

VOLUME TWO:  
PROFESSIONAL PRACTICE REPORTS

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## CHAPTER ONE:

### INTRODUCTION TO VOLUME TWO

#### 1. Introduction

The University of Birmingham requires Trainee Educational Psychologists (EPs) to complete five reports in the second and third years of the Applied Educational and Child Psychology training course. The first volume of work contains an original research report. This second volume consists of four Professional Practice Reports; reflecting practice, experience and knowledge gained whilst working in a Local Authority. I was employed in this Local Authority, Buttonsley Council<sup>1</sup>, for two years, comprising the second and third year of the Doctorate course.

#### 1.1 Description of the Educational Psychology Service within Buttonsley Council

The Educational Psychology Service (EPS) covers a large, urban metropolitan borough within the West Midlands. The EPS operates a time allocation model, whereby each school has an allotted amount of EP time, according to the size and individual needs of the school. Additionally, schools have the option of buying additional EP sessions or a Development Initiative as there is a part-traded element to the Service.

The EPS makes use of a consultative model of Service delivery which is very well established within both the schools and the Service. This encourages the schools to retain ownership of their concerns and facilitates an equal working relationship between the EPs and the schools.

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<sup>1</sup> Buttonsley Council is a pseudonym used to protect the anonymity of the Local Authority and participants involved in the Professional Practice Reports

## **1.2 Experience as a Trainee Educational Psychologist**

During my placement with Buttonsley Council, I had an allocation of schools, including primary and secondary, and had an Early Years caseload. There was a vast range in the variety of schools I worked with. Some of the schools were predominantly made up of children from Ethnic Minority backgrounds, had a large number of pupils with English as an Additional Language and were in very socially deprived areas, whereas other schools were situated in more affluent areas and had a very large number of White British pupils. Furthermore, some of the schools I supported were rated as being in 'Special Measures' by OfSTED, whilst others were 'Outstanding'.

## **1.3 Chapter Two of Volume Two: Professional Practice Report one.**

*Title: An Exploration using Thematic Analysis of the Views of Young People who have made the Transition into a Secondary Provision for Learners who Experience Social Emotional and Behavioural Difficulties.*

This Professional Practice Report arose after the Head Teacher raised concerns about how well the pupils were settling in to year seven. Pupils' views about transition into year seven of a specialist provision for children and young people (CYP) who experience Social, Emotional and Behavioural Difficulties are presented. Views were elicited through questionnaires and letters written to younger pupils who would be making the transition the following year. The data was analysed using Thematic Analysis (Braun and Clarke, 2006) to identify common perceptions. Findings indicated that a transition package focussing on friendships and extra-curricular activities could be beneficial for this vulnerable group of students. Additionally, pupils identify relationships with teachers and enjoyment of lessons to be factors that promote their enjoyment of, and engagement with, their new school.

#### **1.4 Chapter Three of Volume Two: Professional Practice Report Two.**

*Title: "All my heartfelt issues": An Exploration of Parents' Views of Psychological Advice Reports*

The purpose of this PPR was to consider the views of parents of the Psychological Advices written by EPs in Buttonsley. Questionnaires were sent out with all of the Advices completed within one term and there was a response rate of 44%. 93% of the parents who responded found the advices to be complete, coherent and accurate in describing their child. Research indicates that parents have high value for the statutory assessment process and implications of this research suggest that this high level of satisfaction needs to be maintained in light of upcoming Special Educational Needs and Disability (SEND) policy reforms.

#### **1.5 Chapter Four of Volume Two: Professional Practice Report Three.**

*Title: A solution-focused support group approach to support a child with an Autism Spectrum Condition, who is a victim of bullying*

One of the schools I supported requested EP involvement to support a pupil in year six who has a diagnosis of an Autism Spectrum Condition (ASC) and was the alleged victim of bullying. This PPR provides an exploration of bullying generally and with reference to children with diagnoses of ASC. It recounts the effectiveness of a 'support group' approach to managing incidents of bullying and explores the effectiveness of the method in this case.

Whilst this is a case study, with potentially limited generalisation, results indicated that the support group approach was effective in reducing bullying and increasing the target child's enjoyment of school. Implications from this suggest that there is a role for EPs in supporting bullying at an individual, school and Local Authority wide level.

## **1.6 Chapter Five of Volume Two: Professional Practice Report Four.**

*Title: A case study exploration of applying Solution Focused Brief Therapy to a child who has recently returned home from foster care.*

This longer piece of research enabled a more in-depth view of literature surrounding SFBT as a therapeutic intervention and the application of it to children who are looked after or who have recently returned to their parents after being looked after. Using a case study approach, results indicated that SFBT was effective in reducing the anxiety of a girl in year five, as shown through improvements on scaling questions and a pre- and post- measure of anxiety and depression factors.

The implications of this method are discussed, in addition to the potential suggestions for EP practice for supporting children in this manner.

## **CHAPTER TWO:**

### **An Exploration using Thematic Analysis of the Views of Young People who have made the Transition into a Secondary Provision for Learners who Experience Social Emotional and Behavioural Difficulties**

#### **Abstract**

Pupils' views about transition into year seven of a specialist provision for children and young people (CYP) who experience Social, Emotional and Behavioural Difficulties are presented. Views were elicited through questionnaires and letters written to younger pupils who would be making the transition the following year. The data was analysed using Thematic Analysis to identify common perceptions. The findings indicate that a transition package focussing on friendships and extra-curricular activities could be beneficial for this vulnerable group of students. Additionally, pupils identify relationships with teachers and enjoyment of lessons to be factors that promote their enjoyment of, and engagement with, their new school.

#### **Section 1: Introduction**

The purpose of this Professional Practice Report is to explore views of CYP who experience Social, Emotional and Behavioural Difficulties (SEBD), with a particular focus on their experiences of transition into year seven of a specialist provision. This review will explore research surrounding the transition process from primary to secondary school generally and the transition process for learners who experience SEBD, in particular, with an additional consideration of the importance of eliciting pupils' views. The focus of the research is to explore pupils' views of the transition process into a secondary SEBD provision, making use of questionnaires and letters written by the pupils. The conclusions will be discussed in relation to the findings from previous research discussed in the literature review and will lead to recommendations for Educational Psychology involvement and for further research.



O'Brien's (2005) definition of SEBD is adopted in this paper;

“The term ‘learners who experience SEBD’ is used throughout the chapter to avoid within- child deficit labelling [...] and to indicate that SEBDs are socially constructed through interaction between the learner and the environment” (pg. 166).

This distinction was made as a result of O'Brien's (*ibid.*) observations that, often, stating a child ‘has SEBD’ is interpreted by practitioners as being an individual problem with that child. I believe that SEBD is often influenced by aspects outside the control of the individual child, including environmental and systemic factors, and therefore, the term ‘[learners] who experience SEBD’ will be used throughout this paper.

## **Section 2: Literature Review**

### *2.1 Transition from Primary to Secondary School*

Discussion amongst professionals and the Government relating to successful transition between primary and secondary school is not a new discourse. Rather, there has been policy, legislation and research on this topic for many years (Galton and Willcocks, 1983; DES, 1989). Galton et al. (1983) report a longitudinal study into the transition process, between 1975-1980, which revealed that the greatest anxiety levels, relating to transition, of CYP peak during the term prior to leaving primary school and reduce throughout year seven. It identified a variation in the delivery of the curriculum and a difference in staff attitudes towards pupils between primary and secondary settings, concluding that the combination of these factors led to lowered motivation of CYP in year seven. This study was conducted in middle schools, comparing two with a ‘primary school’ ethos with two which had a ‘secondary’ school ethos, and can be criticised for using a subjective interpretation to form this crude dichotomy. Additionally, it has limited application to the transition experience from primary to secondary school, due to its focus on middle schools, which have different dimensions in a number of respects.

In 1989, the Department of Education and Science's (DES) report on primary and secondary school visits from 1986-1987 concluded that links between primary and secondary curriculum were not effective in all areas, leading to an initial dip in attainment, despite the efforts of teachers to support CYP to make the transition without a negative impact upon their education. Additionally, the report established that parents and professionals were usually aware of what the transition process would involve, whilst CYP were excluded from these discussions and their voices were not captured; highlighting the importance of including CYP in this process.

In 1999, the Department for Education and Employment commissioned a report by Galton et al. (1999) to review the research on transition. This paper was discussed in the Times Education Supplement by Michael Barber (1999), who identified five 'bridges schools can build across the gulf' (pg. 1). He suggested that the 'bureaucratic' and 'social' bridges were generally in place but that more work was needed to strengthen the 'curriculum', 'pedagogic' and 'management of learning' bridges. These were considered in relation to an initiative by David Blunkett, Secretary of State for Education and Employment at this time, to hold 'summer schools' for 11 year olds - giving CYP opportunities to prepare for secondary school and continue to progress in learning during transition. At the time this article was written, summer schools had been piloted for two years and were well-attended, although it was noted that receiving secondary schools needed to build on the curriculum used and knowledge gained from these summer schools to be successful.

More recently, OFSTED has included transition in Self Evaluation Forms for secondary schools, thus Head teachers must comment on the arrangements in place to aid transition (OFSTED, 2007, as cited in Ashton 2008). Additionally, schools need to show they elicit and respond to CYP's views within school systems, such as through a School Council, for this Self Evaluation Form.

Morrison (2000) explored CYP's views of transition at a secondary school by using e-mails to 'help minimise the anxieties of the unknown' (pg. 46). Year seven pupils emailed year six pupils in their former schools to share their experience of transition and secondary school, with a particular focus on their first few days. The author suggested that;

"This study has shown the excellent work done by teachers in one school in helping pupils to manage the social aspects of transfer. This may now need to be balanced, at a local and national level, by helping pupils respond, with excitement, to the opportunities for more advanced learning once the social novelties of the new setting begin to wear off." (pg. 49)

The report enriched this area of research due to the omission of listening to the CYP's views in prior studies. However, the researcher neglected to explore whether the year six pupils, who received the emails, shared the same concerns pre-transition as the pupils had retrospectively. There was no follow-up regarding the impact of this activity on either the year six or year seven pupils and no discussion about any changes in the schools as a result of hearing the CYPs' views. The restricted sample size (one cohort of year 7 pupils from one secondary school, consisting of 49 boys and 54 girls) of the study limits its generalisability, although it offers interesting insight into the concerns of CYP at this time. The researcher found five categories of concern: personal concerns, aspects of the school as an institution, the teachers, the work and general feelings about the new school.

Students reported that interactions with staff and students in their new school, as well as spending time there, were the most useful aspects of the transition process, prior to formally arriving in year seven (Ashton, 2008). This may be because CYP hear rumours regarding secondary school; hence opportunities to dispel these can be invaluable in reducing possible anxiety. They also need time to create rapport with staff and students in their new provision (pgs. 6-7). The author drew links between these findings and Maslow's (1954) Hierarchy of

Needs, whereby people cannot learn and develop until they feel safe, secure and have a sense of belonging. In conclusion, Ashton stated; "Before asking the students arriving into high school to learn anything on the curriculum, these issues need to be addressed. Schools would be well advised to think about those first few days and weeks for the new intake" (pg. 181). Conversely, it may be unrealistic for schools to delay teaching in order to allow pupils to feel a sense of belonging, as they have curriculum to deliver. Ashton made another suggestion that; "Transition each year can be tailored for the particular school, cohort of children and local circumstances" (pg. 182). This could be time-consuming and may be affected by the resources available in school. Nevertheless, such a process initiates support being put in place to address specific needs, as opposed to all CYP receiving the same package of support. This point was also made by Brewin and Statham (2011) who explored transition experiences of Looked after Children and found that 'no single "transition package" will be relevant to all children' (pg. 376). Rather, a holistic overview of individual differences and needs is required to support a successful transition.

Considering this individual and unique level, transition from primary to secondary school comes at the time when CYP are experiencing many changes within themselves. As reported by Thompson et al. (2003), members of a Child and Adolescence Mental Health Service team in England;

"Transition between schools is one of the more obvious landmarks in the developmental stage of early adolescence. Many children are experiencing the biological changes of puberty during this time, together with the beginnings of changes in cognitive capacity, emotional development and personal identity."(pg. 92)

The authors continue to discuss that CYP are at a stage when they require greater independence from adults and become more reliant on their peers. They acknowledge that school can create opportunities for success in this area, although pupils who experience

SEBD may be less able to achieve this 'developmental task', as they suggest that; "Failure to establish appropriate behaviour, learning styles and friendships in the first year of secondary school may have potentially serious consequences for children's broader psychosocial development" (pg. 92). Despite the focus of Thompson et al.'s (*ibid.*) report being on the transition process for CYP with a diagnosis of Attention-Deficit-Hyperactivity Disorder (ADHD), perhaps to some extent the broader principles, regarding limited capacity to control behaviour, could be applied to CYP who experience SEBD.

Anderson et al. (2000) propose three essential aspects of enhancing successful transitions. The first is 'the need for comprehensive efforts' (pg. 334) which may involve a systemic transition model derived from a planning team, a written transition plan and evaluation of the transition model. Secondly, there needs to be parental involvement and finally there is a need to 'create a sense of community and belonging'. The latter can be achieved by the following; "To the extent possible, all students should participate directly in some form of clubs, sports, musical organizations and the like" (pg. 336). These recommendations arise out of the conclusions that; "The environmental context has a stronger effect on the success or failure of school transitions than development characteristics do" (pg. 336). Whilst Anderson's (*ibid.*) review provides suggestions and conclusions, the research was on the education system in America, where transitions usually occur from first to middle school and from middle to high school. Therefore, the findings cannot be generalised to CYP in England as the ages of pupils making these transitions are different and cultural factors are dissimilar.

The search for related literature to review for this study found that there were only a small number of studies with a focus on vulnerable groups during the transition process. This is surprising as there is substantial evidence suggesting that the transition process is stressful and can result in an attainment dip for CYP who are not classed as vulnerable. Those studies that have explored vulnerable groups, such as children with ADHD (Thompson et al., 2003) and Looked After Children (Brewin and Statham, 2011) have revealed that there are

potentially serious and long-lasting effects when transition is disorganized and that an individual and holistic approach to CYP's transition is the most effective method for increasing successful transitions.

## *2.2 The voice of Children and Young People*

The importance of listening to the child's voice has been emphasized through inclusion in policy and legislation within the UK (United Nations Convention on the Rights of the Child, 1991; DfES, 2003; Children's Act 1994; 2004). The United Nations Convention on the Rights of the Child (UNCRC) was ratified by British Government in 1991 (UNICEF, 2012). Within this, article 12 states that CYP have a right to be consulted about issues that affect them. The Every Child Matters (DfES, 2003) legislation endorsed the elicitation and inclusion of CYP's views in decision-making on issues that affect them. Additionally, arising from the Children's Act (1991 and 2004), the role of a Children's Commissioner was created in 2011, whose purpose is to ensure that: "CYP will be actively involved in shaping all decisions that affect their lives" (Children's Commissioner for England, 2012).

