importance placed upon student support and welfare (School Profile, 2008, p2). Following their 2006 Ofsted inspection the school have developed their monitoring of academic progress and developed their e-learning potential and whole school literacy programme which should benefit all pupils (School Prospectus, 2009). Their Contextual Value Added (CVA) figures are above national averages which means pupils in the school achieve and progress well given their individual circumstances and relatively low starting point (Ofsted, 2009). Within the prospectus and profile however, statistical reference is only made to those pupils achieving 5 GCSEs Grade A-C. The school are proud of their secondary

transition plan for all pupils and this presumably benefits pupils with LDD. Similarly their vertical tutor system aims to increase the inclusiveness and interconnectedness of the pupils within the school. Overall the schools mission statement "Learning without Limits" (Prospectus, 2009) underpins the image they are presenting

In summary (see **Figure 1**) the latest Ofsted report (2009) observed:

Fig. 1 School Ofsted Report Summary 2009

Ofsted Criteria	Judgement Level Achieved
Overall effectiveness of the school	2
Improvements since previous Ofsted	Yes
Partnerships with others to promote learning	1
How well do leaner's achieve	2
Standards reached by learners	3
Progress of pupils (Contextual Value Added)	2
Progress of pupils with learning difficulties and/or disabilities	1
Personal Development and Well-Being (Overall)	1
Quality of Provision (Overall)	2
Leadership and Management in raising achievement (Overall)	2

(Key Summary: 1= Outstanding, 2= Good, 3=Satisfactory, 4=Inadequate)

"All groups make good progress but the school does particularly well in ensuring pupils with learning difficulties and/or disabilities make outstanding progress. For quite some time more able students have not made such good progress as those of a lower ability" (School Ofsted Inspection Report, 2009).

The school places a significant emphasis on support from external agencies in supporting the often complex needs of the pupils. The Inclusion Team (School Website, 2009) within the school plays a central role in co-ordinating this support and providing individualised programmes for pupils based on their learning, emotional, linguistic, social and behavioural needs to promote their achievement. Pupils' academic skills are baselined on entry into the school and half-termly assessments are conducted to establish rates of progress. The Inclusion Team are expected to raise the achievement of the pupils with whom it works to Level 4 on the National Curriculum. The Inclusion Team also aims to ensure equality of opportunity for all pupils, ensure the wider needs of the pupils are met, support access to the curriculum and provide support and training for staff.

2.2 Participants

The participants in this study were asked to take part to provide a range of perspectives regarding the achievement of pupils with learning difficulties and/or disabilities within the school and the role Ofsted plays in supporting this agenda. I interviewed the Head of Inclusion Support, a class teacher and a member of the pastoral support staff. The sampling frame of participants' was selected following

discussion with the Head of Inclusion and was based on the availability of staff at that time, although all three participants were experienced members of staff who had been with the school for four years or more. The views of the staff were considered to be representative of the wider staff team, although from such a small sample size I could not be sure this was the case, and the data collected was treated cautiously as a result.

2.3 Data Collection Procedure

This report is grounded in a constructivist view regarding the nature of 'reality' and the research procedures reflect this orientation. A constructivist ontological perspective requires an epistemological stance which emphasises the subjective meaning of social action and its scope for reconstruction in a multiplicity of ways through language (Crotty, 1998). As such there can be no absolute truth, only an individual actor's construction of any particular reality or object (Grix, 2001). As a result a qualitative framework for gathering information was developed using individual, semi structured interviews to 'discover' individual unique constructions or perspectives from within the organisation (Coolican, 2004). The choice of semi-structured interviews permits a degree of structure to the interview where pre-identified issues can be explored and discussed (Denscombe, 1998). Usefully however it also allows the researcher the flexibility (Robson, 2002) to allow the interview to evolve and develop in interesting and perhaps previously unconsidered ways, as well as encouraging participants to expand their answers (Coolican, 2004).

This level of informality can be important when conducting research in complex contexts where there are often no simple explanations regarding thought and action. The use of open-ended questions within the interviews was designed to prompt in depth participant responses and allow the interview to proceed in a naturalistic manner, producing "rich, genuine and realistic information on the interviewee's own terms" (Coolican, 2004, pp155). I built rapport with the interviewee's by articulating clear goals, setting clear boundaries and remaining sensitive and empathetic to verbal and non-verbal cues (Cohen, Manion and Morrison, 2007). I hoped to further reinforce this by arranging discussions at suitable times, discussing the rationale for the study and underlining the anonymous nature of the research. The interview schedule (appendix 1) was designed as a series of generic topic questions with a set prompts to further guide the interview if required (Cohen, Manion and Morrison, 2007; Robson, 2002). The topics identified were based around the areas of interest for the study and aimed to gather a wide range of contextual data for further analysis.

2.4 Ethics

In negotiating the work with the school it was important to be clear about my purpose and underlying motives for the research. As the new Trainee Educational Psychologist for the school I discussed how important the study could be to me for gaining an understanding of the school and how it functions. I assured the school staff that my work was not to be a direct critique of their practice and any information which I felt could be beneficial to them could be fed back if they requested. The staff understood my concerns and did not appear to be threatened by the process. From

my perspective I did not wish to compromise my working relationship with the school and this could occur if I was careless in how I conducted the research or presented the results. As a consequence I decided prior to conducting the research not to feed back any negative information to the school. The completed report would be anonymised and I felt this would be an adequate safeguard.

Prior to the interviews I gained oral voluntary informed consent (British Educational Research Association, 2004) from the participants after discussing the topic with them, what I intended to do with the information and who would have access to the data (Robson, 2002). Confidentiality was assured and the anonymity of the data was guaranteed within existing ethical guidelines (BERA, 2004).

During the interviews the key ideas were recorded by hand along with key quotations and brief comments (Grinnell and Unrau, 2008). I did not tape record interviews as I did not need a permanent record of the conversation for transcribing (Denscombe, 2002). I offered to show the interviewees what I had written at the end of the session so they could correct any misrepresentations, add comments for clarification purposes, object if they wished or withdraw from the study (BERA, 2004). Similarly I asked them if there were any aspects of the interview record with which they were uncomfortable and that they would rather were removed. The notes taken and my subsequent interpretation of them were inevitably open to researcher bias (Denscombe, 2002), something that can often be a factor in qualitative approaches. However in checking the contents with the participants after the interview I hoped to mitigate for this.

3.0 Findings

A number of key points emerged from the three semi-structured interviews conducted that can be summarised as follows (see **Figures 2 and 3**);

3.1 Raising the Achievement of Pupils with LDD

Fig. 2 Based on actual noted comments and direct quotations regarding how the school have raised the achievement of pupils with LDD.

- Achievement for LDD is wider than academic attainment encapsulating all aspects of their development (roughly in line with OFSTED's definition).
- High expectations of staff and effective monitoring of progress were seen to be central to their success and that of school.
- The school was conceptualised by two interviewees as a learning organisation that never stands still and settles for what they have. This benefits LDD pupils academically and socially as the management attempt to promote an inclusive ethos (in response to high numbers of need)
- A close working relationship with parents facilitates smooth communication and reduces misunderstanding.
- Personalised and differentiated work is important. Working with teachers to ensure they understand what these terms mean can be problematic.
- Establishing school 'equilibrium' through balancing the need for a supportive, caring and disciplined approach. Day to day this equilibrium can be disturbed and renegotiated but a strong staff culture supports a restoring of balance.
- LDD pupils are supported with consistency in part due to the low staff

- turnover in the school which allows solid and trusting relationships to be built.

- National and local initiatives to raise achievement have benefits but often the school is overwhelmed and chooses its own path. These initiatives are often not properly funded and ill thought through. Instead schools should adopt practices that are beneficial for individual pupils based on need and context.

- Class-based intervention allows LDD pupils to be supported in class by TAs who 'go to them'.

- The 'academically needy' are supported in smaller targeted classes. Those with 'behaviour problems' are withdrawn and taken to the inclusion room to work alongside a learning mentor. Specialist staff are deployed where appropriate.

- A close working relationship with external agencies was seen to be essential to supporting LDD pupils, although often 'they may not know what is best for the child'. However most staff do not understand what other agencies do and in reality external agency support may be valued more in principle than in practice.

- A strong pastoral system means a 'family atmosphere' is created with staff that 'truly care' and are committed to equality. This is underpinned by a positive and inclusive school ethos.

- Overall, interviewees were vague regarding specific interventions adopted to support the achievements of LDD.

- The changes in monitoring progress (e.g. Progression Guidance) may negatively impact on LDD pupils as the school could have to focus on high achievers to maintain league table position. Unlikely given the high numbers of LDD in school but an unnecessary extra pressure.

3.2 The Role of Ofsted

Fig. 3 Based on actual noted comments and direct quotations regarding the role of Ofsted in raising the achievement of LDD pupils.

- The Ofsted process was conceptualised by one interviewee as an 'audit' conducted by people who are detached from the reality of inner city schools and is used as a political tool.
- The Ofsted process is a waste of time and an overtly negative process that seeks to find fault and offers little positive support to rectify problems as with the HMI system. It is highly judgemental and 'produces no result or benefit for any pupil let alone LDD'.
- Two staff members were disappointed not to get an outstanding overall however the senior staff member interviewed felt it was an accurate inspection and that it has provided them with 'pause for thought' and 'room for improvement'.
- The OFSTED inspection does impact LDD pupils because it 'focuses on effective learning rather than effective teaching'. This supports the progress of pupils and helps to sharpen the schools 'awareness'.
- There is no flexibility in the OFSTED inspection; if criteria are not fulfilled the school is marked down despite the process being something of a static measure of the school's performance.
- OFSTED figures in people's minds when 'it is due'. Most of the time it does not however and it is regarded as a nuisance to 'be got done with'. In OFSTED year there 'is an effort to get things right'.
- The stress and tension caused pre-OFSTED is unhealthy for staff and there is no need for it. The need to evidence practice to support self assessment means extra workload and uncertainty for staff.
- It is 'offensive' to be marked on lesson delivery. However in counterpoint to this, interviewees discussed the way in which some teachers were not following procedures such as Assessment for Learning (AfL) in their daily practice.

- OFSTED was seen to have a negative impact on some staff more than others. This was related to underlying competency of those staff and their own individual psychology which influences their risk or protective factors toward managing stress. A link between teacher competence and their susceptibility was suggested.

- OFSTED changes 'something in the air of the school'. The children are primed for the visit and it can feel 'surreal'.

- One interviewee felt OFSTED disturbs the 'life of the institution'. Staff are institutionalised and people are resentful of OFSTED because it makes them change habits and practice. OFSTED can help to create 'incremental change' within the school

- One staff member interviewed perceived Ofsted's role as trying to 'get all pupils to GCSE standard which is unrealistic and undesirable'. Achievement for some pupils is 'getting here' which means the progress some pupils make is impossible to measure and will not be seen during inspection.

- The SEN aspect of the inspection was conducted through an hour's interview with the Head of Inclusion and an observation of one lesson he delivered. SEN were not seen to be a primary focus during this visit.

- The interviewees felt that the Ofsted criteria were not explicitly shared with them which creates an air of secrecy around the process which staff felt were unhelpful.

4.0 Discussion

From the interviews it is possible to highlight a number of important factors that, in the judgement of the three respondents, contribute toward the success of the school and identify many issues regarding the role Ofsted plays in this.

4.1 Staff Views Regarding the Achievement of LDD Pupils

The staff interviewed adopted a broad interpretation of the meaning of achievement for LDD pupils. There was a distinct emphasis on academic attainment, yet other non-academic factors were identified as equally, if not more important, for this pupil group, for example regular school attendance, success in sports and the building of positive relationships between pupils and adults. The success of the school in raising the achievement of pupils with LDD appeared to be primarily framed in terms of within school factors rather than resulting from external policy initiatives, although there was an acknowledgement that external pressures to change do drive internal workings of the school. These within school factors included a strong inclusive identity and culture within the school that all staff and pupils subscribe to, and there was a sense that this was morally the 'right way' to support these pupils (Gray and Panter, 2000). Inclusion was seen to raise levels of achievement for LDD pupils and although some inherent difficulties between their inclusion and the needs of the wider school population were identified, for example in managing 'problem' behaviour, in general the inclusion and standards agenda were reportedly embraced in tandem.

4.1.1 Family Atmosphere

The creation of a family atmosphere was highlighted as central to the success of the school's work with LDD pupils. Maintaining this atmosphere and establishing an 'equilibrium' within school, where a balance is struck between a supportive, caring and disciplined environment was seen as essential. The inclusion of pupils with LDD

appeared to challenge this equilibrium, particularly in the case of pupils with social, emotional or behavioural difficulties (SEBD) who were framed as the most 'difficult' to manage. Locating and maintaining the right balance between the educational and social development of pupils with LDD (particularly SEBD) and the wider school population remains difficult and the respondents were clear that they made use of fixed term exclusions as a means to manage this on occasion. This has been used specifically to manage bullying within the school, which is known to have a significant psychological effect on LDD pupils' development (Frederickson et al., 2007).

The creation of an inclusive family environment within the school and the maintenance of a strong positive school ethos, the provision of specialist staff and relevant CPD for staff appear to be key factors in initiating and maintaining the outstanding progress of LDD pupils (Hawkins, Florian and Rouse, 2007). However further analysis of the data from the interviews may contradict this strong inclusive rhetoric. Within two of the interviews the inflexibility of some staff was referred to and a lack of understanding about the meaning of inclusion and the needs of LDD pupils was identified. Teachers may feel confused with regard to the terminology around LDD, achievement and inclusion (Hawkins, Florian and Rouse, 2007) and this may be typically experienced in less supported contexts where many teachers do not understand what is meant by good progress for LDD pupils (Ofsted, 2006). For some teachers the notion of inclusion is difficult to adjust to as it can place significant stress on them and they can feel poorly equipped to cope and may lack the skills and awareness to change their practice, and occasionally attitude, to become more inclusive. Some teachers may also lack the necessary skills to differentiate work

appropriately and the ever increasing emphasis on differentiation in the classroom may place unrealistic expectations upon them. One interviewee noted that it was easier to work alongside Newly Qualified Teachers (NQTs) as they are more open to the notion of inclusion and what it entails within the classroom context. For many teachers however difficulties remain and the model of inclusion has been critiqued for its apparently simplistic view (Robertson, 2001), when in fact for the practitioner working in school it presents a significant challenge within their day to day work.

4.1.2 A Positive Organisational Culture

The interviewees all felt that the school has a management structure which promotes a strong and positive organisational culture (Fullan, 1993), which in turn creates a collective shared identity for its members (Stoll, 1999). A strong organisational culture led and defined by the approach of management (Hobby, 2004) promotes clear patterns of working between staff that act as form of social glue. It allows management to exert social control within an organisation which increases the behavioural consistency and conformity of system members (Alvesson, 2002). The culture of a school acts as a hidden curriculum in terms of transmitting values and beliefs to the individuals in the school (Hodas, 1996). In this study this was conceptualised positively as a benefit to LDD pupils as it allows positive messages about their value within the school to be transmitted (MacGilchrist et al., 1995) which further encouraged their participation and achievement. It was also noted that staff turnover was low and that this was key in supporting LDD pupils and developing a positive school culture (Stoll and Fink, 1996).

4.2 The Role of Ofsted and the Achievement of LDD Pupils

The interviewees did not identify a direct relationship between the Ofsted inspection process and the raised achievement of LDD pupils or indeed the wider performance of pupils within the school. Ofsted was framed as having little relevance outside of the year 'when it is due' when it may focus the school's thinking (Cullingford, 1999) despite the reduced preparation time (Marshall, 2008). One interviewee from the management team did acknowledge that the Ofsted inspection impacted on LDD pupils indirectly because it focuses on "effective learning rather than effective teaching which supports the progress of LDD pupils" by providing them with metacognitive strategies and "helps to sharpen the school's awareness". The ability of the Ofsted inspectors to observe the difficulties in maintaining equilibrium in 'an inner city school' was questioned during the interviews and it is perhaps unlikely they would get a true reflection of the functioning of the school when their very presence reconfigures that equilibrium artificially. A snapshot inspection is unlikely to gain a full understanding of the provision for LDD pupils and may become something of a tick box exercise that lacks substance (Marshall, 2008)

4.2.1 The Politics of Ofsted

The creation of Ofsted (1992) has lead to structured and intensive scrutiny of schools which, in the view of some, has lead to the increasing politicisation of education (Fisher, 2008) and this was certainly a discourse to emerge from the interviews. Implicit within Fisher's 'socialist' critique is the view that Ofsted are another feature of

the government's centralising tendency despite their alleged independence (Ofsted, 2009). Despite Ofsted's assumed independence it seems somewhat illogical to suggest they do not have a political purpose in enforcing government-led policy. The staff interviewed implied that Ofsted are systems-focussed in opposition to their primary focus on pupil outcomes and development. Underpinning this is an implication that Ofsted are politically driven whilst members of staff truly care and are almost politically neutral. Within this there was no discussion of the political nature of schools as distinctive and powerful organisations (Hodas, 1996) and the impact this was likely to have on the inspection process. Schools are not passive organisations, on which inspection is performed. Rather they comprise a series of nested groupings, sub groupings and individuals that create a complex political 'hotbed' which influences the running of the school (Stoll, 1999) and its reaction, interpretation and assimilation of the Ofsted process. Thus the process of inspection and its ultimate utility for LDD pupils will be partly determined by the management's political orientation, their ability to manage the Ofsted inspection internally and use it to their advantage to engage all staff in change (Cullingford, 1999).

4.2.2 Ofsted and the School Organisation

The inspectorate agreed that the school organisation and culture is a positive one for LDD pupils but the staff felt that Ofsted do relatively little to contribute to this. In reality the Ofsted process was seen to place enormous strain on the school system and create tensions within the organisation around inspection time. A good Ofsted report is vital for school success but there was frustration that Ofsted do relatively

little formative work to support the achievements of LDD pupils in terms of recommendations and input to the school. The inspection regime was seen as a negative fault-finding process that pressures individuals within the organisation and has little benefit for LDD pupils as the staff have less time to support their needs. Overall there was a perception that Ofsted constrained the work of the school during inspection year. This was compared in opposition to the days of Her Majesty's Inspectorate (HMI) when there were no individual teacher assessments and a more constructive and formative process which "both criticised and supported schools in equal measure" (Marshall, 2008, pp74).

One interviewee from the management team produced a contradictory account of the impact of Ofsted, drawing reference to the way in which the Ofsted inspection had given the management "pause for thought and improvement", yet following this by emphasising that the Ofsted process is uninformative for all pupils and not just those with LDD. This highly inconsistent discourse perhaps underlines two things. Firstly that the Ofsted inspection may have more of an impact on management in terms of planning their future strategy than on the staff further down the pyramid who are more concerned with day to day matters. Secondly it underlines what an emotive issue Ofsted is for staff and the negative discourses that exist within the wider staff community.

In one sense the Ofsted process leads schools into being forced to change (Marzano, Walters and McNulty, 2005) but the beliefs and attitudes of staff can remain embedded within the school system (Hodas, 1996) which can presumably

make them resistant to change. The interviews contained two primary contradictions regarding this. The school was described as a learning organisation that also has a number of staff who are resistant to change. Secondly the Ofsted process was described as insulting, yet it was acknowledged that schools can become institutionalised and need 'shaking up' if they are to keep progressing and meeting the needs of all the pupils. Ofsted's role in monitoring the 'institutionalised' nature of schools will inevitably make them unpopular but it should benefit LDD pupils if staff become more aware of their needs.

4.2.3 The Intrusion of Ofsted

The Ofsted process was framed as a largely negative intrusion into the daily life of the school. This kind of discourse creates 'us and them' dichotomies which place Ofsted as an out group member as opposed to being part of the fabric of the education system. Thus in the interviews Ofsted was framed as external to the process of real education and was something to be endured. The creation of 'us and them' discourses probably serves a protective function for the staff and the wider school organisation. Ofsted inspections are something many schools and teachers have come to dread as their practice, and that of the wider school, is heavily scrutinised. Thus Ofsted in its inspection role will be viewed as an external threat that creates more work, provides greater scrutiny and as one interviewee described "is insulting to your work as a professional". This creates high psychological stress which can lead to some staff feeling professionally compromised and intimidated by the inspection procedures (Case, Case and Catling, 2000), particularly when there

are value clashes between inspectors and teachers in areas of knowledge, pedagogy, assessment and culture (Woods and Jeffrey, 1998). However there appear to be no long lasting effects on teachers' mental and psychological health or practice in the classroom (Case, Case and Catling, 2000), although staff and schools can be left feeling isolated and unsupported (Cullingford, 1999). Despite the perceived intrusion of Ofsted a positive inspection report was still to be desired and there was a sense of real frustration that the school had not received an outstanding overall rating, although paradoxically one interviewee maintained the inspection was an accurate interpretation of the school's current standing.

4.2.4 The Ofsted Audit

Within the interviews there was a thread of resentment at the Ofsted inspection process and the need to conform to centralised standards. OFSTED was negatively described as an 'audit' by one interviewee. An audit is 'an official scrutiny of accounts' (Oxford English Dictionary, 2009) and the use of this term may have been used to distance the process as something abstract and unrelated to the day to day running of the school. Scrutiny and observation are difficult for staff within organisations and Ofsted's role is necessarily an unpopular one because it is partly responsible for enforcing those centralised targets. The same interviewee felt that localised inspection would be more informative alongside teacher set targets for achievement that are relevant to the target individual. Whilst centrally set targets for achievement have been important, locally set targets by teachers may better allow the potential of the individual to be unlocked (House of Commons Education and

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Skills Committee, 2003) as they may be more personalised and sensitive to an individual's needs.

4.2.5 Ofsted and Academic Progress

The target school in this study receives many pupils that are starting well below the levels that might typically be expected of them, yet did not report any benefits from the Ofsted process, instead attributing their success to hard work and accurate monitoring of pupil progress. High expectations and the careful tracking of progress were framed as central for raising achievement and this is clearly in line with government thinking which is setting new progress standards for LDD pupils (DCSF, 2009d). One interviewee felt this positive progress could be jeopardised by changes in the monitoring of school effectiveness. The CVA system measured achievement and progress relative to an individual's starting point but Ofsted have now shifted their assessment of school effectiveness back toward raw score data analysis as part of a more robust and comprehensive inspection regime, in part as a response to the statistical complexities of a purely Contextual Value Added system (DCSF, 2009i). The implications of this for pupils with LDD remain unclear. Schools with high populations of pupils with LDD may move further down the CVA tables (TES, 2009), which could lead schools to further prioritise the needs of the majority in order to meet standards and expectations, and may mean they hide their lowest achievers (Hawkins, Florian and Rouse, 2007). The focus on raw score data may not be appropriate for tracking the progress of LDD pupils. Whether the setting of largely arbitrary targets within the Progression Guidance has any real benefit for LDD pupils

in terms of their educational achievement is debatable and may create a substantial amount of extra work and pressure for teachers (Mittler, 2008), although there is flexibility within the system to tailor targets in accordance to the needs of the individual child (DCSF, 2009d).

One interviewee noted it is undesirable to try to get all pupils to achieve the GCSE standard as achievement for each individual pupil can be different relative to their own personal circumstances and some progress can be impossible to measure statistically. Whilst this may be true it may miss the wider point that having high expectations is central to improving the quality of education for LDD pupils (Marshall, 2008). Often low expectations have been the norm reinforced by a lack of rigorous assessment and monitoring of progress in mainstream schools (Ofsted, 2006). The government may be implicitly and explicitly telling schools they are not doing enough for LDD pupils, and that they need to be more ambitious and may need to become more inclusive to do so. However there has always been a battle between classroom reality and ministerial ambition (House of Commons Education and Skills Committee, 2003), evidenced currently, for example, in the continuing debate around School Attainment Tests (SATs).

4.3 Implications for Educational Psychologists

An important aspect of the EP role concerns raising the achievements of pupils with SEN through the promotion of inclusion within mainstream schools. As EPs we ought to be well placed to help schools broaden their notions of achievement and inclusion

in relation to all pupils, and, theoretically to help school's understand the links between them. For example EPs seek to promote an environmental view of underachievement and encourage staff to move away from within child explanations of difference. Similarly we can provide training to support staff and improve their knowledge base. We are well placed to support schools in their implementation of the Progression Guidance and work jointly on targeted initiatives such as behaviour policies and bullying that can lead schools to receive a more robust Ofsted grading. The kind of evidence based approaches we might identify and pursue in relation to achievement are likely to be attractive to Ofsted inspectors, provided the school are open and ready to work collaboratively. In some respects, with the emphasis on inclusion and meeting the needs of pupils with LDD, the aims of the EP service and those of Ofsted are largely compatible. Central to EP values are notions of equality of opportunity, high expectations of pupils, best value, early intervention and prevention, the personalisation of learning and the involvement of parents to help raise the achievements of the pupils we work with. Ironically the inclusion movement has allowed for more government intervention (Armstrong, 2005) and this probably benefits EPs as schools are forced to broaden their focus on academic attainment. In an ideal world EPs could help schools focus on the Ofsted criteria and work towards them so that some of the core values are ingrained within their practice.

4.4 Limitations and Future Directions

This report is based on a small scale qualitative study and the thoughts and reflections of the staff interviewed may not reflect the views of the wider staff team or

those of teachers within the wider education system. Ofsted is an emotive subject for some teachers and staff and it is likely different discourses regarding its function and utility would emerge in different contexts. This may have led to further contradictions and tensions being 'uncovered'.

A wider sample of interviewees would have been beneficial in order to gain a more rounded perspective of staff perceptions within this particular context. It would be interesting to interview an Ofsted inspector regarding their views and garnering the perceptions of external professionals who work alongside the school in helping to raise the achievements of LDD pupils would have been illuminating.

The report only investigated the perceptions of secondary school staff and it is likely that the views of primary school might have produced different discourses. It would be interesting to explore staff perceptions of Ofsted from a school that is deemed to be struggling. It would also be interesting, although perhaps impractical, to bring together school staff and the Ofsted inspectorate within a focus group or other forum to explore tensions and explore ways to break down the barriers between these two professional groups and improve understanding. Observing firsthand how the school have raised the achievement of LDD pupils within the classroom could have been beneficial, to understand how this has been accomplished at the micro level and to establish whether the reality and the rhetoric are consistent. In addition a consideration of the variation in experiences of different sub-populations of LDD pupils within the school may have revealed differences in levels of achievement and may have revealed inconsistencies in the approach of the school.

5.0 Conclusion

The views of staff interviewed within this study emphasised within school factors as central to the achievement of pupils with LDD rather than external policy initiatives. The environment of the school plays a central role in creating an inclusive 'family atmosphere' with clear management structure, firm boundaries and high expectations of conduct and academic performance. Within this the active monitoring of progress was seen as central to ensure challenging academic targets are set for all pupils. The successes the school have enjoyed in their work with LDD pupils have, however, largely mirrored the policy initiatives put forward by the government and clearly legislation does influence the internal workings of the school. This demonstrates that external policy can be effective in raising achievement and that a focus on targets and progression may be beneficial for LDD pupils. Consequently the government may be pursuing a worthwhile policy if it is implemented with flexibility. However increasing targets may, in my view, lead education to become trivialised and undermine teacher and pupil creativity. Reducing individuals to statistical measures may, by implication, leave certain pupils ill equipped to socially and emotionally support themselves in adult life.

Ofsted's role in enforcing external governmental policy may always be controversial and its impact on schools debated but, based on the interview data, it does appear to have a formative impact at a more systemic level within schools by, presumably, encouraging management to follow set guidelines, targets and procedures. Much of Ofsted's impact in this school is indirect in terms of setting standards and identifying

the need for change (Marshall, 2008). Given this context it is unsurprising some staff feel the Ofsted process is disconnected from the reality of day to day life in the classroom. However Ofsted has a more subtle influence on schools, influencing management more directly and perhaps the wider staff team do not appreciate how influential it is in shaping the functioning of the school.

For EPs Ofsted inspection may be a largely beneficial process in their work with the individual schools concerned, as it has statutory powers to instruct schools to change. This may allow EPs, at least in theory, the opportunity to work with the school to implement these changes, and ideally create systemic change within the school for the benefit of all pupils.

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Appendices

Appendix 1: Interview Schedule

Opening...

- My thanks for peoples time
- My background and current role
- Clearly statement of purpose- emphasis on confidentiality- ethics with regard to ending the interview etc. Explanation regarding right to withdraw anything that is said during the interview if they are uncomfortable with it
- What I am going to do with this information

Initial Question...

Start by discussing interviewee's background and experiences to date of school?
— nature of role
— length of time in role

Topic

1. **Organisational structure of the school**
   — history/ culture of the school both within community and as a school with a wide variety of individuals
   — ways of working- how does the school function
   — roles and responsibilities- how is work shared between staff/outside agencies for example
   — organisational culture

2. **Raising Achievement Initiatives**
   — Influence of national initiatives e.g. progression scales for SEN or other for wider school population. Government rules/regulations
   — Influence of local initiatives within Birmingham- relevance to school

3. **Why has the school been successful in working with this pupil group?**
   — A specific approach? teaching and learning, pastoral, whole school, technology for example
   — Different levels of intervention- e.g. within child, systemic
   — Innovative practice?
   — Working with parents?
   — Staff training?

4. **Recent Ofsted**
   — overall performance of the school
   — personal definition of learning difficulties
   — performance of pupils with learning difficulties and/or disabilities
   — challenges of working with pupils with SEN

5.   Role of Ofsted
- A motivating force? Does Ofsted drive change?
- How often does Ofsted come into thinking of the school? The role of Ofsted within the activity of the school and you as an individual?
- Subtle influence of Ofsted- social impact on staff
- Does Ofsted indirectly improve the achievement of pupils
- Is Ofsted meaningful in reality?

Finishing

- Thank you for time and input
- Anything you would wish to be removed from the discussion
- What will happen next?

Chapter 3

Professional Practice Report 1

WEBCT Reflection

Raising Achievement E-Activities

1.0 Introduction

During the last fifteen years the use of computer mediated communication (CMC) has been increasingly utilised to augment face to face adult learning (Beuchot and Bullen, 2005; Miers et al., 2007), as technological advancements (Alpay, 2005) have allowed user friendly systems to be developed and people have become increasingly familiar in using online media. CMC commonly takes the form of asynchronous online discussion forums (Miers et al., 2007), where considered debate and discussion can emerge and provide an equitable forum for all participants (Alpay, 2005) to challenge one another and reshape their thinking in response to any given task or objective. In this sense CMCs are grounded in a constructivist perspective which emphasises the potential for collaborative mediated learning and the co-constructed interpretations that can develop within online discourse (Smith, 2008; Miers et al., 2007; Beuchot and Bullen, 2005).