In 2006, the National Foundation for Educational Research commissioned an evaluation of how the voice of CYP was being heard and used (Halsey et al., 2006). The findings indicated that there was an increase in the number of organisations who were proactively seeking the views of CYP and that some have embedded this within their practice (pg. 15). The research also identified areas upon which the voice of CYP impacts, two of which include: strategy and policy development and changes in organisational policy. These two, in particular, are relevant to this current study as the findings will be fed back with the possibility of influencing these areas at the whole-school level. The study concluded that: "Young people's voice is seen as an engine for improvement" (pg. 46), lending support to the importance of listening to the child. However, whilst this research provides a comprehensive

literature review and included questionnaires with organisations, it does not directly ask the views of CYP about their thoughts, thus providing a somewhat biased representation.

An area of concern relating to the elicitation of CYP's views is that they may be sought but not acted upon, leading to increased frustration in CYP (Sinclair and Franklin, 2000, pg. 4). Thus: "Participation is a process; children will only be able to participate actively in a climate that encourages their on-going involvement and empowerment" (pg. 1). Consequently, practitioners need to ensure that the participation of CYP is not only embedded within data-gathering, but also that it feeds into structures for decision-making (Sinclair, 2004, pg. 116). This was supported by Oldfield and Fowler (2004) who deduced that there was an element of 'tokenism' (pg. 5) in the ways that CYP's views were sought and utilised. The recommendations call for adequate resources to enable the entrenchment of CYP's views within services, allowing them to inform policy and decision-making and become part of monitoring and evaluation.

Hearing the views of CYP with Special Educational Needs and Disabilities (SEND) has been reflected in government policy and legislation (DfES, 2001; 2011). The SEN Code of Practice states that: 'the views of the child should be sought and taken into account' (DfES, 2001, pg. 7). The Government's Green Paper, 'Support and Aspiration: A New Approach to SEN and Disability' (DfE, 2011) states that: '[We] talked to CYP and their families and organisations that represent them' (pg. 26). It proposes that CYP with SEND should be supported from birth to 25 through the implementation of a single 'Education, Health and Care plan'. The extension of the age range with which professionals will work with CYP means there needs to be an effective system for hearing CYP's views and including them in the decisions that affect them. Prunty et al. (2012) explored the views of CYP with SEND with regards to their schooling and concluded that:

“This study demonstrates the ability of CYP with a range of SEN to reflect constructively on school life and provide valuable insights that are crucial for decision making relating to educational provision” (pg. 25).

The authors also proposed that ‘real’ opportunities need to be created for the elicitation of CYP’s views and that these need to be listened to by those involved with education and those who make decisions that impact on education. This research demonstrates that CYP with SEND can present their views effectively.

However, this study used focus groups and questionnaires to gather data. It can be argued that there needs to be an alternative approach to gathering information from CYP with SEND as they may not be able to provide authentic answers using traditional methods. Stone (2001) developed an ‘Ask Us’ multi-media consultation model which made use of audiotapes, videos, digital cameras, CD-ROMs and PowerPoint. The author reported that: “[The CYP] felt that communication should be a ‘two-way street’: that too often, the focus is on CYP’s impairments and not on the real barrier: adults who do not listen and do not try to communicate ‘on all channels’” (pg. 741). The researcher reported that all of the children with SEND felt included and could present their views, although this required a willingness to find other ways of communicating and a dedication to hearing the true voice.

Research has shown that all CYP should give their views, as shown in the legislation and research above. It has also been shown that CYP with SEND are entitled to, and indeed can, give their views on issues that affect them.

### *2.3 The voice of Children and Young People who experience Social, Emotional and Behavioural Difficulties*

Cefai and Cooper (2010) explored the voice of CYP experiencing SEBD and reported that;



“One of the barriers to a more active student voice, particularly that of students with SEBD, is the lack of belief amongst school staff that students may have anything worthwhile to contribute to the improvement of learning and behaviour.” (pg. 196)

Such a quotation proposes a reason as to why CYP’s views may not be listened to; with a particular reference to those who experience SEBD. Hence, this has direct relevance to the focus of this research paper, where the intention is to elicit the views of pupils experiencing SEBD and to report these back to the school. Cefai and Cooper (*ibid.*) used a meta-analysis methodology, whilst recognising that: “The voice of students with SEBD is one of the least heard, with relatively few studies that sought to capture the voice of these students in an authentic and emancipatory way” (pg. 183). The paper reviews small-scale studies relating to schools and students in Malta, although one of the researchers is based in England and contributed this perspective. Due to the small-scale nature of the study, it has limited generalisability and may not be attributable to school staff in England. However, it makes an interesting observation about how limited the research on the voice of pupils who experience SEBD is. A British study into the voice of girls with SEBD (Nind et al., 2012) used visual, digital and narrative methods to capture the views of this underrepresented group (pg. 643). They found that: “Faced with attentive listening, the girls voiced strong messages” (pg. 654), showing that CYP who experience SEBD are able to present their views. This was further supported by research into pupils’ voice at a school for CYP experiencing SEBD with relation to the behaviour policy (Sellman, 2009). The authors stated that:

“The key point to take from this study is that students who perhaps would not normally be given the opportunity to engage in pupil empowerment and student voice projects have demonstrated their capability to engage with such processes, and when asked have extremely important messages. Given that the environments in which pupils experiencing SEBD are educated often employ physical interventions, there is a clear ethical basis for making such consultation standard practice.” (pg. 46)

This research has shown that pupil voice as a concept is in the process of becoming embedded in systems of professional practice (Sinclair and Franklin, 2000; Sinclair, 2004; Halsey et al., 2006) and that it is possible to elicit the voice of CYP with SEND (Stone, 2001; Prunty et al., 2012). However, there is limited research exploring the views of CYP experiencing SEBD (Sellman, 2009; Cefai and Cooper, 2010; Nind et al., 2012). Therefore, this study seeks to elicit the views of this group with relation to the experiences of the transition from primary to secondary school.

#### *2.4 Current research study*

The literature review has identified that schools need to show that they listen and respond to pupils' voice (Morrison, 2000; OFSTED, 2007; Ashton, 2008) and evidence suggests that there are numerous advantages for pupils, parents and schools when views are sought from CYP and responded to (Morrison, 2000, Kirby et al., 2004, Flutter and Ruddock, 2004; O'Kane, 2007), including pupils who may not usually be included in such a process, perhaps due to SEND, when transition occurs (Rose et al., 1996). The focus of this research is to explore what CYP who have made the transition into year seven of an SEBD secondary school think about the transition process and their new school. These will be considered with regard to factors identified in research that may support or hinder transition into secondary school.

#### *2.5 Research questions*

1. What are the dominant factors influencing pupils' perceptions regarding transition into year seven of a specialist school for CYP who experience SEBD?
2. How can CYP who experience SEBD present their views effectively?

## **Section 3: Method**

### *3.1 Data Collection Approaches and Procedures*

The current study was conducted in an urban borough in the West Midlands.

A qualitative approach was selected for use, as I believe that there is no absolute truth about the experience of transition. Rather, I believe that, as a researcher, I have been influenced by prior experience of transition periods myself and my views have been shaped by knowledge gained through my observations and reading in this area. Therefore, my intention was to capture a snapshot of the fluidity of societal constructions in a manner that cannot be reduced to numbers; hearing the views of CYP as they wish to present them. This social constructionist perspective has an impact upon my elicitation and interpretation of the results, inevitably influenced by external factors to this research (Burr, 2004).

A questionnaire was designed and piloted with six children (3 males, 3 females) who entered year seven of three different mainstream schools (Appendix A). This was done as the cohort of pupils within the SEBD provision was small, requiring pupils to be available for the research. The questionnaire was designed to explore the views CYP had about their experiences of the transition process and their new school. It contained open-ended questions, rating scales and closed questions. A variety of question styles was used to increase the authenticity of the responses by allowing the pupils to answer in different ways. There were some amendments made to the wording of some questions following the pilot. This questionnaire was administered to a year seven cohort of CYP who had recently made the transition from primary school into a specialist provision for learners who experience SEBD and consented (6 in total; 5 males, 1 female out of a possible 10). In addition to the use of questionnaires, the participants were invited to write letters about their new school to current year six pupils. This approach was selected to elicit a narrative response (as suggested in Nind et al.'s, 2012, research into the views of girls with SEBD; above). A total of

eight pupils completed this task (6 males, 2 females). The brief about the content of the letters was broad to enable them to choose the aspects of the school that they wished to discuss.

### *3.2 Ethics*

Participants were recruited from the only secondary SEBD provision in this LA. Firstly, parental consent was sought; letters were sent to the home addresses with a consent slip to be returned (British Psychological Society's (BPS) Code of Human Research Ethics, 2010, pg. 16; British Educational Research Association (BERA) Ethical Guidelines for Educational Research, 2011, pg.5). After consent was received from parents, the CYP themselves were approached for consent to take part in the study. To ensure that consent was informed (BPS' Code of Human Research Ethics, 2010, pg.17; BERA Ethical Guidelines for Educational Research, 2011, pg. 6), each pupil received an information sheet (Appendix B) and this was talked through with them by the researcher. They completed a consent form (Appendix C) and were able to ask questions or withdraw. The questionnaire was distributed and was talked through by the researcher to ensure understanding. Dictionary definitions and examples of words that were not understood were given where necessary. Students received help with reading the questions and with any requirements they had for recording their answers and this was done in a sensitive manner. After the questionnaires had been completed, each pupil received a debriefing sheet (Appendix D) which gave them information about how to withdraw their information if they wished to do so at a later date.

### *3.3 Data Analysis*

Before selecting Thematic Analysis, Grounded Theory (Glaser and Strauss, 1967) was considered as an option. However, this was rejected in accordance with my epistemological stance. Grounded Theory imposes a strict method for analysis, which can diminish the emphasis given to the voices of the participants, as explained by Thomas and James (2006);

“By the superimposition of method, and the ultimate production, supposedly, of theory, it implies a dismissal of the direct validity and import of people’s accounts, such as those children who fail to adapt to the school system or fail to learn in that system.” (pg. 789)

As this research focuses on pupils who could be seen to have failed to adapt to the school system, Grounded Theory was rejected for this analysis.

Data was thus analysed using Thematic Analysis (Braun and Clarke, 2006). This form of data analysis was chosen because; “Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail.” (pg. 6, *ibid.*) Additionally, thematic analysis provides the researchers with a choice; “You can either code for a quite specific research question (which maps onto the more theoretical approach) or the specific research question can evolve through the coding process (which maps onto the inductive approach)” (pg. 12, *ibid.*). Hence, the data from the questionnaires and from the letters were analysed in accordance with the six stage framework outlined by Braun and Clarke, 2006. These stages are outlined as follows;

Stage	Action
1.	Become familiar with your data. In this research, this was achieved through repeated reading of the questionnaire responses and the letters. General themes began to emerge during this stage.
2.	Initial codes were generated by organising the data into meaningful groups and annotating the texts. As many themes as necessary were coded.
3.	Searching for themes. Predominant and sub-themes were identified from arranging the codes generated in stage two into different themes.
4.	The themes were then reviewed to find a consistent pattern, which involved some re-categorisation.
5.	The themes were defined and named according to the subject matter.
6.	The information is presented in this report.

Table 1.1; Stages of Thematic Analysis

## Section 4: Results

A total of 8 letters were written by the pupils (80% response rate).

### 4.1 Letters

The themes emerging from the letters were organised into five key categories, according to the stages of Thematic Analysis, as follows;

Category	Number of times mentioned
Specific lessons	18
School Resources (such as lunch, equipment, etc.)	7
General feelings about school	6
Rewards	5
Relationships with teachers	4

*Table 1.2; Themes emerging from the letters*

Additionally, a word cloud was generated to show the trends of words used in the letters (word cloud generated at <http://www.tagxedo.com/app.html>). The reason for choosing this method is to present the information in a visual format; each word written by the pupils can be seen and the prevalence of each word is represented according to its relative size.

This word cloud representation is presented below;



*Image 1.1; words used in pupils' letters*

This format was chosen to illustrate all of the words that were selected for use by the CYP and indicates those that were used most often by the pupils. In this case, 'Forest schools' was referred to on multiple occasions (n=7), in addition to the words: 'teachers' (plus 'staff', n = 6), 'enjoy' (plus synonyms, n = 12), 'music' (n = 7), 'freetime' (n = 4), 'play' (n = 5) and 'make' (n = 6). Five out of the eight letters expressed a favourable opinion of the school. These comments are shown below;

Letter	Comment
1	"I like coming to school and I'm happy here"
2	"[This] school is the best! [It] is a really happy place to play and learn"
3	"So far my experience has been great!"
4	"I like [this] school. I was scared at first and now I'm confident at doing things well"
5	"I like the staff they are very nice teachers"

Table 1.3; positive comments about school

## 4.2 Questionnaires

Responses to closed questions are presented in the table below;

		Reponses from pupils		
Question number	Question	Yes	No	I don't know
3	Is there someone in school who you feel you can talk to for help/support?	6	0	0
6	Do you get on with the other pupils?	3	3	0
7	Do you take part in any clubs or teams at this school?	0	6	0
11	Do you feel welcome <sup>2</sup> at this school?	4	0	2
12	Do you feel like you belong <sup>3</sup> at this school?	4	0	2
13	Do you feel that you are treated with respect <sup>4</sup> at this school?	3	1	2
14	Do you think that other people at this school value <sup>5</sup> you being here?	4	1	1

<sup>2</sup> Gladly received, as one whose arrival gives pleasure: *a welcome visitor*.

<sup>3</sup> To be suited or accepted: *to be a part of*

<sup>4</sup> To show regard or consideration for: *to respect someone's rights*.

<sup>5</sup> To regard or esteem highly: *He values her friendship*.



*Table 1.4; Responses to closed questions in the questionnaire*

Responses to scaling questions are shown in the table below;

		Question responses		
Question number	Question	Mean	Mode	Median
4	On a scale of 1-10, with 1 being very anxious and 10 being very excited, how did you feel about moving from primary school to secondary school in year 6?	6.3	10	7
5	On a scale of 1-10, with 1 being not very well and 10 being very well, how well do you think you've settled in to this school?	7.6	10	8

*Table 1.5; Responses to scaling questions in the questionnaire*

A thematic analysis was conducted on the responses to open questions. A theme was included if it was mentioned by more than one participant. These themes are shown in the table below;

Category	Number of times mentioned
Teacher perceptions	10
Friendship anxieties	8
Behaviour reference	6
School buildings and resources	6
Positives about other pupils	5
Lessons	5

*Table 1.6; Themes identified in questionnaires*

All responses to question ten were included as themes, even if only mentioned by one pupil.

These are shown in the table below;

Participant number	What advice would you give to someone in year 6 who is moving up to this school?
1	Stay out of trouble. Stay by a year 8's side – I'll look after the year 7s.
2	Stay out of trouble.
3	Be yourself.
4	Focus on the positives because you'll soon be a grown up and you'll learn more stuff.
5	You'll enjoy it and always make sure you meet new friends.
6	There's nothing to be scared about.

*Table 1.7; Responses to question ten on the questionnaire*

#### *4.3 Summary of questionnaire responses*

All participants had moved to this school from a primary school for CYP who experience SEBD. They reported liking their new school and feeling they had an adult to talk to. Half reported being anxious about moving to this school, due to anxieties about other CYP who attend the school and whether they would make friends. Five participants reported having settled in well, and four of these reported that this was due to their behaviour having improved. Half reported getting along with other pupils, with one pupil stating that they see some of their in-school friends outside of school. When listing positive aspects of the school, three pupils named lessons they enjoyed, two pupils listed positive attributes about the teachers and two listed enjoyable activities. When discussing less positive aspects of the school, three pupils listed that there weren't any and three pupils listed the consequence of 'having minutes'. The majority of the sample reported feeling welcome, like they belong, believing they are treated with respect and feeling valued by the school. None of the participants take part in spare-time activities.

## Section 5: Discussion

In consideration of the first research question, an analysis of the letters and questionnaires indicates that the dominant factors influencing pupils' perceptions of their new school were; the lessons, school resources, general feelings about school, rewards and the teachers (in order from most to least frequently mentioned). All letter responses contained at least one spontaneous reference to enjoyment or happiness. However, as this data was gathered within the first month at their new school, it is important to consider how these positive feelings can be maintained and enhanced for the duration of their educational experiences. As stated in Morrison's (2000) paper;

“Schools need to think about ways of sustaining the excitement of learning and the Year 7 pupils' commitment to learning once the novelty of the new situation gives way to routine. [...] Given the competing demands on pupils' attention in the first few days in the new school, perhaps the best time to focus on learning is a little later in the term.” (pg. 49)

A significant amount of research on transition discusses the importance of friendships during this time, for instance, Morrison's (2000) research stated that; “Other worries that emerged from the accounts focused on friendships” (pg. 46) and Ashton (2006) found that; “A major issue for these Year 6 children was friendship” (pg. 178). However, throughout the letters written by the pupils in this study, there is no mention of friendships or relationships with their peers. It could be that the pupils already knew one another from their previous school and did not consider the need to comment on this area as it was not a concern. Nevertheless, there are pupils within this school who would be new to them and it is unclear as to why this area was not discussed by them in letters. A recent study found that one of the five aspects required for a successful transition was to form new friendships, thus raising self-confidence (Effective Pre-school, Primary and Secondary Education 3-14 Project; DfE, 2012). An alternative view of this omission is that this vulnerable group of CYP have not formed

friendships, seeing themselves as being educated 'alongside' others as opposed to with them and with a need to form relationships. The questionnaires revealed that there were more mentions of anxieties related to friendship (n=4) than there were positives (n=3) about peer relationships.

According to some Psychological theories (Bandura's (1965) Social Learning Theory; Vygotsky's (1977) Theory of Child Development), the important influence of peers cannot be overlooked. Social Learning Theory (Bandura, 1965) proposes that people learn from observing modelled behaviour by other people, particularly from models who are similar to them. Therefore, with regards to a small specialist provision for CYP experiencing SEBD, the behaviour displayed by their peers is likely to influence their own behaviour. Additionally, Vygotsky's (1977) theory of child development proposes that interactions with others, and particularly more-capable peers, is essential to ensure maximum learning. Arising out of the influence of peers is the need to consider relationships formed between CYP, particularly friendships.

Recently, this belief in the positive influences of friendships was discussed by Weller, (2007), who proposed that; "Discontinuities in children's friendships, either caused by barriers of distance, school policies, or emotional/identity changes may have ramifications for the longevity of children's social capital throughout adolescence and into adulthood" (pg. 350). This suggests that a change in school, such as during transition periods, and hence the school policy, in addition to some of the changes outlined in the literature review relating to adolescence and the resulting impact upon emotions and personal identity (Thompson et al., 2003) are likely to have an impact upon CYP's relationships with their peers. These coincide with the transition to secondary school. The suggestion that the effects of such discontinuities can be seen into adulthood indicates that this is an area that professionals working with CYP at this time need to be aware of and sensitive to. Additionally, Weller (2007) made the following comment regarding the development of friendships following the transition to secondary school; "The opportunities for children to maintain or develop

friendships are structured by the decisions of others and by policy choices at the national and school level. Most children are resilient, able to adapt and develop friendships in new circumstances” (Pg. 439). Hence, schools have a responsibility to ensure that this is contained in their policies. The concept of maintaining and/or forming friendships is therefore interesting in its absence from the pupils’ views in their letters, for which the brief was broad. It appears from responses to the questionnaires that pupils feel that they have generally settled in well, with some of them overcoming some anxiety (as reported in the questionnaire when asked to consider how they felt prior to moving to secondary school) to achieve this. However, there is scope for developing the quality of friendships and increasing involvement with spare-time activities (Anderson et al., 2000) to feel more settled, welcome, valued and with a sense of belonging and feeling respected. The different emotions of the CYP ranged from very anxious to very excited about beginning at the school, indicating a strong need for individualised support. There appears to be scope to improve the transition process in order to reduce anxiety, build on excitement and help to increase resilience at this time. As an example, Bloyce and Frederickson (2012) explored the use of a transition package devised by a Transfer Support Team which was used with vulnerable CYP during transition. The researchers found that the relatively brief, targeted intervention had a positive impact upon the pupils during this time. Furthermore, they did not find any significant differences between the SEND group compared with the control group with regards to their ability to benefit from the transition package, stating; “Findings of this study provide a promising indication that evidence-informed transition support programmes can be equally effective for pupils both with and without identified SEN” (pg. 15). Thus, carefully planned and targeted programmes that are used with vulnerable groups of pupils can be effective for promoting a successful and smooth transition. This is particularly relevant to this current study due to the exploration of the effectiveness with pupils with SEND. However, further research into the use of transition packages with pupils who experience SEBD specifically is required.

### *5.1 How can CYP who experience SEBD present their views effectively*

With regard to the second research question, it can be deduced that CYP who experience SEBD are able to present their views sufficiently through questionnaires and letter-writing approaches. Whilst the questionnaires elicited pupils' views to an extent, the combination of this approach with the narrative method of letter-writing enabled a deeper understanding of the factors that are most important to this vulnerable group during transition. As stated by Nind et al. (2012) in their study of the voice of girls who experience SEBD; "Enabling voice can be a potential source of empowerment and a challenge to the hegemony of accounts that privilege certain voices over others" (pg. 653). The challenge is to ensure that the findings inform practice so that the views elicited in this study are, indeed, meaningful, as stated by Cefai and Cooper (2010);

"The findings of this study, in line with the international literature, suggests that giving students with SEBD the opportunity to have a meaningful and influential voice at school is set to lead to an improvement in teacher-student relationships, enhance their interest and participation in school activities, and consequently contribute to more positive academic and social behaviours" (pg. 194).

## **Section 6: Conclusion**

### *6.1 Limitations*

The intention of this research was to explore the perceptions of CYP who had made the transition into year seven of a specialist provision for CYP who experience SEBD and use these findings to draw conclusions related to improving transition experiences of this vulnerable group. However, there are limitations to the reliability, validity and generalisability of the findings to such an intention.

This research aimed to have a clear focus on pupils' voices. The consequence was that opinions of parents/carers and staff in school were not elicited. Had they been, triangulation would have arisen and could have provided a greater overview of the transition experiences

– perhaps identifying strategic areas of good practice or limitations. The inclusion of parents'/carers' views could have illuminated additional feelings or experiences of the CYP that they had not disclosed. The use of questionnaires and inviting pupils to write letters means that the participants shared only what they chose to share - hence the findings represent subjective perceptions that may have been subject to refinement and filtration, according to how the pupils felt about sharing their feelings. Additionally, as the questionnaires were completed at one point in time, it is possible that the views expressed could change according to time and situation (Walford, 2001).

A small sample was used in this study. Whilst this further reduces the generalisability of the findings, it should be considered in context. Within the LA, there is one secondary school for CYP who experience SEBD with a total of ten places per year. Therefore, the sample represents a significant proportion of those CYP (80% for letter responses and 60% for questionnaire responses). However, conducting this research in additional LAs would increase the reliability and validity of these findings, as they are currently specific to one area of the West Midlands.

This study did not employ a control group. Comparing results from these CYP with a control group of CYP experiencing SEBD who made the transition into a mainstream school could have illuminated the factors that were specific to the specialist provision as opposed to those that were relevant for CYP who experience SEBD during a time of transition more generally. However, the focus of this research was to explore how the specialist provision manages the process and it was considered to be unproductive within the time allowance to include the use of a control group.

All pupils within this sample made the transition from a primary school for CYP who experience SEBD. It could have increased the validity and generalisability of the findings to have a sample that consisted of pupils who made the transition into this school from both mainstream and specialist primary schools.

## *6.2 Implications for practice and future research*

The findings of this study will be shared with the school that was the focus of the research through dissemination of a summative report outlining the key findings. In addition, they will be shared with the Educational Psychology Service as part of a team meeting to promote awareness of the difficulties that vulnerable groups of pupils may face during transition between primary and secondary school and to allow consideration of the factors that the pupils themselves identified as strengths and limitations of this process. Hence, the findings can be applied systematically as well as at an individual casework level.

Several key issues emerged from the current research, which could be addressed through the application of Educational Psychology at a systemic level, including supporting teaching professionals to develop a wider knowledge of the impact of transition and develop effective methods for reducing possible anxiety and disruption to learning caused by this. Furthermore, there is scope for Educational Psychologists to work with schools to enable the development of individual support packages for pupils.

There is a need to extend the research in the area of vulnerable groups during transition processes, particularly for CYP who may experience SEBD. It may be useful to explore longitudinal effects of the transition process on this group. Additionally, a research study which explores school staff's and parents'/carers' views would further contribute to the research in this area.



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## Questionnaire

1) Which school did you go to before this one?

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2) What do you think of this School?

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3) Is there someone in school who you feel you can talk to for

help/support?

YES / NO



If yes, who?

4) On a scale from 1-10, how did you feel about moving from primary school to secondary school in year 6?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Very worried

Not too concerned

Very excited



What were your reasons for feeling this way?

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5) On a scale of 1-10, how well do you think you've settled in to this School?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Not very well

Ok

Really well



What are your reasons for choosing this number?

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6) Do you get on with the other pupils?

YES / NO 

Comments:

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7) Do you take part in any clubs or teams at this School?

YES / NO 

If yes, what?

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8) Please list any good things about being in this School:

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9) Please list any bad things about being in this School:

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10) What advice would you give to someone in year 6 who is moving up to this School?

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11) Do you feel welcome at this<sup>6</sup> School?

Yes  No  I don't know




12) Do you feel like you belong<sup>7</sup> at this School?

Yes  No  I don't know




13) Do you feel that you are treated with respect<sup>8</sup> at this School?

Yes  No  I don't know

14) Do you think that other people at this School value<sup>9</sup> you being here?

Yes  No  I don't know

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<sup>6</sup> Gladly received, as one whose arrival gives pleasure: *a welcome visitor.*

<sup>7</sup> To be suited or accepted: *to be a part of*

<sup>8</sup> To show regard or consideration for: *to respect someone's rights.*

<sup>9</sup> to regard or esteem highly: *He values her friendship.*

## Information Sheet

**Research title:** Exploration of the views of young people who have moved up into year 7 of this school.

- Ⓢ You are invited to take part in a research project that is taking place.
- Ⓢ The research comes from The University of Birmingham and the Local Authority's Educational Psychology Service.
- Ⓢ Your answers will help other children when they move to this secondary school.

### ***What is the study and how have I been invited?***

- Ⓢ The study asks questions about your thoughts and feelings and it will also ask you about your experiences of moving to this secondary school.
- Ⓢ You have been invited to take part because you have now moved to this secondary school.
- Ⓢ You will not see your name on the questionnaire, **please write a number on the questionnaire which you will remember.**

### ***Do I have to take part?***

- Ⓢ You do not have to take part, this is your choice.
- Ⓢ If you decide not to take part at a later time, your answers will be taken out.
- Ⓢ You can stop at any time!

### ***What will I have to do if I take part?***

- Ⓢ You will need to complete a questionnaire and can choose to write a letter to pupils in year six about your experience. The questionnaire will involve choosing from given answers, selecting a number to show your thoughts or giving a written response.

- Ⓢ A researcher will go through the questions with you and will give you as much help as you need to understand the questions and give a reply.
- Ⓢ **The researcher can help you to fill in your answers, however they will not answer for you.**

***What will happen to my answers?***

- Ⓢ Your answers will be used as part of a report to explore the move into year 7 in your school.
- Ⓢ No one will know who has given which responses.
- Ⓢ After the questions, if you have any thoughts or feelings and want to talk to anybody please contact me on the number below or speak to:

---

***Where is the study being held?***

- Ⓢ The study will take place at your school.

***The researcher is:***

- Ⓢ Name and contact details of researcher provided here



## Consent form

Do I want to take part?



Have I read what it is about?



Yes  No

Will I be in it?



Yes  No

I can stop at any time!



Yes  No

Signed.....

Date.....

Appendix D

Debriefing Sheet

Moving to secondary school is an important time for young people so this study asked about your feelings and thoughts about this.

Your responses will be used to look at the transition process and see what is good about it and if anything could be made better.

Your answers will be kept confidentially and you can ask for your answers to be removed from the research at any time by calling the number below and saying your participant number (the one you chose to put on the questionnaire).

Your participant number is: \_\_\_\_\_

If you need to speak to the researcher, please use the number below:

Details given here

Thank you for your time.



## **CHAPTER THREE:**

### **“All my heartfelt issues”:**

#### **An Exploration of Parents’ Views of Psychological Advice Reports**

##### **Abstract**

The research aimed to explore the views parents hold about the contribution of Educational Psychologists (EPs) to the Statutory Assessment process for their child. This was done through a survey approach focusing on the Psychological Advice (PA) reports written during one academic term, within one Educational Psychology Service (EPS). 15 parents responded to the postal survey, a 44% response rate, enabling a quantitative and qualitative analysis of the data. The findings indicate that most parents (93.6%) believe the reports to be complete, accurate and coherent, complying with Cameron and Monsen’s (2005) proposals of what constitutes “high quality” PA. The findings appear to support those found in the Lamb Report (DfE; 2009), whereby parents respect the Statutory Assessment process and the information and legal obligations it provides. The results are discussed in the context of upcoming changes to the Statutory Assessment Process as a result of the Children and Families Bill (2013) and the importance of retaining aspects of the process, which parents have high regard for.