This paper reflects on two asynchronous online discussion forums based around raising achievement. The initial forum (Forum 1) was based around the critique of an article by Demie, Lewis and Taplin (2005) entitled 'Pupil Mobility in Schools and Implications for Raising Achievement'. This discussion was structured by the tutor who donated five thread topics for the participants to elaborate upon. In total there were 53 postings and the article was heavily criticised for being relatively incoherent and methodologically flawed. The discussion proceeded in a slightly mechanical manner as each participant was trying to fulfil the number of postings that was expected of them (a minimum of three was prescribed by the tutor) and the postings

53

were often long and repetitious, yet overall the task was beneficial in honing critiquing skills.

The second forum (Forum 2) was based around the fictional town of Grimtown within a fictional Educational Psychology Service. The scenario concerned how to raise the achievement of white working class boys, and the group were to identify three practical ideas the EPS could help to deliver. The tutor initiated the activity but left the participants to negotiate roles and how the task would proceed. The tutor intervened half way through to provoke further discussion and refocus the group. In total there were 58 postings across nine threads.

2.0 Reflections

2.1 Group Dynamics

Group work involves the adoption of shared objectives, group affiliation and interactivity between team members (Alpay, 2005). The fact the group members were known to each other prior to the online tasks was both an advantage and disadvantage in terms of meeting these pre-requisites.

Face to face the group works well together but there were difficulties negotiating and clarifying the direction of the task within the early stages of Forum Two. Some group members were probably aware that others would take the lead and social loafing may have been a factor, where there is a reduction in commitment, enthusiasm and

motivation of individuals within a group situation (Latane, Williams and Harkins, 1979). This in turn frustrated other group members and led to subsequent tensions when the contribution of others was challenged.

The initial stages of the task were hampered by feedback delays given the asynchronous nature of the medium (Alpay, 2005), which meant the process lacked continuity and there was some replication of ideas. Some participants did not contribute to a thread for the first week and did not appear to engage in the task and there was a perception that motivation was low. The online environment may have magnified some existing intra-group tensions where the lack of non-verbal social and emotional cues readily available in face to face communication were absent (Dennen and Wieland, 2006).

This initial phase took around a week to resolve and the clarification of our shared objectives was only ultimately achieved through a face-to-face meeting between three group members, where the direction of the group was subsequently defined. This is interesting as it suggests that working face-to-face may be more effective than working online. From this point however, the fact the group members were familiar with one another was an advantage and there was a high level of interactivity and group cohesion as all members worked toward the satisfactory completion of the task.

With hindsight clarifying roles was central to the task and was something we should have established at the outset, in line with our instructions. However because we

were familiar with one another I felt we tried to manage things more informally which was ultimately unsuccessful.

Overall the dynamics within the group and the learning that occurred were complex and not easily conceptualised. In some respects the group functioned as an 'I'm ok your ok' group (Clouder et al., 2006) within Forum One where the group members worked independently in response to prescribed threads and little monitoring of group dynamics needed to occur as there was a distinct learning focus. However each individual will have their own unique conceptualisation of the process, their commitment to it and the expectations of others within the group. This became apparent during Forum Two when some participants were more motivated than others to take part. Thus the group resembled a 'tough love' (Clouder et al., 2006) group where maintaining learning and group dynamics are a high priority but stress levels can rise and create difficulties. To manage this process and retain task focus it is vital to manage the social dimension of online activity.

2.2 Social Presence and Interpersonality

Facilitating the social dimension of online interaction is central to the success of the activity (Beuchot and Bullen, 2005), particularly as the lack of non verbal communication cues can significantly hinder the process (Dennen and Wieland, 2006; Manca and Delfino, 2007). Both forums were underpinned by attempts to maintain social cohesion which is a pre-requisite for cognitive engagement in a group task to occur (Clouder et al. 2006). The participants used interpersonality to reinforce

online relationships (Beuchot and Bullen, 2005), for example the use of humour and positive affirmation of, and reference to, previous messages (Manca and Delfino, 2007). This fostered a sense of community and helped maintain social motivation and group cohesion. The concept of interpersonality allowed participants to create a social presence within the online group where they project their personality upon the group (Beuchot and Bullen, 2005). This projection of warmth and 'opening up' creates greater collaboration and friendliness with other group members and helps to develop a sense of trust in each other (Smith, 2008) which can improve the quality of the interactions (Beuchot and Bullen, 2005).

During the initial stages of Forum Two, perhaps reflecting Tuckman's (1965) concept of the storming phase where interpersonal disagreement and group polarisation may occur, the process became more impersonal and task orientated as some group members became frustrated at the inactivity of others and began requesting their involvement. This level of impersonality created tension within the group as it clashed with pre-existing, implicit, interpersonality rules within the group and became something of an unwanted intrusion into the process. However a balance was restored and the majority of the participants were ultimately able to cognitively engage with the task as evidenced in their subsequent contributions to the task.

2.3 Interactions

The nature of the interactions within the two forums can be described as active, reactive and interactive (Beuchot and Bullen, 2005) in that some messages made no

reference to other postings (active), some responded to a message immediately preceding it (reactive) and others were interactive within a thread with a consistent narrative where all the messages were inter related and referenced one another.

Interactive communication requires the most cognitive engagement and I found this difficult in an online environment where points made by others cannot be easily clarified, each participant's individual writing style can be difficult to understand and participants can express similar views in significantly different ways. Cognitively engaging in online discussions is time-consuming and I suspect that as a group we were message posting on occasion rather than engaging in actual dialogue (Dennen and Wieland, 2006) in order nominally to fulfil the requirements of the task. Learning from the task may have been reduced as a result, as message posting does not necessarily lead to learning (Dennen and Wieland, 2006). For many of the participants the time costs of taking part may have outweighed the potential benefits (Clouder et al., 2006).

2.4 The Role of the Facilitator

A central aspect of the role of the facilitator is to bring together the conversations and encourage a fuller exploration of the topic (Dennen and Wieland, 2006), moving the discussion away from the superficial (Clouder et al., 2006). In this instance the facilitator could have intervened more often, as he did during Forum 2, to try to focus dialogue and encourage the discussions to reach a deeper level of collaborative effort and exploration. The facilitator might have developed his own social presence

within the group which could have improved group motivation and the degree to which we felt satisfied with the process and learnt effectively (Manca and Delfino, 2007). Conversely however increased facilitator presence may have reduced group independence and subsequently lowered motivation which could have proven to be counterproductive.

3.0 Conclusions

Online learning as part of a blended learning experience (Clouder et al. 2006) is invaluable as a tool to engage participants in active learning. As people become more familiar with using this technology and the forum it provides it is likely to increase in popularity. One only has to consider the use of social networking sites such as Facebook to realise this. However it is clear to me that this form of learning will be better suited to some individuals than others. For example some group members may feel they can contribute more during online activities yet for others it can feel restrictive and the lack of face-to-face contact can lead to misunderstandings. The process can be slow, cumbersome and frustrating on occasion, so that even in a well established group that is used to working together there were problems in negotiating the structure of the task. Overall within a busy period of work and study the process was difficult to manage and created extra stress for all concerned. Overall however I felt the benefits outweighed the negatives and it has proven to be important in supporting my learning development.

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Chapter 4

<u>Professional Practice Report 2</u>

Using Cognitive-Behavioural Therapy (CBT) to elicit change for a young person with a history of social, emotional and behavioural difficulties (SEBD): What role should Educational Psychologists (EPs) play in delivering individualised therapeutic interventions?

Abstract

This case study report considers the use of Cognitive Behavioural Therapy (CBT) and other individualised therapeutic approaches within Educational Psychology (EP) practice. The study reports the use of a CBT intervention to support a 14 year old male identified with complex Social, Emotional and Behavioural Difficulties (SEBD). Given the reported rise in mental health difficulties for young men (ONS, 2004), and the therapeutic turn in education in recent years (Ecclestone, 2008), the report discusses the role EPs should take in delivering individual-focussed therapeutic work. The study highlights the complexity involved in delivering CBT and the level of uncertainty over outcome involved in intervention. In light of this the evidence base for CBT is assessed and the potential barriers to EPs using CBT more commonly within their practice are identified. The report discusses the future for EP therapeutic practice and concludes that EP services seeking a distinctive contribution, and looking to generate income and raise their profile, should consider a more constructive stance toward therapy, provided that it is delivered as part of multi-modal systemic interventions that avoid purely within-child conceptualisations.

1.0 Introduction

1.1 The Mental Health of Young People in the UK

There are currently significant concerns regarding the psychological well-being of young people in the UK (Meltzer et al., 2000; DCSF/DoH CAMHS Review, 2008). These concerns were underlined in 2007 by an influential report by UNICEF which reported that young people in the UK had the lowest levels of well-being in the developed world. Government statistics (ONS, 2004) have indicated that 1 in 10 young people between the ages of 9-15 have a 'mental disorder' that is associated with considerable interference with personal functions. Furthermore around 20% of children experience some sort of mental health problem within any given year (Mental Health Foundation, 2005). Mental health difficulties are seen to be more common in adolescent boys; in 2004 around 13% were said to have some sort of 'mental disorder' as opposed to 10% of girls (ONS, 2004). Overall it seems that young people aged 11-16 are increasingly vulnerable to mental health problems (Cooper, 2006).

1.2 Mental Health and SEBD

Many young people experiencing social, emotional and behavioural difficulties (SEBD) may experience underlying mental health difficulties (Evans et al., 2004; Greig, 2007), although mental health difficulties can be experienced without the value-laden label of SEBD (Cooper, 2006). However education based terms such as

SEBD and medicalised terminology such as mental disorder are closely associated. SEBD can be seen as an umbrella term for a wide range of disorders (DCSF, 2008a) which can be linked directly into wider categories of mental disorder. For example the SEN Code of Practice (DfES, 2001a) enshrines SEBD as a distinct strand of Special Educational Need (SEN) and describes pupils with SEBD as:-

"...withdrawn, isolated, disruptive, disturbing, hyperactive, lacking concentration and presenting challenging behaviour across a range of contexts" (p83)

Within this report a link is made between the terms mental health, SEBD and emotional well-being and the terms will be used interchangeably.

Young people experiencing SEBD present school systems with distinct challenges (Evans et al., 2004). These pupils are often a source of significant stress (Smith et al., 2004) and the result is often the referral of complex SEBD cases to Educational Psychologists (EPs). This group of children presents EPs with a unique challenge and whilst they may have benefitted directly from the whole school interventions that EPs promote, there can be a sense that more could be done to support these pupils on a more individual basis given the complexity of their needs.

1.3 Focus of the Study

The aim of the present study was to assess the role that an individualised therapeutic approach (Cognitive-Behavioural) can play in supporting the mental health needs of a vulnerable young person labelled with SEBD. Using a case study approach to provide a comprehensive and detailed overview of my work with an individual young person (Coolican, 2004), I hoped to demonstrate the skills required to deliver such an approach and consider the implications for EP practice. This report is a reflection on my own practice and an opportunity to explore wider questions arising from the case study.

2.0 Case Study

2.1 Cognitive Behavioural Therapy

Cognitive-Behavioural Therapy (CBT) has emerged from the psychogenic 'talking cures' and is rooted in the fusion between cognitive psychology's focus on meaning and behaviourism's emphasis on learning. This has ultimately led, through the work of Ellis (1958, 1962) and Beck (1967, 1976) amongst others, to the development of CBT (Seiler, 2008; Bailey, 2001). The CBT movement attempts to maintain an evidence-based approach to therapy (Seiler, 2008) and can be seen as part of the logical and rationalist movement within empirically-driven scientific practice. The CBT movement is shaped by the desire to uncover or reveal tangible and observable behaviours and irrational thoughts (McLeod, 2003) and adopts the language of an

objective, positivistic approach. Furthermore there is an emphasis on managing and 'fixing' undesired thoughts, feelings and behaviours (McLeod, 2003).

CBT seeks to understand the psychological interpretation that an individual places on any given event, as this will be will be the central factor in how an individual reacts and behaves (Clark, 2010). Thinking, behaviour and feelings are highly influenced by the core beliefs, cognitive assumptions and automatic thoughts an individual holds (Greig, 2007). CBT "emphasises the primacy of cognition in mediating psychological disorder" and aims to realign "thinking with reality" (Longmore and Worrell, 2007, p.173) through the process of therapist-led psycho-education, to help the client "to learn about themselves". Although widely used with adults the use of CBT with young people has only recently emerged as there have been concerns regarding their meta-cognitive ability to benefit from the approach. As a result the process involves adapting the approach to match content and speed to the underlying metacognitive and emotional ability of the young person.

For the purposes of this study the term CBT will be used as an umbrella term for the wide variety of interventions and therapeutic styles developed within Cognitive-Behavioural traditions such as, for example, cognitive and rational emotive behavioural therapy.

2.2 Case Background

Alex (pseudonym) is 14 year old male who has recently arrived in the UK from the Caribbean. Alex has reportedly been 'diagnosed' with ADHD (inattentive-hyperactive

type) and has experienced difficulties with his behaviour in school, although he has significant academic ability. Within school in the Caribbean he was said to have become increasingly disruptive, making physical threats to staff, fighting with other students, and committing unprovoked assaults on male and female students. He was reported to have threatened suicide on one occasion and his behaviour was described by school staff in the Caribbean as callous and dangerous. His mother was keen to move to gain 'better' provision for Alex's special needs in the UK. At the time of referral Alex was not in education and rarely left the family home. Alex reported to me that he felt 'flat' at times but could have very long angry spells where he felt he was losing control.

Following initial discussions with Alex and his family I decided to approach them with the possibility that he might engage in a programme of CBT. It was my opinion that Alex was willing and able to discuss his difficulties, appeared motivated to change and apparently possessed the cognitive capacity to engage in the process (Stallard, 2005). Alex acknowledged that he had been partly responsible for some of the difficulties he had experienced, and I judged that the sessions would therefore allow him to develop an awareness of his own emotional response patterns to stressors (Cole, 2008), increase his vocabulary for labelling these emotions and to focus on cognitive distortions and consequential thinking (Sukhudolsky et al., 2004).

I worked with Alex at home initially and then within his new school placement once this was confirmed late in March 2010. Alex's school placement was temporary however whilst the statutory assessment of his educational needs was conducted by the local authority, including advice from myself as the designated educational

psychologist. A change of placement could not be ruled out in the future but this would be decided by the Special Educational Needs Advisory Service (SENAS) as an outcome of the statutory assessment process.

2.2.1 Ethical Considerations

The implementation of therapeutic interventions by educational psychologists requires a thorough knowledge and understanding of the potential ethical implications of a particular approach. Therapeutic work may produce many ethical dilemmas and within my present service we are advised to consider less intrusive interventions if they appear to be more appropriate (Midlands EPS, 2008). It is vital that psychologists operate under both the Health Professional Council (HPC) Standard of Conduct and Ethics (2008) and the British Psychological Society (BPS) Code of Ethics and Conduct (2009). In addition the British Association for Counselling and Psychotherapy (BACP, 2010) Code of Ethics is also relevant when undertaking work in this area.

Professionals are expected to practise lawfully, safely and effectively by having appropriate knowledge and skills (HPC, 2008). As an inexperienced CBT practitioner regular supervision was central to maintaining a satisfactory level of competence (BPS, 2009) within my practice. Reflecting on one's own practice also helps to ensure that the principles of beneficence and non-maleficence (BACP, 2010) are met. For example within the present study I was mindful to operate within my own levels of competency and made this clear to Alex and his parents from the outset.

Prior to conducting the initial session with Alex I gained informed voluntary consent from him and his Mother regarding the process (BPS, 2009). Consent is a vital part of any 'treatment' (DoH, 2009) as the client should take part 'of their own free will' and without undue influence' (BPS, 2009). Clearly it is important to gain parental consent initially, but as a professional I judged that subsequent to this Alex should be the person to give his consent to the process. I was mindful of the potential of power differentials that are liable to occur within a client-therapist and adult-young person relationship (BPS, 2009), and was aware that the gaining of consent should be seen as a process rather than a one-off event (DoH, 2009). I was aware that Alex may have felt he was compelled to take part in the sessions as he was not the initial referrer (Beaver, 1996), and discussed this with him. From the outset however Alex reported that he did have difficulties and would like someone to help him begin to address them. Despite this, prior to every session I conducted with Alex, I orally ascertained his consent to take part in the sessions, and underlined his right to withdraw at any time, to ensure he maintained a sense of self-determination (BPS, 2009).

We also established confidentiality boundaries (BPS, 2009). For example we discussed the need for me to receive within-service supervision and the expectation placed upon me to ensure Alex remains safe and free from danger. Within this process we also negotiated how and what information would be fed back to his parents. For example we established that nothing would be fed back in private; any discussions held with parents would have Alex present, not least to promote his

sense of self-determination and autonomy. Information to be feedback to parents and school was be discussed and negotiated at the end of each session.

I also considered the possibility that the adults around Alex may be the 'problem' holders and questioned whether an approach such as CBT, with its emphasis on changing cognitions, was ethical. I judged however, from my discussions with Alex, that he would benefit from a supportive therapeutic relationship and that CBT could be beneficial for him. I discussed the approach with Alex to ensure he fully understood the process and re-visited this throughout the sessions we held together.

I was also concerned that once the therapeutic alliance ended he should have emotional support within his life. BPS guidance (2009, p18) states that "*alternative sources of assistance*" should be sought for the client. In collaboration with Alex's school placement we established a supportive framework around Alex, with key adults Alex said he liked and respected, including a learning mentor and family support worker. At present we have met as a team, including Alex, three times and Alex has reported to me that he has benefitted from this and the relationships he has in school day to day with these professionals.

2.3 The Therapeutic Alliance

The therapeutic alliance lies at the heart of CBT (Clark, 2010), yet it is a complex process that requires substantial planning. Underpinning my approach was the PRECISE process (Stallard, 2005) which can be summarised as (see **Figure 1**):

Fig. 1 The PRECISE Process (from Stallard, 2005)

<div>

The Precise Model

Based upon........	**P**artnership Working
Pitched at the.....	**R**ight Developmental Level
Promotes............	**E**mpathy
Is.......................	**C**reative
Encourages.......	**I**nvestigation and experimentation
Facilitates..........	**S**elf-discovery and efficacy
Is.......................	**E**njoyable

</div>

The quality of relationship is the foundation of the therapeutic alliance (Bachelor and Horvath, 1999), and I sought to develop a rapport through my interest in his homeland and our non-judgemental and honest discussion of his past difficulties. I used humour to reduce tension and potential awkwardness and to introduce an element of enjoyment into the process and employed appropriate therapist disclosure during this period, briefly discussing my family and my background to develop trust and reduce power differential. Self-disclosure can be a difficult decision for the therapist, but I aimed to create a sense of partnership working, within an appropriate and proper therapeutic relationship. Building trust between therapist and client takes time and emerged gradually over the sessions.

Gauging Alex's willingness to change needed to be openly discussed and I adopted the Stages of Change Framework (see **Figure 2**) proposed by Prochaska and DiClemente (1992).

Fig. 2 The Stages of Change Framework (Prochaska and DiClemente, 1992)
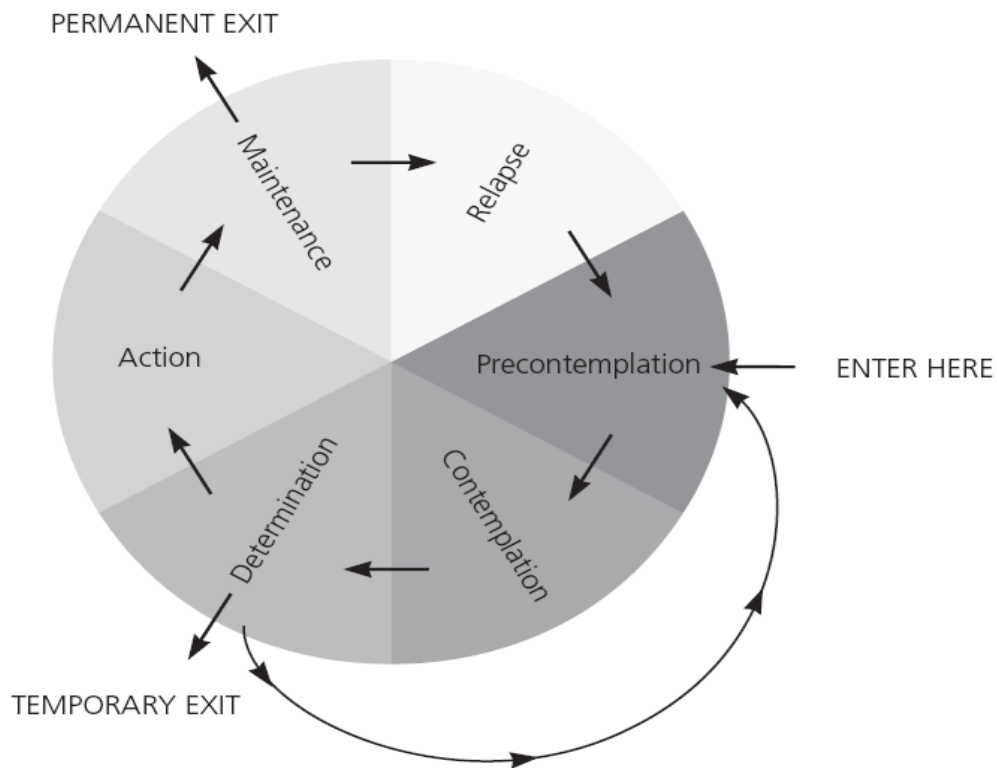
The move to the UK had led Alex to contemplate change and we discussed the implications of change and potential barriers to this happening. Alex remained at this stage for many sessions and as we revisited this framework there was some variability on a week by week basis. I employed motivational interviewing techniques to help Alex explore his 'ambivalence to change' (Rollnick and Miller, 1995). The main difficulty was the apparent 'gap' between rhetoric and reality and I had to ensure that Alex's motivation to change came from within rather than being based on what he thought I wanted (Stallard, 2005). Readiness to change was a consistent theme throughout the sessions, but it was only latterly that Alex appeared to have internalised what change could really mean to him. I believe that during our initial

sessions Alex discussed change but could not really envisage what that could look like and as a result could not operationalise those thoughts. It was only through gradual experimentation and a consistent approach that the realisation that he could change began to emerge.

2.3.1 Questioning

The manner in which questions are framed is one of the most important aspects of therapy and distinguishes a therapeutic approach from what might otherwise be a conversation between two people. Socratic questioning is the foundation of CBT and collaborative empiricism (Stallard, 2005) and is an unstructured and unscripted elicitation of beliefs. Change for an individual is more likely to occur through the insights of that individual (Dattillo and Padesky, 1990). Consequently the therapist aims to facilitate a process of guided discovery (Padesky, 1993) that allows the client to explore the links between their thoughts, feelings and beliefs and consider new information or ways of seeing things, that leads to a more balanced cognitive framework (Stallard, 2005). Socratic questioning is a difficult skill to develop for new practitioners, who have to guard against leading clients "towards preconceived ideas" based on the therapist perceptions of problems (Roth and Pilling, 2007, p.16). Within the sessions I attempted to help Alex test predictions, identify solutions, encourage reflection and build on his strengths and skills (Dattillo and Padesky, 1990).

2.4 Evaluating Outcomes

2.4.1 Baseline Measures

I adopted the use of the CAMHS Outcome Research Consortium (CORC) measures to provide a baseline profile and monitor how the sessions were progressing (Wolpert et al. 2007). The CORC initiative has been developed with a view to lending coherence and uniformity to the forms of evaluation adopted within CAMH services across the UK. CORC recommend that a core set of measures be adopted to cover the perspectives of child, practitioner and parental views (Wolpert et al. 2007) and I used this as the basis for assessment. The measures adopted were:

- Strengths and Difficulties (SDQ) questionnaire (self rating measure for 11-16 year olds) (Goodman et al. 1998);
- SDQ for Parents Scale (Goodman, 1997)
- Beck Youth Inventory 2nd Edition (BYI-II) (Beck et al., 2005);
- Self-Rated Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA-SR) (Gowers et al. 1998);
- The Self-Rated Parental HoNOSCA-PR questionnaire (Gowers et al. 1998);
- Children's Global Assessment Scale (CGAS) to capture practitioner views (Wolpert et al. 2007).

(See **Appendix 1** for a short description of these tests)

These assessments provided a baseline profile of Alex's emotional and behavioural functioning during February and March 2010 (See **Figure 3**).

Fig. 3 Pre-intervention data summary

Strengths and Difficulties Questionnaire (assessing last 6 months)

<u>Self-Report Questionnaire, completed 23rd February 2010</u>

Score for overall stress	18	**HIGH**
Score for emotional distress	1	Close to average
Score for behavioural difficulties	8	**VERY HIGH**
Score for hyperactivity and attentional difficulties	8	**VERY HIGH**
Score for difficulties getting along with other young people	1	Close to average
Score for kind and helpful behaviour	6	SLIGHTLY LOW

<u>Parent Questionnaire completed 23rd February 2010</u>

Score for overall stress	19	**HIGH**
Score for emotional distress	6	**HIGH**
Score for behavioural difficulties	6	**VERY HIGH**
Score for hyperactivity and attentional difficulties	5	Close to average
Score for difficulties getting along with other young people	2	Close to average
Score for kind and helpful behaviour	5	**VERY LOW**

Beck Youth Inventory 2nd Edition (BYI-II) (Beck et al., 2005) completed 23rd February 2010 (11-14 year old Norm Group)

Raw Scores	T-Scores	% Cumulative	Clinical Score
Self-Concept BSCI-Y = 32	39	15.7	Much lower than average
Anxiety BAI-Y = 9	44	29.8	Average
Depression BDI-Y = 5	41	18.2	Average
Anger BANI-Y = 36	70	96	Extremely elevated
Disruptive BDBI-Y = 26	71	97	Extremely elevated

Health of the Nation Outcome Scales (HoNOSCA) (last 2 weeks), completed 23rd February 2010

> *HoNOSCA Self-Assessment* Overall Score= 19/56
>
> Score of 3 and above (moderate concerns) with; disruptive behaviour (**Q1**), concentration (**Q2**), family relationships (**Q12**).
>
> *HoNOSCA Parental Rating* Overall Score=24/56
>
> Score 3 and above (moderate concerns) with; disruptive behaviour (**Q1**), concentration (**Q2**), Low/anxious mood (**Q9**), independence (**Q11**), family relationships (**Q12**)

Children's Global Assessment Scale (CGAS) completed on 19th March 2010

> *Practitioner Rated Scale*
>
> Rated 51-60- Some noticeable problems in more than one area. Criteria include; variable functioning with sporadic difficulties or symptoms in several but not all social circumstances. Disturbance would be apparent to those observing the child in a dysfunctional setting but not in other settings

The data from the above measures indicated to me that Alex may be experiencing a stressful time and had a significant level of awareness regarding the difficulties he

faced. He identified his own anger and disruptive behaviour as key issues and linked his apparent inability to control these difficulties to his negative self-concept, underpinned by difficulties within family relationships. The parental scales suggested agreement with Alex's own assessment but also implied that he was experiencing difficulties with low and anxious mood and independence. The practitioner scale demonstrated that, in my opinion at that time, Alex's difficulties were context-dependent (further discussion of the results from the baseline measures can be found in **Appendix 2**)

Clearly the use the above tests can be seen as problematic and any conclusions drawn from them must, at best, be indicative of strengths and difficulties rather than taken as fact (for a short discussion regarding the limitations of standardised tests and the baseline tests used see **Appendix 3).** Within my current service there is a reticence to use standardised measures on the basis that they afford, at best, a snapshot of functioning at one particular point in time. However the measures adopted offered a useful way to identify difficulties, structure conversations and interventions and are, at this time, the accepted means of doing so within CaMHS (CORC, 2010).

I subsequently used the Anger (BANI-Y) and the Disruptive Behaviour BDBI-Y scales of the Becks Youth Inventory (BYI-II) to monitor progress following every other session with Alex. I chose not to administer the self-concept scale because I felt the monitoring process would be too long each week, and that an overall measure as part of the post-intervention assessment would suffice in this instance

2.5 Identifying Risk and Protective Factors

During the first two sessions Alex and I explored early experiences in order to identify contributory links to core beliefs, and this, coupled with the baseline data, led to our abstracting a profile of risk and protective factors within Alex's life (see **Appendix 4** for a brief rationale of this and the profile of factors that emerged). Within these sessions I believe Alex found the identification of risk factors challenging but I judged that the chance to reflect on the many protective factors that were supporting him may have helped to engage Alex in the therapeutic alliance, by helping him to understand that it could be a positive experience for him.

Following the identification of the risk and protective factors and the collation of the baseline data, I formed a number of hypotheses regarding Alex's core beliefs (see **Appendix 5** for an explanation of this and an overview of thoughts/ hypotheses).

2.5.1 Underlying Difficulties

The exploration of early experiences and the baseline measures identified problems in controlling his anger and his confusion over what role ADHD has played in his difficulties. Alex appeared as a disempowered individual who felt he was a passive victim of his difficulties, which had alienated people around him. Part of my role was to help Alex understand the difficulties he faced, and I considered it part of his psychoeducation to spend time working through what anger and ADHD meant for him.

Anger can be defined as:-

"....*an acute emotional reaction elicited by any of a number of stimulating situations, including threat, overt aggression, restraint, verbal attack, disappointment, or frustration*" *(Charlesworth, 2008, p.1).*

When these reactions interfere with, or negatively impact on, an individual's life, anger becomes a significant problem. Anger can manifest in physical, cognitive and behavioural reactions and can lead to anger being directed internally or externally (Charlesworth, 2008). For Alex his inability to control his anger had, he recognised, led to cognitions and behaviours that had been harmful to himself and others, such as orally and physically 'lashing out' at friends in the Caribbean, and locking himself away in the family home since his arrival in the UK because "*nobody would probably want to spend time with him anyway*" (Alex, March 2010). Alex felt that his ADHD made people annoyed with him, which then provoked an angry reaction in him.

It is currently estimated that around 1% of children in the UK aged between 5-16 experience the acute difficulties associated with ADHD but this rate of 'diagnosis' is increasing (Visser and Jehan, 2009). Visser and Jehan (2009) propose a Biopsychosocial model of ADHD and this interactionist perspective was an explanation I provided for Alex.

Alex appeared to conceive of ADHD purely in relation to behaviour, and as part of the process we discussed how it would also influence his learning. Alex's ADHD has

been identified as combined hyperactive-impulsive and inattentive. It is controlled using Concerta, a psychostimulant which increases dopamine to arouse the nervous system (Visser and Jehan, 2009). Whilst this tablet regime appears to control Alex's behaviour, from his own accounts it does make him feel lethargic and he experiences difficulties getting up in the morning. However Alex's parents and school staff, including the Special Educational Needs Co-ordinator (SENCo) and Deputy Head Teacher responsible for Behaviour within the school, considered that the tablets played a crucial part in 'controlling' Alex. We also discussed his eating habits, diet and exercise and I explained how important these factors can be in helping to improve his concentration and general well-being (Schnoll et al. 2003).