##### **Section 1: Introduction**

I have been involved in conversations within the EPS within which I work centring around PA reports and likely upcoming changes that could occur as a result of the Green Paper, “Support and Aspiration: A New Approach to Special Educational Needs and Disability” (DfE, 2011) and the resulting Children and Families Bill (2013). As a part of the original green paper, a chapter was devoted to 'giving parents control', with the intention that parents of young people with SEND should have greater involvement in decision-making, as stated:

"They should have more influence over support for their child through personalised funding, be able to participate in local decisions, have a clear choice of school" (p: 42). Furthermore, these proposals expanded the idea of giving parents better control in to establishing the importance of joint working between parents and professionals. Through recommending 'Early Support', the paper suggests that: "Early Support involves professionals working in partnership with families so that parents are at the heart of any discussions or decisions about their child" (p: 42). Thus, these proposals for joint-up partnership with parents were central to the discussions within the EPS about how to ensure parents were at the heart of decisions and any changes that were made as a result of potential upcoming changes to the current Statutory Assessment procedure, also proposed in the Green Paper. Currently, EPs write PA reports to inform the Statutory Assessment of a young person experiencing SEND. The Green Paper proposed: "a new single assessment process and 'Education, Health and Care Plan' by 2014 to replace the statutory SEN assessment and statement, bringing together the support on which children and their families rely across education, health and social care" (p: 5). The discussions were concerned with how to ensure that, as a profession, we are able to retain the parts of our reports which are most useful to parents, currently, and eliminate aspects that are less so. Therefore, it was agreed that the first step should be to ask parents' opinions on PAs they receive for their children.

This Professional Practice Report explores the context of parental involvement with their child's education, progressing on to discuss the role of the Educational Psychologist (EP) and joint work with parents. It will then consider the findings of questionnaires sent to parents to gather their views, with a discussion about the implications in relation to research and the future of the EP profession.

## Section 2: Literature Review

### 2.1 National overview

The importance of listening to parents and including them in decision-making for their children has been incorporated to many aspects of government policy for the previous twenty-five years (The Children Act, 1989; Special Educational Needs Code of Practice, 2001; Every Parent Matters, 2007; Support and Aspiration: A New Approach to Special Educational Needs and Disability, 2011). Furthermore, supporting children and young people (CYP) with Special Educational Needs and Disabilities (SEND) and their families through a holistic approach has been reflected in policies (Disability Discrimination Act, 1995; Every Child Matters, 2003; Children Act, 2004; Aiming High for Disabled Children, 2007). These are described briefly in the table below;

<b>Policy</b>	<b>Description</b>
The Children Act (1989)	Every Local Authority (LA) has a duty to provide individual support and services to meet the needs of each CYP within their area, as appropriate for their needs, to support their upbringing by their families. This act focused on parental responsibility.
Disability Discrimination Act (DDA) (1995)	This enforced “reasonable adjustments” (e.g. regarding the education system) for people with SEND. Failure to ensure these would result in a breach of this legislation. Schools must ensure that disabled pupils are not disadvantaged in any way in comparison with non-disabled pupils.
Special Educational Needs: Code of Practice (2001)	This established the process that LAs and schools need to follow to support the learning of pupils with SEND. It explains that parental views must be sought as a part of the process from beginning to end, and they have the opportunity to report their views on a proposed version of a Statement of SEND before it is finalised.
Every Child Matters (2003)	These proposed five outcomes for achieving aims and aspirations for all CYP, which were to: be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being.



Children Act (2004)	This served to ensure that all principles of the Every Child Matters (2003) agenda were executed by the statutory agencies involved. It proposed integrated services and processes, in addition to co-ordinated frontline service delivery, which should serve to break down any potential barriers that could be in place between families and professional groups.
Aiming High for Disabled Children (2007)	Through financial investment and co-ordination of priorities for this vulnerable group at national and local levels, the intentions of this agenda were to increase empowerment, quality of services, responsiveness and timely support to CYP and families.
Every Parent Matters (2007)	This set out the intention to work better with families and support agencies that work with families to forge better links, reducing barriers to effective engagement. It was explicitly recognised that families with a disabled child need to be reached out to (p: 37).
Support and Aspiration: A New Approach to Special Educational Needs and Disability (2011)	The government proposed that they would give more control to parents by providing individual budgets, which they could use to choose the services to purchase from the LA's 'Local Offer' (amongst other proposals).
Children and Families Bill (2013)	This states that Education, Health and Care (EHC) plans, a single assessment, will replace Statements for SEND. Whilst still the responsibility of the LA to ascertain which pupils could be eligible for an EHC and to carry out the assessment, it is stated that "The LA must consult with the child's parent" (p: 27) as a mandatory part of this decision-making process.

*Table 1.1; Description of Policies*

## *2.2 Working with Parents*

In 1997, a Green Paper was published entitled "Excellence for all Children: Meeting Special Educational Needs" (DfEE) which stated that: "we want all parents of children with SEN to get effective support [...], to have a real say in decisions about their child's education, and to be empowered to contribute themselves to their child's development" (p: 5). Viewing this within the context at the time, parents had begun to have more influential roles within schools since the Education Reform Act (1988), which allowed parents to be on Governing bodies and to state a preference for a school, aside from their local one. Since that time, OFSTED

inspections had incorporated views of parents within its assessment framework, further securing the importance of parental views with respect to the education of their children (OFSTED, 1998). Therefore, at the time of the Green Paper (1997), there had been approximately one decade of increased involvement and the Government intended to build on this.

The introduction of this theme through central government during the 1986 and 1988 Education Reform Acts coincided with a key report from the EP profession (Wolfendale, 1986) which was presented at the annual Division of Educational and Child Psychology (DECP) conference at that time. This paper was so instrumental to the profession that it was selected for inclusion within a DECP journal, celebrating 25 years of the organisation, in 2008. For this reason, it appears that the observations and recommendations for services are still relevant today, including this statement from Wolfendale (1986):

“I wish to propose that it would be consistent with contemporary thinking as described, for psychological services to have a written policy on parental involvement, which demonstrates how psychological services can have impact at all levels; that they have much expertise to contribute that is more pervasive than contexts of referral and ‘treatment’ might suggest” (p: 17).

It is acknowledged, however, that these conclusions did not arise out of empirically-based research; rather from perusal of papers and books and from the author’s personal experiences. Nevertheless, the summative conclusion was that: “Partnership with parents, perhaps a laudable, even achievable, aim, itself would be taking us further along the route to ensuring ‘a fairer future for children’” (p: 18).

The intention of parents and professionals working collaboratively for the benefit of the child is clear. However, there are criticisms regarding the effectiveness of this partnership in

practice. Cunningham and Davis (1985) extracted criticisms of such partnership, as shown below;

<b>Area of complaint</b>	<b>Nature of complaints</b>
Communication	Insufficient / inaccurate / excessive / inaccessible information
Perceived feelings	A lack of warmth, concern, interest, compassion and empathy
Competence	Parents' lack of trust in professional competence
Resource availability	A lack of / insufficient resources; long delays
Service accessibility	Including, for example, lack of awareness of services, geographical restrictions, time factors and practical difficulties
Organisation	Including, for example, punctuality, poorly organised meetings, inadequate locations and attitude of the professionals
Co-ordination	Repeating information to a range of professionals; being a messenger between professionals; receiving conflicting advice from professionals
Continuity	Inability to see the same professional from a service over time, inequality of the availability of services
Effectiveness	Professionals do not listen; a lack of commitment to partnership

*Table 1.2; Complaints of parents regarding partnerships with professionals, taken from Cunningham and Davis (1985, p: 4-6).*

Whilst written some time ago, the work of Cunningham and Davis (1985) remains well-regarded, as drawn upon by the DfES (2007) in consideration of best practice for working in partnership.

### *2.3 Models of Parent-Professional Relationships*

Cunningham and Davis (1985) proposed three models to encapsulate the parent-professional relationship as follows;

<b>Model</b>	<b>Key features</b>
Expert	<p>Professionals view themselves as having total expertise</p> <p>Professionals make decisions</p> <p>Professionals choose which information to elicit from parents</p> <p>Parents unwilling to question professionals</p> <p>May foster dependency in the parents</p> <p>Professionals protected with 'status'</p> <p>Parental perceptions are not fully considered</p>
Transplant	<p>Professionals have expertise but recognise parents as a resource</p> <p>Expertise 'transplanted' into parents</p> <p>Professionals retain responsibility for decision-making</p> <p>Parents viewed as 'relevant' and an 'extension of the service'</p> <p>Parents partly responsible for assessment; professionals depend upon parents</p> <p>Can 'overburden' parents</p> <p>Professionals need to tailor their approach to the individual parents and their abilities, beliefs and needs</p>
Consumer	<p>Parents make the decisions</p> <p>Professionals provide a range of options and necessary information</p> <p>Parents recognised as experts on their child</p> <p>Negotiation within a 'mutually respecting relationship'</p> <p>Professionals must understand parents' views, aims, expectations, current situation and resources</p> <p>Less risk of creating dependence in the parents</p> <p>Flexibility is essential</p> <p>Power relationship as equal</p> <p>Parents may consider professionals to be 'omniscient' and 'omnipresent'</p>

*Table 1.3; Models of parent-professional relationships, from Cunningham and Davis (1985; p: 10-14).*

In 1998, Jones collated these three models with two further paradigms; the 'empowerment' model and the 'negotiating' model (p: 51). The 'empowerment' model proposes that professionals must understand the different ways families can function and that parents may have different and changing expectations. Thus, contributions of the wider family are also vital. The 'negotiating' model suggests that both parents and professionals have valid contributions to make (p: 51). It recognises that parents may have up to five professionals involved and that negotiation is vital to the partnership between parents and professionals. Despite these models of parenting being formed decades ago, recent research has corroborated Cunningham and Davis' (1985) proposals (Todd and Higgins, 1998; Murray, 2000; Morrow and Malin, 2004; Greco et al., 2005).

Murray (2000) wrote from a parental perspective about the partnership between parents of children with disabilities and the professionals involved. Through personal experience, she commented that the only partnerships formed were with her son's support workers, those with "the lowest status, least power and, in our particular case, the least professional experience" (p: 684). Murray identified a complicating factor in the parent-professional partnership as the difference in responsibilities and duration of involvement; whereby education professionals view only the issues with education and are involved for a short time, whereas parents are involved for the lifetime of them or their child and focused on the entire picture of their child (p: 694). Furthermore, Murray (2000) identified the education system as a source of contention in the parent-professional partnership as she felt that: "it is almost impossible for children unable to show that they are learning or for children who have degenerative conditions to succeed within the education system" (p: 689). Thus, she concluded that: "Our experience was that it was only possible for partnerships to be formed when professionals, whilst simultaneously doing their very best for my son, were able to value and enjoy him without wanting him to change in order that he fit into the current education system" (p: 696). This highlights that the views parents hold of the partnerships

are equally valid to those held by professionals and that time spent discussing these issues can foster a more collaborative relationship between the two.

#### *2.4 Psychological Theories Relating to Parent-Professional Relationships*

There are a number of different psychological theories that could be applied to conceptualising the parent-professional relationship (Personal Construct Psychology, Kelly 1955; Ecological Systems Theory, Bronfenbrenner, 1979). The following examples have been included in this discussion to consider, specifically, how the relationship between parents and professionals can impact upon the young person and their subsequent experience of the professional service, but also in their life outcomes. Traditional medical models of disability "view disability as a problem of the person, directly caused by disease, trauma, or other health condition" (Solarsh and Hofman, 2006), thus situating the problem within the child. As Murray (2000) retorts from a parental perspective: "This [...] is not a helpful analysis because it ignores the role of society in creating inclusion and exclusion" (p: 684). This extract proposes that how a child is viewed within society is determined by the culture in to which it is born; an aspect out of the control of parents. Combining this element of society with the family context, Bronfenbrenner's (1979) Ecological Systems Theory takes into account concepts of "the developing person, of the environment, and especially of the evolving interaction of the two" (p: 3). According to this theory, how a child develops in the world is determined by interactions between the different systems within which he/she exists (e.g. home, school, community). Furthermore, Bronfenbrenner (1979) proposed that a child's development can be affected by systems within which he/she is not actually present in (e.g. parental workplace). Applying this theory to parent-professional relationships suggests that the parent-professional relationship is critical to the child's successful development and that extensive consideration needs to be given to how each person involved interacts with the other systems in the child's life. The impact of this psychological theory to the area of

parent-professional relationships could be illustrated by the extract from Murray's (2000) paper below, regarding the education system:

“Parents are [...] placed in a position of having to ally themselves with a system which views their child as failing thereby jeopardising their relationship with their child, or to ally themselves with their child and thereby introduce an element of struggle in their relationship with the education system. Whichever choice they make will undoubtedly have an effect not only on their relationship with their child, but also on their relationships with individual professionals” (p: 689).

A further psychological theory that could be applied is the Theory of Personal Constructs (Kelly, 1955) which proposes that people anticipate events according to their personal constructs; enabling them to make sense of the world. Constructs are individual to each person, developing from experiences throughout their lives – with each experience having the potential to be interpreted in an infinite number of ways. Thus, the individual will have a unique approach to a new situation. This point was also recognised by Murray (2000) who stated that: “How we as parents, particularly as non-disabled parents, respond to and view our children will certainly impact upon relationships we have with professionals” (p: 684). This view illustrates that both parents and professionals will arrive in the relationship with different constructions and that these will impact upon the success of such partnerships.

### *2.5 The Role of the Educational Psychologist*

The Lamb Inquiry (Department for Education, 2009) explored the views of parents on services involved with their children who experience SEND. In the report, Lamb described that many parents feel that Statements of SEND were too vague and were rarely reviewed effectively. Despite this, parents valued the Statement; feeling that it gave them the power to challenge the LA and demand appropriate provision for their children. This led Lamb to propose that all professionals involved in writing Statements should: “adhere to best

professional practice so that parents can have confidence in their judgements” (p: 4). Under the proposal for ‘a more strategic local approach’, Lamb stated that:

“Parents were less confident where they felt that the Educational Psychologist did not know their child before the assessment, had not spent long enough with the child to make an assessment, or had not spent long enough with the parent discussing the child’s development and current progress” (p: 62).

The implications of this for EPs could involve, for some EPs, increased involvement with pupils and more interaction with parents throughout the Statutory Assessment process. Additionally, it was found that EPs in some LAs were restricted in the recommendations they made. It was identified that: “Such professional conduct is corrosive of parental confidence. Parents detect it very quickly and it destroys trust” (p: 86). These negative findings emphasise the importance of working collaboratively to produce high quality PA reports. It appears that parents value the input of EPs, although they would like more of it. This theme was identified also in Farrell et al.’s (2006) report into the function and contributions of EPs, stating that; “The most commonly cited barrier to effective practice, in particular from staff in schools, was the limited contact time with EPs. Most respondent groups valued highly the contact that they had, but would have welcomed more” (p: 9). The report indicates that, whilst schools and EPs think that too much of their time is spent on Statutory Assessments, “Parents, in particular, appreciated the contribution that EPs had made in carrying out these assessments and hence it is likely that there will always be an important role for EPs in this area of work” (p: 11). Consequently, it is vital for a balance to be struck between EP involvement in this process and engagement in other areas of work.



## *2.6 Parents' Views of Educational Psychology Services*

Cuckle and Bamford (2000) researched parents' views of an EPS within one LA. Parents' views of Statutory Assessments were explored through questionnaires and telephone interviews. They found that parents "were generally satisfied with the way an assessment was carried out" and that "a substantial number of parents wanted more involvement in their children's assessments" (p: 369). The researchers recommended that all EPs should "seek and respond to feedback from parents" (p: 370) as a part of their service structure. Whilst this research has practical relevance, it has limited generalisability as the focus was on one EPS with a relatively limited response rate of 17%. However, the information was gathered independently of the LA, through the use of a University researcher – contributing towards increased validity of the results by reducing the potential for participants thinking they need to alter their responses if it was conducted by the LA. It is important to note at this point that the data gathered for my research was not gathered independently of the LA. Instead, questionnaires were selected as the least threatening method to parents, allowing them to give their views without feeling the need to share anything they did not feel comfortable in doing so, as may be the case in an interview.

Cuckle and Bamford's (2000) research was conducted at the same time as a larger scale study considering parents' views of quality across twelve EPSs (Anthun, 2000). Although this research was conducted in Norway, inevitably having different functions and approaches to EPSs in England, the findings still have some validity due to the high number of responses – 50% of the distributed questionnaires were returned (n=374). The findings indicated that "the overall case quality evaluation in the present study shows a total of 56% responses in the categories 'good' or 'very good' (p: 152). The author explains that; "In Norway, problems are usually already defined either by individual teachers, the school or the EPS by the time they are presented to groups such as teams for individual education programme planning or responsibility teams" (p: 155). Hence, parents can feel excluded from processes involved in

formulation of the child's needs. Anthun (2000) proposes that there needs to be a shift towards using more consultative approaches and adopting a consultation model of service delivery (p: 156).

This consultative model is adopted by the EPS for the current study, allowing an interesting comparison with Anthun's views that such a model could reduce the seemingly high complaint rates (up to 20-30%). Anthun (2000) concludes that; "a process in which [parents'] participation and points of view were more actively promoted would change their roles and power to a significant extent" (p: 156).

Cameron and Monsen's (2005) paper has been fundamental to the development of the questions used in this research. They discussed the application of a problem analysis protocol to writing PAs in order to improve quality. The authors believe that PAs are a fundamental aspect of the EP role for the following reasons;

"The core objectives of [...] are to provide a clear conceptualisation of the pupil's difficulties (and needs), together with specific advice on the action and resources required to meet those needs. "High quality" advice from psychologists can contribute to more rational and accountable decisions being made about the nature of any support and provision" (p: 286).

Hence, the authors believe that EPs have the skills to achieve this, whilst recognising that these reports need to be of very good quality – linking with my intention to explore whether parents think these reports are of good quality.

The researchers conducted a literature search to provide guidance for their proposed application of the problem analysis protocol, however they stated that: "surprisingly little has been written about the quality of such advice" (p: 287). Having found two separate research reports, the authors summarised the key points of these, one of which was that: "some EPs did not always structure their advice in a way which enabled parents/carers, teachers and

SEN caseworkers to obtain a coherent and comprehensive understanding of the nature of a child's difficulties and a clear rationale for the recommended interventions" (p: 287). Such an observation suggests EPs need to gather and utilise the views of parents/carers regarding the PA produced for their child to ensure that it is coherent, accurate and complete – three aspects identified by Cameron and Monsen as essential when ensuring a "high quality analysis" (p: 295). This paper contributes to a very scarce area of research into the function of PAs and offers advice on how to improve the quality of these. However, the use of a case study design does little to offer evidence that the application of a problem analysis protocol can improve the quality of such advices, as it does not offer a comparison with an alternative protocol or indeed with a control of no protocol at all. Additionally, case study designs are recognised as having limited generalisability due to the small sample size and that "the principal weakness of case studies is that results can be shaped strongly by the interests and perspective of the researcher (Hakim, 2000, p: 63). Furthermore, this research did not capture the views of parents. Despite this, the authors' proposal of the three fundamental aspects of ensuring "high quality analyses" (coherence, accuracy and completeness) will be adopted as a basis for this current study as they offer a useful lens through which to explore parents' views of the quality of PA.

### *2.7 Research Questions*

1. How coherent are PA reports, from the perspective of parents?
2. How accurate do parents think PA reports are?
3. How complete do parents believe PA reports to be?

The purpose of this research is to reveal the current situation, with regards to parents' views of current PAs, to explore whether they have positive or negative views about these reports. This will enable the EPS to consider how they can retain or change PAs following upcoming changes to the Statutory Assessment process (DfE, 2011), as indicated by the feedback

from parents. Thus, these questions are initially limited in scope to explore and to describe, rather than attempting to establish a cause or interpret evidence.

Furthermore, it is acknowledged that these questions, in the first instance, are written from the perspective of EPs working within a Local Authority. In this manner, they were designed to be efficient in eliciting the information that the EPS wanted to find out, rather than being broader in scope.

The decision to use the Cameron and Monsen (2005) was made as this is one of the only significant research reports discussing Pas. It originated from Cameron and Monsen's search of literature, which found only two other explorations of the area. Cameron and Monsen then took those literature findings forward to develop the proposal that EPs need to gather parents views to ensure that the reports meet three objectives, that are: coherent, accurate and complete. The intention of this present research was to explore these three identified constructs to improve the robustness to the study, whilst still gathering data in a time and resource efficient manner.

### **Section 3: Methodology**

In considering the views of parents regarding PA reports, I have to consider whether I am objective in interpreting the results. As a Trainee Educational Psychologist, it is unrealistic to consider myself as an impartial bystander to this exploration; one without my own thoughts and experiences related to this topic. Hence, I am aware that my analysis and representation of the results is affected by a rather interpretative perspective, leading to the view that beliefs are socially constructed and subject to interpretation through the lens of a subjective researcher (Burr, 2004). It is this fluidity of opinion in which I am interested, whilst being aware that my stance will impact upon my research. Through acknowledging this, I hope that this impact will be minimal.

The intention of this study is to allow EPs to improve their practice by exploring what the current situation is. This will be done by asking parents for their views on PAs as a part of the Statutory Assessment process. The findings have the potential to be useful in the future, regardless of whether the Statutory Assessment process continues or not. Even without such a process, some of the core functions of EPs are to contribute to individual assessments of CYP and to work with parents (Frederickson, 2008, p: 5-6). These parents' views will also be considered against a background of policy and research relating to the need to increase parental involvement (Cunningham and Davis, 1985; Wolfendale, 1986; Murray 2000;; DfE, 2011), the role of EPs with regards to Statutory Assessment procedures (Farrell et al., 2006; DfE, 2009) and the interaction between these two (Cuckle and Bamford, 2000; Cameron and Monsen, 2005), such as with the writing of PA reports by EPs.

This research has adopted a questionnaire approach; exploring these concepts through a study of the EPS in which I work. Whilst it is acknowledged that the fundamental weakness of using a questionnaire is that it: "necessarily obtains a lesser depth and quality of information than a depth interview" (p: 78, Hakim, 2000), the reason for selecting questionnaires, in research generally, is explained by Thomas (2009);

"These data are collected to describe some feature of the social situation in which they exist and these features of the situation are not manipulated, as they would be in an experiment. Once these descriptive data have been collected they can be examined for the existence of relationships between and among them" (p: 135).

Consequently, the intention is not to influence the perceptions of parents in an experimental manner, but rather to gather the views and allow comparisons within this group to identify any commonalities or differences.

This research design was selected following the exploration of a number of other possibilities, for example, as outlined by Hakim (2000), including: research reviews,

interviews and focus groups, cross-national comparative studies and case studies. Further possible research designs were excluded from selection as they were viewed to be unsuitable. Research reviews are dependent upon a great deal of similar research being available, of which there is little related to this area. Cross-national comparative studies seek to find similarities and differences in practice across the world, however the intention of this research is to explore the ways in which Government proposals to overhaul the current Statutory Assessment process could affect the PA reports that parents receive and to look at retaining positive aspects of these. Thus, it was deemed to be more efficient and useful to focus the research here. Case studies were also discounted on the basis that they could not provide an answer to the greater question of what parents think of the reports in a broad sense. Furthermore, the intention was to invite all parents to give their views, rather than a selection of parents.

Before deciding upon using questionnaires, consideration was given to using interviews. However, there was a limited time frame for this research, meaning that it would not have been possible for 34 interviews to have been conducted. A considerable weakness of interviews is that "small numbers of respondents cannot be taken as representative, even if great care is taken to choose a fair cross-section of the type of people who are the subjects of the study" (p: 36, Hakim, 2000). As the intention of this research was to take the first step in exploring parents' views of PA reports to illuminate the current situation before any changes are made to the process, the decision was taken to include all parents in sharing their views in a time and a resource efficient manner, thus sending out questionnaires to all parents who received a report for their child in the Autumn term of 2012 met this brief most effectively. Another advantage of questionnaires is that they can be repeated at different times to allow a comparison of data. This could be done after changes are made to the Statutory Assessment to further explore the views of parents in light of the changes.

### *3.1 Sampling*

Questionnaires were sent to the entire population of parents who had received a PA for their child during the autumn term of 2012 within the LA which the EPS covers (n=34). However, it is recognised that there is a bias due to the exploration of only one LA area. This is deemed acceptable due to the interest of that EPS and as it was a large enough sample for valuable data to have been gathered.

### *3.2 Ethics*

Questionnaires were distributed to all parents who received a PA for their child between September and December 2012. Each questionnaire had an information sheet (appendix one) attached, which explained the nature of the study, potential benefits and information about confidentiality and storage. It also provided parents with contact details, should they seek further information. By completing and returning questionnaires (appendix two), participants were informed that this would be taken as consent for their views to be analysed. This is in accordance with guidelines established by the British Psychological Society, which states that: “researchers should ensure that every person from whom data are gathered for the purposes of research consents freely to the process on the basis of adequate information” (p: 15, BPS Code of Human Research Ethics, 2010).

The name of the child was included on each questionnaire. This allowed the EPS to take further action if needed and for data to be explored about the response rate according to ethnicity and age of the child. Participants were informed that these responses would be kept confidential to the EPS and would not be identifiable to individual EPs or within this research report. This complies with the British Educational Research Association’s (BERA) ethical guideline that “researchers must recognise the participants’ entitlement to privacy and must accord them their rights to confidentiality and anonymity” (p: 7, BERA’s Ethical Guidelines for Educational Research, 2011).

### *3.3 Construction of the questionnaire*

A working group was formed by the Senior EP who sent an email asking for volunteers. A total of 3 EPs formed the working group as a response to this request. The purpose was to construct the questions to be asked in the questionnaire. In conjunction with Thomas' (2009, p: 174) guidelines on constructing a questionnaire, it was decided that all the questions would be short. Once questions were drafted, these were shared with the EPS for their opinions and minor amendments were made in the case of uncertainty. The questions were also devised to be precise; to this end, the majority were closed questions, with the opportunity to elaborate in the 'comments' section at the end.

The focus of the questions was based on the paper written by Cameron and Monsen (2005), which stated that "high quality" analyses within PAs should be coherent, accurate and complete. Therefore, the four main questions of the questionnaire aimed to cover these aspects. The questions to cover coherence are: "Did you understand the report?" and "Did the report recommend clearly what help should be given?". The question to explore accuracy is: "Did the report describe your child in a satisfactory way?" and the question on completeness is: "Did the report describe your child's need clearly?".

## **Section 4: Results**

15 questionnaires were returned out of 34 (response rate = 44%). This is consistent with similar studies; such as Anthun's (2000) study on parents' views of quality within an EPS. Furthermore, the response rate to Cuckle and Bamford's (2000) study into parental views of an EPS was 17%, to which they stated;

"Although the response rate seems low, it is not dissimilar to other surveys in the same LEA; examination of OfSTED reports from 18 primary schools inspected in 1999 showed a parental response rate to questionnaires varying between 11 and 68%—half of the schools had a response rate of less than 20%" (P: 364).



Thus, the response rate for this study, whilst lower than hoped, is sufficient for the purpose of this research.

The population of respondents, according to their child's information, were as follows;

School year of the child	Pre-school	Reception	1	2	3	4	5	6	8
Number of children	1	2	2	1	1	2	2	2	2

Table 1.4; School years of the children of respondents

Gender	Male	Female
Number of children	8	7

Table 1.5; Gender of children of respondents

Ethnicity	White British	Indian	Any other mixed background
Number of children	13	1	1

Table 1.6; Ethnicity of children of respondents

The responses to the questions were calculated as percentages per response. These are displayed in the table below;

<b>Question 1:</b>	<b>Did you understand the report?</b>	<b>All of it</b>	<b>Most</b>	<b>Some</b>	<b>Very Little</b>
		87%	13%	0%	0%
<b>Question 1A:</b>	<b>Which parts didn't you understand?</b>				
	There were no responses to this question				
<b>Question 2:</b>	<b>Did the report describe your child in a satisfactory way?</b>	<b>Definitely Yes</b>	<b>Mostly Yes</b>	<b>Not really</b>	<b>Not at all</b>
		60%	40%	0%	0%
<b>Question 3:</b>	<b>Did the report describe your</b>	<b>Definitely</b>	<b>Mostly</b>	<b>Not</b>	<b>Not at</b>

	child's needs clearly?	Yes	Yes	really	all
		80%	20%	0%	0%
<b>Question 4:</b>	<b>Did the report recommend clearly what help should be given?</b>	<b>Definitely Yes</b> 87%	<b>Mostly Yes</b> 6.6 %	<b>Not really</b> 6.6%	<b>Not at all</b> 0%
<b>Question 5:</b>	<b>Have you any suggestions or comments to make about the report?</b>				
<b>Positive Comments:</b>	<p>"Fantastic report - all my heartfelt issues over my child have been incorporated. Thank you".</p> <p>"I was very pleased with this report and feel it clearly states my child's needs".</p>				
<b>Neutral Comments:</b>	<p>"I have two main areas of concern: bullying and she struggles with her homework. It's too hard".</p> <p>"She is not on melatonin. This is a parental decision. She showed abnormalities in her EEG. She is at risk of epilepsy. Mom has this in writing from the hospital".</p> <p>"She had LA Physio input for a few years and at one point they were hoping to discharge her."</p> <p>"What can school do to improve her visual perception and memory problems?"</p>				
<b>Negative Comments:</b>	<p>"Please proof read any future correspondence as quite a few "typos" on report".</p>				

*Table 1.7; Responses to questionnaires*

As previously mentioned, the intention of the questionnaire was to be brief enough to encourage responses, as Hakim (2000) states that there is a "long-term trend of declining response rates to [...] surveys" (p: 93), whilst broad enough to cover the three aspects Cameron and Monsen (2005) identified as being essential to a high quality analysis of a young person's special educational needs, those of being complete, accurate and coherent. The decision was made by the working group to keep the questionnaire to two sides of A4 paper, with the invitation to give further suggestions or comments. This decision was taken to encourage responses, allow for efficient interpretation of responses and to give parents the autonomy to raise any additional concerns or comments that they would like to.