Based on our initial discussions and the baseline measures I judged that family relationships and the interaction styles between family members were also a key factor in how Alex conceived his difficulties. For example Alex discussed the combative relationship he has with his father and the tension and negativity that exists between his two parents, who are separated but maintain contact because of Alex. I discussed involving his parents in the sessions as therapy is usually more effective when parents are involved in the process (Morrissey-Kane and Prinz, 1999). Furthermore parenting style appears to have a direct relationship on child outcomes (Prevatt, 2003) and anger difficulties can be linked to the socialisation process such as negative parental behaviour, angry exchanges over time, authoritarian parenting and observational learning (Kerr and Schneider, 2007). However Alex felt that his parents might 'take over' the sessions and wanted to maintain the status quo. I decided that it was appropriate to respect his wishes for age-appropriate

independence, and I hoped that the therapeutic process would increase his sense of autonomy and self-control.

I was able to involve the parents during later sessions, for example meeting together with Alex and his mother to talk about morning routines at home and identify how they could better work together to support one another.

It was also important to consider how he was going to cope within the school placement whilst statutory assessment was conducted by the local authority. Learning communities are based on relationships and developing a sense of school connectedness is likely to increase engagement in school and improve motivation to learn (Murray-Harvey, 2010). We used part of our sessions to inform strategies for supporting Alex in school and helping teachers understand some of his difficulties. Alex also took part in three meetings with the SENCo, form tutor, deputy head, learning mentor and family support worker from the school to decide how best they could support him.

2.5.2 Case Formulation

I pursued a formulation-based approach to CBT as it ensures that interventions are based on "*underlying causative and maintaining factors*" (Dummett, 2006, p.179). Building a formulation can be a difficult and time-consuming process and I decided to develop an onset formulation which provides a developmental explanation of how difficulties have emerged (Stallard, 2005). I believe that the diagrammatic formulation

(see **Appendix 6** for an overview of the initial formulation Alex and I built together) improved our shared understanding of the factors underlying his difficulties and allowed for revisions throughout the sessions as new information came to light. For example it emerged that Alex's Mother suffers with clinical depression and that this had had an undeniably substantial effect on his emotional well-being.

2.6 Intervention

2.6.1 Session Overview

Foucault believed that "*our own descriptions of ourselves, and thus our own self knowledge, is dependent on the linguistic resources within our environment*" (Rorty, 1999, p.236). The focus for intervention agreed was to help Alex increase his self-awareness of his angry feelings and how these influence his thoughts and behaviour. The following sessions were negotiated with Alex, as summarised in **Figure 4**:

Fig 4 Outline of CBT Sessions

Sessions	Aims	Activities/Experiments
Session 1	To meet with family, begin to build rapport and assess problem dimensions	Conduct baseline assessments using SDQ (11-16) and Parental Scale, Becks Inventory (BYI-II) and the HoNOSCA Self Assessment (V1). Establish client's readiness to change using Prochaska and Di Clemente (1992)

Session 2	Identify risk and protective factors. Re-affirm readiness to change and discuss barriers to this.	Use of the Cognitive Model to inform process e.g. assessing significant early life events and experiences and important core beliefs and schemas
Session 3	Negotiate shared formulation of difficulties. Build onset formulation	Explanation of underlying difficulties (Anger and ADHD); jointly identify areas for intervention
Session 4	Explain rationale for CBT. Begin anger management intervention	Positive/ negative effects of anger/ a day with/without anger. Experiment 1- Maintain weekly anger log. Experiment 2- establishing a morning routine
Session 5	Reflect on homework. Identifying angry feelings and thoughts	Anger thermometer. Experiment 1- establishing a morning routine. Experiment 2- Anger ABC in relation to anger thermometer
Session 6	Understanding angry reactions and their impact on us	Physical reactions, the anger volcano and reducing angry feelings. Experiment- situation, trigger and reaction chart
Session 7	Behaviour we display when angry and its relation to the CBT model. Consider thoughts that are generated	Link behaviour to levels of anger, how much thoughts are believed and identify own thoughts and how strongly they are believed. Experiment- linking thoughts, behaviour and feelings
Session 8	Identify unhelpful thinking patterns	Discuss questions which disprove validity, relate new thoughts to the CBT model. Monitoring thoughts and unhelpful/helpful ways of

		thinking
Session 9	Discuss assertive behaviour	Discuss difference between assertive and angry response Experiment- To plan and implement an assertive behaviour experiment at home with the family
Session 10	Discuss CBT sessions and consider new behaviours.	Recap CBT model. Draft letter to Father regarding sessions and Alex's feelings around this.
Session 11	Meeting with Mother to discuss sessions	Alex to lead session and discuss ways in which they can both support one another better

Each 45 minute session had a distinct structure. For example, at the beginning of each session we reviewed the previous week's activity and agreed an agenda for the upcoming session. At the end of each session we reviewed the content to ensure we had made good use of our time. From my perspective I constantly reflected on my own communication and personal effectiveness (e.g. my non-verbal signals) and assessed what had been the key cognitions to emerge from the sessions. A central aspect of the sessions was the homework element. Although at the outset, Alex was reluctant to do this, once we had established the benefits of doing so with his 'daily timetable to improve routine' he became more amenable to making an effort.

Although Alex was apparently keen to attend to the sessions his difficulties with attendance in school meant continuity of approach was difficult. Therapy is a constantly evolving and fluid process and I had to incorporate a large degree of

flexibility within my approach to accommodate 'current' issues that Alex wished to address.

2.7 Outcomes

School staff responsible for Alex report that his attendance in school has improved over the course of the sessions (85% on 24/05/2010), and there has only been one serious behavioural outburst this half-term. Establishing routine has helped keep things calmer at home and Alex's Mother has commented that Alex appears more motivated and self-directed. Alex's self-reports, using the Beck Youth Inventory (2nd edition) following every other session (See **Figure 5**)**,** appear to indicate an overall decline in anger and a decrease in disruptive behaviour in relation to the initial baseline measures taken, although variation session-by-session has clearly occurred.

Fig.5 Fortnightly monitoring using the Anger (BANI-Y) and the Disruptive Behaviour (BDBI-Y) scales from the Beck Youth Inventory (BYI-II)

Raw Scores			T-Scores	% Cumulative	Clinical Score
23/02/2010					
Anger	BANI-Y	= 36	70	96	Extremely elevated
Disruptive Behaviour	BDBI-Y	= 26	71	97	Extremely elevated
09/03/2010					
Anger	BANI-Y	= 18	51	63.1	Average
Disruptive Behaviour	BDBI-Y	= 11	51	63.1	Average

23/03/2010				
Anger	BANI-Y = 23	56	79.8	Mildly elevated
Disruptive Behaviour	BDBI-Y = 23	67	94.9	Moderately elevated
22/04/2010				
Anger	BANI-Y = 22	55	77.3	Mildly elevated
Disruptive Behaviour	BDBI-Y = 15	56	81.8	Mild elevated
04/05/2010				
Anger	BANI-Y = 19	52	67.2	Average
Disruptive Behaviour	BDBI-Y = 19	62	89.9	Moderately elevated
25/05/2010				
Anger	BANI-Y = 17	50	62.1	Average
Disruptive Behaviour	BDBI-Y = 12	52	69.2	Average

The improvement in Alex's scores probably reflects, in part, the utility of CBT alongside the fact that his life is, in general, more settled at this time. The therapeutic relationship itself (Hall and Marzillier, 2009), where I may have acted as something of a mentor, may also have been influential.

Alex has reported a decrease in negative thinking about himself and feels he is making an increasing number of friends and has, following discussion within the session, joined a music group with peers. He has discussed how he has talked himself around from angry episodes, but has not shared this with others outside of the sessions to date. However Alex is still experiencing difficulties in settling down to learning within class and is said to lack motivation by school staff. Although his attendance has improved he is often late to school. At present the intervention is ongoing and post-test measures will be used to assess overall efficacy of the

approach upon completion. However we have continued to re-negotiate and develop the case formulation and Alex has reported to me that he feels we have made progress within the sessions he has attended, and that 'he knows why he is thinking things sometimes now'. He has also noted that 'thinking different' is difficult out in the 'real world'. He has reported feeling less angry with himself and those around him and his Mum now leaves him in his room until he has calmed down, rather than 'making me even worse'.

The manner in which therapy concludes is important as it helps the client consider how they will manage on their own without intensive support (Roth and Pilling, 2007). I have aimed to avoid a habitual relationship with Alex and have always discussed the sessions with reference to a clear ending. The process is facilitated because as the trainee EP responsible for drafting his statutory advice I will retain involvement in his case until final placement has been agreed, potentially in early September 2010. This will allow me to maintain contact with Alex to monitor his progress and support his current school placement until September 2010 and I can gradually withdraw over this time. At this point if Alex remains within his present placement I will transfer the case and my work with Alex to the visiting educational psychologist for the school.

This distinctive psychological intervention has helped to support the emotional needs of a pupil identified with SEBD; however the time commitment involved in the process has been substantial, although the time commitment involved was probably in part due to inexperience on the part of the practitioner and compounded by Alex's attendance difficulties. Midlands EPS (pseudonym) adopts a fairly negative stance

toward individual casework as it is time-consuming with no guarantees of success (Midlands EPS, 2008). In general I concur with this view but believe that the psychological intervention has helped Alex develop as an individual, which will support the school's efforts to manage his difficulties.

Conducting the sessions as an inexperienced practitioner was difficult. Delivering psychotherapeutic intervention is a skilled and uncertain endeavour that requires a high level of interpersonal skill and expertise (Hall and Marzillier, 2009) and at times I felt uncertain regarding my approach and could not be certain the sessions were producing the positive change I anticipated. Supportive within-service supervision was important here to challenge my approach and help me assess the progress Alex was making in a more objective manner. Similarly university-based support from an experienced CAMH professional was vital in helping to formulate Alex's difficulties and understand how, as an inexperienced practitioner, I could help Alex better to understand the difficulties facing him.

Overall a number of questions from the study have arisen including:

- How effective is CBT in meeting the mental health needs of children and adolescents, and specifically those with anger-related difficulties?

- Despite its apparent popularity, is CBT as a wider movement evidenced as an effective process?

- Are EPs adequately skilled to deliver this kind of skill-based intervention?

- To what extent should EPs engage in the therapeutic turn in education?

3.0 Discussion

3.1 Using CBT with Children

Cognitive behavioural approaches to therapy are increasingly being promoted as the 'approach of choice' for clinicians and government. The development of the Improving Access to Psychological Therapies programme (BACP, 2010) has signalled a commitment from government to make access to evidence-based therapeutic intervention easier, and CBT has been identified, at this stage, as the best way in which to do this. CBT can viewed as a "*practical and straightforward approach that emphasises action*" where the wide array of techniques available "*provide counsellors with a sense of competency and potency*" (McLeod, 2003, p141). It is often conceived as a short term, cheap and relatively simple intervention (Seiler, 2008) and in light of this it is unsurprising that the government has invested £173 million (BACP, 2010) on training CBT practitioners. The identification of CBT as the chosen method of intervention (Clark, 2010) implies that CBT is a trusted and successful means of supporting the mental health of adults. According to the Royal College of Psychiatrists (2010) CBT is the most effective form of therapy and treatment for anxiety and depression. CBT has also emerged as an important way of addressing the mental health difficulties of children and young people and can be

beneficial for treating depression (alongside medication), anxiety and conduct-related difficulties (working alongside parents and families) and when used as a long-term stand-alone approach (NIMH, 2010). Anger and anger-related difficulties are often the main reason why an adolescent may be referred for therapy (Sukhudolsky et al. 2004) and the use of CBT is considered to be the most effective way in which to support anger-related difficulties (Charlesworth, 2008; Cole, 2008).

However there are significant concerns that measuring effectiveness can be difficult given the many variables that can influence a child's response to therapy (Sukhudolsky et al. 2004). Similarly the apparent success of CBT with children for anger (Cole, 2008) has to be viewed cautiously given the wide variety of techniques adopted by counsellors, which make accurate statistical analysis of outcomes problematic. Whilst the short-term benefits of anger-related intervention may be apparent, the long-term benefits remain uncertain (Cole, 2008). It seems clear that long-term success will rely heavily on the skills and judgement of the counsellor, the willingness and motivation of the client and a significant change to the environmental circumstances the adolescent has developed within. Counsellors are required to be highly creative and flexible in their approach, which requires a great deal of fore knowledge regarding how to deliver CBT. These variables make the enterprise of individual-focussed CBT highly variable and should be considered and addressed by practitioners considering adopting these techniques within their day-to-day practice.

Practitioners require access to high-quality supervision to support and shape their practice, indeed clinical supervision is essential to the professional development of

mental health workers (Milne, 2008). Although practitioners may not always receive the highest quality supervision given the relative lack of knowledge regarding successful CBT supervision (Milne, 2008), it is vital that the fidelity and effectiveness of CBT approaches is supported through regular supervision from experienced clinical practitioners.

The use of CBT to help adolescents 'diagnosed' with ADHD is also contentious, although as part of a multi-modal approach it may help their organisation and planning and restrict impulsivity through, for example, verbal self-instruction techniques (Safren, 2006). CBT may also offer the chance to improve self-esteem within a supportive therapeutic relationship. However there remains a distinct lack of reliable research to support the efficacy of CBT and at best it can be seen to demonstrate short-term benefits (Wolpert et al., 2006), if generalisation of skills occurs outside of the therapeutic environment (Froelich et al., 2002). Overall the success of CBT has been patchy (Wolpert et al., 2006) and it is clear that establishing the optimal conditions for successful long-term change for adolescents with ADHD and anger-related difficulties remains difficult.

3.2 Wider Concerns Regarding CBT

There are a number of critics who remain concerned that CBT is flawed and that government investment in CBT is ill-conceived. For example the quality of the therapeutic relationship is central to the success of therapy. Experienced CBT practitioners (Clark, 2010) argue that the therapeutic alliance is central to CBT in the

spirit of collaborative enterprise, and that CBT counsellors adapt their approach, including emotional and physical responses, based on the presenting difficulties of the client. However there is criticism that CBT counsellors neglect the intricacies of the therapeutic relationship, where clients come to therapy because of difficulties with relationships that can then be mirrored in the therapeutic arena. CBT therapists are not trained to be particularly self-aware of processes such as counter transference or congruence, and there appears to be an acceptance that the personality of the counsellor has little impact on outcome or participation (McLeod, 2003). The widespread training of CBT counsellors will mean the intricacies of relationship dynamics within the therapeutic alliance may be diluted as craft knowledge is lost in the search for quick fix solutions.

The rise of manual-based CBT has also been criticised as it narrows the scope of CBT and means the process loses its spontaneity and ability to respond to individual needs. Clark (2010) argues that a key strength of CBT is the ability of practitioners to 'magpie' useful techniques from other forms of therapy. To do this however, a practitioner needs to be immersed in the world of therapy and have the experience to do this in a safe manner for clients. How this can occur when CBT is being promoted so widely is doubtful and it should be a central concern of the CBT movement to protect the fundamental tenets of the approach whilst adopting techniques from other therapeutic traditions. This again underlines the importance of high-quality experienced supervision to support practitioners in their day-to-day practice.

It follows that a simple linear relationship between CBT and positive outcomes is a lot less predictable than may have been previously assumed and CBT cannot be viewed as a 'cure all' or 'quick fix' (Rowe, 2009) because, in reality, CBT may only work for some people in certain circumstances. Alloy and Abramson (1982) caution that CBT's focus on modifying thoughts, feelings and behaviour may be inappropriate in certain contexts where individuals may be exhibiting a realistic view of their own lives and see the world accurately from their perspective. The thoughts and behaviours that could be targets for change may serve a protective factor for the client, and short-term intervention from partially qualified counsellors may ultimately be harmful to their emotional health, although a sound collaborative case formulation may offer, in part, a safeguard against this as part of a multi-modal approach (Davis and Florian, 2004).

It is doubtful that CBT practitioners consider CBT a 'cure all' but its widespread promotion could create this illusion. Clark (2010, p.489) asserts that CBT practitioners *"obsess about those patients that didn't get well",* yet it is argued that CBT has a high relapse rate and long-term ongoing support is often required, which means it may be inappropriate to invest in time-limited CBT at the expense of more focussed in-depth therapeutic approaches (James, 2009).

Community Psychology (CP) also provides a striking critique of individualised therapeutic approaches such as CBT as part of a 'blame the victim culture', which neglects a fundamental need for social change (Community Psychology Network, 2007). Material social experience is conceived as the most significant factor

influencing how we think, feel and behave and Community Psychologists question whether change can occur for an individual if the environmental factors surrounding them remain the same. This is acknowledged within multi-modal systems-focussed therapeutic approaches such as those proposed by Bailey (2001) and Dummet (2006) but CP, drawing on the sociological traditions of Marx, is referring to structural change within communities. For example Smail (2001) believes that the difficulties people experience are based on problems coping with social environments because we are, ultimately, what we experience. He considers therapy as a means of social control that helps people accept their existence when in reality they ought to be seeking structural community-based change. CBT is conceived as overly simplistic, and although an individual may benefit from talking to someone and developing an understanding client-therapist relationship, the actual measurable effects of the therapy are highly disputable (Smail, 2001). With regard to CBT with adolescents, who remain relatively powerless to change environmental factors, we may lead them to feel increasingly disempowered, which could be viewed as ethically dubious.

3.3 EPs and Therapeutic Intervention

Given the opportunities and uncertainties associated with therapeutic approaches such as CBT it is of no surprise that EPs approach the delivery of therapy within their own practice with widely varied views. This creates a paradoxical and somewhat confused picture. Many services, my own included, seek to work through systemic-focussed consultation (Midlands EPS, 2008) and in general reject the individualised casework model of working on the basis that the inherent value to the client is

debatable, and the overall financial implications for services on restricted budgets is prohibitive. These views, in the broadest sense, reflect the reconstruction movement of the 1970's/1980s (Gilham, 1978) which sought to realign the way in which educational psychologists delivered their service. Conversely however there is a view that early intervention therapeutic work with individual children in school can prevent mental health problems for children and young people developing or becoming too serious (BACP, 2009; Greig, 2007; MacKay, 2007), and that EPs should be developing skills in group and individual therapy (Farrell et al., 2006). This was supported within the CAMHS Review (DCSF/DoH, 2008) which highlighted the scope for EPs to use therapeutic approaches in their work.

Indoe (1995) noted that the term therapy is rarely heard within educational psychology and has connotations of a medicalised approach that EPs are cautious in using. Within my service EPs have received training to deliver CBT and there are those who feel confident to deliver it within their practice. Others however feel it is beyond the remit of an EP to deliver therapy sessions. A summary of some of the difficulties and barriers to EPs using CBT-based approaches within their practice can be summarised as follows (see **Figure 6**):

Fig. 6 EP reservations regarding the use of CBT within their practice

- EPs are not generally fully trained to deliver therapeutic interventions and may lack the competence to do so ethically, in accordance with BPS guidelines (2009). A CBT therapist should have completed a Core Practitioner Training in CBT, usually at Post Graduate Diploma level or above (BACP, 2010) and even if EPs manage the expectations of staff and parents there may still be unrealistic

expectations of what we propose to provide.
• The time-limited nature of the interventions we are able to offer (Boyle and Lauchlan, 2009) may leave the recipient feeling worse than when we started. Thus it may be better to involve parents, teachers and peers in an intervention to ensure ongoing support (Hall and Marzillier, 2009), as part of a more 'systemic approach'.
• EPs do not have adequate specific clinical professional support and supervision, which may lead to CBT being applied incorrectly. Thus clinical work is seen as the domain of clinical psychology (MacKay, 2007)
• The notion that thinking patterns are faulty can be difficult to accept and have little experimental validity as we do not have introspective access to all our thoughts and feelings (Longmore and Worrell, 2007).
• It sets unrealistic expectations within the systems we work (for example schools, families) regarding the nature of the EP role, and the time and input we are realistically able to offer within a consultation-based service (Boyle and Lauchlan, 2009).
• The popularity of interventions EPs could develop would mean a mismatch between client demand and availability of EP resources (Learning and Teaching Scotland, 2008), although in the present financial climate this may be a good thing as it could drive demand for EP services (Nauta, 2005).
• Successful therapeutic outcomes for children may often be supported by parental involvement in the process, and EPs may feel ill equipped to manage this extra dimension, not to mention the extra time commitment it is likely to create.
• There is too much statutory work to accommodate this (Boyle and Lauchlan, 2009) within day to day practice.

Despite these reservations, EPs are increasingly using therapeutic approaches within their work with children and young people (McKay, 2007), both within my own service, and within the wider profession (Greig, 2007; Boyle, 2007; Pomerantz, 2007). Many EPs may feel the need to restore the balance between systemic and therapeutic work, as was a conclusion of the educational psychology review

conducted by Farrell et al. (2006). It appears that in certain instances EPs may have lost the confidence to work individually with children and young people within a therapeutic framework, and McKay's (1990) prediction that many EPs may become deskilled in applying therapeutic skills may well have been borne out.

There is a danger that adopting an individualised therapeutic approach reinforces within-child explanations of children's difficulties by the adults around the child (for example teachers/parents), in contrast to the views held by the majority of EPs that an individual's difficulties are likely to be the result of a complex interaction between an individual issues, family concerns, community and social and economic factors (Midlands EPS, 2008). However it is argued (MacKay, 2007; Greig, 2007) that individual therapy has a distinct contribution to make to EP practice because some children and young people will necessarily benefit from it (Boyle and Lauchlan, 2009). Overall, given the present context this report is arguing that it is vital EP services respond to the perceived rise in mental health difficulties of young people by supporting existing specialist services through school-based intervention, including individual-based therapeutic intervention. As Gersch (2009) notes, EPs should be aware of how important individual-based casework and therapy can be in improving outcomes for children and young people.

3.4 EPs and the Therapeutic Turn in Education

Opportunities for EPs to develop the use of CBT and other therapeutic approaches within their practice have been supported by a 'therapeutic turn' in education

(Ecclestone and Hayes, 2008) over the last decade, driven by New Labour's attempt to address the increasing numbers of children and young people said to be experiencing difficulties relating to their mental health and well-being (Meltzer et al. 2000; DCSF/DoH CAMHS Review, 2008). The move towards improving young people's access to help and support has sought to be strengthened through the Every Child Matters legislation (DCSF, 2010b) and the National Service Framework (NSF). For example Standard 9 of the National Service Framework (DoH/ DfES, 2004), concerning the Mental Health and Psychological Well Being of Children and Young People, sought to set out clear standards for meeting their emotional needs and the standard of service they could expect. Subsequently the independent CAMHS Review (DCSF/DoH, 2008) highlighted the need for a realignment of services and increased joint working between agencies, exemplified within the Targeted Mental Health in Schools (TaMHS) pathfinder projects, which aim to develop models of therapeutic and holistic mental health support by supporting the emotional well-being of young people, especially those at risk of mental health difficulties, within the school context (DCSF, 2008c), including the use of CBT approaches at Wave 3.

The 'therapeutic turn' in education outlined above has been influenced, in part, by the re-conceptualisation of CAMHS provision within the UK, and the move to engage all professionals working with children and young people as part of a tiered comprehensive CAMHS framework (HAS, 1995; see **Appendix 7** for an overview of the tier-based approach to CAMH). The National Service Framework (DoH/ DfES, 2004) reinforced this in specifying that all staff in universal services should have

competencies, core skills and knowledge of issues around mental health. Within the tiered CAMHS framework EPs play an important role at Tier 2, as part of specialist CAMHS, in the identification of pupils at-risk within schools, and in the training and the strengthening of Tier 1 staff.

Implementing the comprehensive CAMHS framework has posed a strategic workforce challenge (Morris et al. 2009), and the CAMHS Review itself (DCSF/DoH, 2008) has been critiqued as a 'plea' to implement existing policy following the 'patchy' development of the comprehensive CAMHS framework nationally (Mental Health Foundation, 2008). The CAMHS Review has however strengthened the view, held by many educational psychologists (Greig, 2007; MacKay, 2007), that the educational arena is an important place to begin meeting the mental health needs of children and adolescents (Weare, 2004). However the change of government, and the financial pressures that may ensue, may lead to cultural shift towards a more traditional view of the function of schools, where the focus returns to the cognitive rather than emotional aspects of learning (Ecclestone and Hayes, 2008).

The therapeutic turn in education and the development of 'joined up' multi-agency working discussed within the legislation (The CAMHS Review, DCSF/DoH, 2008; Every Child Matters DCSF, 2010b; NSF, DoH/ DfES, 2004) presents many EPs with a challenging, yet promising, context within which to work.

Given the nature of EPs' roles within schools, they are well placed to pursue direct therapeutic work with individual children (Boyle and Lauchlan, 2009). In addition,

given the resource pressures on specialist therapeutic staff within CAMHS at Tier 3 (Family and Parent Institute, 2009; DoH, 2008) it could be argued that EPs ought to be reducing referrals to Tier 3 Specialist CAMHS by taking on more individual and group-focussed therapeutic work. However individual-focussed 'counselling' based intervention is likely to be time-consuming (as in the case of the present study) and restrict opportunities to work systemically in school, through, for example, teacher-based consultation, supporting the implementation of the Social and Emotional Aspects of Learning initiative (DfE, 2010) and contributing to the current TaMHS projects as part of a wider Wave 1/2 preventative role (DCSF, 2008c).

MacKay (2007) highlights the way in which psychological services have become increasingly specialised in recent years, with their own qualifications and entry requirements to training, leading to difficulties with establishing role-demarcation between services. Within my present service for example, "*longer-term therapy is part of the role of other agencies such as CaMHS" (Midlands EPS, 2008, p.4).* A central finding of the CaMHS Review (DCSF/DoH, 2008) concerned the poor commissioning and joined-up thinking between the DCSF and DoH and this is perhaps surprising given the shared psychological backgrounds of the professions. However this demarcation may have its roots, in part, in the perception that clinical psychology has a traditional emphasis on individual pathology (Diener and Seligman, 2002), in opposition to the ecological–conceptualisations (Bronfenbrenner, 1979) and consultation-based approaches EPs are trained to adopt. However children with long-term mental health difficulties require more intensive and sustained intervention and CAMHS staff may be better placed to deliver this within their role and given their

own professional specialism. The skill for EPs as tier-2 professionals is to know when to refer to specialist Tier 3 CAMHS services and when the relative contributions of the services can be negotiated equitably and for the benefit of the individual child concerned.

Farrell et al. (2006) note that negotiating roles can be difficult at times for EPs seeking to make a distinctive contribution (Cameron, 2006), and although EPs are largely philosophically opposed to models of 'diagnosis', 'labelling' and 'treatment' typically associated with CAMHS, closer working may mean that EPs and CPs can;

"reflect on their roles and functions and to explore possibility of strengthening joint working relationships, possibly through co-location of services and sharing in continuing professional development... ultimately there might be an advantage in combining the initial training arrangements and in merging the two professions" (Farrell et al. 2006,. p.4)

A merging of services (Farrell et al. 2006) may help to reduce overlap and repetition of services and allow the development of joint-working practices. For example within my present service EPs have been involved in joint projects with Tier 3 Specialist CaMHS, based around the delivery of parenting programmes such as Triple P (Saunders, 2010). Ultimately if a fully integrated, professional CAMHS service emerges from any proposed merger it will be of benefit to vulnerable children and young people. It may also allow EPs interested in developing therapeutic practice to

access more easily the supervisory support and professional development they would need to develop a deeper professional knowledge regarding therapeutic interventions such as CBT.

4.0 Conclusion

This case study report has highlighted that the mental health of young people in the UK is deteriorating (CaMHS Review, 2008). Following something of 'therapeutic turn' in education over the last decade some influential EPs (Greig, 2007; McKay, 2007) are calling for EPs to engage with therapeutic work with young people, including individual 1:1 approaches, to support these vulnerable pupils.

This report has sought to consider the evidence base for CBT interventions and demonstrates the complexity involved in delivering an individualised CBT intervention through a case study example. Furthermore the report considered the implications of EPs adopting individualised therapeutic interventions within their practice.

CBT is currently positioned as the central means of delivering therapy in society (Clark, 2010); although for young people as well as adults the evidence-base remains unclear, with better evaluation and analysis of its long-term benefits required (Cole, 2008). For EP services, capacity limitations, coupled with a possible reluctance to deliver individual therapeutic approaches, makes the use of CBT difficult, despite staff receiving training in basic principles. CBT interventions require a substantial time investment from the practitioner with, in the case of the current

report, promising yet largely indeterminate results. Therapeutic approaches such as CBT require high practitioner skill levels and high quality supervision, and the lack of confidence within the profession to deliver this may remain a constraint on further development of therapeutic services/provisions. Any future mergers with Clinical Psychology services however would presumably support those EPs keen to develop therapeutic practice and offer a solution to some of these concerns.

EP concerns regarding collusion with 'within-child conceptualisations' of a child's problem have been discussed and many may consider that community-based approaches offer a more equitable and justifiable approach to intervention. Overall multi-modal approaches to supporting pupils with SEBD, for example CBT alongside family therapy, may be a more effective way of facilitating positive social and emotional outcomes for young people (Davis and Florian, 2004).

EP services may seek to re-consider their approach to individualised therapy given the need for the profession to identify a distinctive contribution (Cameron, 2006), and secure staffing and capacity in light of the proposed cuts to local authority budgets over the following years, and the implications this may have for some EP services. Although therapeutic work is no guarantee of success it could be a strong selling point for services looking to generate income for example.

In general as a practitioner I will seek to use CBT approaches within my practice if the individual circumstances of the young person indicate this will be beneficial (Hall and Marzillier, 2009). However it is unclear whether EPs can, or should, be expected

to deliver an individualised mental health service within schools without substantially more training than is currently the norm. Jointly commissioned systemic work such as TaMHS (DCSF, 2008c) may offer a better way for EPs to become involved in mental health distress/ill health.

Educational Psychology can be seen as a victim of its own eclecticism given the many areas of professional delivery EPs operate within. However EPs must not forget that fundamentally they are psychologists who presumably entered the profession because they enjoy working alongside children and young people (Boyle and Lauchlan, 2009). Furthermore the profession might benefit from a move away from, what could be considered, the aloof and detached consultation model of delivery.

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Appendices

Appendix 1 Further background information to the tests used as baseline measures*.*

<u>Strengths and Difficulties Questionnaire (Goodman, 1997)</u>

The Strengths and Difficulties Questionnaire (Goodman, 1997) is advertised as a behavioural screening questionnaire. The questionnaires can be completed by teachers, parents and pupils. There are 25 questions on 5 scales including emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour. The questionnaires can be used to evaluate everyday practice, evaluate specific interventions and assess an individual's strengths and difficulties to identify suitable interventions. There are norm scores from a British sample (2000).