## **Section 5: Discussion**

### *5.1 How coherent are PA reports, from the perspective of parents?*

The results indicate that parents found the PA reports to be coherent documents. One comment indicated that recommendations about visual and memory skills were not clear enough, although no parents responded that they only understood 'very little' of the report, or that the report did not clearly recommend what help should be given. A respondent made the following comment: "I was very pleased with this report and feel it clearly states my child's needs", strengthening the qualitative findings that indicate parents believe the reports are coherent, as this parent appeared to find the report to be understandable and clear about what their child's needs are.

### *5.2 How accurate do parents think PA reports are?*

Through the response to the question "Did the report describe your child in a satisfactory way?", it appears that all parents believe them to be accurate representations of their child. However, there is a difference in the extent of the agreement, with 60% reporting 'definitely yes' and 40% reporting 'mostly yes'. There could be some scope to improve this element of the report-writing, as it would imply that many parents did not feel they were wholly accurate. This could reflect some of the neutral comments that were made, and are included in table 1.6, where parents could be trying to rectify some inaccuracies in the reports.

### *5.3 How complete do parents believe PA reports to be?*

The responses to the question: "Did the report describe your child's needs clearly?" suggest that parents are satisfied with the completeness of the PA reports, with 80% responding 'definitely yes'. One response included the comment: "Fantastic report - all my heartfelt issues over my child have been incorporated. Thank you". This suggests gratitude ("thank you") that the EP had taken time to investigate that child's needs thoroughly and to consider

these in the context of their education and what provision would need to be in place for their child to succeed. It also illustrates a sense of relief ("all my heartfelt issues have been incorporated"), perhaps indicating that there may have been some anxiety about the process, as will be discussed in the following section.

#### *5.4 Discussion of findings in the context of existing research*

The responses to this survey have been, on the whole, positive. It suggests that PA reports are viewed by parents as being coherent, accurate and complete; the three core components for a high-quality analysis of the child's situation as according to Cameron and Monsen's (2005) research (p: 295). Whilst positive, it is imperative to note at this point that these findings contrast with some of those in the Lamb Inquiry (2009). The Lamb Inquiry found that many parents find the Statutory Assessment process, of which the formation and completion of the PA is a part, to be anxiety-provoking due to a lack of support and confusing terminology, resulting in a feeling that they have to fight for what they think their child needs. This may have been an underlying element of the comment made in the section above ("Fantastic report - all my heartfelt issues over my child have been incorporated. Thank you"), which could suggest relief that their child's needs had been explored and identified clearly in the PA report. However, this present research has been on a small-scale as part of an initial data-gathering phase of exploring parents' views of PA reports. Thus, it contributes to the Lamb Inquiry by identifying aspects of the reports that appear to be well-received by parents, although it is not proposed that these findings contradict those from the Lamb Inquiry, due to the monumental differences in scale of the studies and the extent of information-gathering.

It can be concluded that Anthun's (2000) proposal that through increasing the involvement of parents in decision-making and in evaluation of EPSs, their sense of power could also be improved. He suggested this in the context of a Service who received complaint rates of 20-30% and proposed that a consultative model of Service delivery may reduce this. This is the

model adopted in the EPS where this study took place, perhaps supporting the accuracy of Anthon's proposals - whereby parents generally appeared pleased with the Service they had received in this one area of work completed by the EPS, possibly, in part, due to the consultative model of service delivery.

Further to these findings and implications, the responses support the conclusion of the Lamb Inquiry (2009) that parents value the Statement, which is informed by the PA and contains this report as an appendix, by showing that parents value the PA report. This has implications for the longer-term future of the EP profession in the face of significant reforms to the SEND procedures within school, both in terms of assessment and ongoing support of these CYP. There is a need for the EPS to be flexible in its approach to the reforms, whilst still retaining the high levels of parental satisfaction with the contribution of EP reports to the Statutory Assessment process. The importance of the core principles of Educational Psychology has been discussed by Fallon et al. (2010), who stated that:

“EPs are fundamentally scientist-practitioners who utilise, for the benefit of children and young people, psychological skills, knowledge and understanding through the functions of consultation, assessment, intervention, research and training, at organisational, group or individual level across educational, community and care settings, with a variety of role partners” (p: 4, Fallon et al, 2010).

This summarises the contributions of EPSs in supporting the CYP who experience SEND in a variety of ways, at individual and systemic levels. It will be the transference of these skills from writing PAs to inform the Statutory Assessment process to the requirements for involvement with the EHC plans that will form a part of moving the EP profession forward successfully.

It has been the intention of this research to explore how parents view the PA reports that are written by EPs. The purpose of such a task is to contribute to EPS evaluation on a wider-scale in these times of change, resulting from the Children and Families Bill (2013). The design of focusing only on one small aspect of the EP role within only one EPS was utilised

to provide a clear, small and measurable evaluation of a core element of EPS delivery, as suggested in Fallon et al.'s (2010) report (p: 17).

## **Section 6: Conclusion**

### *6.1 Limitations*

It is acknowledged that the questionnaire was designed to be brief and resulted from the findings of one previous study in the same research area (Cameron and Monsen, 2005). Whilst these are significant limitations, and it is recognised that the questionnaire could have explored parents' views in greater detail, it is considered to be acceptable due to the intention of this research being an initial exploration into this area, with the possibility of further exploration over time. The time scale and available resources were limited and it is believed that the most time and resource efficient methods were used to gather meaningful data that can be developed upon further.

This research elicited the views from parents, to the neglect of hearing perspectives of CYP and other Service users, such as schools and SEND teams. Had all of these views been gathered, then a more robust review of the function of PA reports could have been completed. These views could also have helped identify areas of good practice and potential limitations. However, the decision to gather only parents' views in this instance is a vital one, resulting in their views being interpreted clearly without any interference or bias from other sources. The literature has identified the importance of communicating effectively with parents and listening to their views (Wolfendale, 1986; Cuckle and Bamford, 2000; Cameron and Monsen, 2000; Every Parent matters, 2007; The Lamb Inquiry, 2009; Fallon et al., 2010). Therefore, it was felt that eliciting only the parent voice on these reports, which could potentially have a long-lasting impact upon their child, gave greater power and influence to their views.

A limitation of questionnaires can be that the sample returned is not truly representative of the entire population, or of views sustained over time. It could be that parents who responded had strong feelings – thus representing biased views. Furthermore, questionnaires elicit views at a certain time and do not take into account the context. It could be that opinions fluctuate over time (Walford, 2001).

The questionnaires did not distinguish between responses from parents whose child had received a Statement of SEND, and those who did not. This could have influenced their perceptions of the PA reports. Furthermore, there was no distinction made between whether the parent who responded was the child's mother or father. This could have allowed an interesting insight into the role of fathers in the Statutory Assessment process, as previous research has found them to have little involvement (Hart, 2011).

Finally, the research employed a small sample. One EPS was focused upon due to emerging development points within that Service. The sample was representative, as questionnaires were sent to all parents who had received a PA for their child during the autumn term of 2012. Therefore, it is felt that the results can be seen to be valid and reliable, despite having limited generalisability across all EPSs.

## *6.2 Implications for Practice and Future Research*

This research has identified that most parents view PA reports as coherent, complete and accurate. The EPS needs to ensure that these beliefs remain over the following years as Government policy changes the processes involved in identifying and supporting CYP who experience SEND. The reviewed literature suggests that there is a vital role for EPSs eliciting and utilising the views of parents to ensure that EPSs are well-regarded by service users in these times of austerity.

The results of this study were shared with the EPS during a team briefing as a summative report (appendix three). This encouraged discussion about the importance of maintaining

the positive views held by parents about the reports produced by the EPS and reinforced that EPs have a highly-valued and distinctive role in such assessments of CYP.

Future research about the views of parents on the EHC plans, following their implementation, will be critical in ensuring that parents remain satisfied with the way their children are assessed and reported upon, as well as making sure that EPs are used effectively in their contributions towards this outcome.



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Appendix one

**Information Sheet**

**Research Title: Parents' Views on Psychological Advices.**

You are invited to take part in a study looking at the views of parents on Psychological Advices. The research is a joint project between Walsall LA and the University of Birmingham. You are invited to take part as your child was the subject of a Psychological Advice between September and December 2012.

The study involves filling in a questionnaire (enclosed) about your thoughts. You do not have to take part if you do not wish to, this is your choice. By completing the questionnaire and returning it in the stamped-addressed envelope, you are giving permission for us to include your views in a report about the overall views from parents. This will be shared in the Educational Psychology Service and with the University of Birmingham. At no point will your views be able to be identified as yours, you will remain anonymous. We have included the name of your child on the form to allow us to look at the response rate according to their age, gender and ethnicity. The data you provide will be securely stored for ten years, in accordance with the University of Birmingham protocol, in a locked filing cabinet. The only people to have access to this will be myself, the researcher, and my University supervisors. If you choose to take part, you will be sent a summary of the responses after they have been gathered. The potential benefit of this research is to ensure that parents receive reports that are useful to them and are an accurate representation of their child.

If you have any questions, please do not hesitate to contact me on: 01\*\*\* \*\*\*\*\*

Yours faithfully,

Ms. E. Clark. Trainee Educational Psychologist

Appendix Two

**Educational Psychologist's report on {Child's name}**

- enclosed is a copy of a report on your child, written by an Educational Psychologist. These reports are intended to be read by a variety of professional people such as teachers and doctors and are often very detailed because children and their needs are complex
  - we would like to know what you think about the report which you have read
  - please tick the appropriate boxes and add comments if you wish
- 

**Question 1. Did you understand the report?**

All of it

Most

Some

Very little

**If you didn't understand it all, which parts didn't you understand? (You can refer to the number of sections if you wish)**

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**Question 2. Did the report describe your child in a satisfactory way?**

Definitely yes

Mostly Yes

Not really

Not at all

**Question 3. Did the report describe your child's needs clearly?**

Definitely yes

Mostly Yes

Not really

Not at all

**Question 4. Did the report recommend clearly what help should be given?**

Definitely yes

Mostly Yes

Not really

Not at all

**Question 5. Have you any suggestions or other comments to make about the report?**

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**Please note:** If you have any concerns or questions arising from the report on your child, you should contact the named Educational Psychologist who will be pleased to assist you.

Telephone \*\*\*\*\*8

**PLEASE RETURN THIS FORM IN THE ENCLOSED STAMPED ADDRESSED ENVELOPE. THANK YOU FOR YOUR HELP.**

Signed: ..... (Parent/Guardian)
Date .....

Appendix Three

**Parental Feedback on Psychological Advices for Statutory Assessments**

**Spring Term (September to December 2012)**

Parents were sent a standard feedback form when copies of Psychological Advices were sent to them. When they were returned, EPs were given sight of them, then they were analysed.

From 1<sup>st</sup> September 2012 to 31<sup>st</sup> December 2012 we received 15 forms back from 34 sent in this period. This 44% of those advices sent.

The great majority of comments were very positive regarding understanding of the report and a description of their child, their needs and recommendations for future action.

<b>Question 1:</b>	<b>Did you understand the report?</b>	<b>All of it</b>	<b>Most</b>	<b>Some</b>	<b>Very Little</b>
		87%	13%	0%	0%
	<b>Which parts didn't you understand?</b>				
	There were no responses to this question				
<b>Question 2:</b>	<b>Did the report describe your child in a satisfactory way?</b>	<b>Definitely Yes</b>	<b>Mostly Yes</b>	<b>Not really</b>	<b>Not at all</b>
		60%	40%	0%	0%
<b>Question 3:</b>	<b>Did the report describe your child's needs clearly?</b>	<b>Definitely Yes</b>	<b>Mostly Yes</b>	<b>Not really</b>	<b>Not at all</b>
		80%	20%	0%	0%
<b>Question 4:</b>	<b>Did the report recommend clearly what help should be given?</b>	<b>Definitely Yes</b>	<b>Mostly Yes</b>	<b>Not really</b>	<b>Not at all</b>
		87%	6.6 %	6.6%	0%
<b>Question 5:</b>	<b>Have you any suggestions or comments to make about the report?</b>				



	<p>The majority of parents did not have any comments or suggestions to add to reports. Comments which were made tended to seek to clarify aspects of the report.</p>
	<p><b>Positive Comments:</b></p>
	<p>“Fantastic report - all my heartfelt issues over my child have been incorporated. Thank you”.</p> <p>“I was very pleased with this report and feel it clearly states my child’s needs”.</p>
	<p><b>Neutral Comments:</b></p>
	<p>“I have two main areas of concern: bullying and she struggles with her homework. It’s too hard”.</p> <p>“She is not on melatonin. This is a parental decision. She showed abnormalities in her EEG. She is at risk of epilepsy. Mom has this in writing from the hospital”.</p> <p>“She had LA Physio input for a few years and at one point they were hoping to discharge her.”</p> <p>“What can school do to improve her visual perception and memory problems?”</p>
	<p><b>Negative Comments:</b></p>
	<p>“Please proof read any future correspondence as quite a few “typos” on report”.</p>

## **CHAPTER FOUR:**

### **A solution-focused support group approach to support a child with an Autism Spectrum Condition, who is a victim of bullying**

#### **Abstract**

Research indicates that young people who are diagnosed with an Autism Spectrum Condition (ASC) may be more likely to experience bullying than the general population or children who face different Special Educational Needs (SEN) (National Autistic Society, 2006; Humphrey and Symes, 2010; Cappadocia et al., 2012). Furthermore, children and young people (CYP) with ASC may not be able to report accurately their experiences of bullying, possibly due to limited communication and social skills (Little 2002; National Autistic Society, 2006).

The support group intervention for bullying has been found to be generally effective (Young, 1998; McGrath and Stanley, 2006; Smith et al, 2007), although there is no published account of its application to a situation involving a child with ASC. This study explores the effectiveness of a support group intervention with a Year 6 boy with ASC through an exploratory case study methodology, using a pre- and post-intervention questionnaire and qualitative information from group sessions.

Results indicate this approach was effective, with a reduction in bullying incidents reported by the victim and acknowledgements from the participants in the support group that the situation had improved for themselves and for the victim.

#### **Section 1: Introduction**

During a planning meeting with a primary school, Freddie (pseudonym), a boy in Year 6, was identified by the Special Educational Needs Co-ordinator (SENCo), as a victim of bullying within a mainstream primary school. Freddie has a diagnosis of ASC. The school was

managing the situation through a consequence system for the bullies and requested input from an EP to lend support at a group level. The EP Service utilises a 'time allocation' model for offering support to schools, whereby each school has a number of sessions allocated to it at the beginning of each year and the work to be completed during that year is negotiated between the school staff and the link EP. Additional to these practical considerations was the need to consult an evidence-base for the intervention chosen as a result of formulation. In Section 2, discussion of theories of bullying, leading into formulation arising from the proposed 'peer pressure' framework, will be explored.

## **Section 2: Literature review**

### *2.1 Theories of Bullying*

Four theoretical assumptions of bullying were explored prior to selecting an appropriate intervention to support Freddie. Firstly, consideration was given to whether this bullying occurred as a result of individual differences (O'Connor et al., 1980; Rigby, 2004). This theoretical frame suggests that individual differences in physical or psychological characteristics may result in a power imbalance. Influences may result from genetics (O'Connor et al., 1980), family and community factors (Rigby, 1994) and personality traits (Rigby, 2004). The implications of this theory upon tackling bullying could involve identifying children who are 'bullies' and seeking to modify their behaviour, for example through sanctions. Alternatively, it could be to modify the behaviour of perceived 'victims' through programmes such as assertiveness training. However, sanctions for the 'bullies' had been implemented by Freddie's school, although these appeared to be having little effect outside of school (such as at school gates and via online gaming).

Secondly, consideration was given to whether the bullying arose from developmental processes. This theoretical framework proposes that bullying begins in early childhood when children hit out at others to seek dominance over them. Whilst some children grow out of this, others seek less 'socially reprehensible' methods for dominating others (Rigby, 2004,

p. 291). This theory has links with evolutionary perspectives, suggesting that the bullies would have identified Freddie as being 'weaker' and so used him to model their dominance as a way of improving their 'power'. However, this theory has significant weaknesses as it fails to account for why some children seek dominance and use threats or aggression to do so, whereas others do not. Implications from this theory would be that school staff may feel they are not 'at fault' if bullying occurs, although teachers would need to be aware of different developmental stages of bullying and tackle these at the appropriate level. However, with regards to Freddie, it was evident that the staff did feel responsible for supporting him and were eager to seek help for him.

A third possible theoretical lens through which to view bullying is that of a socio-cultural perspective (Rigby, 2004). This attributes bullying behaviour to groups of children who have perceived 'power', perhaps in terms of gender, ethnicity or social class. Generally, this 'power' originates from historical or cultural norms, and "differences due to being less 'abled' and having different religious affiliations may be included" (p. 292, Rigby; 2004). Hence, in Freddie's situation, it could be deduced that the bullying reflected his being less 'abled' as a result of his lower levels of attainment and more limited social skills, linked with his diagnosis of ASC. The implications of this theoretical framework are that emphasis needs to be placed on the school-wide curriculum for educating children about individual differences and including lessons on the impact of bullying. However, this has a weak evidence base, as noted by Rigby (2004): "Apart from gender studies, sociocultural explanations for bullying have thus far received comparatively little support from empirical studies" (p. 293). As the majority of anti-bullying research from a socio-cultural perspective focuses on gender and the oppression of females, it offers little explanation of why Freddie is targeted by an all-male group.

Finally, the theoretical assumption adopted in this current research is that the bullying is a reaction to peer pressures within the school. This framework places bullying within a social context and proposes that individuals are influenced by the school ethos in addition to a

smaller group of peers. This group may form as a result of common interests and similar traits and can be supportive of its group members, whilst being a threat to non-members. Thus, acts of bullying are seen as supportive of the group and indicative of group membership, rather than being seen as acts of malice from or toward the individuals involved. The implication of this theoretical assumption is that school staff need to be aware of formed groups and work with them to raise awareness of their behaviour. They also need to be aware of different roles within groups, such as 'instigators' and 'bystanders'. Rigby (2004) proposes the following approach to tackling bullying from a peer pressure perspective:

"One, the No Blame Approach, involves a teacher or counsellor meeting with the group of children identified as having bullied someone, in the company of some other children. The teacher describes to the group the suffering that has been endured by the victim, and the group is expected to consider ways in which the situation can be improved. The 'non-bullies' in the group are expected to exert positive peer pressure, that is influence the 'bullies' to act more benevolently towards the victim" (p.295)

It is this approach that is adopted in this current study, renamed the 'support group' approach (Young, 1998). It is based on Solution-Focused Brief Therapy (SFBT) principles, discussed in Section 2.2.

## *2.2 Solution Focused Brief Therapy*

SFBT originated in America through the realisation that the most effective therapists focused on solutions, rather than problems, and the observation that many clients used phrases such as 'if only a miracle could happen' (de Shazer, 1985; Molnar & de Shazer, 1987; de Shazer, 1988; Quick, 2008), exploring the solution rather than the problem. Within this Volume, Professional Practice Report 4 offers a thorough exploration of the origins and guiding principles of SFBT.

It is proposed that: "Given its flexible, collaborative, strengths-focused approach SFBT is likely to appeal to children's services staff" (DfE, 2011, p.16) and as such, a systematic review of the application of SFBT found that SFBT has been applied to a vast array of circumstances and settings, from individual children to groups and with children of a wide range of ages and abilities (DfE, 2011). However, despite the reported popularity of SFBT, it is acknowledged that it is supported by a relatively weak evidence base, as noted by Bond et al. (2013):

"Although the evidence from the current review is generally supportive of SFBT the majority of the studies included in the review have significant methodological limitations such as small sample sizes; lack of control groups; absent fidelity monitoring; reliance upon self-report or self-selection; lack of long-term follow up and community samples that were not clearly defined" (p. 721).

Both of the above meta-analyses (DfE, 2011; Bond et al., 2013) report multiple studies that have applied SFBT, although none of those included discuss its application to anti-bullying interventions, or specifically when used with children with an ASC. Hence, in this manner, the current research offers a unique addition to the literature on applications of SFBT.

### *2.3 Definition and prevalence of bullying*

Olweus (1995) defines a pupil as being bullied: "when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other students" (p. 197). Whilst this definition is dated, it is referred to extensively within research, where no one single definition of bullying is accepted and used. Instead, some features of bullying are commonly agreed upon, including aggressive behaviour, presence of a power imbalance and that bullying can occur along a 'continuum' from less to more serious bullying incidents (Rigby, 2004). Furthermore, Maunder et al. (2010) differentiate between indirect bullying, (such as spreading rumours or social exclusion) and direct bullying behaviours (causing physical harm or making threats), reporting that the latter are generally perceived to be more serious

by teachers. However, research indicates that indirect bullying can be as damaging, and even more so, than direct bullying (Van der Wal et al., 2003).

There is no definitive figure of how frequently bullying occurs, possibly due to under-reporting from those affected or minimal reporting from schools, although generally reported figures indicate bullying could affect 10-20% of pupils throughout their education (Maunder and Tattersall, 2010).

In research conducted by the National Autistic Society (2006), it was proposed that over 40% of CYP with a diagnosed ASC are bullied at some time during their education, indicating that this population is at an increased risk. Indeed, Cappadocia et al. (2012) explored this further and proposed that: "Bullying experiences are very common among children with ASD, with victimization rates that are twice as high as those found in the general population" (p. 274).

#### *2.4 Impact of bullying*

It is generally agreed that bullying has a number of long-term negative effects upon the victim, particularly decreased emotional well-being and greater feelings of loneliness (Cassidy, 2009). Exploring, particularly, the aspect of the impact of bullying on the enjoyment of the school environment, Murray-Harvey (2010) researched academic performance and social / emotional adjustment of bullying victims and concluded that:

"Stressful relationships impact directly and negatively upon academic performance outcomes as well as upon social / emotional adjustment. Supportive relationships show a positive direct influence on social/emotional adjustment and a very strong indirect association with academic performance" (p. 112).

Whilst conducted in Australia, limiting the applicability of the findings to England, it is interesting to consider how influential social relationships can be upon the academic

achievement of CYP, with negative relationships limiting performance, and positive relationships having a very strong, whilst indirect, link with increased academic performance.

It has been stated that: "In most bullying incidents - up to 90% at times - peers are not just vaguely aware of events but actually witness them" (p. 426, Hutchinson, 2012). Hutchinson's (2012) research concluded that schools need to understand that a 'tell-the-teacher' approach may degrade a young person's self-efficacy and teachers may be seen by CYP to be 'outsiders' to the bullying incidents. Thus, Hutchinson (2012) proposed utilising an intervention that focuses on peer support, arguing that this may have the added benefit of supporting bystanders who may be experiencing a sense of "stuckness" (p. 436, Hutchinson, 2012). This offers strength to the support group approach used in this study.

### *2.5 Bullying and Autism Spectrum Conditions*

As mentioned briefly above, research has suggested that bullying may be more prevalent in CYP who experience ASC (Montes and Halterman, 2007). Humphrey and Symes (2010) concluded their research with the following statement;

"We found a significantly higher frequency of bullying among pupils with ASD compared with their age- and gender-matched peers without SEN. In addition, through the inclusion of a SEN control group of pupils with dyslexia, the current study was also able to demonstrate that it is not simply having any SEN that increases the risk of bullying – but rather the specific characteristics associated with ASD" (p. 86).

This research used a cross-sectional case study design, with forty participants diagnosed with ASC, forty diagnosed with dyslexia and forty without a diagnosis, from twelve schools in the North-West of England. Whilst findings may be limited due to the context of the North-West, it is noted in the paper that the schools were of differing socio-demographics in an attempt to provide a range.

However, it should be noted that the National Autistic Society (2006) caution that CYP with ASC are not always able to report accurately their experiences and may falsely perceive



themselves to be bullied. To reduce the potential for inaccurate reporting, this Professional Practice Report's evaluative methodology uses the 'My Life in School Checklist' (Arora and Thompson, 1987), which does not require an understanding of the concept of bullying but rather requires the participant to state how frequently certain circumstances have occurred during the previous week. Also, consultation with Freddie's mother prior to, during and following the intervention was conducted, as well as regular discussions with school staff. Parents have been shown to report higher than average incidents of bullying in a population of children with Asperger's syndrome, such as in research by Little (2002). Using a postal questionnaire to parents of CYP with Asperger's, parents reported that 94% of the children had experienced 'peer victimisation', a high rate of 'peer shunning' and that 10-15% of the population had been the victim of severe bullying, such as gang violence and assaults. However, these parents represented a limited proportion of the population as they were recruited via their presence on internet forums related to ASC. Thus, a bias may be present, as these parents may have been engaged in these forums due to experience of their children being bullied already. There is no comparative sample of the views of parents who do not use internet forums related to ASC, or of parents whose children do not have a diagnosis of ASC. Hence, it is not possible to state that this level of bullying is present across the entire population of children with ASC.

## *2.6 Support Group approach to bullying*

### *2.6i Theoretical Considerations*

Whilst recognising that 'problem formulation' does not merge with solution-focused principles, where the focus is on the solution rather than the problem, the support group approach was selected as a result of careful consideration of Freddie's situation in the intervention's aims, process and methods to ensure that it was an appropriate programme to meet Freddie's needs. As discussed in Section 2.1, it is hypothesised that the bullying is attributed to processes of 'peer pressure', within the theoretical frame offered by Rigby

(2004). Systemic formulation (Dallos, 2006) suggests that people within a system (such as a peer group) are resistant to change; hence it was evident that working with Freddie's peer group to make them aware of how they were making him feel through empathy-raising would be vital to reducing bullying behaviours, as support to Freddie alone could not achieve this. Ryle (1997) states that connections with systemic ideas are essential to the success of any supportive programme, as: "sometimes the snags come from the important people in our lives not wanting us to change, or are not able to cope with what changing means to them" (p. 301). Hence, the support group approach aligns with the 'peer pressure' theoretical frame and was selected through systemic formulation as having appropriate aims, processes and methods to support Freddie.

#### *2.6ii Empirical Evidence*

The 'No Blame Approach to Bullying' was proposed by Maines and Robinson (1991) in *Educational Psychology in Practice* - indicating its relevance to the EP profession. The approach uses a solution-focused method, drawing on the resources of a support group for the victim of bullying, which consisted of the victim's friends, bullies and bystanders. Whilst use of so dated an approach in this case might be challenged, this approach has been used extensively over the intervening years, often in place of alternative, new approaches and in a number of countries (McGrath and Stanley, 2006).

Young (1998) evaluated the method, re-naming it 'the support group approach' and it was found to be effective in stopping bullying in 100% of the cases within primary schools (n=55). 80% of these had immediate success, whilst the remaining 20% showed delayed or limited success. Whilst providing an overview of the intervention and considering the apparent success of the approach, it should be noted that this research article offers no explanation of how interventions were rated as successful or evaluated. There are no data from teachers, parents or the pupils involved; with conclusions appearing to be based on reflection from the

practitioners' point of view. Hence, it may provide a biased account of the success of this intervention.

Smith et al. (2007) evaluated the effectiveness of the support group method through a questionnaire approach, with responses from 57 LAs and 59 schools, and found that the majority of schools rated it as 'very satisfactory'. However, their research revealed that many schools are confused about the approach, with some believing it to be similar to the Method of Shared Concern (Pikas, 1989), Restorative Justice (Braithwaite, 1989) and Circle of Friends (Newton et al., 1996). Furthermore, the researchers identified concerns regarding the level of parental involvement and recommended that parents should be involved from the start, with regular updates on how the group is progressing. Overall, the research promotes the use of this approach and recognises that it is viewed as effective. Conversely, only the views of school staff and LA representatives were obtained, which may have affected the salience of the positive reviews of the approach.