<u>Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) Scales (Gowers et al. 1998)</u>

The Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) were developed in response to the need to measure the health and social functioning of those suffering from mental illness, by a joint research team from The Royal College of Psychiatrists Research Unit and The University of Manchester, Department of Child and Adolescent Psychiatry. Specifically HoNOSCA is a routine outcome measurement tool that assesses the behaviours, impairments, symptoms, and social functioning of children and adolescents with mental health problems. HoNOSCA therefore provides a global measure of an individual's current mental health status, and thus provides a means of evaluating the success of attempts to improve the health and social functioning of mentally ill children and adolescents.

The HoNOSCA consists of rating scales that can be completed by clinicians, patients and parents of patients. There are 13 scales;

1. Disruptive, anti-social or aggressive behaviour

2. Overactivity, attention and concentration

3. Non-accidental self injury

4. Alcohol/substance misuse

5. Scholastic or language skills

6. Physical illness or disability problems

7. Hallucinations or delusions

8. Non-organic somatic symptoms

9. Emotional and related symptoms

10. Peer relationships

11. Self-care and independence

12. Family life and relationships

13. Poor school attendance

The measure aims to cover problems experienced in the last 2 weeks. It can be used either before or after treatment to look at the effectiveness of attempts to improve the mental health and social functioning of mentally ill children and adolescents.

Beck Youth Inventory 2nd Edition (BYI-II) (Beck et al., 2005)

The Beck Youth Inventories were developed in 2005 and are aimed at 7-18 year olds. The tests consist of 5 inventories. The five inventories each contain 20 questions about thoughts, feelings, and behaviors associated with emotional and social impairment in youth. Children and adolescents describe how frequently the statement has been true for them during the past two weeks, including today. The instruments measure the child's or adolescents emotional and social impairment in five specific areas:

Depression Inventory: In line with the depression criteria of the Diagnostic and Statistical Manual of Mental Health Disorders Fourth Edition (DSM-IV), this inventory allows for early identification of symptoms of depression. It includes items related to a child's or adolescents negative thoughts about self, life and the future, feelings of sadness and guilt, and sleep disturbance.

Anxiety Inventory: Reflects children's and adolescents' specific worries about school performance, the future, negative reactions of others, fears including loss of control, and physiological symptoms associated with anxiety.

Anger Inventory: Evaluates a child's or adolescent's thoughts of being treated unfairly by others, feelings of anger and hatred.

Disruptive Behavior Inventory: Identifies thoughts and behaviors associated with conduct disorder and oppositional-defiant behavior.

Self-Concept Inventory: Taps cognitions of competence, potency, and positive self-worth.

Clinical Global Assessment Scale (CGAS)

The Children's Global Assessment Scale (CGAS) is one of the most widely used measures of the overall severity of disturbance in children. It is a uni-dimensional (global) measure of social and psychiatric functioning for children ages 4–16 years. The CGAS is based on an adaptation of the Global Assessment Scale (GAS) for adults and can be used as an indicator of need for clinical services, a marker for the impact of treatment, or a single index of impairment in epidemiological studies.

The CGAS is a single rating-scale with a range of scores from 1 to 100, designed primarily to be used by clinicians who are quite knowledgeable about a child. Anchors at 10-point intervals include descriptors of functioning and psychopathology for each interval. The single numerical score representing severity of disturbance ranges from 1 (most impaired) to 100 (healthiest). On the basis of the descriptors, raters are expected to synthesize their knowledge about the child's social and symptomatic functioning and condense this information into a score. For example, a score of 61–70 indicates that the child has some difficulty in a single area but is generally functioning pretty well. Scores above 70 are considered to be in the normal range, whereas scores on the low end of the continuum indicate a need for constant supervision (1–10) or considerable supervision (11–20).

Appendix **2** Further analysis of the baseline measures taken between February 2010 and March 2010, to include strengths and difficulties identified. This was important information to analyse and was used to inform my working knowledge of Alex as a person, and our subsequent discussions. The information was also used to cross-check information and confirm that the information provided was correct. The following information was also used to support formulation development through discussion with Alex. The information also served to provide information for our identification of risk and protective factors discussed in Appendix 4.

The SDQ (11-16) completed by Alex showed that;

- Strengths- Alex perceives himself to share with others, an ability to be independent and that he does not worry a lot.
- Difficulties- he has concerns regarding his losing his temper and the fact he fights a lot, his hyperactivity, poor concentration, some nerves in new situations and a belief that he is often accused of lying or cheating although he admits that this is sometimes the case

The SDQ parental scale completed by Alex's Mum;

- Strengths- Alex has many friends back home, is generally liked by others, is not picked on by others and does not steal from others.
- Difficulties- Alex was presented as disobedient, easily distracted, clingy in new situations, solitary, does not get on with adults, does not think before acting and can be selfish.
- Alex's Mum feels he has minor difficulties in emotion and behaviour and his ability to get on with others. Interestingly she felt that his difficulties do not distress him greatly and that it impacts on home life a little but has no effect in school or classroom learning.

The Beck Inventory was administered using the whole scale initially to profile across domains. The cumulative percentage of a particular t-score indicates how many

individuals within that norm group obtained that score or lower (Beck et al. 2005). The self-concept scale is reversed so that a low score reflects significant concerns and Alex considered himself to be much lower than average. The results also demonstrated that, at the outset, Alex felt he was experiencing extremely elevated problems with anger and disruptive behaviour. Alex had an apparently confused view of himself. He felt that he was 'sometimes' a good person. He highlighted that he was worried he might go crazy and lose control and is 'sometimes' afraid that bad things might happen to him. He stated that he 'sometimes' wished he was dead and thinks that his life will be bad. Anger was again highlighted; when he gets mad he stays mad and always feels mad inside his body. He has trouble getting over it when he is angry and feels that people are trying to control him and out him down. Alex feels that he tells lies a lot and can steal sometimes. He can do mean things to people and their property and skips school. He often tricks people and breaks the rules.

The HoNOSCA self assessment (V1) showed that Alex felt that disruptive behaviour, concentration, use of alcohol or drugs, difficulties in keeping up in school and relationships within the family are important areas to explore.

Appendix 3 A short critique of standardised measures and the baseline tests used, highlighting any limitations and any particular strengths of the tests.

Standardised tests are often used in clinical diagnosis and are generally used by applied psychologists who are suitably qualified to use them (Coolican, 2004). As such tests are required to be reliable and valid for use, that is the results produced are consistent and measure the feature, for example anxiety, that is being measured. Standardised tests are a useful starting point for forming hypotheses regarding underlying functioning, however the results produced will only be as reliable and valid as the tests that produce them. Test items on a standardised test will be adjusted until the scores obtained from it fall within a normal distribution (Coolican, 2004). However standardised test scores only provide one source of information and do so in a highly prescribed and inflexible manner.

<u>Strengths and Difficulties Questionnaire (Goodman, 1997)</u>

The strengths and difficulties questionnaire (SDQ) is used widely across the world as it is easy to complete, is user friendly, allows comparisons to be made and is sensitive to change (Vostanis, 2006). It is one of most widely used tools in the child and adolescent mental health field and is also the most widely used measure amongst CORC members (78%) (Ford et al. 2006). The SDQ is reported to be a reliable and valid measure (Du, Kou and Coghill, 2008) and is said to have good internal consistency, test-retest reliability and parent-youth agreement on the differing scales (Muris et al. 2003). The SDQ has been adjusted for use globally and there remain some concerns that it is vulnerable to cross cultural differences and requires careful use outside of groups that have norms for its use, for example with aboriginal children (Oliver et al. 2006). The widespread use and availability of the SDQ, though laudable, must also mean there have to be questions regarding the consistent application of the test, and whether reliability and validity can be assured. Furthermore, as with many self-report measures, the results can be skewed by overly negative/positive responses. However as a starting point, or screening tool, the

benefits of the SDQ appear to outweigh the negatives, assuming that the test is triangulated alongside other tools and assessment measures.

Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA-SR) and Parents Scales (Gowers et al. 1998)

The HoNOSCA scales, as a general measure of mental health disorder, are largely viewed as a reliable and valid outcome measure, and the content validity and clinical utility appear to have been demonstrated (Burgess et al. 2009). The scales have been demonstrated to be sensitive measure of change amongst CAMH attendees and link closely to changes shown in other measures such as, for example, CGAS (Garralda et al. 2000). Whilst the scales are user-friendly they should be used in their entirety as the evidence for using sub-scales within the tests remains uncertain (Burgess et al., 2009). Jaffa (2000) has criticised some of the individual scales, in particular question 6 regarding physical difficulties and views its inclusion as inappropriate and unnecessary. Garralda and Yates (1999) also caution that although the scales have good face validity, are quick and easy to use and have good inter-rater reliability there is still a need for CAMH professionals to gather substantial contextual information to cross-reference the data gathered. It is also cautioned that administrators of the tests require training in their use to ensure long-term validity.

Beck Youth Inventory 2nd Edition (BYI-II) (Beck et al., 2005)

The Beck Youth Inventory (2nd edition) is reported by its authors to have good internal consistency and test-retest reliability alongside convergent validity (Beck et al. 2005). However the norming sample was based on US demographics and this may mean that use with certain populations is inappropriate. The test package takes some time to complete and this may reduce the reliability and validity of the self-rating scale, as the concentration of the respondent may fail during the inventory. As with all self- rating scales the respondent may also have answered in a socially

desirable manner and may have inhibited full disclosure. Conversely aspects of the inventory may have been exaggerated.

Clinical Global Assessment Scale (CGAS)

The CGAS is a widely used scale, forming part of the CORC recommended outcome measures (CORC, 2010). It is seen as a sensitive and reliable measure of the severity of disturbance and has good inter-rater and test-re-test reliability (CORC, 2010). Whilst it is a simple measure to use, sensitive to change and reliable it remains a subjective judgement on the part of the practitioner (Lundh et al. 2010). This means that practitioners using CGAS should be trained raters to ensure reliability and validity, although this is rarely the case (Lundh et al., 2010)

Appendix 4 Risk and Resilience Factors that support and restrict Alex, identified through therapist-led discussion within the first two sessions and informed through the baseline profiles conducted. These factors were agreed with Alex as part of the therapeutic relationship and were referred to within the subsequent sessions. It also helped to provide me with an overview of Alex's life and how he construed the world around him. The discussions allowed me to understand some of the pressures he perceived and I judged that the exercise may have helped him to consider some of the positive aspects of his current situation. These risk and protective factors helped to inform the ongoing therapeutic relationship and the direction in which we negotiated it should continue. These discussions also, in my opinion, underpinned the development of the therapeutic alliance.

Risk Factors	Resilience Factors
In the Young Person (biological and cognitive)	**In the Young Person (biological and cognitive)**
 • 'Diagnosis' of ADHD based on behaviour based on difficult behaviour in Caribbean and poor concentration and inattention to class teachers • Medication is used to 'control' his behaviour and not taking it can lead to difficulties within school settings • Can be forgetful and this is sometimes perceived by others as laziness • Does not always think positively about himself. Negative thoughts about himself and others • Often believes he is unfairly treated (accused of lying or cheating) which leads to negative thoughts and difficult behaviour. • Has angry thoughts when confronted or challenged by others • Alex has a limited vocabulary with which to express his emotional feelings and beliefs • Alex is worried that sometimes he might go crazy and lose control • Can be afraid that bad things might happen to him. • Can occasionally think that he would rather be dead and that his life will always be bad. • He finds it difficult to let things go when he is angry • Feels people are trying to control him	 • When he is engaged in a topic or activity he enjoys he can maintain concentration for long periods of time • Can monitor his own medication usage • Based on assessment from the Caribbean Alex is operating within upper average levels for IQ and cognitive ability despite interrupted schooling due to behaviour • Alex tells me he does not worry too much about things and his Mum also reinforces this and comments that any difficulties he does experience do not affect him greatly. • Alex can sometimes view himself as a good person and has positive thoughts about himself • Positive use of humour in interactions • Alex is keen to change and recognises that his difficulties with anger are a problem for him. • Positive thinking **In the Family** • Ongoing support and contact with both parents, Alex understands they care for him. • Good relationship with Mother • Support for Alex's education from both parents who are keen to see him fulfil his

and shout him down

In the Family

- Significant conflict between parents over Alex and financial arrangements. Continued disagreements over parenting style and suspicion between parents
- Constantly moving between parental homes in Cayman on a weekly basis. By his own admission this was difficult
- Family separation - lack of positive and respected male role models
- Combative and occasionally hostile relations between Alex and his Father have led to disagreements.
- Alex currently refuses to speak to him which is increasingly making his father more angry
- Alex is currently refusing to talk with his paternal grandmother back home
- Alex tells me he does not get on with his new step mother and rarely sees his father's new family
- Inconsistent or unclear discipline

In the Community

- No friendships or relations within the community which may be able to support both Alex's needs and those of his Mother
- Cultural differences between here and the Caribbean may mean Alex feels isolated and different from others
- Socio-economic disadvantage
- Poor housing
- Ever changing living circumstances and insecurity over this may contribute to feeling unsettled
- Other events of which I am not currently aware
-

Behaviour

- Alex can be nervous in new situation where he feels he is not in control
- Angry thoughts can lead to violence to others or emotional outbursts particularly within confined spaces.
- Difficulty getting on with others within relationships that could be considered typical for his age
- Tells lies and steals occasionally
- Can be mean to others and likes to play tricks on people
- Enjoys breaking rules

potential
- Alex has a good relationship with his paternal grandmother

In the Community

- Alex is generally well liked back home by peers and adults who are sometimes puzzled by his behaviour
- Alex has told me that he wanted to move to England and have a fresh start
- Starting at a school with a proven track record of supporting pupils with complex needs and difficulties

Behaviour

- Shares with others and is popular with certain friendship circles
- Alex can display a pleasant and calm manner which people are likely to find interesting and relaxing to be around.
- Happy in own company and occupy himself
- Kind and has a personality that other people like

• Has run away before whilst in the Caribbean and can feel very frustrated	

Appendix 5 Therapist-generated thoughts and hypotheses. As part of my own reflections on Alex's difficulties, following our initial sessions identifying risk/protective factors and gaining baseline data, I developed some initial hypotheses concerning what I judged to be some of the factors contributing to, and maintaining, his difficulties. These were never shared explicitly with Alex within this format, but did contribute towards the formulation we developed, alongside informing certain lines of thought and enquiry that I pursued with Alex.

Long term sustained parental conflict- two conflicting styles of parenting (permissive and overly disciplined). Harsh but well meaning parenting style of father.

Difficulties building relationships with father's new family. A climate of mistrust and distance within the family structure, between parents and
between them and Alex

Alex has a diagnosis of ADHD that he accepts without question. However it takes the responsibility away from him in terms of managing his own behaviour

Alex has received positive reinforcement for negative behaviour because he has gained attention from parents and other professionals. He has maintained a level of control within his environment in so doing.

This has lead to a loss of respect for what adults have to say and leads him to switch off and not listen and react inappropriately to challenges from them.

Alex has received largely negative feedback from the adults around him, critical and correcting which may have increasingly lead to the development of inconsistent levels of self esteem and feelings of self worth.

Alex has grown up within a climate of anger and conflict and views this as a normal response to stressful situations where he cannot get what he wants. Alex feels very frustrated with the circumstances around but cannot tell anyone around him for fear of more conflict or lack of understanding

Alex lacks the emotional vocabulary to express feelings and thoughts

Alex wants to be accepted and feel part of a community of friends but his learnt behaviour and beliefs about the nature of relationships mean building good relationships is difficult.

His feelings of anger are a means of protecting himself and expressing the inner turmoil he feels but cannot adequately express.

Life becomes a self-fulfilling prophecy; he consistently receives negative messages about his conduct and increasingly feels that he may as well in accordance with this.

Alex's sense of self is maintained through maintaining a feeling of control in the environment around him as he feels he has little control over his own life.

Within school Alex has had difficulties which reflect this inner turmoil and it becomes the environment where he can feel in control over events

Alex's lack of social competence and social skill (Spence, 2003) means he attracts friends and peers by acting inappropriately and defiantly to adults which further alienates adults around him

Appendix 6 *Case Formulation (Stallard, 2005, p32-38). "Onset formulations help provide a developmental explanation of the way in which past experiences have shaped important cognitions" (Stallard, 2005, p.32).* I judged this was an appropriate way to help Alex understand his present situation and it provided a focus for future sessions and the direction in which the therapy was to proceed. From this Alex and I agreed an intervention plan for the following sessions

Core Beliefs... look after myself, want my own way, conflict is normal, can't tell people what I think

↓

Rules I live By... Do things my way, avoid conflict, avoid what I don't want to do, play the joker, avoid my Dad

↓

Current Problem... Anger at adults around me, not knowing when anger is rising, feeling demotivated, not understanding myself

↓

Triggering Events... wanting own way, being made to do things, people getting close, shouting at me, feeling tired

↓

What Helps Me Cope? Helpful...
Friendships... in control, happy, flirting with girls
Being popular... likable, away from adults, make jokes about situation
Timeouts when angry...go over negatives, get calmer, body slows
Being alone... no conflict, can switch off,

↓

Thoughts... "like a trigger in my head", everyone is against me, it's unfair

Physical... frowning, eyebrows go mad, go red

Onset and Maintaining Factors... Unsettled home life, difficult relationship with Step Mom, moving to the UK away from friends and family

Strengths and Resilience... good sense of humour, polite, popular with girls, supportive Mum and Dad, intelligent, wants to change, parents supporting education

ADHD... can't concentrate and maintain attention, medication controls my behaviour, makes me less hyperactive. Does not affect my learning. ADHD is "what I have".

What Helps Me Cope...? Unhelpful
Get angry to get own way... if I'm nasty enough I can get what I want
Don't talk things through... keep it all in, comes out at other times
Switching off from those around me... "what do you know", heart goes faster, learn to "switch off"

Feelings...irritable, lonely sometimes, confused

Behaviour...unpredictable, hit people, kick things, shout and swear

Appendix 7 (Source: CAMHS Four Tier Strategic Framework, DCSF, 2010d)

Shows an outline of the tiered comprehensive CAMHS framework and the relative roles and responsibilities of the professionals working within the system

LEVEL OF SERVICE	PROFESSIONALS PROVIDING THE SERVICE INCLUDE	FUNCTION / SERVICE
Tier 1/ Universal Service	GPs Health Visitors School Nurses Social Workers Teachers Juvenile Justice Workers Voluntary Agencies Social Services	CAMHS at this level is provided by professionals working in universal services who are in a position to: ▪ Identify mental health problems early in their development ▪ Offer general advice ▪ Pursue opportunities for mental health promotion and prevention
Tier 2/ Targeted Service	CAMHS Workers, Clinical Child Psychologists, Paediatricians (especially community), Educational Psychologists, Educational Psychiatrists, Child & Adolescent Psychotherapists Community Nurses / Nurse Specialists Family Therapist	CAMHS professionals offer: ▪ Training and consultation to other professionals (who might be within Tier 1) ▪ Consultation to professionals and families ▪ Outreach ▪ Assessment
Tier 3/ Specialist Service	Child & Adolescent Psychiatrists Clinical Child Psychologists Nurses (community or in-patient) Child Psychotherapists Occupational Therapists Speech & Language Therapists Art, Music & Drama Therapists Family Therapists	CAMHS offers: ▪ Assessment & Treatment ▪ Assessment for referral to Tier 4 ▪ Contributions to the services ▪ Consultation and training at Tiers 1 and 2
Tier 4/ Specialist Service	Child & Adolescent Psychiatrists Clinical Child Psychologists Nurses (community or in-patient) Child Psychotherapists Occupational Therapists Speech & Language Therapists Art, Music & Drama Therapists Family Therapists	CAMHS offers: ▪ Child & Adolescent In-Patient Units ▪ Secure Forensic Units ▪ Eating Disorder Units ▪ Specialist Teams (e.g. sexual abuse) ▪ Specialist Teams for Neuro-Psychiatric problems

Chapter 5

<u>Professional Practice Report 3</u>

Investigating the impact of a Direct Instruction teaching approach on the development of basic reading skills for a group of primary school children identified with SEN/LDD: To what extent should Educational Psychologists promote instructional approaches such as Direct Instruction within their practice?

Abstract

This report assesses the role of instructional psychology in accelerating basic literacy skill development and considers why the pedagogical principles of instructional psychology are not used more widely within educational settings in the UK. The study focuses upon the implementation of a Direct Instruction (DI) intervention to develop the basic literacy skills of four pupils identified with Special Educational Needs and Learning Difficulties/Disabilities (SEN/LDD). Raising the educational attainments of pupils with SEN/LDD and fostering high expectations have been central to government approaches over the last 15 years (DCSF, 2009d), and the development of literacy skills is central to this agenda, as those who fail to acquire basic literacy skills may become some of the most socially excluded within society (UNESCO, 2006). Given this context educational psychologists (EPs) have to respond positively and should seek to adopt evidence based practice to support these pupils and those who teach them. This study has demonstrated that, when implemented with fidelity, DI can be an important way in which school staff can support these children, however instructional approaches tend to run counter to prevailing constructivist ideology within education. Despite these concerns this report argues that instructional psychology can play a central role in supporting children with SEN/LDD as part of a broad, flexible and occasionally specialised pedagogic approach, which can help to support the inclusion of SEN/LDD children within mainstream settings. Furthermore given the changes that EP services are likely to experience due to budgetary pressures evidence based approaches such as Direct Instruction could prove useful trading products, as well as help to build capacity within schools by developing the knowledge and skills of support staff such as TAs.

1.0 Introduction

1.1 Education for All

Raising the educational achievements of pupils identified with Special Educational Needs and Learning Difficulties/Disabilities (SEN/LDD) has been a central tenet of Government education policy over the last 15 years, and is exemplified in policies such as Every Child Matters (DCSF,2004a), Removing Barriers to Achievement (DCSF, 2004b), Achievement for All (DCSF, 2009c) and the Progression Guidance (DCSF, 2009d). The need to understand the factors which maintain the relative underachievement of SEN/LDD pupils have been reinforced by the trend towards inclusion within mainstream educational settings (Armstrong, 2005), a trend which may be at odds with rigorous Ofsted inspections and the performance-based ranking of schools (Marshall, 2008). Educational Psychologists (EPs) can play a central role in supporting the 'inclusive agenda' within schools and seek to address the underachievement of children with SEN/LDD in accordance with the Special Educational Needs Code of Practice (Frederickson et al. 2008).

The Progression Guidance (DCSF, 2009d) places an emphasis upon national standards in the academic progress for pupils with SEN/LDD who are working below age-related expectations. The guidance stipulates that SEN/LDD children should to be making a minimum of two National Curriculum levels of progress per Key Stage unless they are operating within the lower P levels, where graded incremental progress within each P level may be more appropriate. The guidance suggests that

low expectations of pupils categorised with SEN/LDD contribute significantly to underachievement. This offers a further challenge to school settings and EPs to identify effective means of accelerating learning. Supporting the literacy skill development of SEN/LDD pupils is an important way in which to begin to address underachievement. Literacy skills lie at the heart of the academic curriculum and are a key component for accessing a wide range of learning opportunities within an educational context (Rose, 2009). Literacy skill development may enable good academic progress to be made and could help to ensure that the expectations of staff working alongside SEN/LDD pupils are raised.

1.2 Literacy

There are many definitions of 'literacy', although typically a child with literacy difficulties can be viewed as someone who experiences problems with the acquisition of reading and writing (Reid, 2009) and speaking and listening skills (Rose, 2006). All four strands can be regarded as equally important (Rose, 2009) as the ability to speak effectively, listen appropriately and read and write fluently are key elements in academic success (DCSF, 2010e). The vast majority of pupils, except those with severe cognitive difficulties, should achieve minimum standards of literacy (DfES, 2003), as those who fail to develop effective literacy skills can become the most socially excluded in society (UNESCO, 2006).

Literacy standards for children in the UK are often perceived to be inferior to other westernised nations, indeed a recent Ofsted report noted that 1in 5 children aged 11

fall below average age expected levels (Ofsted, 2010). The ongoing concerns regarding literacy levels have persisted despite Government placing significant emphasis upon the development of early literacy skills for all children (Reid, 2009) within the Early Years Foundation Stage (DCSF, 2010f) and the Primary Framework for Literacy (DCSF, 2010g).

Addressing underachievement in the acquisition of literacy skills is a controversial issue, particularly in relation to reading, where teaching approaches are often vulnerable to changing government agendas and educational trends (Reid, 2009). In order to identify a clear framework Rose (2006) drew upon the 'simple view of reading' (Fries 1963, in Hoover and Gough, 1990) as a way in which to conceptualise how reading skills should be taught. He identified word recognition skills and language comprehension as key components, with an emphasis on early acquisition of phonic knowledge and skills. The 'simple view of reading' has been critiqued as learning to read is a complex process (Gough et al., 1996), which requires linguistic, visual and auditory skills. Furthermore there may be many environmental factors that influence literacy skill acquisition including, for example, school ethos, the self-efficacy of the child and parental involvement. Despite these concerns rigorous systematic synthetic phonics programmes are currently being promoted by Ofsted (2010), and appear to be a central strand of the Coalition Government's approach to literacy acquisition (BBC News, November 2010). Furthermore the evidence base for such approaches appears to be expanding (Johnston and Watson, 2005).

1.3 Instructional Psychology

Instructional psychology has emerged from within the academic and scientific discipline of psychology and is concerned with the processes and outcomes of learning, in order to improve learning experiences and optimise the environment in which the learning occurs (DeCorte, 2001). Instructional approaches tend to focus upon the components of a learning process, for example describing the goal of learning, identifying a baseline level of the learner, describing the transitions in learning the learner undertakes, specifying the instructional conditions to support this transition and assessing post-instruction performance and the quality of instruction (Snow and Swinson, 1992). Accordingly instructional psychology can claim to promote the science of learning, although the convergence of instruction and learning within the field of education has long been a controversial domain (Weinert, 2001).

1.4 Focus of the Study

The aim of the study was to promote the use of an instructional approach in a primary school in the West Midlands, to support the development of basic reading skills for a cohort of children identified with learning difficulties. Within this report I have provided an overview of the Direct Instruction (DI) teaching method, its application within a real world context and assessed the role DI can play in supporting children's learning. I have sought to demonstrate the skills required to deliver such an approach, the difficulties that have arisen and consider the

implications for EP practice. This report is a reflection on my own practice and an opportunity to explore wider questions arising from the case study.

2.0 Intervention Overview

2.1 Direct Instruction

The DI teaching method was developed by Bereiter and Englemann (1966). In accordance with its behavioural 'roots' DI is a highly-structured, sequenced and teacher-directed model of instruction (Parette et al., 2009), utilising *"well developed and carefully planned lessons based upon clearly defined teaching tasks"* (Parette et al., 2009, p.394). DI can be regarded as a specific instructional method within a wider direct instruction movement, which broadly encapsulates structured teaching methods of any description (Gersten et al., 1986).

The DI approach provides pupils with explicit explanations of the task demands and modelling of appropriate responses, combined with continuous opportunities to practice new skills and regular monitoring of progress and ongoing feedback (Chu Yeh, 2009). Chu Yeh (2009) notes that the transfer of knowledge between the teacher and pupil occurs through observational learning, modelling, and scaffolding and DI can be seen to support students through their own zone of proximal development, where they can access new learning they may not otherwise be able to. DI uses the concept of task slicing to break down learning objectives into small step achievable tasks (Ganz and Flores, 2004). This allows for the ongoing and

accurate monitoring of pupil progress and the identification of the appropriate level of teaching for pupils to inform alternative learning start points (Weinert, 2001). DI is fast paced which can positively impact upon a pupil's motivation to learn and reduces off-task pupil behaviour, as the interaction between pupil-teacher is intensive and goal-directed (Weinert, 2001). Overall the context for learning within the DI framework is seen to promote a co-operative and reassuring approach (Chu Yeh, 2009).

DI has an extensive accumulated evidence base from controlled and pilot research. In a review of 34 studies between 1972-1996 it was noted that 87% demonstrated DI to be an effective method with only 13% highlighting other approaches as more effective (Adams and Englemann, 1996). In the USA, Project Follow Through, the largest educational study ever conducted, also appeared to demonstrate that DI was superior to other teaching approaches (Jones, 1995). Within education settings DI has been used with whole classes (Parette et al., 2009) but has more commonly been implemented with smaller groups of pupils (Vukmir, 2002). Although DI is evidenced to be effective for all children it has typically been used to support the learning of those experiencing difficulties with learning through traditional educational practice (Carnine et al., 2004). DI has been demonstrated to be a highly effective strategy for the development of reading skills because it allows for practice of the various strategies required to understand and decode words (Parette et al., 2009). DI has also been demonstrated to be a highly effective approach to teaching across subjects areas (Vukmir, 2002) and with different groups of learners (Ganz and Flores, 2004), when the approach is implemented with precision.

2.2 Context

The present study was conducted in a large primary school setting within an urban Local Authority. The majority of pupils within the school come from a Pakistani or Bangladeshi background and 20% speak English as an Additional Language. Over a third of the pupils are entitled to free school meals, which is above the national average. The number of pupils within the setting identified with SEN/LDD is slightly above the national average.

Four pupils identified with SEN/LDD took part in this seven week intervention to improve basic reading skills, two of whom were from Year 4, one from Year 3 and one from Year 2. Two of the pupils have a Statement of Special Educational Needs, and the school are seeking to pursue statutory assessment of SEN for the other two pupils. The predominant needs of these pupils are in learning and cognition, with the statemented pupils having a 'diagnosis' of moderate learning difficulty. Academically the pupils were operating at a similar level (P5-7) and their lack of academic progress during their time in school was concerning school staff and parents.

2.3 Rationale

The four children were presented individually during a planning meeting, but I proposed that we identify a way to support the needs of the pupils as a group and develop the skills of support staff to better support them. The Inclusion Manager was highly supportive of the move to build capacity within the school and was keen to

develop more specialist Wave 2/3 provision within the school. This view was further reinforced by a recent Ofsted visit which acknowledged that the school needed to do more in relation to supporting the learning needs of pupils identified with SEN/LDD. As a result of this an improvement in the academic achievements of SEN/LDD had been included within the school's Development Plan for the academic year 2010-2011.

In addition the school had recently been inspected locally through the Special Educational Needs Evaluation Framework, a school evaluation framework conducted by the Local Authority for raising the achievements of children and young people with SEN/LDD. Within this framework the relative underachievement of SEN/LDD was highlighted, and the proposed Direct Instruction intervention formed part of the school's response to this process. Furthermore an additional consideration was the need for the school to meet the progress expectations for children with SEN/LDD set out in the Progression Guidance covering English, Mathematics and Science (DCSF, 2009). It was felt, following discussions with the Senior Leadership within the school, that the present intervention would form an important strand in their approach to raising both the attainments of this pupil group and the expectations of all staff across the school. It was envisaged that, following successful implementation of this pilot project within the school, the approach would be used more widely within the setting.

2.4 Ethics

As a professional practitioner it is important to consider the ethical implications of any intervention undertaken. Within this joint project the ethical concerns are apparently minimal but they are worthy of further exploration and acknowledgement.

Within this study I judged that the client is the school and more specifically the staff closely linked with the project. I have undertaken no direct work with the children concerned but have supported staff in their delivery of the intervention. No participant suffered any detriment from taking part and parental permission for EP involvement was sought for each child (BERA, 2004). I ensured an ongoing transparent approach towards the implementation of the project within school (HPC, 2007), senior leadership were well briefed regarding the nature of the intervention and I was clear in purpose with regard to the nature of my involvement in the project, including the time commitment I was able to provide (BPS, 2009). Through thorough training and supervision of the staff involved (HPC, 2007) I stressed the need for accuracy and fidelity in the implementation of the DI method and the subsequent monitoring and recording of outcomes (BPS, 2009). Furthermore I received supervision from a colleague within the Educational Psychology Service (EPS) with previous experience of using DI, and have developed my own understanding as a result (BPS, 2009), and ensured my skills and knowledge remains current (HPC, 2007).

2.5 Intervention

This intervention is based upon materials that have been developed by the EPS within the Local Authority this study is conducted in, which in turn are broadly based upon the Early Reading Research (ERR) developed by Solity et al. (2000). The intervention is based on the ERR in terms of session structure, but it is focussed upon smaller groups of children identified with SEN/LDD within a real world setting, where wide-ranging pedagogical change which focuses upon whole class teaching may not be possible. The instructional content of this intervention reinforces five central components required for the development of reading skills, namely phonemic awareness, phonics, fluency, vocabulary and comprehension and is centred around access to real world books that are of interest to the students involved. The intervention is based upon a number of underlying principles associated with instructional approaches and regarding the best ways in which to teach new skills.

2.5.1 Theory of Optimal Instruction

The theory of optimal instruction for reading skill development is drawn from instructional psychology and states that there is an optimal amount of information that a child can learn which will promote generalisation of skills outside of the particular learning context. This optimal level means pupils need to be taught what is most useful to them. This improves retention of information as pupils develop reading skills by learning the words they encounter most frequently within reading books. Pareto's Law, or the 80/20 principle (Koch, 1998), highlights the idea that there is an

optimal level of sight vocabulary and phonic skills that should be taught to teach children to read, that is there are a relatively small number of words and sounds that occur within text with considerable frequency. For example Solity and Vousden (2009) demonstrated that there are 100 sight words that form 50% of all adult and child literature. Thus the learning of these 100 words is optimal in comparison to learning the following 50 words which make up only 4-7% of all adult and child literature (Solity and Vousden, 2009). Furthermore children may only need to learn 61 grapheme-phoneme correspondences in order to maximise reading skills to an optimal level and reduce confusion for learners; subsequent learning after this may well be more efficiently focussed upon helping children to develop their vocabulary and wider literacy skills (Solity, 2003).

2.5.2 The Learning Hierarchy

The concept of the learning hierarchy was central to this study. Developed by Haring and Eaton (1978) the learning hierarchy has proven to be an influential means of explaining how a learner typically acquires and masters new skills. With consistent teacher feedback and regular practice of skills pupils typically progress through five distinct stages in their learning (see **Figure 1**).

Fig. 1 The Learning Hierarchy (Haring and Eaton, 1978)

Acquisition	The pupil begins to learn a new skill but has not achieved mastery of this skill.
Fluency	A particular skill is beginning to develop and is becoming increasingly accurate. However progress is slow and the pupil needs help to increase speed of responding. With fluency develops the ability to maintain this knowledge over time.
Maintenance	A new skill has been learnt and is maintained without further learning input.
Generalisation	Accuracy and fluency have lead to the maintenance of a particular skill. However the skill is often only used in the context it was learnt. The transfer of the skill to new settings becomes the aim of this phase.
Adaptation	Having mastered accuracy, fluency and generalisation the pupil is now able to adapt the skill in new situations and to fit different task demands.

2.5.3 Distributed Practice and Interleaved Learning

The principles of distributed practice and interleaved learning are central to this study. The study utilises the concept of distributed practice as it is delivered twice daily for five days per week, rather than massed within one lesson or morning per week. This has been demonstrated to save time in learning new skills as it increases rates of long-term learning and retention (Seabrook et al., 2005; Baddeley, 1997). Interleaved learning reinforces learning through the teaching of previously learned information alongside new skills. This ensures that previously learned information is

retained as there are increased opportunities to practice old skills whilst learning new ones which promote accuracy and fluency. It is also motivating for learners to experience success through the rehearsal of data they are already familiar with whilst learning new information. Interleaved learning has been demonstrated to be highly effective in facilitating motor and cognitive skill acquisition (Taylor and Rohrer, 2009).

2.5.4 Model-Lead-Test Review Procedure

The instruction period within DI is highly sequenced and scripted to maximise the time pupils spend 'on task' (Frederickson et al., 2008), which was highly beneficial for TAs who may be inexperienced in delivering prescribed teacher–led learning. The TAs were trained to use the model-lead-test-review (MLTR) approach which can promote mastery learning for pupils (Parette et al., 2009). The TA explicitly demonstrated skills to the pupils (model), which reduces pupil error and may be particularly beneficial for children who have found it difficult to develop basic skills (Rosenshine and Meyers, 1978). Pupils were then encouraged to respond with the TA in unison (together) and then finally as a group without adult input (your turn). The aim was to facilitate high rates of unison responses to maximise learning and provide the teacher with regular feedback with regard to who has learnt what. Furthermore the 'your turn' element enables the teacher to observe the progress of pupils and encourages fluency and maintenance of knowledge for the children involved. The TA began to use a shortened sequence (your turn) for information that was maintained alongside the use of the full sequence for new skills presented. This MLTR method of teaching has been critiqued as rigid and boring but it did provide the pupils with an

opportunity to experience errorless learning (Frederickson et al., 2008). For example when a child made an error the whole group were simply corrected through the use of the full MLTR procedure (Rosenshine and Meyers, 1978) which helps all group members develop memory skills through repetition and over-learning (Reid, 2009). Errorless learning also benefits the self-esteem of those taking part which may increase their motivation (Parette et al., 2009; Rosenshine and Meyers, 1978). The pacing of the sessions was a crucial factor and within a small group context teachers may find it easier to maintain the fast pace that is central to maintaining task focus (Rosenshine and Meyers, 1978). Furthermore fast pacing allows the teacher to present more information which increases opportunities for learning and reduces the incidences of behavioural issues (Binder and Watkins, 1990).

Alongside the MLTR sequence there are five essential elements of the group teaching process which are detailed in **Figure 2**.

Fig. 2 Five essential elements of the teaching process

Group attention	Focus upon the teacher (sounds work) or the display (phonics/sight words)
Prepare	Children are alerted to the task (ready...)
Pause	Allow brief thinking time
Signal	Teacher provides a prompt by cueing finger and encourages the children to do the same. The cueing finger demonstrates to the children the number of sounds within words and thus aids their ability to synthesise and segment words. It also allows the teacher to observe whether pupils have mastered the task (Binder and Watkins, 1990).

Praise and feedback	Immediate task specific praise

2.5.5 Group Homogeneity

The identification of the group members was based on baseline measures taken using Precision Teaching (PT) probe sheets developed within a West Midlands Educational Psychology Service to ensure that group members were at a similar level of ability and could be described as a homogenous sample. It was also important to identify pupils who were likely to learn at approximately the same rate (Rosenshine and Meyers, 1978) and the results from the probes and feedback from teachers indicated this was likely to be the case.

2.5.6 Intervention Overview

There was a clearly designed and sequenced structure for the twice daily sessions (see **Figure 3**).

Fig.3 The Daily Teaching Plan

Type of Activity	Length of time and Details	Resources
Sounds (phonological skills) (4 minutes)	➢ 2 minutes **Synthesis** activity- putting sounds together to make words ➢ 2 minutes **Segmentation** activity- pulling words apart into individual sound	VC, CVC, CVCC, CCVCC, word lists Stopwatch

Phonics (2 minutes)	➤ 2 minutes- letter sounds use sequenced introduction (a, m, t, s, i, f, d, r, o, g, l, h, u, c, b, n, k, v, e, p, w, j, y, x, q, z) until approximately 20/26 letter sounds fluently. Can then move to blending **phonically regular words**	Sounds, VC, CVC, CVCC, CCVCC, word lists. Stopwatch, display flash cards
Sight Vocabulary (based on Solity first 100 words) (2 minutes)	➤ 2 minutes learning **phonically irregular** words using flash cards for example. Taught in order of most common occurrence.	Sight word list flashcards. Display area. Stopwatch
Group Reading (7 minutes)	➤ **Aim:** reading for pleasure ➤ **2 minutes**- teacher reads to the children (model-my turn) ➤ **2 minutes**- teacher reads with the children (lead- together) ➤ **2 minutes**- Teacher makes links between text and learnt phonic and sight vocabulary skills explicit (your turn- test) ➤ **1 minute**- Teacher evaluates the text and checks for comprehension e.g. identifying interesting vocabulary, identifying descriptive words or phrases, sequencing the author has presented ideas or characters in, checking for understanding)	Using a real world interesting book. Stopwatch

The 15 minute programme promoted the development of phonological skills such as synthesis and segmentation, which are particularly useful in reading and spelling, and the phonics activity which taught grapheme-phoneme correspondence at the small unit level (Solity, 2003). The broader aim however centred around engaging the children in reading and the use of real world books chosen by the children ensured they were relevant and of interest. The aim was to help promote the children's engagement with books and that their confidence would increase as they understood an increasing number of words.

Supporting the children's comprehension of the books was also important in order help make the books meaningful to readers who may not normally be able to access them (Reid, 2009). Comprehension of text is crucial for enjoyable reading and fluent readers are able to devote more time to constructing meaning from text rather than decoding words (Durkin, 1993). However comprehension strategies may need to be practiced at the listening level before being applied at the reading level which meant that teacher modelling was important.

2.5.7 Implementation Considerations

Five TAs and the Inclusion Manager (member of the Senior Leadership Team) were initially trained to use DI. It was agreed however that I would only support one TA in further developing her skills during a 6 week pilot period, where I observed her delivery weekly and offered constructive feedback. In order to build capacity within the school it was essential that the intervention was sustainable and that the staff

themselves had developed the necessary fluency, accuracy and maintenance with the techniques involved. Furthermore the TA involved in this project later supported the other TAs, who were trained initially, in developing their use of the DI teaching method.

The TA delivering the intervention had previously developed a close working relationship with the pupils and the DI method sought to reinforce this by developing a positive, welcoming and democratic environment (Chu Yeh, 2009). A number of challenges in implementing the intervention became apparent. For example it is important to check that the person delivering the intervention understands the academic requirements of the intervention. Successful and sustainable interventions rely upon those implementing it to have the necessary skills and self-confidence to deliver it.

The TA found the repetitive style of DI difficult and her confidence had to be built slowly during the pilot phase. There was some variability in approach as she found the DI method difficult to apply consistently. Consequently I could not be certain that the fidelity of the approach was maintained during those times when I was not in attendance. However there is a great deal to remember for someone not used to adopting such a prominent role in learning. Furthermore delivering the sessions whilst being observed is difficult and the TA may have performed more effectively without an audience. Over time the motivation and confidence of the TA to implement DI with absolute accuracy increased and she became, in my judgement, a competent practitioner.

There was also some variability in the time of day the intervention was conducted in. Despite the prior agreement of the schools senior leadership team inevitable changes to routine had to be accommodated. Using such a structured approach as DI can be impractical within a busy school context where the time of staff and the physical room within the school may be liable to change on a daily basis.

Overall the group reading activity was consistently the most problematic part of the intervention to deliver. Managing time limits proved difficult and engagement with the children in incidental talk was often observed. In my opinion this was the most difficult aspect to deliver and it was important to emphasise this during the training and ongoing feedback sessions, and stress its role in helping the children to generalise learning. During Week 4 of the pilot study the TA commented that the children were learning in context but were not generalising this learning within the classroom context. By focussing upon this part of the intervention and ensuring accuracy and fidelity the TA managed to move the children on to generalisation of some skills, to the extent that classroom teachers were commenting on the improvement.

The requisite homogeneity of the group for this type of intervention can cause problems for the teacher who is unsure how to proceed when pupils progress at differing rates, and who may be feel the need to decelerate learning for all to accommodate those who are learning more slowly. It was important to consider providing extra support for students struggling to keep up prior to commencing the intervention. The options discussed included pre-tutoring, extra coaching, adjusting the groups or to teach some of the sessions more regularly for certain pupils.

However it was decided with school staff that any children struggling would be withdrawn and placed within another group more suited to their ability. This did not become an issue however and all pupils took part for the full period although they did, inevitably, progress at different rates and required re-grouping at the end of the intervention.

2.6 Evaluating Outcomes

2.6.1 Baseline

Baseline measures were taken the week prior to the intervention commencing using a series of PT probe sheets, produced using an online package and based upon the Solity 100 common sight words and letter sounds and phonically regular words. All the pupils demonstrated some limited and emerging phonemic awareness but the skills were under developed and inconsistently applied. The performance for sight word vocabulary demonstrated a low skill level (see **Figure 4**). Teacher feedback regarding the children's ability and willingness to access books revealed that all the children were said to not enjoy engaging with books and appeared increasingly unconfident and disengaged within the classroom context.

2.6.2 Ongoing Assessment

The pupils' progress was monitored weekly using PT probes. In addition to this the TA was encouraged to regularly use 30-second challenges with the children to test

for fluency, for example 30 letter sounds in 30 seconds or 15 VC words in 30 seconds. The probe results and the 30 second challenges formed part of the formative process of teaching and allowed for decisions to be made regarding the next steps in learning. However the results from the 30 second challenges are not included within the overall measures of progress in this report. To test for maintenance of knowledge post-intervention a further measure using the PT probes was taken one week after the end of the intervention.

2.6.3 Outcomes

Fig. 4 Tables detailing the pupil's baseline and post intervention performance on the PT probe sheets as a measure of progress and fluency (see **Appendix 1** for the complete data set)

Key: Y= correct, N= incorrect, DNA= did not attempt

Pupil 1(B) Letter Sounds and Phonically Regular Words

Week	Prov. Rate (1 min) < 2 errors	PH1 Letter sounds	PH2 V-C words	PH3 C-V-C words	PH4 C-V-C-C words	PH5 C-C-V-C words	PH6 C-C-V-C-C words
Baseline	50	Y-7 X-13	Y-2 X-5	DNA	DNA	DNA	DNA
Post Measure	50	Y-24 X-4	Y-18 X-5	Y-13 X-4	Y-3 X-2	DNA	DNA

Pupil 1 (B) Sight Words

Week	Prov. Rate (1 min) < 2 errors	HF1 Sight words (SW) 1-16	HF2 SW 17-28	HF3 SW 29-40	HF4 SW 41-60	HF5 SW 61-80	HF6 SW 81-100
Baseline	50	Y-9 X-6	Y-2 X-8	DNA	DNA	DNA	DNA
Post Measure	50	Y-25 X-4	Y-22 X-4	Y-9 X-4	Y-1 X-5	DNA	DNA

Pupil 2 (S) Letter Sounds and Phonically Regular Words

Week	Prov. Rate (1 min) < 2 errors	PH1 Letter sounds	PH2 V-C words	PH3 C-V-C words	PH4 C-V-C-C words	PH5 C-C-V-C words	PH6 C-C-V-C-C words
Baseline	50	Y-15 X-7	Y-9 X-6	Y-5 X-15	Y-1 X-2	DNA	DNA
Post Measure	50	Y-34 X-4	Y-28 X-5	Y-23 X-6	Y-6 X-5	Y-1 X-4	DNA

Pupil 2 (S) Sight Words

Week	Prov. Rate (1 min) < 2 errors	HF1 Sight words (SW) 1-16	HF2 SW 17-28	HF3 SW 29-40	HF4 SW 41-60	HF5 SW 61-80	HF6 SW 81-100
Baseline	50	Y-11 X-5	Y-6 X-9	Y-1 N-4	DNA	DNA	DNA
Post Measure	50	Y-36 X-2	Y-26 X-5	Y-11 X-3	Y-4 X-4	Y-4 X-7	DNA

Pupil 3 (K) Letter Sounds and Phonically Regular Words

Week	Prov. Rate (1 min) < 2 errors	PH1 Letter sounds	PH2 V-C words	PH3 C-V-C words	PH4 C-V-C-C words	PH5 C-C-V-C words	PH6 C-C-V-C-C words
Baseline	50	Y-3 X-7	Y-1 X-7	DNA	DNA	DNA	DNA
Post Measure	50	Y-17 X-2	Y-15 X-5	Y-4 X-2	DNA	DNA	DNA

Pupil 3 (K) Sight Words

Week	Prov. Rate (1 min) < 2 errors	HF1 Sight words (SW) 1-16	HF2 SW 17-28	HF3 SW 29-40	HF4 SW 41-60	HF5 SW 61-80	HF6 SW 81-100
Baseline	50	Y-9 X-6	Y-2 X-8	DNA	DNA	DNA	DNA
Post Measure	50	Y-25 X-4	Y-22 X-4	Y-7 X-4	DNA	DNA	DNA

Pupil 4 (R) Letter Sounds and Phonically Regular Words

Week	Prov. Rate (1 min) < 2 errors	PH1 Letter sounds	PH2 V-C words	PH3 C-V-C words	PH4 C-V-C-C words	PH5 C-C-V-C words	PH6 C-C-V-C-C words
Baseline	50	Y-12 X-5	Y-7 X-4	Y-5 X-4	DNA	DNA	DNA
Post Measure	50	Y-38 X-3	Y-33 X-3	Y-27 X-5	Y-7 X-6	Y-4 X-4	DNA

Pupil 4 (R) Sight Words

Week	Prov. Rate (1 min) < 2 errors	HF1 Sight words (SW) 1-16	HF2 SW 17-28	HF3 SW 29-40	HF4 SW 41-60	HF5 SW 61-80	HF6 SW 81-100
Baseline	50	Y-9 X-6	Y-2 X-8	Y-0 X-5	DNA	DNA	DNA
Post Measure	50	Y-25 X-4	Y-22 X-4	Y-7 X-3	Y-8 X-2	Y-2 X-3	DNA

2.6.4 Evaluation

Overall the data indicates that the children made slow but encouraging progress. The amount of time I was able to offer to support the TA in identifying learning levels and monitoring appropriate learning challenges for individual pupils was limited and this may have meant that the intervention did not adequately meet the needs of all the pupils. For example the TA decided on the nature of learning based on her daily observations of the children's progress and monitoring the results of the weekly probe sheets to identify specific areas of weakness in performance. On reflection the interleaving of new words/sounds may have been too accelerated for the abilities of some of the children, and it may have been better to concentrate on teaching a smaller skill set. However trying to manage the slightly different abilities of all the pupils meant more advanced interleaving was required as the TA did not wish to decelerate the learning of the wider group.

The TA felt that the group were fluent but simply could not complete the probes under pressure within the specified time, given their levels of concentration, processing speed and oral skill proficiency. The TA tried to accelerate the number of

words taught within the sessions as she found the repetition of doing the same words difficult. This led her to interleave new words into the sessions on a regular basis as she felt the children would become bored if she did not do so. Clearly the identification of rules regarding fluency and the interleaving of new words/sounds would have been beneficial and is a clear learning outcome from this study.

Although the pupils failed to reach the specified fluency levels there was evidence of the retention of skills and a developing knowledge and understanding of decoding skills, evidenced by the improvement in performance and the reduction in errors. Post-intervention measures indicated some retention of skills over time although performance had typically dropped. The data sets indicate that the pupils were still making a number of errors during testing. In my opinion these error rates often increased as the pupil's confidence to tackle the sheets increased and then dropped as the learning became maintained. The TA also noted that during the 30-second challenges the pupils appeared to know more than during the PT probe administration process. I believe that the confidence of the members to tackle the words as a group during the challenges may account for this discrepancy, in opposition to the formalised testing environment where they may have often experienced failure previously.

Anecdotal feedback from staff and pupils (15/12/2010) indicated that the children enjoyed the process and had been able to develop a sense of engagement with learning. Two class teachers noted that two of the pupils had started to independently use cueing techniques in class to synthesise and segment words.

During my observations of the group (02/11/2010, 16/11/2010, 01/12/2010, 15/12/2010) I noted that within the initial weeks of the intervention the children found the reading element of the intervention difficult. However as the intervention progressed, and the TA became more skilled in leading and prompting, the children began to use decoding skills and sight vocabulary to engage with the text rather than simply listening to the TA.

Overall the SENCO, TA and Senior Leadership Team reported being happy with the progress of the pupils relative to their starting point. Whilst it was noted that the children had made slow progress it was felt they had struggled to cope academically within the school and had not previously been able to develop these skills despite significant and ongoing 1:1 and small group intervention. In this context the progress they have made can be regarded as significant. Importantly it was recognised that this group of children would need ongoing consistent and challenging learning in order for them to maintain knowledge and generalise in other contexts, and DI was felt to be an important way to achieve this. Indeed developing a DI approach for Mathematics instruction is currently being discussed within school.

This intervention has allowed for the application of evidence-based instructional psychology within school. It has promoted the development of staff skills that are clearly modelled, encourage consistent rehearsal through unison responding, allows for the errorless correction of mistakes, encourages fast pacing to hold attention, provides regular opportunities for teacher praise, distributes practice and interleaves learning and encourages the direct synthesizing method of learning phonics. The

thorough training for the intervention allowed staff to develop their understanding of teaching methodology and TAs within the school will be able to generalise their learning from this intervention into the wider classroom context.

2.7 Questions Arising

Given the relative success of the project a number of key questions have arisen that require further exploration.

- Why are the pedagogical principles of instructional psychology not used more widely used within educational settings within the UK?
- Does the promotion of specialised interventions by EPs for children with learning difficulties such as DI support or inhibit their inclusion within the wider school context?
- What are the implications in promoting instructional approaches such as DI within the changing landscape of EP Services?

3.0 Discussion

3.1 Instructional Psychology and Education

There has been an increasing interest within psychology and education over the last 30 years regarding how to apply instructional approaches (DeCorte, 2001), and the principles of instructional psychology can be seen within approaches such as task

analysis, DI and PT (Frederickson et al., 2008). The roots of instructional psychology can be traced to the behaviourist movement and the field remains closely aligned with a scientific and objective paradigm (Rieber, 1992). In the broadest sense instructional approaches tend to focus upon deductive learning through direct teaching methods (Rieber, 1992) and as a consequence have been negatively stereotyped as lacking classroom relevance within the field of education. The 'mechanistic' and objective approach to teaching and learning has been seen as something of an anathema to the constructivist, non-directive and self-regulating ideological and progressive approaches to learning promoted within education over the last century, regarding the nature and role of the teacher and the degree of input they should pursue within the classroom context (Weinert, 2001).

The Piagetian constructivist movement towards inductive child-centred education, with its implicit emphasis upon active learning and the individual's construction of meaning through experiential or discovery learning (Rieber, 1992), lead to a reduction in structured lessons and direct teaching methods within education (Johnston and Watson, 2005). For example, in relation to reading, rote learning was largely discarded in favour of engaging children with text that was meaningful to them and encouraged them to learn for themselves (Johnston and Watson, 2005). Constructivist learning is seen to arise through the self-motivating process of equilibration, which is the assimilation and accommodation of new knowledge in a way which meets the individuals need to maintain cognitive order when confronted with an environment that is continually presenting the individual with learning challenges (Piaget, 1970). In this context learning occurs as the result of an

individual's interaction with their environment (Rieber, 1992). Consequently the promotion of rich learning environments is seen to provide the ideal context for children to discover learning opportunities for themselves within the broad framework the teacher provides. Within this inductive approach to learning the teacher may identify a context for learning and the learner will identify the rules for themselves from within that context (Rieber, 1992). Constructivist approaches allow learning to develop organically, where learning may often occur incidentally rather than explicitly within the heavily prescribed, rigid structure of instructional approaches (Rieber, 1992). Indeed Vukmir (2002) notes that instructional approaches can be seen as old fashioned, repetitive and stifling by many teachers.

The constructivist concept of discovery learning is conceptualised as the most important way to achieve learning for children (Loveless, 1998). Furthermore children who have engaged in discovery learning are presumed to be more likely to extend that learning if they have experienced it themselves and gained a deeper understanding (Piaget, 1970). However Weinert (2001) notes the evidence for instructional approaches such as DI is strong which, by implication, assumes a more passive role for the learner within teacher-led instruction. This contention highlights the complex relationship between cognitive development, learning and instruction and demonstrates why the disciplines of psychology and education have failed to identify suitable theoretical models to explain the relationship between them (Weinert, 2001).

In my view the role of constructivist and instructivist approaches within education should be given equal weight. Weinert (2001, p.2111) notes that:-

"...*no universal, unequivocal, and concrete recommendations for educational practice can be derived from the available general theories on development, learning, and instruction*".

This report argues that the employment of both constructivist and instructional approaches provides the optimal conditions for all children to learn, particularly those who experience difficulties within a school-based learning context. Adopting an extreme position from either perspective makes little sense in relation to learning. Rieber (1992, p.101) notes that:-

"...*extreme interpretations of constructivism can lead to instructional chaos*".

Similarly instructional approaches:-

"...*risk the danger of focusing on the content to be learned instead of the learner and the learning experience*".

Rigid instructional approaches are likely to ultimately restrict an individual's ability to learn in many contexts as they become passive learners unused to thinking for themselves. Conversely an inductive approach may leave some pupils without

appropriate guidance in their learning, a factor that is particularly pertinent in relation to those with SEN/LDD. In this instance pupils may disengage and become frustrated and ultimately disconnect with learning as their motivation decreases (Rieber, 1992).

Clearly there is a role for instructional approaches such as DI as part of a balanced pedagogical approach as they can reduce the ambiguity that can arise from discovery learning and this is useful for pupils when learning is complex (Klahr and Nigam, 2004). However adopting a mature synthesis between deductive and inductive learning should be an important concern for the fields of psychology and education.

3.2 Instructional Psychology and Specialised Interventions

The trend towards inclusion in schools internationally is controversial and the benefits for children with SEN/LDD have been debated but have yet to be entirely established (Frederickson et al. 2008). An effective inclusion policy within a school setting should aim to provide effective and challenging learning opportunities for all pupils, in response to the wide range of need students may face which can create potential barriers to learning (Reid, 2009). EPs and other education professionals have a legal and moral responsibility to focus on raising the achievements of all pupils and ensuring equality of opportunity within educational settings. Teaching practices for SEN/LDD children typically tend to focus upon specialist teaching approaches when in fact what is good for SEN/LDD is probably good for all pupils (Reid, 2009). Indeed Lewis and Norwich (2001) challenge the claim that individualised approaches are

required for children with SEN/LDD within mainstream settings. In their opinion approaches to strengthen the learning of all pupils should be promoted. Wearmouth (2001) advocates a focus upon the learning environment rather than focussing upon individual children's needs where individualised specialised learning programmes are devised as an addition to classroom practice. The development of challenging learning contexts for all pupils remains a complex question but approaches such as the ERR, which focus on the whole class learning environment (Solity et al., 2000), offer the promise of a more inclusive approach to teaching that would benefit all pupils without the exclusion of pupils with SEN/LDD.

Pragmatically however for children with SEN/LDD, within a real-world context, systematic and specialised interventions may need to be embedded within mainstream schools in order to support their learning and provide opportunities for over-learning (Reid, 2009). Providing specialised input is important for those pupils with SEN/LDD in order to develop their basic skills and prevent their unintentional exclusion from the full curriculum because their needs are not understood or recognised (Reid, 2009). This report argues that those pupils who are struggling to master basic skills require increased structure in their learning (Heward, 2003), which instructional approaches such as DI can provide. Indeed it could be argued that teaching largely based upon discovery based learning actually fails SEN/LDD children, as their underlying skills and inability to access the curriculum means that they tend to increasingly fall further behind their more academically able peers (Heward, 2003; Weinert, 2001). Instructional approaches offer an evidence based way in which to support these pupils, although it does attract controversy within the

field of education (Vukmir, 2002). Frederickson et al. (2008, p. 63) note that instructional approaches:-

"*...impinge on many educational concerns*".

As a consequence it is unsurprising that they generate significant and contentious debate (Frederickson et al., 2008, p. 63). However for pupils with learning difficulties structured, intensive and goal-directed approaches can be highly effective in raising attainments and meeting those pupils right to an effective education (Heward, 2003).

3.3 Implications for EP Practice in Changing Times

The spending cuts facing the public sector over the next few years are likely to have a significant impact on the way in which public services are provided (BBC News, 2010). Although partially protected from the most severe front-line cuts, education is likely to experience significant changes too, with a shift towards academies and free schools and changes to the way in which support services such as Educational Psychology operate and are funded, although exactly what this will look like is currently a matter of debate and scrutiny (DfE, 2010). Within my current Local Authority for example EPS redundancies are being discussed as budgets need to be balanced and the (belated) shift to multi-agency working is implemented. Shrinking workforces will mean EPs will need to work smarter, more effectively and in an evidence-based manner.

The changes to EP services could be regarded as an opportunity for EPs to promote 'big ideas', and raise their profile amongst those in the field of education (Cameron, 2006). Headteachers are likely to have more control over their budgets and flexibility in the approaches they employ in their schools, and may be increasingly open to interventions which support the attainments and achievements of all pupils, including those with learning difficulties. The traded services model employed in some Local Authorities (Manchester City Council, 2010) offers I believe, the potential for EPs to work constructively in schools with greater value attached to the work, simply because schools are likely to be paying for the service. Robust evidence-based instructional approaches such as DI could, when promoted appropriately with a clear supporting rationale, be something that schools look to use in supporting the needs of all pupils.

EPs are increasingly using instructional psychology to help raise the educational attainments in school for all pupils in school, not just those considered to have SEN/LDD (Frederickson et al., 2008). For example this commitment to instructional approaches can be found within the ERR (Solity et al. 2000), and its apparent success should encourage EPs to consider applying instructional approaches more widely within their day to day practice as it can provide results quickly and effectively if the appropriate methods are employed. Within the local authority this study is conducted in for example DI informed approaches such as DISTAR (Englemann and Becker, 1983), Direct Phonics (Wilson and Reason, 2002) and Structured Peer Tutoring are employed. However these approaches appear to be applied inconsistently across school settings and school staff knowledge of DI and its

applications appears to be, in the experience of this researcher, minimal. I would argue that, given the evidence base for instructional approaches such as DI, EPs should be actively promoting the approach, particularly for children with learning difficulties, although in an ideal world all children would probably benefit. This report expects the use and knowledge of instructional approaches such as DI to continue to develop in schools, along with the promotion of the evidence-based psychological knowledge that underpins the approach. Instructional approaches such as DI appear to meet the criteria specified by Ofsted (2010) for the teaching of systematic phonics for example, where children should be grouped by ability in small groups and taught by teachers skilled in a variety of teaching methods.

From an instructional psychology perspective all learning is teacher-led, and if a learner fails to achieve it is the teaching rather than the child that is deemed to need correcting (Englemann and Bereiter, 1966). Advocating an instructional approach in school with teachers, as opposed to TAs in the present intervention, may be difficult in some instances as it runs counter to constructivist approaches within education (Weinert, 2001). Some teachers may find the idea personally challenging and potentially de-motivating if the constraints of their context do not permit any substantial change to occur. Thus it is essential that the support of Senior Leadership Teams is secured to ensure support for staff and to ensure the long-term sustainability of such interventions. Indeed the setting and length of intervention are crucial elements in the success of any reading programme (Reid, 2009)

Within the present study the TAs were supported to deliver the intervention. In the UK teaching assistants are often assigned to teach reading from a prescribed approach, and may often disappear with groups of SEN within the school to deliver them (Reid, 2009). The prescriptive teacher-led approach of instructional psychology may be well suited to building the skill base of TAs and improving the quality of input children with learning difficulties receive. Furthermore the underlying psychology of the approach, particularly the MLTR procedure and the learning hierarchy (Haring and Eaton, 1978), provide TAs with important knowledge that can be transmitted in their work across the wider school and may impact on attainments across the school population.

4.0 Conclusion

This report has demonstrated that an instructional approach such as Direct Instruction can be effective in supporting children with learning difficulties in the development of their basic reading skills. The report sought to consider the evidence base for DI and considered some of the criticisms that are often levelled at instructional approaches more generally.

As a practitioner I have now trained three schools in its use, specifically for children with SEN/LDD. Given the teacher-led nature of the intervention it has proven time consuming to deliver and school staff have required substantial support to maintain their knowledge and deliver the intervention with precision. However once those skills have been secured there have been encouraging results from the intervention. Those

involved in the intervention across the three settings have been intrigued by the approach and the instructional psychology underpinning it. Furthermore as a specialised intervention for children with SEN/LDD DI can help to support inclusion within the wider school, as the skills reinforced are transferable to the mainstream classroom.

The DI approach detailed in this report would be well placed to support the simple view of reading proposed by Rose (2006) and the emphasis now placed upon synthetic phonics as the central means of developing children's early literacy skills. DI offers EPs a structured and practical means of accelerating children's learning and crucially could be an important way in which support schools in meeting the targets for academic progress set within the Progression Guidance (DCSF, 2009c). Whilst instructional psychology cannot be the only pedagogical approach in which children may be taught, it could form an important strand of a school's strategy to develop the reading skills of children with SEN/LDD and those who are perceived to be underachieving more generally.

However despite the increase in the use of instructional approaches over the last 30 years within psychology and education (DeCorte, 2001), and the apparent success of instructional studies such as the ERR (Solity et al. 2000), the wider application of instructional teaching methods remains patchy and largely consigned to small scale, individualised interventions. EPs within the EPS this study was conducted in are not expected to deliver this approach, however this report has argued that given its psychological roots and solid evidence-base EPs should be encouraged to promote

DI in a more co-ordinated and explicit manner. Educational Psychology may increasingly need to prove itself as a profession within the business-led competitive environment that could await the profession in the future. Promoting DI could well be an important contributory way in which EP services demonstrate their value to schools and secure their long-term roles within the educational arena. Furthermore by promoting structured and evidence based interventions it may support EPs in redefining and reconceptualising their roles within schools as scientist-practitioners (Hagstrom et al., 2007).

What appears to be clear is that an explicit learning experience underpinned by solid psychological principles is beneficial for children with SEN/LDD. As Hugh Williams, an esteemed EP colleague notes (EPNET, December 2010):-

"...how many times does Direct Instruction have to prove itself?"

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Appendices

Appendix 1 Showing the full data set gathered across the DI intervention using the

PT probes

(Key: Y= correct, N= incorrect, DNA= did not attempt)

Pupil 1(B) Letter Sounds and Phonically Regular Words

Week	Prov. Rate (1 min) < 2 errors	PH1 Letter sounds	PH2 V-C words	PH3 C-V-C words	PH4 C-V-C-C words	PH5 C-C-V-C words	PH6 C-C-V-C-C words
Baseline	50	Y-7 X-13	Y-2 X-5	DNA	DNA	DNA	DNA
Week 1	50	Y-12 X-14	Y-4 X-4	DNA	DNA	DNA	DNA
Week 2	50	Y-14 X-10	Y-9 X-4	Y-3 X-5	DNA	DNA	DNA
Week 3	50	Y-21 X-7	Y-18 X-6	Y-7 N-4	DNA	DNA	DNA
Week 4	50	Y-15 X-9	Y-18 X-4	Y-9 N-4	DNA	DNA	DNA
Week 5	50	Y-24 X-7	Y-25 X-5	Y-14 N-7	Y-4 X-5	DNA	DNA
Week 6	50	Y-33 X-4	Y-28 X-6	Y-14 X-5	Y-6 X-2	DNA	DNA
Week 7	50	Y-35 X-2	Y-31 X-6	Y-19 X-3	Y-7 X-4	DNA	DNA
Post Measure	50	Y-24 X-4	Y-18 X-5	Y-13 X-4	Y-3 X-2	DNA	DNA

Pupil 1 (B) Sight Words

Week	Prov. Rate (1 min) < 2 errors	HF1 Sight words (SW) 1-16	HF2 SW 17-28	HF3 SW 29-40	HF4 SW 41-60	HF5 SW 61-80	HF6 SW 81-100
Baseline	50	Y-9 X-6	Y-2 X-8	DNA	DNA	DNA	DNA
Week 1	50	Y-11	Y-4	DNA	DNA	DNA	DNA

			X-6	X-8				
Week 2	50	Y-10 X-5	Y-4 X-5	DNA	DNA	DNA	DNA
Week 3	50	Y-16 X-4	Y-7 X-5	DNA	DNA	DNA	DNA
Week 4	50	Y-22 X-3	Y-9 X-4	Y-4 X-9	DNA	DNA	DNA
Week 5	50	Y-19 X-5	Y-14 X-3	Y-5 X-5	DNA	DNA	DNA
Week 6	50	Y-25 X-5	Y-17 X-4	Y-8 X-4	DNA	DNA	DNA
Week 7	50	Y-30 X-6	Y-21 X-2	Y-11 X-4	Y-4 X-4	DNA	DNA
Post Measure	50	Y-25 X-4	Y-22 X-4	Y-9 X-4	Y-1 X-5	DNA	DNA

Pupil 2 (S) Letter Sounds and Phonically Regular Words

Week	Prov. Rate (1 min) < 2 errors	PH1 Letter sounds	PH2 V-C words	PH3 C-V-C words	PH4 C-V-C-C words	PH5 C-C-V-C words	PH6 C-C-V-C-C words
Baseline	50	Y-15 X-7	Y-9 X-6	Y-5 X-15	Y-1 X-2	DNA	DNA
Week 1	50	Y-19 X-7	Y-16 X-6	Y-6 X-13	Y-2 X-5	DNA	DNA
Week 2	50	Y-26 X-6	Y-19 X-4	Y-9 X-9	Y-2 X-5	DNA	DNA
Week 3	50	Y-29 X-7	Y-22 X-6	Y-9 N-5	Y-4 X-6	DNA	DNA
Week 4	50	Y-33 X-9	Y-18 X-7	Y-14 N-4	Y-6 X-4	Y-0 X-4	DNA
Week 5	50	Y-36 X-6	Y-27 X-5	Y-19 N-6	Y-8 X-2	Y-1 X-6	DNA
Week 6	50	Y-32 X-4	Y-33 X-6	Y-25 X-5	Y-9 X-2	Y-1 X-6	DNA
Week 7	50	Y-42 X-2	Y-37 X-8	Y-29 X-5	Y-7 X-4	Y-3 X-5	DNA
Post Measure	50	Y-34 X-4	Y-28 X-5	Y-23 X-6	Y-6 X-5	Y-1 X-4	DNA

Pupil 2 (S) Sight Words

Week	Prov. Rate (1 min) < 2 errors	HF1 Sight words (SW) 1-16	HF2 SW 17-28	HF3 SW 29-40	HF4 SW 41-60	HF5 SW 61-80	HF6 SW 81-100
Baseline	50	Y-11 X-5	Y-6 X-9	Y-1 N-4	DNA	DNA	DNA
Week 1	50	Y-19 X-6	Y-7 X-10	Y-2 N-5	DNA	DNA	DNA
Week 2	50	Y-22 X-4	Y-9 X-6	Y-4 N-5	DNA	DNA	DNA
Week 3	50	Y-29 X-4	Y-9 X-6	Y-6 N-4	Y-1 X-0	DNA	DNA
Week 4	50	Y-35 X-2	Y-11 X-5	Y-7 X-3	Y-2 X-3	DNA	DNA
Week 5	50	Y-39 X-6	Y-16 X-4	Y-10 X-5	Y-2 X-6	DNA	DNA
Week 6	50	Y-37 X-4	Y-22 X-6	Y-11 X-5	Y-7 X-3	Y-3 X-9	DNA
Week 7	50	Y-34 X-2	Y-29 X-2	Y-9 X-6	Y-6 X-3	Y-3 X-11	DNA
Post Measure	50	Y-36 X-2	Y-26 X-5	Y-11 X-3	Y-4 X-4	Y-4 X-7	DNA

Pupil 3 (K) Letter Sounds and Phonically Regular Words

Week	Prov. Rate (1 min) < 2 errors	PH1 Letter sounds	PH2 V-C words	PH3 C-V-C words	PH4 C-V-C-C words	PH5 C-C-V-C words	PH6 C-C-V-C-C words
Baseline	50	Y-3 X-7	Y-1 X-7	DNA	DNA	DNA	DNA
Week 1	50	Y-5 X-5	Y-3 X-5	DNA	DNA	DNA	DNA
Week 2	50	Y-8 X-3	Y-4 X-6	DNA	DNA	DNA	DNA
Week 3	50	Y-9 X-2	Y-5 X-5	DNA	DNA	DNA	DNA
Week 4	50	Y-11 X-3	Y-7 X-4	DNA	DNA	DNA	DNA
Week 5	50	Y-15	Y-9	Y-2	DNA	DNA	DNA

		X-7	X-3	X-6			
Week 6	50	Y-15 X-4	Y-15 X-3	Y-3 X-7	DNA	DNA	DNA
Week 7	50	Y-17 X-3	Y-17 X-2	Y-5 X-3	DNA	DNA	DNA
Post Measure	50	Y-17 X-2	Y-15 X-5	Y-4 X-2	DNA	DNA	DNA

Pupil 3 (K) Sight Words

Week	Prov. Rate (1 min) < 2 errors	HF1 Sight words (SW) 1-16	HF2 SW 17-28	HF3 SW 29-40	HF4 SW 41-60	HF5 SW 61-80	HF6 SW 81-100
Baseline	50	Y-9 X-6	Y-2 X-8	DNA	DNA	DNA	DNA
Week 1	50	Y-11 X-6	Y-4 X-8	DNA	DNA	DNA	DNA
Week 2	50	Y-10 X-5	Y-4 X-5	DNA	DNA	DNA	DNA
Week 3	50	Y-16 X-4	Y-7 X-5	DNA	DNA	DNA	DNA
Week 4	50	Y-22 X-3	Y-9 X-4	Y-3 X-3	DNA	DNA	DNA
Week 5	50	Y-19 X-5	Y-14 X-3	Y-2 X-5	DNA	DNA	DNA
Week 6	50	Y-25 X-5	Y-17 X-4	Y-5 X-3	DNA	DNA	DNA
Week 7	50	Y-30 X-6	Y-21 X-2	Y-7 X-4	DNA	DNA	DNA
Post Measure	50	Y-25 X-4	Y-22 X-4	Y-7 X-4	DNA	DNA	DNA

Pupil 4 (R) Letter Sounds and Phonically Regular Words

Week	Prov. Rate (1 min) < 2 errors	PH1 Letter sounds	PH2 V-C words	PH3 C-V-C words	PH4 C-V-C-C words	PH5 C-C-V-C words	PH6 C-C-V-C-C words
Baseline	50	Y-12 X-5	Y-7 X-4	Y-5 X-4	DNA	DNA	DNA

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Week		HF1	HF2	HF3	HF4	HF5	HF6
Week 1	50	Y-17 X-6	Y-8 X-4	Y-4 X-4	DNA	DNA	DNA
Week 2	50	Y-21 X-6	Y-13 X-3	Y-5 X-3	DNA	DNA	DNA
Week 3	50	Y-28 X-6	Y-18 X-3	Y-9 N-3	Y-3 X-5	DNA	DNA
Week 4	50	Y-34 X-5	Y-23 X-3	Y-15 N-2	Y-7 X-3	Y-1 X-6	DNA
Week 5	50	Y-39 X-3	Y-27 X-2	Y-21 N-4	Y-9 X-3	Y-2 X-5	DNA
Week 6	50	Y-33 X-3	Y-28 X-3	Y-25 X-5	Y-8 X-4	Y-3 X-5	DNA
Week 7	50	Y-42 X-2	Y-33 X-1	Y-29 X-1	Y-9 X-2	Y-5 X-7	DNA
Post Measure	50	Y-38 X-3	Y-33 X-3	Y-27 X-5	Y-7 X-6	Y-4 X-4	DNA

Pupil 4 (R) Sight Words

Week	Prov. Rate (1 min) < 2 errors	HF1 Sight words (SW) 1-16	HF2 SW 17-28	HF3 SW 29-40	HF4 SW 41-60	HF5 SW 61-80	HF6 SW 81-100
Baseline	50	Y-9 X-6	Y-2 X-8	Y-0 X-5	DNA	DNA	DNA
Week 1	50	Y-11 X-6	Y-4 X-8	Y-2 X-5	DNA	DNA	DNA
Week 2	50	Y-10 X-5	Y-4 X-5	Y-4 X-3	DNA	DNA	DNA
Week 3	50	Y-16 X-4	Y-7 X-5	Y-5 X-3	Y-4 X-2	DNA	DNA
Week 4	50	Y-22 X-3	Y-9 X-4	Y-6 X-2	Y-6 X-2	DNA	DNA
Week 5	50	Y-19 X-5	Y-14 X-3	Y-8 X-1	Y-6 X-1	DNA	DNA
Week 6	50	Y-25 X-5	Y-17 X-4	Y-9 X-3	Y-7 X-2	Y-1 X-0	DNA
Week 7	50	Y-30 X-3	Y-21 X-2	Y-7 X-4	Y-9 X-6	Y-2 X-10	DNA
Post Measure	50	Y-25 X-4	Y-22 X-4	Y-7 X-3	Y-8 X-2	Y-2 X-3	DNA

Chapter 6

Professional Practice Report 4

Targeted Mental Health in Schools (TaMHS): Using Nominal Group Technique to elicit the views of a cohort of secondary school teachers' in order to identify some of the strengths and difficulties associated with supporting the emotional well-being and mental health of pupils' through a school-based mental health programme such as TaMHS.

Abstract

This study assesses the views of teachers' within a local 'TaMHS secondary school' regarding the strengths and difficulties associated with supporting the emotional well-being and mental health (EWBMH) of children and young people (CYP). The study discusses the low levels of EWBMH CYP in the UK are presently experiencing and places the creation and implementation of TaMHS as an important strand in the government's wider mental health promotion, prevention and early intervention strategy. The study describes the TaMHS approach and discusses its implementation locally as part of a third wave TaMHS Pathfinder programme. The perspectives of six teachers' from the school are gained using Nominal Group Technique, a structured focus group approach to research and evaluation (Delbecq and Van De Ven, 1971). The findings highlight many advantages to the introduction of TaMHS including the potential benefits to pupils and the wider functioning of the school. However the findings also highlight the many concerns of teachers' and the apparent dangers for CYP, teachers and schools of such an approach.

The findings from the research are then considered in relation to wider concerns regarding the use of the school context and the role of teachers in delivering EWBMH initiatives such as TaMHS. Furthermore the findings of this study are considered in relation to the evaluations of TaMHS that have been conducted nationally to date. Despite the many positive outcomes reported there are consistent and ongoing concerns regarding its implementation at this time. The report discusses the

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implications of these findings for educational psychologists (EPs) and considers how the findings can inform future practice.

1.0 Introduction

1.1 Emotional Well-Being and Mental Health

An individual's experiences of emotional well-being and mental health (EWBMH) are a central factor in their overall health and ability to function within their day-to-day lives (WHO, 2002). Given this context the statistics on the EWBMH of children and young people (CYP) in the UK are an apparent cause for concern, although it should be noted that there is mixed and somewhat outdated data set on this in the UK at this time (DoH/DCSF, 2008). In terms of satisfaction with their lives CYP in the UK are reported to be within the average range in across Europe (WHO, 2004). However a wide ranging study by UNICEF (2007), including measures based on economic, health and educational data alongside measures of friendships, risk taking behaviours, enjoyment of school and life satisfaction, found that CYP in the UK were reported to experience the lowest levels of EWBMH in the developed world (UNICEF, 2007), with 1 in 10 young people between the ages of 9-15 experiencing a 'mental disorder' that is associated with considerable interference with personal functions in their daily lives. Furthermore around 20% of all children are reported to experience some sort of EWBMH difficulty within any given year, although estimates on this may vary considerably (Mental Health Foundation, 2005).

Accurate and reliable national data on the EWBMH of CYP in England is difficult to identify, with the prevalence of 'lower level' non-diagnosed mental health problems difficult to ascertain. What is clear however is the increasing prevalence of diagnosable mental health difficulties, which has increased significantly during the last forty years (DoH/DCSF, 2008). For example Green et al. (2005), in the most comprehensive study of the prevalence of mental disorders in England, found that 10% of CYP aged 5-15 had a clinically diagnosable mental disorder, with the highest prevalence in the 11-15 age band. There were also variations in gender, for example boys were found to experience more diagnosable disorders than girls, although these are often attributable to conduct or behavioural problems. Furthermore there a wide range of vulnerable CYP who are more likely to experience EWBMH difficulties including those from travelling backgrounds, refugees, ethnic minorities, those with learning difficulties and those suffering neglect and abuse (DoH/DCSF, 2008).

Across the lifespan CYP who experience EWBMH difficulties are likely to achieve fewer qualifications, experience difficulties in finding and maintaining employment, earn less money, are at an increased risk of homelessness and may experience other health-related problems later in life (DH, 2011). However there may not necessarily be a linear relationship between EWBMH and life outcomes given the wide range of risk and protective factors that any CYP is likely to experience (see **Appendix 1 and 2**).

1.2 Defining Terms

Defining EWBMH is notoriously complex (EMIP, 2006) and there are a variety of ways in which the terms can be conceptualised and understood (DoH/DCSF, 2008), leading to considerable terminological ambiguity. Indeed this terminological ambiguity is exemplified by the differences in usage across Health, Education, Youth Justice and Social Care (DCSF, 2008). This appears to be rather unsatisfactory given the potential impact differing 'labels' can have on CYP's self-concept and self-esteem, and the values differing labels might be assigned with within each profession and the wider public, including CYP's families. It could also potentially lead to misunderstandings between professionals and perhaps a failure to meet the needs of the CYP concerned, who may often experience significant difficulties which mean they are involved in working with professionals from across Health, Education, Youth Justice and Social Care at any given time.

The CAMHS Review (DoH/DCSF, 2008) acknowledged these potential terminological difficulties and advocated the use of the terms mental health and psychological well-being. The term psychological well-being is seen to incorporate the emotional, behavioural, social and cognitive attributes of well-being and, as a result, could be regarded as a more comprehensive term. I would agree that the CAMHS definition may be more appropriate and it is perhaps surprising that this terminology was not adopted locally. However within this report the terms emotional well-being and mental health (EWBMH) are used in order to ensure consistency with the TaMHS

project locally. This apparent confusion perhaps further reinforces the need to ensure a more co-ordinated approach nationally.

This report recognises the World Health Organisation (2004) definition of mental health: -

" *A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community*"

This report also adopts the Mental Health Foundation Brighter Futures (1999) definition of CYP who are mentally healthy, in accordance with local convention within the local authority this study is conducted in (see **Figure 1**).

Fig.1 Mental Health Foundation (1999) *Bright Futures* definition of children who are mentally healthy

- Develop psychologically, emotionally, intellectually and spiritually;
- Initiate, develop and sustain mutually satisfying personal relationships;
- Use and enjoy solitude;
- Become aware of others and empathise with them;
- Play and learn;
- Develop a sense of right and wrong; and
- Resolve (face) problems and setbacks and learn from them.

Within the present study positive mental health is seen to relate to the absence of mental illness or disorder, alongside an individual's capacity to think, feel and behave in a manner which allows them to enjoy life and which contributes to a positive sense of emotional well-being (Doughty, 2005). Good mental health enables people to learn, manage their emotions and cope with change and uncertainty (Mental Health Foundation, 2011), and can be a fundamental factor in how an individual interprets their own life events (DH, 2011).

When people experience high levels of emotional well-being they are less likely to experience mental health problems in their lives (DH, 2011), although mental health is relatively fluid and can be positively or negatively influenced by the life events that an individual experiences (Mental Health Foundation, 2011). Mental health may operate on a spectrum; therefore good mental health is not merely the absence of mental illness as people who experience a low sense of emotional well-being may not be clinically diagnosed with a mental illness. Furthermore experiencing positive emotional well-being and mental health does not mean that an individual is likely to be happy at all times, however it does mean they are likely to possess the resilience, self-awareness, social skills and empathy to form relationships, enjoy their own company and cope with life's difficulties (DoH/DCSF, 2008).

1.3 Mental Health Promotion and Prevention

The experiences of an individual in relation to their EWBMH are likely to arise from a complex 'ecological' interaction (Bronfenbrenner, 2005) between biological, individual

psychological, social psychological and structural factors (Australian Health Department, 2000), and there are a wide range of risk and protective factors which may be contributory to this (see **Appendix 1 and 2)**. In order to promote EWBMH and prevent or reduce incidences of mental illness or disorder two distinct, but related, public policy approaches are often utilised.

Population-wide mental health promotion (Jane-Llopis and Mittelmark, 2007) is increasingly viewed as an important way in which to create the living conditions and environments that support good mental health (WHO, 2010), to enable people to increase their sense of control over their lives and improve their health (WHO, 2002) and raise the profile and understanding of mental health related issues (Williams et al., 2007). Essentially mental health promotion is concerned with a positive focus upon increasing the EWBMH of individuals, families, organisations and communities (Jane-Llopis and Mittelmark, 2007; EMIP, 2006; Doughty, 2005; DoH, 1999). This approach considers how people think and feel, and seeks to understand the factors which influence how we think and feel both individually and collectively and the impact this has on our overall health and well-being (DoH, 1999).

The World Health Organisation (WHO) Ottawa Charter for Health Promotion (1986) identified five key areas for health promotion that are also applicable for successful mental health promotion (see **Figure 2**).

Fig. 2 WHO (1986) Ottawa Charter for Health Promotion

1. Build Public Health Policy
2. Create Supportive Environments
3. Strengthen Community Action
4. Develop Personal Skills
5. Reorient Health Services

Underpinned by this broad framework mental health promotion may focus upon for example nutrition, housing, access to education, supporting early childhood development (for example SureStart in England), parenting interventions, an increasing emphasis upon raising the profile of mental health in schools (WHO, 2010), wide-ranging media campaigns and community mental health teams (Jane-Llopis and Mittelmark, 2007). Accordingly one of the central aims is to make people aware through education of positive health practices, healthier lifestyle choices and the environmental factors that can have a detrimental impact upon their EWBMH (Scottish Executive, 2005).

Population-wide mental health promotion has been viewed by successive UK governments as an important way in which to address the rising mental health needs of the populace (Pollett, 2007), and this can be evidenced in the development of policies such as the 'National Service Framework for Mental Health' (DoH, 1999), 'New Horizons' (DoH, 2009) and 'No Health Without Mental Health' (DH, 2011). There is a developing evidence base for the effectiveness of mental health promotion interventions across Europe in relation to improving mental health, reducing the risk

of mental disorders and producing social and economic benefits (Jane-Llopis and Mittelmark, 2007). However the evidence is still emerging and is not well understood (Pollett, 2007) as it is difficult to effectively and robustly evaluate the impact of some interventions as they may have more of a qualitative impact (McDaid, 2007; DoH, 2004). Furthermore the true impact of such interventions may take many years to realise. It is also important to note that progress on combating social stigma and social exclusion in relation to mental health in England has been slow and the attitudes of the wider population towards mental health have remained largely resistant to change (DoH, 2004), despite the apparent increase in focus upon mental health promotion.

There may also be something of a gap between rhetoric and reality in terms of funding, with mental health promotion still seen as an optional extra to good clinical care (McDaid, 2007). However to be effective mental health promotion needs to become a central part of governmental policy and programmes including those in education, housing and welfare (WHO, 2010) and should not be seen as tokenistic. Mental health promotion also needs to be long-term and sustainable in order to be effective. However the budgetary concerns facing many nations across Europe at this time may mean the adequate funding of mental health promotion could prove to be a challenge, although mental health promotion is ultimately regarded as a means of reducing costs (DH, 2011).

Mental health prevention has overlapping boundaries with mental health promotion, with prevention often considered one of the aims and outcomes of promotion (WHO,

2002). There is often much confusion regarding the term prevention; however it is primarily concerned with reducing or preventing a specific illness rather than improving health and well-being. Mental health prevention may often focus upon professionally-driven interventions (Doughty, 2005), designed to prevent mental disorders occurring through universal approaches, targeted approaches aimed at individuals or groups 'at risk' or indicated approaches with individuals demonstrating the early symptoms of mental health illness (Doughty, 2005; WHO, 2002). Within prevention approaches understanding the risk and protective factors underpinning mental illness is central to identifying groups and individuals who may benefit from intervention and the development, dissemination and implementation of effective interventions (WHO, 2002).

The school context has over the last ten years been increasingly seen as an important venue for delivering mental health promotion and prevention as part of an early intervention approach (DH, 2011; WHO, 2010). The Targeted Mental Health in Schools (TaMHS) programme (DfES, 2007) was conceived and developed within this wider context.

1.4 Targeted Mental Health in Schools

The joint DfES/Treasury review entitled Aiming High for Children: Supporting Families (DfES, 2007) identified the lack of lower-level support for children at risk of EWBMH difficulties. The Targeted Mental Health in Schools (TaMHS) initiative was developed to address these concerns, and an attempt to provide greater support for

children experiencing EWBMH difficulties in schools (DCSF, 2007). Overall the aim of TaMHS nationally was to transform the way in which mental health support is delivered to children aged 5-13.

Accordingly TaMHS pathfinder projects were created, focussing upon strategic joint working between Local Authorities (LAs) and Primary Care Trusts (PCTs), to develop co-ordinated pathways where school staff can increase their skills and knowledge of health promotion, prevention, early identification and intervention, in order to provide sustained support to children who are at risk of, or are experiencing, mental health problems (DCSF, 2009). The ongoing development of the TaMHS pathfinders builds on the findings of the CAMHS Review (DoH/DCSF, 2008) with regard to tackling the mental health needs of pupils within universal services (DCSF, 2009). The TaMHS pathfinders were also tasked to build on the apparent success of National Healthy Schools (DfES/DH, 2005) and Social and Emotional Aspects of Learning (DfES, 2005) programmes in primary and secondary schools.

The TaMHS pathfinder projects were an attempt to marry specific targeted intervention for specific groups of pupils and the development of effective whole school practice to promote mental health. Consequently TaMHS can be regarded as a mental health promotion and prevention approach and this is reflected in the three waves of intervention model in which TaMHS is delivered (see **Figure 3**).

Fig.3 TaMHS Waves of Intervention Model
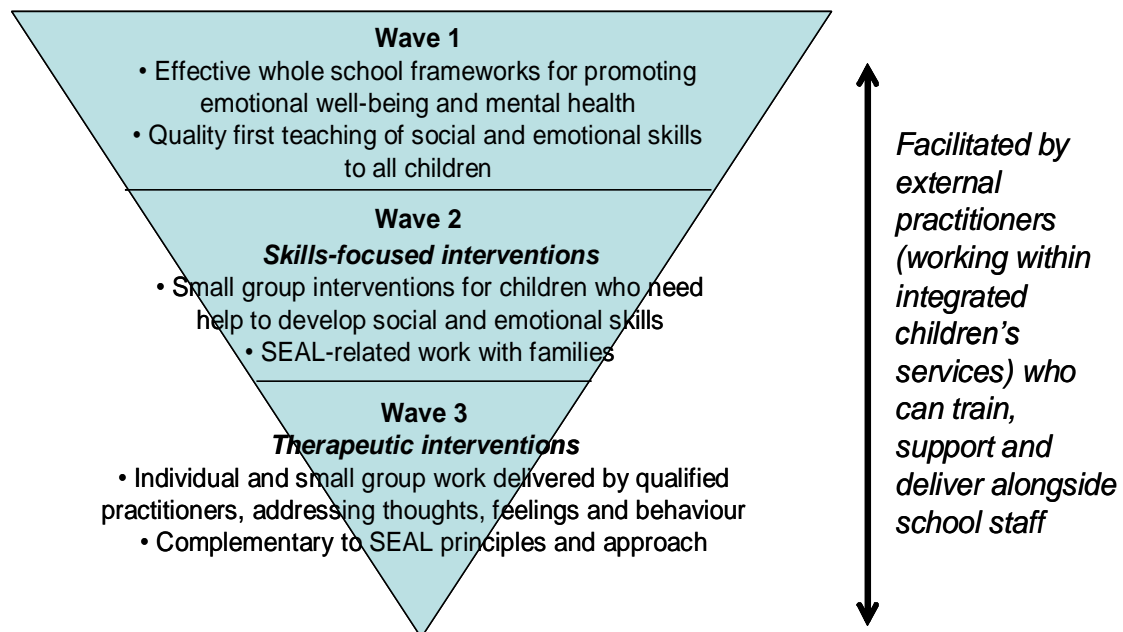
(Source: DCSF, 2008)

1.5 Rationale for the Study

The aim of this study is to begin to explore the implementation of the TaMHS project within my own LA, from the perspective of a cohort of secondary school teachers', within a local TaMHS secondary school. George Kelly noted, "*if you want to know what is going on, it is always sensible to ask the people who are doing the work themselves*" (Kelly, 1955, in Reid 2006, p.2). It is clear that research in education should be concerned with taking account of the practitioner's perspective (National Teacher Research Panel, 2007), yet to date the views of teachers' regarding the expectations placed upon them, within their roles as Tier 1 mental health workers (Rothi et al., 2008), remains under researched (Kidger et al., 2010; Finney, 2006). This study seeks to build on the work of Kidger et al. (2010) by relating directly to

secondary school teachers' experiences of their involvement within the TaMHS initiative.

One of the initial aims of the TaMHS programme (DfES, 2007) was to understand the barriers to the successful implementation of effective models of working in schools from a strategic or organisational perspective. This study aims to address this issue from the bottom up, by considering the views of a cohort of teachers' who have been involved in delivering the TaMHS initiative in their school.

Within this report I have provided a brief overview of the local TaMHS context and how this ties into the wider national TaMHS initiative. The report details how the project was implemented within the school and provides a brief discussion of the outcomes. The study then assesses the views of the teachers' within the school using Nominal Group Technique (Delbecq and Van de Ven, 1971). Questions arising from this research project are subsequently discussed.

2.0 Context

2.1 TaMHS: The Local Context

The LA the present study is conducted in was part of the third wave of TaMHS Pathfinder Projects introduced nationally. The LA experiences high levels of deprivation, indeed it is ranked as the 10th most deprived authority in England (Indices of Deprivation, 2007). Across the LA there are around 260,000 CYP, and

there are significant concerns regarding their overall EWBMH (TaMHS Project Plan, 2010). For example 12% of children report experiencing significant difficulties with their overall EWBMH, particularly those with Special Educational Needs and Learning Difficulties and Disabilities (SEN/LDD).

The TaMHS initiative complemented the wider Brighter Futures vision for the city to tackle these issues, in particular three of the priority outcomes focussed around behaviour, emotional health and social literacy (Brighter Futures, 2007). In this context the TaMHS project was seen to support and extend the work already ongoing across the city to promote EWBMH. The overall aims for TaMHS locally were also broadly congruent with the aims of the TaMHS programme nationally (see **Figure 4**).

Fig.4 Aims identified locally for the TaMHS initiative

1) To improve the EWBMH of children and young people in the 5-13 age group who are at risk of developing mental health problems
2) For schools- improved understanding of EWBMH issues, positive classroom climate and involvement of parents and the community in learning
3) To develop a model that is replicable across the LA

The general anticipated outcomes for the TaMHS initiative locally are detailed in **Figure 5.**

Fig.5 Anticipated outcomes for TaMHS locally

1) Improved EWBMH of children and young people in the 5-13 age group who are at risk of developing mental health problems
2) Improvement in girls safety and EWBMH, especially those with SEN, LAC and FSM aged 7-11
3) Improvement in boys behaviour and social literacy, especially those with SEN, LAC and shared cultural heritage
4) Improvement in the EWBMH of LAC

The aims and outcomes of the project were developed in line with the waves of intervention approach detailed in **Figure 3,** and were anticipated to be realised in the following ways (see **Figure 6**).

Fig.6 Delivering on the aims and outcomes identified locally

- Building on existing whole school approaches
- Building on the existing range of multi-agency work
- Developing a sustainable variety of group-based and individualised intervention work in schools
- Developing sustainable family-based support alongside school-based interventions
- Outreach and support for hard to engage/vulnerable parents and carers
- Developing an evidence base/evaluation for approaches used
- Group consultation for schools
- Universal Wave 1 training for schools to promote sustainability.

The TaMHS project was managed locally by a core group co-ordinated by a Senior Educational Psychologist, who reported bi-monthly to the CAMHS commissioning board, CAMHS policy group and the CYP and Families divisional leadership team.

The TaMHS project focussed upon a cluster of schools in the south of the city. This is congruent with TaMHS initiatives nationally, which have delivered in pre-existing school cluster arrangements (DCSF, 2009). The project involved three secondary schools, six primary schools and one special school. Each school took part in four project management sessions and received ongoing support during the implementation phase from the TaMHS core group, including three trainee educational psychologists (TEPs). The core group offered the schools training, development and consultation services to support them in meeting their aims and anticipated outcomes, including specific psychologically-based interventions such as Positive Parenting Programme (Sanders, 2003), Cognitive Behaviour Therapy (Ellis, 1962; Beck, 1976) and Solution Focussed Brief Therapy (DeShazer, 1988).

2.2 Research Setting

The present study was conducted in a smaller than average Community Boys Secondary School (LA) in the south of the LA. According to a recent Ofsted report (2010) there are 609 boys on roll and the area serves a diverse community from a wide range of social, cultural and religious backgrounds. The number of pupils identified with SEN/LDD is high and the number of pupils eligible for free school meals (FSM) is considerably above the national average.

2.3 TaMHS: The School Context

Involvement in the TaMHS project was viewed by the Senior Leadership Team (SLT) of the school as a way of building on the approaches to supporting the EWBMH of their most vulnerable students they had already developed. The school focussed upon improving the EWBMH of pupils in Key Stage 3 (aged 11-13) who were identified by pastoral leaders and through self-referral as 'at risk' of developing EWBMH problems. The aims and outcomes identified by the school's project leader can be summarised as follows (see **Figure 7**).

Fig.7 Summary of the aims and outcomes identified for the TaMHS project within the specific school context

- CYP are happier and feel good about themselves and have positive aspirations for the future. This will be evidenced by an observed increase in pupils' willingness to celebrate their achievements, an increase in attendance at extracurricular activities and in the long-term reduce the number of pupils who are Not in Employment, Education or Training (NEET) on leaving school
- CYP will have positive relationships with staff and other children. This will be evidenced by a reduction in the number of incidents of rudeness to staff and fixed term exclusions, a reduction in the time pupils spend in isolation and a reduction in incidents of bullying and fighting amongst KS3 boys.
- CYP will be better able to adapt to change both in and outside of school including bereavement and separation, changes in year groups/school and times of the day. This will be evidenced by no noticeable deterioration in pupil behaviour/classroom disruption at the beginning of each school year, a reduction in the numbers of pupils being supported by CAMHS and improved

attendance figures across KS3.

In order to address these aims the project leader for the school identified a number of interventions that were deemed to be appropriate. These interventions were identified, in part, from an open 'market day' for local EWBMH service providers organised by the TaMHS steering committee. The school also identified specific interventions to provide 'in-house' based on their own resources and those provided through the steering group. The interventions identified are summarised below (see **Figure 8**).

Fig.8 Interventions identified by the project leader for the school

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Intervention 1

Friends for Life (Barratt, 2007). Target pupils- a group of Year 7 and 8 boys through SEN SA, SA+, Statement of Educational Need or Looked after Child (LAC). Friends for Life is an evidence-based early intervention and prevention programme designed to provide schools with the resources to target anxiety-related difficulties and depression in children and young people. The Friends for Life programme was purchased by the steering committee for TaMHS and staff from the TaMHS schools were trained to deliver the programme. The project leader for the present school developed a 10-week intervention (1 hour per week). The school used the Children's Automatic Thoughts Scale (Schniering and Rapee, 2004) and the Children's Hope Scale (Snyder, 1997) to evaluate the success of programme alongside using Targeted Monitoring and Evaluation (TME) forms for two individual pupils as an additional measure (Dunsmuir et al., 2009).

Intervention 2

Understanding and Developing Self-Esteem. Target pupils were those apparently identified with low self-esteem by pastoral staff and SLT and through self-referral. The pastoral team developed a six session (1 hour per session) intervention. I

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advised on the development of the intervention and provided the team with current research regarding the nature of self-esteem, social competence and intervention. The school pursued more of a social competence model as a result. The school are now on the third cycle of delivery and have sought to re-conceptualise the intervention based on pupil feedback. Evaluation was conducted through the Self-Perception Scale for Children (Harter, 1985).

Intervention 3

Mentoring Scheme. Target pupils were Year 8 boys who were to act as role models and mentors for pupils (Year 3) at a local feeder primary school. Selection was based on staff perceptions' of competence and self-referral. The intervention was managed by a local mentoring service 'Our Space'.

Intervention 4

Positive Relationships Day. Target pupils Year7 and school staff. Outdoor Education Day.

Intervention 5

Loudmouth Theatre Group. Target self-referring Year 8 pupils. 'Helping Hands' initiative based around positive relationships.

Intervention 6

Whole School Mental Awareness Raising. School staff team. Delivered by three educational psychologists.

Intervention 7

Separation and bereavement training for staff. Delivered jointly by EPS and CaMHS.

2.3.1 Project Outcomes

It is difficult to conclusively assess the outcomes of the projects within the cluster to date, as many of them are still ongoing, or there have been delays in implementation. Each school within the cluster completed the 'Me and My School' national online evaluation (TMHSE, 2008) questionnaires for YR4 and YR7, and completed the local

Every Child Matters/ Well Being survey to act as a baseline measure. However the results of these are not currently available. Although the TaMHS projects within individual schools were monitored by the TaMHS steering group and trainee educational psychologists (TEPs), each school had a great deal of flexibility to interpret the TaMHS initiative, and manage their projects, as they wished. As a TEP I was responsible for supporting the present school in baselining and evaluating outcomes for their individual projects. However once the setting had accessed the funding for the projects, their desire for external input decreased and plans for evaluation were handled by the school, using the materials I provided. I have not had the opportunity to observe the evaluations at this time (April 2011).

There is ongoing debate regarding funding for TaMHS locally for the forthcoming year. If funding is secured it is clear that the structure of the project will need to change if it is to be implemented more effectively. Improved accountability will be central to this alongside a reduction in the number of individual projects. This will allow for greater scrutiny and a more focussed approach from the schools in general, as they can devote more time to ensuring those projects are implemented fully and with fidelity. It is difficult to be overly prescriptive, as TaMHS does need to respond to the local context; however some of the interventions were poorly thought through, with little consideration for evaluation despite extensive prompting and support from TAMHS staff members.

The inherent difficulties in implementation and evaluation locally raise a number of important issues regarding the TaMHS initiative and other approaches designed to

improve the EWBMH of CYP. The focus for this study now shifts to consider some of the strengths and weaknesses associated with the TaMHS project, from the perspective of a cohort of teachers' within the school featured in the present study.

2.4 Participants

I approached the Inclusion Manager (Assistant Head Teacher) with a view to conducting the research project (January 2011), and discussed the underlying rationale for the study. It was agreed that six teachers would be recruited to take part from the wider staff team of sixty-four, three with links to the pastoral team and three from the wider staff team. The Inclusion Manager assumed responsibility for the recruitment process, addressing the issue within a staff meeting and asking for volunteers (February 2010). Four female teachers and two male took part in the study which broadly reflected the gender make-up of the staff team.

2.5 Ethics

As a professional practitioner it is important to consider the ethical implications of any research undertaken. Within this research project the ethical concerns are apparently minimal but they are worthy of further exploration and acknowledgement.

No participant suffered any detriment from taking part in this study, and full informed consent was gained from the teachers' prior to conducting the research (see **Appendix 3 and 4**). Gaining consent should be a clear and transparent process that

promotes mutual respect and confidence between participants and researchers (BPS, 2009). I was guided by the principle that "*voluntary informed consent is the condition in which participants understand and agree to their participation without any duress, prior to the research getting underway" (*BERA, 2004, p.6*).

The right to withdraw is central to the research enterprise and the participant's sense of self-determination (BPS, 2009), and all "*researchers should recognise the right of any participant to withdraw from the research for any reason or no reason, and at any time, and they must inform them of this right*" (BERA, 2004, p.6). In addition there should be no attempt made to coerce or persuade individuals to continue to participate, and offers to withdraw should be accepted without question (BERA, 2004). The right to withdraw was made clear to each participant prior to the commencement of the research.

Anonymity was guaranteed to the participants and setting and the views gathered could not be linked to individual participants, as research participants have an entitlement to privacy, confidentiality and anonymity (BERA, 2004). Overall it was made clear to the participants that their views will not be attributed to them, but will be presented collectively in a research paper (BPS, 2009).

I ensured an ongoing transparent approach towards the research with stakeholders within the school (HPC, 2008). Senior leadership were briefed regarding the nature of the study and I was clear in purpose with regard to the nature of my involvement in the project and the time commitment it would entail (BPS, 2009).

2.6 Data Collection

2.6.1 Research Questions

Two questions were identified which it was felt would best address the aims of this research. The questions were not developed specifically from existing research but were influenced by the research of Kidger et al. (2010) on secondary school staffs' views on supporting students EWBMH.

- What are the advantages or strengths associated with using the school context to support the EWBMH of pupils through a mental health programme such as TaMHS?

- What are the disadvantages or difficulties associated with using the school context to support the EWBMH of pupils through a mental health programmes such as TaMHS?

The research was conducted as a twilight session within school, with each question taking approximately thirty minutes to address.

2.6.2 Nominal Group Technique

This study used Nominal Group Technique (NGT) as a tool for eliciting the views of participants' as part of a structured focus group format. NGT was initially developed as a model for problem solving and planning by Delbecq and Van de Ven (1971), and has subsequently been used extensively as a method of evaluation in health services

(Chasens and Olshansky, 2008) and research tool in educational research (MacPhail, 2001).

NGT is designed to receive group input and develop group consensus around the particular topic under exploration. This results in the prioritisation of input and the identification of areas for future development or adaptation (Delbecq and Van de Ven, 1971). NGT is highly structured and the process within this study followed a prescribed approach (see **Appendix 5**).

NGT is a democratic approach to research as it reduces the likelihood that individual group members will dominate the discussion and encourages all participants to contribute. This allows all participants' views to be heard and judged equally. As a result it tends to generate a greater number of ideas than traditional group discussions (Delbecq and Van de Ven, 1971; MacPhail, 2001). NGT is also time efficient and requires relatively few resources, meaning it could be highly applicable within education settings (Lancaster et al., 2002; Chasens and Olshansky, 2008). Indeed NGT was deemed to be appropriate for the present study on that basis. The approach can be critiqued as it requires careful planning and can be quite restrictive as it suppresses spontaneity by reducing discussion. As a result it can be seen as somewhat mechanical, although the facilitator can play an important role in ensuring the process is a success (Witkin and Altschild, 1995).

2.7 Research Methodology

The NGT process derives from the focus group approach to research. Focus groups are typically aligned with flexible qualitative methodological approaches (Sim, 2001), although the epistemological base on which the focus groups exists is rarely fully considered (Chiu, 2003). In contrast to traditional focus groups the NGT is highly structured and is more akin to a quantitative approach to research. NGT can also be regarded as a mixed method approach as it provides both quantitative and qualitative data (Potter, Gorden and Hamer, 2004). For example the collection of data could be viewed as realist in the sense it is actual reported feedback from participants that has been ranked numerically. However the NGT approach is designed to gain qualitative insight (Delbecq and Van de Ven, 1971) as it seeks to interpretively elicit the perceptions, beliefs and attitudes of a group of individuals towards a given phenomena. Furthermore within the present study the use of Thematic Analysis (**see Section 2.8**) as a qualitative method of analysis further reinforces this interpretative element.

An eclectic range of underlying approaches influences the methodological framework for this study. For example the NGT approach is typically used within an action research framework (Zuber-Skerritt, 2009). Action research is based around practical problem solving in context through an interactive inquiry process that seeks to identify underlying causes that may inhibit future practice (Reason and Bradbury, 2001). Although the present study contains elements of this approach it does lack the reflexive and ongoing developmental aspects of action research (Cohen et al., 2007).

The study also has elements of a case study approach, in that it is investigating a phenomenon within its real-life context. Furthermore it could be regarded as an exploratory approach as the prospective results were largely unknown, the context was highly important and it may act as a gateway for further research (Stebbins, 2001). I would also argue that the structure of the NGT means it retains some of the essential essences of the phenomenological approach as the process leader is seeking to see things from the participants' perspective and in their own relative terms (Bradbury-Jones et al., 2009). However the process does lack the detailed individual explanations that are central to a phenomenological approach.

Overall this is a qualitative research study which is informed by a constructionist epistemological position where *"social* actors *are seen to jointly negotiate the meanings for actions and situations*" in real world contexts (Blaikie, 1993, p.96). Within this framework the study is theoretically underpinned by an interpretative approach which endeavours to study the experiences of individuals to discover a perspective on their life in relation to particular phenomena, to uncover what matters to people within their lived worlds (Smith et al., 2010). Interpretative approaches tend to focus upon an individual's thoughts, feelings and perceptions and seek to access the inner life worlds of the participants' to allow an analysis of the multiple perspectives people within the world inevitably hold (Barker et al., 2002). This approach to the research reflects my own broadly relativist epistemological and theoretical orientation regarding the nature of knowledge and what can truly be 'known', and is consistent with the manner in which EPs have turned to qualitative methods over the last 25 years (Madill, 2002).

2.8 Data Analysis

This study followed the NGT procedure identified by Chasens and Olshansky (2008) for the first stage of data analysis. Individual participant rankings were summed to give a total ranking for each statement (see **Appendix 3**). Raw focus group data and rankings recorded on the flip chart paper were typed up and ordered according to the sum ranking for each statement.

In addition to the approach identified by Chasens and Olshansky (2008) the data were subjected to thematic analysis to lend conceptual coherence to the results, by considering all of the statements and seeking to identify the patterns or themes that may exist (Braun and Clarke, 2006). Thematic Analysis (TA) is a common qualitative approach within psychology because it is highly flexible and relatively straightforward to conduct. TA allows the researcher to identify, analyse and report patterns or themes in data (Attride-Stirling, 2001) to capture important connections that may have emerged (Braun and Clarke, 2006). Although TA can be critiqued for its limited interpretive power and lack of credibility, it can generate insightful interpretations of any data set when conducted in a structured manner (Braun and Clarke, 2006). The data gained from the NGT process will be organised to highlight any patterns in the content and a process of interpretation will theorise the significance of the themes and their broader meaning and implications (Patton, 1990). The TA method employed within this study is broadly based on that proposed by Braun and Clarke (2006) and is summarised in **Figure 9**.

Fig.9 Thematic analysis process

- Familiarisation with the data.
- Generating initial ideas, codes and interests.
- Searching for themes.
- Reviewing themes.
- Defining and naming themes.

3.0 Findings

3.1 Nominal Group Technique

The use of NGT resulted in a broad range of statements from the teachers' in relation to the research topic. The findings from the NGT process can be summarised as follows **(see Figure 10 and 11)**.

Fig.10 Teachers' perceptions of the advantages or strengths associated with using the school context to support the EWBMH of pupils through a mental health programme such as TaMHS?

Statement	Ranking (Votes)
Supporting EMHWB improves pupil self-confidence and self-esteem and this also benefits achievement.	15
It is everyone's responsibility to support 'damaged' children.	14

Helps staff understand where children are coming from- more background allows adult to change their behaviour.	9
Positively changes student behaviour and reduces disruptions around the school.	8
The school is well placed to help students understand their own thinking and support cognitive changes.	7
TaMHS has helped to develop relationships with hard to reach parents. Trust developed as a starting point to help children.	6
Pupils need the help and support emotionally to help them focus academically and improve learning.	5
Supporting children in context is more valuable to helping children change than them being 'treated' by outside agencies.	5
Damaged children lead to damaged adults- school can help to break that cycle.	5
Using the school context means children are a 'captive' audience.	3
TaMHS has built on the EMHWB initiatives already ongoing in school.	3
There is a need for a more holistic approach to EMHWB and TaMHS is a good starting point for this.	3
Helps to create a close family ethos in school. A supportive context helps to increase pupil confidence.	3
Most staff now believe that EMHWB initiatives in school are important.	3
Teachers are well placed to identify any difficulties students are experiencing.	2
Whole school awareness builds empathy and breaks down any stigma associated with mental health difficulties.	2
Teachers are neutral; it is easier for children/young people to share information with them.	1
Children may not have anywhere else to turn.	1

Fig.11 Teachers' perceptions of the disadvantages or difficulties associated with using the school context to support the EWBMH of pupils through a mental health programme such as TaMHS?

Statement	Ranking (Votes)
Poorly trained staff might do more harm than good, create another set of problems.	16
No time- additional responsibilities lead to increased teacher stress.	15
Staff are not adequately trained or knowledgeable to properly support initiatives such as TaMHS.	14
Students may associate negative feelings outside of school in school if issues/ problems openly addressed.	13
Children lose subject time to take part in TaMHS activities. This is not a productive use of their time.	10
Teachers are becoming social workers, it is the parents that need the support and time would be better spent doing this.	4
What about teachers EMHWB? Perhaps those with mental health difficulties are not best placed to deliver.	3
Only certain students need support, there is no need for whole school awareness or initiatives.	3
Teaches are not psychologists.	3
Opening up Pandora's Box- even if staff are skilled then might not be able to do anything.	3
For TaMHS to work you would need a pastoral focussed school with receptive staff.	3
One whole school training session is not enough to bring everyone 'on board'. Need ongoing support.	2
Some teachers are the cause of children's EMHWB issues, or at	1

| least a significant contributor. | |
| Certain staff lack specific skills with children, better to focus time on 'fixing' these issues as it benefits all children. | 0 |

3.1.1 Analysis of NGT Findings

The data from the NGT analysis suggests that teachers' have a wide range of potentially conflicting or contradictory views regarding the value of EWBMH initiatives such as TaMHS.

In terms of strengths or advantages the top five statements ranked by the participants' indicate the need for whole school responsibility in supporting the EWBMH of pupils. The impact of implementing such programmes is evidenced by the impact they can have on pupil's self-confidence and self-esteem, which can lead to increasing academic achievement. Alongside the impact upon achievement the TaMHS programme is seen to have reduced disruptions around school. There is also seen to be a benefit for teachers across the school as they are able to develop a deeper understanding of pupils needs and have changed their own behaviour as a result. Thus the potential for schools to play a significant role in mental health promotion and prevention was highlighted and the positive impact upon pupils and staff discussed.

In terms of difficulties or weaknesses the top five statements ranked by the participants indicate that some teachers' feel they lack the skills to implement TaMHS effectively, and have not received adequate training and support. There is a clear

lack of confidence as some teachers feel things might be made worse by their intervention. Furthermore in bringing the outside world into school by addressing pupils EWBMH needs there was unease that this might change the pupil's feelings of safety and security within the school context. The implementation of EWBMH initiatives such as TaMHS was seen to be time-consuming for staff and adds significantly to the time pressures already experienced within school. In addition pupil involvement in TaMHS may restrict curriculum access in certain instances and some staff members viewed this negatively.

3.2 Thematic Analysis

This section offers a slightly wider interpretation of all the statements identified. All of the statements have value; even if they were not ranked during the NGT process, as they were raised by the teachers' in relation to the research questions (see **Figure 10 and 11**). Each of the statements has been thematically grouped and are summarised in **Figure 12 and 13**.

Fig.12 Overview of themes identified from the advantages or strengths associated with TaMHS NGT data set

Theme	Statement
Benefits for Students	• Supporting EWBMH improves pupil self-confidence and self-esteem and this also benefits achievement. • Positively changes student behaviour and reduces disruptions around the school.

	• Pupils need the help and support emotionally to help them focus academically and improve learning. • Helps to create a close family ethos in school. A supportive context helps to increase pupil confidence.
Positive Implications for Staff	• Helps staff understand where children are coming from- more background allows adult to change their behaviour. • Most staff now believe that EWBMH initiatives in school are important. • Teachers are well placed to identify any difficulties students are experiencing.
The Importance of the School Context	• It is everyone's responsibility to support 'damaged' children. • The school is well placed to help students understand their own thinking and support cognitive changes. • Supporting children in context is more valuable in helping children change than them being 'treated' by outside agencies. • Using the school context means children are a 'captive' audience. • TaMHS has built on the EWBMH initiatives already ongoing in school.
The Value of School-Based Early Intervention	• Teachers are neutral; it is easier for children/young people to share information with them. • Damaged children lead to damaged adults- school can help to break that cycle. • There is a need a need for a more holistic approach to EWBMH and TaMHS is a good starting point for this.
Wider Benefits of TaMHS	• TaMHS has helped to develop relationships with hard to reach parents. Trust developed as a starting point to help children. • Children may not have anywhere else to turn. • Whole school awareness builds empathy and breaks down any stigma associated with mental health difficulties.

Fig.13 Overview of themes identified from the disadvantages or difficulties associated with TaMHS NGT data set

Theme	Statement
Threats to Students	• Students may associate negative feelings outside of school in school if issues/ problems openly addressed. • Children lose subject time to take part in TaMHS activities. This is not a productive use of their time. • Only certain students need support, there is no need for whole school awareness or initiatives.
Teacher EWBMH	• No time- additional responsibilities lead to increased teacher stress. • What about teachers' EWBMH? Perhaps those with mental health difficulties are not best placed to deliver.
Staff skill Base	• Staff are not adequately trained or knowledgeable to properly support initiatives such as TaMHS. • Poorly trained staff might do more harm than good, create another set of problems. • Opening up Pandora's Box- even if staff are skilled then might not be able to do anything.
Blurred Professional Boundaries	• Teachers are not psychologists. • Teachers are becoming social workers, it is the parents that need the support and time would be better spent doing this.
Support Across the Staff Team	• One whole school training session is not enough to bring everyone 'on board'. Need ongoing support. • Some teachers are the cause of children's EWBMH issues, or at least a significant contributor. • Certain staff lack specific skills with children, better to focus time on 'fixing' these issues as benefit all children. • For TaMHS to work you would need a pastoral focussed school

	with receptive staff.

3.2.1 Thematic Analysis Interpretation

For the teachers' involved in this study the time spent on implementation of the TaMHS initiative in school was largely viewed as a worthwhile investment, as the students involved have gained academically, behaviourally and personally. The project has deepened staff understanding of EWBMH issues and is seen to be important, particularly as staff see themselves as well placed to identify and contribute to the management of the difficulties their students are experiencing. In this way they appeared eager to embrace their role as Tier 1 CAMHS professionals. This was echoed by their apparent acceptance of the need for whole school responsibility for psychologically 'damaged' children.

The notion of whole school responsibility was further supported by the value placed on intervention in context, rather than 'handing' responsibility to other professionals with little contextual knowledge of the child. It also suggests that the teachers' realise that change for children is more likely to occur in context, as there are often no quick fix answers to CYP's EWBMH issues. The reference to intervention in context can also be linked to the teachers' views that school is an ideal context to work with children because they have to attend. Within this supportive context the TaMHS initiative has built on the work the school is already doing in relation to EWBMH.

The teachers' perceived themselves as a neutral influence in the children's' lives, someone they can turn to in times of crisis. Thus the teachers' saw themselves in

powerful position to support students and create longer-term societal change by contributing, through initiatives such as TaMHS, to the treatment of 'damaged' children and the prevention of difficulties later in life. This was apparently conceptualised as part of a more holistic approach to mental health as a society. TaMHS is seen to provide a vehicle for this and a key way in which to engage hard to reach parents, and further break down existing barriers. TaMHS was also seen as an important way in which to challenge the stigma of mental health in school.

A number of differing themes emerged across the study however which challenge this rather utopian view. There were a number of threats to students identified. For example TaMHS can be seen as something of a distraction from schoolwork. Furthermore the school context was apparently conceptualised as a place for positivity rather than immersion in a world of negativity. Accordingly a one size fits all approach was rejected, targeted should mean targeted and does not need to include all pupils. This appears to highlight the view that some of the teachers' feel that school is an ideal venue for mental health prevention rather than promotion. It also hints at criticism towards whole school approaches such as Social and Emotional Aspects of Learning (SEAL). There was also reference to the EWBMH of teachers'. Additional work expectations such as TaMHS increase workload pressures on teachers which creates extra stress and tension in some circumstances. The automatic assumption that teachers can deliver TaMHS effectively is also challenged, given their own EWBMH needs, which may not have been adequately addressed and understood.

Teachers also felt that they had a poor overall knowledge of EWBMH issues and had received inadequate training. In this context there were real concerns that 'well meaning' projects such as TaMHS could in fact do more harm than good. This was seen to be particularly pertinent in situations where teachers' may be scared of delving 'too deep' for fear of the consequences. In this context there was an underlying perception that they were doing the jobs of social workers and psychologists and that TaMHS was in some way blurring the boundaries between these professions. It was also felt that the most important venue for supporting CYP's EWBMH is the home context, and it was felt intervention with parents would be the most beneficial way to proceed.

It was noted that there had not been a large enough emphasis on developing staff skills and knowledge within TaMHS, and that ultimately for it to fully succeed a more pastoral-focussed school context would need to be nurtured, which may prove to be difficult within a busy mainstream secondary school context.

Overall the research has highlighted some of the significant benefits and challenges associated with the implementation of the TaMHS initiative. As a consequence it is difficult to draw firm conclusions regarding the success or otherwise of the project at this time, although the teachers' views suggest that overall it has been beneficial for the pupils, staff and the wider school system.

3.3 Questions Arising

The findings from this study raise a number of important questions worthy of further exploration.

- To what extent should the school context be seen as a forum for delivering early intervention EWBMH promotion and prevention programmes such as TaMHS?
- What role can realistically be expected of teachers in supporting this agenda?
- Overall what have evaluations nationally revealed about the strengths and difficulties associated with the implementation of the TaMHS programme?
- What are the implications for EPs, including those involved in the delivery of TaMHS?

4.0 Discussion

4.1 The School Context

The EWBMH of CYP has been a significant and ongoing concern for successive UK governments over the last decade (Meltzer et al., 2000; DoH/DCSF CAMHS Review, 2008), and there has been an evolving raft of guidance and legislation developed to support and enable mental health promotion, prevention and early intervention within the school context. Kidger et al. (2010) identify a timeline of legislation in this regard, ranging from schools being encouraged to consider the promotion of mental health and well-being for all pupils (DfEE, 2001), to the Every Child Matters (DfES, 2003)

and Children Act (DfES, 2004) focus upon childrens' well-being, the National Healthy Schools Programme (DH, 2005) with its emphasis upon emotional health and well-being and the Social and Emotional Aspects of Learning (SEAL) programme (DCSF, 2005). The National Service Framework Standard 9 (DH/ DfES, 2004) and CAMHS Review (DCSF/DoH, 2008) have also shifted the emphasis onto the delivery of mental health promotion, prevention and early intervention to CYP in education, and the central role teachers should play in this as front-line Tier 1 Universal CAMHS professionals.

The Coalition Government has also recently launched their own cross-government Mental Health Strategy (DH, 2011), which, for the first time, places the mental health of CYP at the heart of governmental policy by recognising the vital role of school-based early intervention and prevention in context for long-term mental health outcomes (DH, 2011; Children and Young People Mental Health Coalition, 2011). The document appears to be somewhat inconsistent in parts, extolling the virtues of whole school mental health promotion over targeted measures, yet also discussing the value of prevention and early intervention and the benefits this may have in improving mental health, behaviour at school and home and academic and social skills (DH, 2011). However the emphasis on early intervention within the school context, and the general raising of the profile of mental health issues, is welcome, and apparently logical in terms of breaking down the negative stereotypes (DH, 2011) that may often surround mental health difficulties and the ongoing development of a truly inclusive society (Finney, 2006). Young Minds (2011) have placed the combating of the stigma surrounding mental health as part of their CYP

Manifesto and schools should be viewed as a potentially ideal context for this, alongside the early identification of the signs and symptoms of emerging mental health problems and mental disorders (Australian Health Department, 2000).

However there are apparent dangers in focussing upon the school context, where the stigmatising effects of early or targeted intervention could be a distinct possibility within the close confines of the school context for CYP (Australian Health Department 2000). The possibility that this may occur means that mental health promotion and prevention in schools has to be sensitively managed and cannot be simply 'bolted on' to existing school practices. Contact between groups can decrease conflict and improve understanding (DH, 2011) yet this places a great deal of pressure on schools and individual teachers to get it right. Initiatives such as TaMHS have to ensure that an awareness of this is raised across schools and that the dangers inherent are made explicit. It is also important that such an approach highlights the psychosocial factors that contribute to poor EWBMH, rather than the problematising biogenetic explanations (DH, 2011) that may often be in use within sections of the teaching community and wider society.

Despite the apparent emphasis on using the school context to address the EWBMH needs of pupils the Coalition government has recently ceased to promote the Social and Emotional Aspects of Learning programme (DfE, 2011), preferring to address mental health issues at the whole school level through the PSHE curriculum (DH, 2011). School staff are to be expected to drive improvement and exercise professional judgement over which approaches they adopt (DfE, 2011), alongside a

return to a more traditional academic focus within schools. Given the context of increasing autonomy for schools through the creation of academies and free schools this seems rather laissez-faire and may perhaps bring into question the government's commitment to supporting the EWBMH needs of all children within education. Ecclestone and Hayes (2009) have long questioned the rise of therapeutic education and the prioritisation of the emotions in learning and have been critical of the SEAL programme as a result. The government presently seem to be sending mixed messages to schools and other professionals regarding their support for mental health promotion and prevention in schools. Further clarification of their stance is required.

Ecclestone (2007; 2004) believes that there has not been a full and critical debate regarding the roles of schools in developing pupil well-being and mental health promotion and prevention. The introduction of TaMHS and other EWBMH initiatives in schools can be seen as a negative step, as ultimately disempowering for individual children and part of a wider conceptualisation of the self as vulnerable and diminished within society (Kidger et al., 2010). There is certainly some merit in the notion of the disempowerment of CYP. For example within the present study it could be argued that the pupils involved in the project did not really get to choose whether they should participate. Schools are powerful organisations and exert a strong influence over CYP and there is a danger that that CYP may feel compelled to take part as part of a 'mass pathologisation' of the school community. Thus it is important that schools are aware of the power they hold and consider how best they see fit to use it. Furthermore those pupils 'chosen' or identified to take part were often made

by a judgement of the adults around the child according to their own value base. This can be of particular concern when we consider that schools themselves, and the staff that work there, may often be a significant contributory factor on a pupil's poor EWBMH.

There is a danger that psychological knowledge and understanding can be applied inappropriately through initiatives such as TaMHS, despite the best intentions of those professionals involved. For example Gott (2003) cautions against adopting mental health approaches and terminology in education, which may increasingly lead to the labelling of pupils by non-mental health professionals and the increasing apportioning of blame on the individual rather than on contextual factors. I would agree with Ecclestone (2004) that there has been something of an excessive focus on state intervention rather than a more community-focussed emphasis on the protective factors in individuals, families and communities. However initiatives to support CYP's EWBMH should be cautiously welcomed, although school contexts require ongoing and consistent professional support, supervision and management in order to ensure they are delivered with fidelity.

Finney (2006) notes there is often a gap between rhetoric and reality in applying mental health strategies in schools, which can leave them ill-equipped to deliver. Furthermore many cultural and systemic barriers exist between health and education and their fundamental roles and responsibilities. For example schools are predominantly based on a model of discipline, control and behaviour management, have a specific focus on attainment and are not fundamentally part of the 'caring

professions' (Finney, 2006). This is almost entirely contradictory to the underlying ethos and aim of mental health promotion and prevention. Within this context an ambitious approach such as TaMHS may be the first step in introducing a level of harmonisation between services, however significant structural change and a redefinition of the roles of schools would need to occur, something which may be unlikely within the present political context.

Schools are well placed to support CYP's EWBMH and should play an important role in the identification and response to any difficulties (Finney, 2006). It is important that schools play a central role in identifying, listening and responding to CYP but caution must be taken that there is not a trend towards the over-identification of pupils with EWBMH issues (Gott, 2003). Overall however the TaMHS initiative should be applauded for trying to bridge the divide or 'research to practice' gap that has long existed between schools and what is known about how best to support the mental health needs of CYP (Ringeison et al., 2003).

4.2 The Role of the Teacher

The findings from the present study demonstrate the complex reactions of the teachers' towards EWBMH programmes such as TaMHS. There was an apparent sense of optimism that such approaches have distinct advantages for CYP in terms of building self-confidence and offering support in a more 'holistic' manner. However a number of concerns have been raised in terms of the additional responsibilities placed upon teachers, personal perceptions of their own competence to deliver, the

blurring of professional boundaries and the increasing and potentially unrealistic expectations that are placed upon them.

The views of teachers' expressed within this study mirror the concerns raised by Finney (2006), who found that many teachers' who work in mainstream schools feel they lack the necessary knowledge, understanding and skills for supporting CYP's EWBMH. Some of the key findings from Finney (2006) are summarised in **Figure 14**.

Fig.14 Finney (2006) Key Findings

- Teachers' already feel over stretched in their roles- EWBMH initiatives simply add to this burden
- There is a lack of understanding about child development, communication skills and responding to difficult children
- Lack of capacity within pastoral departments
- Little time for reflection or supervision for teachers
- Curriculum pressures mean supporting EWBMH is difficult

Finney (2006) concluded that the drive to raise academic standards does not fit well with the increasing emphasis on providing emotional support to CYP in schools. Given this context it may be unrealistic to expect teachers and the wider school system to deliver EWBMH programmes in school. I would argue that if serious attempts to improve the EMHWB of pupils within education are to be made then the role of the teacher requires redefinition from the outset of their Initial Teacher Training. Furthermore the role and function of education may need to be re-defined to accommodate such an approach. This would seem to be unlikely at present given

the present political climate and the apparent ending of the bias towards inclusion (DfE, 2010).

The EWBMH of teachers' is often neglected (Kidger et al., 2010). Teaching remains a difficult and challenging profession (Jarvis, 2008) and it could be argued that teachers ought to receive more emotional and practical support than they currently do through, for example, improved supervision practices. This may not fit with traditional school cultures where teachers', particularly in secondary schools, can feel largely isolated and may not wish to show any weakness or concern about their own well-being (MacBeath and Galton, 2004). However when teachers' experience difficulties with their own EWBMH it is likely to impact upon the CYP they are working with in the classrooms (Jarvis, 2008). Indeed teacher EWBMH is a potentially crucial factor in the long-term sustainability of programmes such as TaMHS and the teaching process more generally (Hargreaves, 1998). Within this context EWBMH programmes such as TaMHS could well look to offer more support for teachers where appropriate.

If the role of teachers in supporting the EWBMH of CYP in schools is to be developed further then ongoing and sustained training will be required to improve levels of competence and confidence. Within the present TaMHS context the whole school staff training offered was somewhat piecemeal, which some of the teachers' within the focus group noted was inadequate. Any serious attempt to support the EWBMH of CYP in schools would need to take account of this by providing teachers with the

time and professional skills appropriate to that which they are expected to deliver, so they can better understand what they need to be doing (Kidger et al., 2010).

Overall it is asking a great deal of teachers to extend their roles further at this time. Many teachers' may feel unable to expand their roles given the often extreme pressures they operate under (MacBeath and Galton, 2004), meaning the burden is likely to fall on the committed few. This can mean that approaches such as TaMHS remain rather tokenistic and disconnected from the wider life of the school.

4.3 TaMHS: The National Picture

The findings from the present study have identified a significant range of strengths and difficulties associated with the implementation of the TaMHS programme. Within this context I feel it is important to explore what TaMHS Pathfinder evaluations nationally are revealing about the strengths and difficulties encountered.

TaMHS pathfinder projects have generally received positive evaluations (DH, 2011; Dawson and Singh-Dhesi, 2010). For example projects in Leeds, Coventry and Luton have apparently demonstrated a reduction in CAMHS referrals and increasing school staff confidence and competence in dealing with CYP's EWBMH needs (DCSF, 2009). In Lincolnshire TaMHS is said to have led to an increase in the number of children able to access support for their EWBMH difficulties in school and provided high quality, consistent support and resources that has been able to effectively meet their needs (North East Lincolnshire Council, 2009).

In Norfolk a more transparent approach to evaluation has been conducted (West Norfolk TaMHS Pathfinder, 2009). Within a qualitative framework the evaluation researched the perceptions of stakeholders, practitioners and CYP using focus groups, online surveys, and telephone interviews. Overall the findings suggest that it is still too early to assess the benefits for CYP, although there was clearly a significant benefit for teachers and schools in terms of their own understanding of EWBMH. However it was noted that TaMHS needed to be better promoted across the school to all staff and better evaluations of the impact on the wider staff team should be conducted. Overall the findings from this study appear to be largely congruent with the outcomes from the present study.

In terms of an overarching national evaluation the response has been rather slow, although the learning from the initial TaMHS Phase 1 Pathfinders has been recorded (DCSF, 2009). Although the research process is rather vague, and there is a small sample size for a national evaluation, the report does provide formative information for the subsequent TaMHS projects. In particular the report notes the need to support the EWBMH of staff and provide comprehensive whole service/school training around the issue. The report suggests that it is crucial the TaMHS 'message' is consistently relayed around school in order to promote long-term sustainability of projects and to ensure that all staff understand that EWBMH is everybody's business (DCSF, 2009).

The full engagement of schools has also proved difficult for some TaMHS pathfinder projects. Sustainable engagement has proved to be difficult within some school

contexts, influenced by universal factors such as pressure points in school term times and contextual factors particular to individual schools, such as high levels of deprivation, or staff turnover (DCSF, 2009). It has also proven difficult to ensure schools are implementing evidence-based interventions and ensuring fidelity in approach (DCSF, 2009). The report suggests that there has been significant success in engaging parents, although the school in the present study found this challenging.

There is also an independent 'Me and My School' national evaluation of TaMHS (TMHSE, 2008). The first year preliminary findings (DCSF, 2010) were not particularly revealing with little detail provided regarding the utility of the TaMHS initiative. Indeed there has been some local scepticism regarding the value of the national evaluation, with school staff often having a lack of time to complete the questionnaires and affording it a low priority (DCSF, 2009). However national evaluation is an important part of establishing the costs and benefits of TaMHS across differing contexts. Furthermore attempts to ensure a neutral and independent approach to evaluation with an experienced and highly competent research team should be applauded. Overall the importance of evaluation has needed to be continually stressed to schools and the successful introduction of evaluation procedures has been an ongoing issue within TaMHS to date (DCSF, 2009).

Assessing the overall success of the TaMHS Pathfinder projects is difficult, although in general their introduction can be treated with cautious optimism. TaMHS offers a useful way forward, yet programmes such as this may take years to refine and evidence, as it takes time to break down cultural barriers between services and allow

processes and changes in working patterns to become embedded. Although funding has been secured in the short term through the Early Intervention Grant (DH, 2011), the longer-term vision of the Coalition remains uncertain and the model this will operate within appears to be unclear. The likely continuation of funding for TaMHS in the short-term suggests that nationally TaMHS programmes have been largely successful in meeting their aims. However a long-term vision and strategy will be required if projects such as TaMHS are not to become tokenistic. TaMHS has however offered the opportunity, through strategic working, of providing a sustainable model of EWBMH support for CYPF and schools, after many attempts within this country and globally to do so over the last 15 years (Atkins et al., 2003; Patton et al., 2001).

4.4 Implications for EPs

Supporting the EWBMH of CYP as part of a wider inclusion agenda in schools is a central focus for many EPs (Greig, 2007; MacKay, 2007). The TaMHS programme has represented an important opportunity for EPs to develop new ways of working with schools and provided the chance to put into practice evidence-based intervention around EWBMH. Furthermore the focus on whole school approaches alongside targeted intervention is likely to be welcomed by many EPs, as the school context often forms the backdrop to children's mental health difficulties (Dawson and Singh-Dhesi, 2010).

EPs have played a central role in the TaMHS Pathfinder projects, for example within the present study the head of the TaMHS steering group is an EP. EPs have a wide skill set and are strategically well placed to play a central role in shaping the TaMHS approach and models of working within a multi-agency context. In general EPs foster good working relationships with schools and may be able to encourage schools to develop effective practice and ensure fidelity in approach. Furthermore the regular contact EPs have with staff in schools means they may be able to encourage schools to access ongoing and sustained support. However within my own practice the role of EP is often poorly understood by school staff and further promoting the skills of EPs in this regard can help schools shift their conceptualisations of EPs, from that primarily related to individually-based statutory assessment to a more proactive whole school focus on EWBMH. Furthermore EPs understanding of children in context and the development of ecological conceptualisations of CYP's difficulties (Bronfenbrenner, 2005) can be a valuable resource for CYP and school staff.

In response to the findings from the present study EPs should be able to support schools and teachers in a number of ways. It is important that the advantages of the TaMHS approach are identified and clearly transmitted to school staff and governors. For example within the present study the focus of TaMHS on EWBMH was seen to have a significant impact on CYP's learning and it is important that the need for a more holistic focus is fully understood by all staff. EPs also need to reinforce the message to school staff that EWBMH promotion and prevention is their responsibility (DoH/DCSFCAMHS Review, 2008), as is not simply the concern of a small number of psychology-based education or health professionals.

EPs are also well placed to help mitigate for the concerns raised by the teachers' in the present study. It is vital that EPs play a role in disseminating the evidence base around approaches such as TaMHS in their role as scientist-practitioners (Hagstrom et al., 2007), and openly address the difficulties that other schools have faced. EPs can provide ongoing support and training to school staff around EWBMH approaches, if this is seen to be a priority by the senior leadership within the school. Gott (2003) noted that there was a danger of the over-identification of CYPs EWBMH difficulties in schools and EPs can support schools in assessment and the identification of appropriate intervention for CYP.

EPs could also play a more prominent role in supporting individual teachers if this was deemed to be a priority within schools and teachers were willing to access the support. However teachers require support from within the school to manage their own EWBMH (Dawson and Singh-Dhesi, 2010) and EPs understanding of organisational psychology could be well-utilised in encouraging schools to re-consider their models of working and become more aware of staff well-being. Indeed encouraging schools to actively support their staff could perhaps be one of the most valuable contributions we can make to CYP's EWBMH and experiences in school.

The CAMHS Review (DoH/DCSF, 2008) strengthened the view, held by many educational psychologists' (Greig, 2007; MacKay, 2007), that the educational arena is an important place to begin meeting the mental health needs of children and adolescents (Weare, 2004). However the findings from the present study and those of previous studies suggest that there is much more to do to embed EWBMH

programmes such as TaMHS in schools. Furthermore the recent political changes, and the subsequent shift in education policy towards free schools, the extension of the academies programme and increasing independence for schools, alongside the current financial pressures facing LAs, suggests that a cultural shift towards a more traditional view of the function of schools and a return to the cognitive rather than emotional aspects of learning (Ecclestone and Hayes, 2008) remains a distinct possibility. This may present a significant challenge to EPs seeking to work with schools around CYP's EWBMH.

EPs can only operate within the context of their role and the expectations placed upon them by schools. With EP services increasingly moving to a traded services model (Manchester City Council, 2010), and with a shrinking workforce due to budgetary pressures, this may mean that work in regard to EWBMH initiatives, outside of a ring-fenced approach such as TaMHS, is less likely if the schools do not wish to access it. The anticipated re-shaping of the EP role post green paper (DfE, 2010) may offer further opportunities in this regard if the emphasis on statutory work is reduced.

4.5 Limitations and Future Research

The findings and interpretations within this study should be viewed cautiously. This is a small-scale qualitative study and the views of the staff interviewed may not reflect the views of the wider staff team or those of teachers' within the wider education system. The delivery of EWBMH in schools and the role and function of education

more generally is a potentially emotive subject for some teachers' and it is likely different discourses would emerge in different contexts and with different groups of teachers. A wider sample of interviewees would have been beneficial in order to gain a more rounded perspective of staff views within this particular context. Within the NGT process I felt that some of the participants were somewhat guarded and reserved in their answers. This may be due to professional constraints and a reluctance to share information, and there may well have been an element of wishing to present the school in positive light to an 'outsider'.

This study only investigated the perceptions of secondary school staff and it is likely that the views of primary school might have been somewhat different and are certainly worthy of further exploration. It would also be beneficial to bring together those involved with the delivery and implementation of TaMHS locally from across the range of professions to compare and contrast their own experiences of the process and its outcomes.

It is also important that CYP's views and experiences of TaMHS are assessed and understood from a qualitative perspective, rather than simply based on tick box questionnaires. I feel that EPs can play an important role in this regard. It would also be useful to experiment with different forms of data collection as the NGT process can be rather restrictive and may have inhibited wider discussion.

5.0 Conclusion

This study has highlighted the low levels of EWBMH that CYP in the UK are presently experiencing (DoH/DCSF, 2008; UNICEF, 2007). Over the last fifteen years government has increasingly sought to reconceptualise the school context as an important arena in which to address CYP's EWBMH, as part of a wider mental health promotion, prevention and early intervention strategy. The TaMHS programme can be regarded as a logical progression of this and an attempt to foster greater collaborative multi-agency working.

The TaMHS programme was developed to provide lower level support for CYP 'at risk' of experiencing EWBMH difficulties (DCSF, 2009). The three waves of intervention approach (DCSF, 2008) places significant responsibilities on teachers to deliver within Waves 1/2 in their role as Tier 1 CAMHS professionals (DoH/DCSF, 2008). Accordingly a central aspect of the TaMHS approach has been to develop teaching staff skills in understanding and delivering EWBMH initiatives, alongside more targeted and specialised interventions at Wave 3 by suitably qualified external professionals such as EPs and CAMHS.

However this study has demonstrated that from teachers' perspective there are a complex range of strengths and difficulties associated with supporting the EWBMH of pupils through a school-based mental health programme such as TaMHS. The teachers' reported that there are significant benefits for pupils emotionally and academically and there are important advantages for the school in terms of improved

behaviour. However there was an apparent sense of anxiety and concern regarding their own abilities to manage the EWBMH of their pupils and a significant range of systemic pressures and influences within the school context that further complicate matters. Furthermore it was noted that the 'blurring' of professional boundaries which means teachers are asked to assume more responsibility for EWBMH, and the lack of ongoing and sustained training and support, mean that using the school context could be detrimental to the long term EWBMH of CYP and teachers alike.

The implementation of TaMHS goes to the heart of debates regarding the roles of schools and teachers in mental promotion and prevention. The views expressed by the teachers' in this study reflect these concerns, ranging from those who view the school context as an important arena for this, to those who feel they lack the skills to deliver such an approach and are being asked to do too much in their roles. Clearly the school context can play an important role in supporting the EWBMH of CYP; however it is important to be mindful of the increasing pressure this may place on teachers.

Overall the findings from this study broadly mirror the outcomes of previous studies (Kidger et al., 2010; Finney, 2006; Gott, 2003). Furthermore evaluations of TaMHS nationally are revealing similar underlying concerns. The symmetry between the studies demonstrates that at this time TaMHS still has some way to go in providing teachers with the support and professional knowledge they require to deliver such programmes. Clearly a compelling case for using the school context for EWBMH

promotion and prevention has still not been made and adequately debated (Ecclestone, 2008).

However, from an EPs perspective, TaMHS can be regarded as a significant opportunity to develop evidence-based working practices around EWBMH within the school context. Jointly commissioned systemic work such as TaMHS (DCSF, 2008) has offered EPs a unique opportunity to develop their own skills and may offer the most productive and time efficient way for EPs to become involved in supporting the EWBMH of CYP. Given the significant changes the profession faces in the coming years it is entirely appropriate that they should be seeking to redefine the scope and range of their roles in schools. Furthermore any potential moves towards redefining the statutory process for pupils with SEN/LDD (DfE, 2010) may make this ever more important as EPs seek to identify their 'distinctive contribution' (Cameron, 2006).

The TaMHS programme has provided a fresh focus and purpose to the work of external professionals concerned with the EWBMH of CYP in schools. It is a key way in which to engage schools in this respect and provides a vehicle to frame intervention and develop the skill base of teaching staff. I believe its introduction should be broadly welcomed, as it is clear that ad hoc or less targeted approaches to supporting and addressing CYP's EWBMH have met with limited success. However EPs need to proceed cautiously with an approach such as TaMHS. The feedback from teachers should be heeded and the research in the present study has highlighted a range of ways in which EPs could seek to work with teachers to address these concerns.

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Appendices

Appendix 1 Protective factors against mental health problems across the lifespan (CAMH, 2009)

Individual

- easy temperament
- adequate nutrition
- attachment to family
- above-average intelligence
- school achievement
- problem-solving skills
- internal locus of control
- social competence
- social skills
- good coping style
- optimism
- sense of purpose
- moral beliefs
- positive values
- positive self-related cognitions
- religious affiliation
- history of competence and success

Family

- supportive, caring parents
- family harmony
- secure and stable family
- small family
- responsibility within the family
- more than two years between siblings
- supportive relationships with an adult (for a child or adult)
- strong family norms, morality

School

- sense of belonging
- positive school climate
- pro social peer group
- required responsibility and helpfulness
- opportunities for some success and recognition of achievement
- social norms against violence

Life events and situations

- involvement with significant other
- availability of opportunities at critical turning points or major life transitions
- economic security
- good physical health

Community and culture

- sense of connectedness
- attachment to, and networks within, the community
- participation in church or other community group
- strong cultural identity and ethnic pride
- access to support services
- community cultural norms against violence

Appendix 2 Risk factors for mental health problems across the lifespan (CAMH,

2009)

Individual factors

- prenatal brain damage
- prematurity
- birth injury
- low birth weight,
- birth complications
- physical and intellectual disability
- poor health in infancy
- insecure attachment in
- infant/child low intelligence
- difficult temperament
- chronic illness
- poor social skills
- low self-esteem
- alienation
- impulsivity

Family/social factors

- having a teenage mother
- having a single parent
- absence of father in childhood
- large family size
- antisocial role models (in childhood)
- family violence and disharmony
- marital discord in parents
- poor supervision and monitoring of child
- low parental involvement in child's activities
- neglect in childhood
- long-term parental unemployment
- criminality in parent
- parental substance misuse
- parental mental disorder
- harsh or inconsistent discipline style
- social isolation
- experiencing rejection lack of warmth and affection

School context

- bullying

- peer rejection
- poor attachment to school
- inadequate behaviour management
- deviant peer group
- school failure

Life events and situations

- physical, sexual and emotional abuse
- school transitions
- divorce and family breakup
- death of family member
- physical illness/impairment
- unemployment,
- homelessness
- incarceration
- poverty/economic insecurity
- job insecurity
- unsatisfactory workplace relationships
- workplace accident/injury
- caring for someone with an illness/disability
- living in nursing home or aged care hostel
- war or natural disasters

Community and cultural factors

- socioeconomic disadvantage
- social or cultural discrimination
- isolation
- neighbourhood violence and crime
- population density and housing conditions
- lack of support service including transport, shopping, recreational facilities

Simon Bailey
Trainee Educational Psychologist

██████████████████████████
██████████████
████████
██████
███

Work: ██████████
Mobile: ████████
Email: ████████████████████

24th February 2011

Dear Colleague

Thank you for agreeing to take part in my research study which will form a substantial part towards my Applied Educational and Child Psychology Doctorate. This letter provides you with further background information which I hope you will find useful.

Your contribution will inform my research which is entitled:

Targeted Mental Health in Schools (TaMHS): Using Nominal Group Technique to elicit the views of a cohort of secondary school teachers in order to identify some of the strengths and difficulties associated with supporting the emotional well-being and mental health of pupils through a school-based mental health programme such as TaMHS.

I believe this study is important because the direct perceptions and experiences of teachers in relation to emotional well-being and mental health initiatives in schools appear to have been under-researched within the literature.

You will be asked for your views within a structured focus group format which will last for one hour, the process of which will be explained to you fully on the day of the research. There are two questions that we will be discussing.

1. What are the advantages or strengths associated with using the school context to support the EWBMH of pupils through a mental health programme such as TaMHS?
2. What are the disadvantages or difficulties associated with using the school context to support the EWBMH of pupils through a mental health programmes such as TaMHS?

You have been asked to participate in this study following the schools involvement in the Targeted Mental Health in Schools (TaMHS) programme. You have previously indicated to ████████████ that you are willing to take part and I thank you in advance for involvement.

Participation in this study is entirely <u>voluntary</u>; you are not compelled to take part. The interview will take place in school immediately after the finish of the school day. The data is to remain <u>confidential</u> and anonymity will be guaranteed. The school nor any individual will not be referred to within the report and the areas the schools are in will not be mentioned either. The outcomes of the study will not be feedback to senior staff if you do not wish them to be. The only record of names that will be kept will be on the consent forms so there will be no way of identifying individuals with their responses. Your views will not be attributed to you in any way but will be presented collectively in a research paper (BPS Ethical Guidelines, 2009). With your permission anonymised quotes may be used within the report as discussion points. It should also be noted that confidentiality cannot be assured in issues surrounding illegal activity or in relation to harm to others.

You may decide not to answer any of the interview questions if you wish. You may also decide to <u>withdraw</u> from this study at any time by advising myself, Simon Bailey Trainee Educational Psychologist. You do not have to give any explanation regarding your reasoning for doing so. I will not seek any more interviews or make any further contact with you about after the initial interview unless you ask me to. I will provide a briefing sheet to summarise my research findings if you wish to receive a copy and I will also be available to visit the school to report the findings if all participants agree this is acceptable to them.

The data from the interviews will be kept and stored in accordance with the Data Protection Act, (1998, modified, 2003). Data will be collected using flip chart paper to record the comments and feedback gathered. Whilst the data is active it will be stored in a locked cabinet, in accordance with ████████ Educational Psychology Service's confidential file procedures. Only authorised personnel will have access to the raw data (Trainee Educational Psychologist, Simon Bailey). Consent from participants will be gained to share data with other authorised personnel only. The data will not be stored against individual names so participants will not be able to withdraw their data after participation.

If you have any questions regarding this study or would like additional information please do not hesitate to contact me.

Yours sincerely,

Simon Bailey
Trainee Educational Psychologist

Appendix 4 Consent Form

I have read the information presented in the information letter regarding the study by Simon Bailey for his Applied Educational and Child Psychology Doctorate based at the University of Birmingham and understand the scope of the study and the expectations of my involvement.

I have had the opportunity to ask any questions related to this study, and received satisfactory answers to my questions, and any additional details I wanted.

I am aware that excerpts from the interview may be included in the report but that confidentiality has been assured. The data will be stored safely in accordance with the Data Protection Act (2003).

I was informed that I may withdraw my consent at any time by advising the researcher but understand that the information gained cannot be withdrawn following the research phase due to the anonymous nature of the data gathering process.

With full knowledge of all foregoing, I agree to participate in this study.

Participant Name:

Participant Signature:

Interviewer Name: Simon Bailey

Interviewer Signature:

Appendix 5 Nominal Group Technique Schedule and Method Overview

Targeted Mental Health in Schools (TaMHS): Using Nominal Group Technique to elicit the views of a cohort of secondary school teachers in order to identify some of the strengths and difficulties associated with supporting the emotional health and well-being of pupils through school-based mental health programmes such as TaMHS.

Research Questions

- What are the advantages or strengths associated with using the school context to support the EWBMH of pupils through a mental health programme such as TaMHS?

- What are the disadvantages or difficulties associated with using the school context to support the EWBMH of pupils through a mental health programme such as TaMHS?

The questions are there to guide and promote thought, there is no right answer but the wider the interpretations and perspectives we can generate the stronger the research will be. Be as creative as you can and consider the questions from a personal perspective, from the children's perspective and from the perspective of the school as a system. Any other considerations or lessons learnt to date from TaMHS?

Resources

Flip chart paper, blue tack, paper, pens, desk and chairs, post it notes.

Process

- Schedule at time for the focus group when participants are all available.

- What are we doing here?

- Time 30/45 minutes

- Confidentiality agreement- no names or school name.

Phase 1 Generation

- Discuss the two questions that require exploration (flip chart). Take any questions from the group regarding clarifications and the scope of the task.

- Each participant, working individually, proceeds to list as many ideas as they can in response to the two inter-connected statements (15 minutes) (paper and pen required). Use bullet points and be as brief as possible

- The ideas are then transposed to the flipchart one-by-one in round-robin fashion, by each person in the team. Participants can be asked to elaborate if required and should be encouraged to remove the note from their list once it has been added to the flip chart to reduce duplication

- A recorder writes each idea on a flipchart, in full view of everyone. With this format, there's no discussion about the pros, cons, or intent of any idea. If a participant's ideas are exhausted, he or she can pass. The round robin

continues until all ideas have been recorded. (Do not number the items until later in the process.) Leave space to add further detail.

- No discussion at this stage

Phase 2 Priority Setting

This is where the group indicates its preferences.

- Go over the list and ask for clarifications. Fine-tune the wording as needed.

- Number each of the items starting at the top. Give the same number to items that are similar in content and meaning. You can collapse ideas together to make superordinate themes

- Allow for discussion although it should remain task focussed and challenge is not allowed. Is there anything group members wish to question or enquire about in relation to a particular statement?

- Give each participant ten post it notes, five for strengths and five for difficulties

- At this stage I am going to ask each participant to privately rank the top 5 responses for each question (ranked 1-5, 5 most priority to). What makes the particular answer or view such a priority for you? Each post it should have the priority number (1-5) and the number of the strength or difficulty they are discussing.

- Participants then asked to state highest priority answer (5) which they feel best answers the question posed and this is recorded on the flip chart paper in the form of a tally.

- Following this we then work through the remaining 4 choices down to 1 which represents their fifth choice.

- Totals are added up and then displayed

- Before finalizing, the team should discuss the results to be sure there were no misunderstandings.

- Create a table showing (in descending order) the item number, a brief statement of each item, the number of votes it received, and the number of participants voting for the item.

Participants are thanked for their participation

Review how useful they felt the process was?

Is it something they would use to problem solve in the future?