Stavriniades et al. (2010) explored empathy and bullying behaviour, employing a longitudinal methodology (with measures taken at 'Time 1' and again, 6 months later, at 'Time 2') through the use of self-report questionnaires, and found that: "a negative relationship exists between a child's ability to be in touch with what another person feels and the tendency of this child to engage in bullying others" (p. 799). Thus, the researchers reported that at Time 1, the more empathic children were less likely to be engaged in bullying behaviour at Time 2, whilst the less empathic children at Time 1 were more likely to be engaged in bullying behaviour at Time 2. These findings lend support to the value of empathy-building, which is a key part of the support group approach. Hence, it fits with Stavriniades et al.'s (2010) conclusion that: "children who are already acting as bullies may need to participate in programmes of emotional skills development in order to help them curtail this harmful habit" (p. 800). Whilst contributing to the evidence-base for the effectiveness of a support group approach, it should be noted that Stavriniades et al.'s (2010) research was conducted in Cyprus, with

potential limitations to generalising findings to trends in the UK. The study also made use only of self-report measures, rather than reports from others to provide triangulation.

Most recently, Kvarme et al. (2013) employed a qualitative design to explore the perceptions of bullied schoolchildren who had experienced SFBT support groups. Through interviews and focus groups, the researchers found that "bullying stopped after the victims received help from the support groups. Their daily life at school changed and they felt safer, were more visible and had made good reliable friends" (p. 426). Furthermore, Kvarme et al. (2013) concluded that: "findings from this study show that the psychological well-being of the bullied girls improved after having a support group" (p. 427). Whilst this study was relatively small, with nineteen participants in total, three of whom were considered as being bullied, and the remaining sixteen taking part in the support groups, the results indicate that the intervention had a powerful impact on the three bullied children, as the following quotation from one of the girls indicates:

"Before, I had to be at home all the time if there were no adults to look after me when I got out, otherwise they were mad at me and hit me. On a scale from 0-10, where 0 was the worst, I had it like 0. It is much better now. It is different from before, now all the bad things have disappeared" (p. 422).

This research emphasises the importance of building empathy within the support group and focusing on positive changes, with praise given when these were identified in a subsequent meeting. However, this research was conducted in one area of Norway and is heavily skewed towards girls, with only one participant being male. Therefore, findings are limited in their application to the UK and to boys.

### *2.6iii Logistical and Professional Influences*

The implementation of the support group approach arose from theoretical frameworks and a systemic formulation, although there were pragmatic decisions that influenced this decision

also. As mentioned in Section 1, the EP Service has a 'time allocation' model and the commissioners' expectations (expressed through the school SENCo) were that a limited number of the school's allocated sessions be used for this casework. Hence, exploration of an evidence-validated programme of support which could be delivered efficiently and swiftly was necessary. Systemic formulation and the theory of peer pressure attributed to bullying in this instance propose that it is essential to involve the peer group in the programme of support for Freddie, whilst there was a need to balance this with commissioning of a tightly time-limited response by the school staff. Furthermore, as Freddie has a diagnosis of ASC, it was important to raise empathy within his peer group to increase understanding of his condition and how he may interpret behaviour, in accordance with the National Autistic Society's (2006) finding that people with ASCs are more likely to misinterpret or misunderstand actions from others, often perceiving them to be more negative than intended. Thus, it is noted that there were logistical influences upon the decision to use the support group approach.

## 2.7 Research question

The research question for this report is as follows: What impact does a support group approach have in reducing bullying incidents of a boy with ASC?

### **Section 3: Methodology - Process**

The school's SENCo was present during the support group sessions, although not during the interviews with Freddie or when seeking consent individually with the participants. This was so that she could continue with the support group approach, following my involvement. The participants of the group were assured that their discussions would remain confidential, unless safeguarding or child-protection protocols were breached.

The process adhered to the support group approach outlined by Ajmal and Rees (2004), as follows.

### *3.1: Consult with parents*

A home visit was conducted to elicit Freddie's mother's views regarding the bullying incidents, on 09.10.13. She acknowledged that the majority of bullying was occurring within school, although there were incidents when it has occurred over the internet. She was very concerned about the impact these incidents were having on Freddie. I talked through the support group approach process with her and she gave verbal consent for this to be run.

### *3.2: Interview with 'victim'*

I met with Freddie in school the following day, after meeting with his mother. He completed a questionnaire relating to the frequency of bullying incidents to establish what was happening and how often. I discussed the support group approach with him and he was eager for the help. I asked Freddie the three essential questions, as proposed by Ajmal and Rees (2004):

1. Who do you find it difficult to deal with, or who is making you feel unhappy?
2. Who else is around when this is happening?
3. Who are your friends, or who would you like to have as friends?

The support group was chosen from these names, consisting of six children all together: the friend he had identified and three of the children he attributed the bullying to and two bystanders.

### *3.3: Convene the support group and establish the aim*

Ajmal and Rees (2004) propose that the support group should convene immediately following the discussion with the victim's parents and the interview with the victim. However, ethical considerations prevented this from happening because it was essential to get consent from the parents of those children chosen for the support group. Therefore, letters were sent home to each of the parents of the children identified in the group (see Appendix

1), informing them that their child had been chosen to support another pupil and detailing what time commitments that would use. They were able to contact the school to withdraw their child from the group if they chose to. Letters were given to parents directly to ensure they received them. Thus, the support group convened on 14.10.13, two school days after the interview with Freddie.

The session began with an 'icebreaker' activity where all members of the support group told their name and three facts about themselves. I then explained that I understood that Freddie felt that he does not have many friends in school and that I would like their support with improving this situation.

### *3.3i: Raise empathy*

Following this, Ajmal and Rees (2004) propose that time should be spent on raising empathy. This was done by asking each member in turn if they had ever felt unhappy in school. They reported instances of bullying in previous years, times they felt they were picked on by the teachers and how they feel they are seen as a 'naughty' group of boys so they get in to trouble more than the girls do. We spent time discussing how these instances make them feel and all of them identified that they felt sad and powerless at times like these.

### *3.3ii: Ask for suggestions*

I asked if the group thought there was anything they could do to help Freddie to make friends in school. I checked that they thought they could do each one of the suggestions they made and wrote them down. These were as follows;

<b>Respondent</b>	<b>Strategies suggested</b>
Person A	Tell him to defend himself and tell the teacher Play game with him Don't laugh at him
Person B	Let him play with younger children He can make one friend and be friends with their friends Help him with his work
Person C	Keep our eyes on him at lunchtimes Spend this year trying to help him before we go to secondary school Take photos of the trip he is missing out on to show him Suggest he join breakfast club
Person D	Reward him if he is well behaved for a week Make him feel like he will be doing similar activities to what we will be doing on the trip

*Table 1.1; Suggestions of strategies from support group participants*

These suggestions were not taken as promises and I did not ask the children to be friends with Freddie. If a suggestion was made that was not something they could do, for example 'reward him if he is well behaved for a week', I asked them what they could do to make that happen. Responses included speaking to the school council representative or discussing it with a class teacher.

#### *3.4: Pass over responsibility and arrange review*

The session was ended by thanking them and reinforcing that I believe they will be successful in making Freddie happier. We arrange to review it in two weeks time.

#### *3.5: Review two weeks later*

First I met with Freddie, on 23.10.13, and heard that he was feeling much happier in school and had made friends with the boy he had previously identified as the main protagonist. We



completed the 'My Life in School' checklist (Arora and Thompson, 1987) and he reported that the situation had improved.

Following this, I met with the support group again, on 23.10.13. Each member had the opportunity to share what they had done and what they had noticed, in relation to Freddie, over the previous fortnight. Each person was complimented for any positive steps s/he had taken and on noticing how Freddie was over this time period. I read through the previous strategies suggested in Session One and wrote down any new suggestions they had and re-capped these at the end. The group reported some minor incidents of bullying towards Freddie from other children not in the group and were excited to report that they had handled these by supporting Freddie or telling the child to stop, and in one case they reported it to the teacher on Freddie's behalf.

The session was ended very positively with a lot of praise and thanks. Students were informed that the SENCo who had been present for the sessions with me may call the group together again in the future and they were informed of the opportunity to approach her and request another group session if they felt they needed to talk to her about concerns regarding Freddie.

## **Section 4: Methodology: Evaluation**

### *4.1 Ethics*

In concurrence with British Psychological Society (BPS) guiding principles regarding valid consent (BPS, 2008, Section 2), the intervention was discussed at length with Freddie. He consented to take part and was informed that he could withdraw from the intervention at any time (BERA, 2011). Freddie's mother was also visited at home to discuss the intervention and seek consent, as stated in the BPS' Code of Human Research Ethics:

"For children under 16 years of age and for other persons where capacity to consent may be impaired the additional consent of parents or those with legal responsibility for the individual should normally also be sought" (p. 16).

Freddie and his mother were informed that confidentiality would be ensured in this report, in accordance with the regulating body (HCPC, 2012).

Additionally, letters were sent to parents of the children selected for inclusion within the support group (Appendix 1) to seek consent for their involvement, prior to individual discussions with those chosen to explain the process and seek informed consent.

#### *4.2 Research design*

The purpose of this research was to explore the effectiveness of the application of an intervention in one particular situation. As this was a naturally occurring event, a case study approach appeared to be the most appropriate design in this instance, as Yin (2009) states that: "The case study is preferred in examining contemporary events, but when the relevant behaviours cannot be manipulated" (p. 11). Case studies provide a flexible approach to research that offer insight at a range of levels: "As a research method, the case study is used in many situations to contribute to our knowledge of individual, group, organizational, social, political and related phenomena" (p. 4, Thomas, 2009).

Whilst it appears to be a suitable methodology, it is acknowledged that case studies can be the subject of criticism from researchers (Thomas, 2009) for reasons such as: they may be characterised by limited rigour, may be subject to bias and can lack clear definition (Yin, 2009). To increase rigour, a specific reference text (Ajmal and Rees, 2004), was used to structure the sessions and the 'My Life in School Checklist' (Arora and Thompson, 1987) was used to extract pre- and post-intervention measures. Although it has been proposed that case studies may lack definition, this may be perceived as an asset, in that case studies "are good for uniqueness" (Thomas, 2011, p. 19) and the circumstances surrounding this particular instance are unique.

Flyvbjerg (2006) advocates the use of case studies as vital to social science research, although recognises that researchers hold a number of misconceptions about case studies, as follows:

"“You cannot generalize from a single case,” some would say, “and social science is about generalizing.” Others would argue that the case study may be well suited for pilot studies but not for full-fledged research schemes. Others again would comment that the case study is subjective, giving too much scope for the researcher’s own interpretations. Thus, the validity of case studies would be wanting, they argued" (p. 219).

Whilst recognizing the potential limitations of case study as a design frame, I believe that it is suitable for the research question of this study. It is not intended that the results of this study shall be applied to another setting or situation, due to the restricted nature of this design, as supported by Mitchell (1983);

"Case studies of whatever form are a reliable and respectable procedure of social analysis and [...] much criticism of their reliability and validity has been based on a misconception of the basis upon which the analyst may justifiably extrapolate from an individual case study to the social process in general" (p. 207).

Rather, it is intended that the results from this research will contribute to understanding the experience of CYP with ASCs who may experience bullying, in addition to evaluations of anti-bullying, and specifically support group, interventions. This intention is supported by Flyvbjerg's (2006) discussion regarding misunderstandings of case studies, with particular reference to the misunderstanding that they are insufficient research designs as results cannot be generalised, as follows:

"That knowledge cannot be formally generalized does not mean that it cannot enter into the collective process of knowledge accumulation in a given field or in a society. A purely descriptive, phenomenological case study without any attempt to generalize

can certainly be of value in this process and has often helped cut a path toward scientific innovation" (p. 227).

#### *4.3 Resources*

The process was taken from 'Solutions in School: Creative Applications of Solution Focused Brief Thinking with Young People and Adults' (Ajmal and Rees, 2004). This was chosen as the school was keen to see a rapid improvement in the situation and because they had limited EP sessions to use on this intervention. Thus, they wanted an approach that would be effective and time-efficient. Please refer back to Section 2.5 above, for further information regarding the underlying reasons this approach was selected.

The 'My Life in School Checklist' (MLSC) (Arora and Thompson, 1987) was chosen for this study, despite being a relatively aged questionnaire, as it comprises a checklist of the frequency with which certain behaviours occurred in the previous week (not at all, only once or more than once). It has been used with CYP with SEN recently in research, due to the user-friendly language and simple level of understanding required of the child (Humphrey and Symes, 2010), who also found it to be a reliable and valid measure. They stated that:

"The split-half reliability of the MLSC is reported to be very good. Likewise, it correlates well with the Olweus Questionnaire, indicating good convergent validity (Ahmad 1997). Cronbach's alpha for the bullying index items was computed for the current sample and found to be 0.83 – indicating a high level of internal consistency" (p. 81).

### **Section 5: Results**

Please see Table 1.2, setting out the responses Freddie gave to the MLSC; both before and after the support group intervention.

During this week, another pupil...	10.10.13			23.10.13		
	Not at all	Only once	More than once	Not at all	Only once	More than once
Called me names			✓	✓		
Said something nice to me			✓			✓
Was nasty about my family			✓			✓
Tried to kick me			✓		✓	
Was very nice to me			✓			✓
Was unkind because I am different			✓	✓		
Gave me a present	✓			✓		
Said they'd beat me up			✓			✓
Gave me some money	✓			✓		
Tried to make me give them money			✓	✓		
Tried to frighten me	✓			✓		
Asked me a stupid question			✓	✓		
Lent me something	✓			✓		
Stopped me playing a game			✓	✓		
Was unkind about something I did	✓			✓		
Talked about clothes with me	✓			✓		
Told me a joke			✓			✓
Told me a lie			✓	✓		
Got a gang on me			✓	✓		
Tried to make me hurt other people			✓	✓		
Smiled at me			✓			✓

During this week, another pupil...	10.10.13			23.10.13		
	Not at all	Only once	More than once	Not at all	Only once	More than once
Tried to get me into trouble			✓	✓		
Helped me to carry something			✓	✓		
Tried to hurt me			✓			✓
Helped me with my class work			✓			✓
Made me do something I didn't want to do			✓	✓		
Talked about TV with me			✓			✓
Took something off me	✓			✓		
Shared something with me	✓			✓		
Was rude about the colour of my skin	✓			✓		
Shouted at me			✓	✓		
Played a game with me			✓			✓
Tried to trip me up			✓			✓
Talked about things I like			✓	✓		
Laughed at me horribly			✓	✓		
Said they would tell on me			✓	✓		
Tried to break something of mine	✓			✓		
Told a lie about me			✓			✓
Tried to hit me			✓			✓
<b>Total negative responses:</b>		<b>50</b>			<b>27</b>	

*Table 1.2; Results from pre- and post-questionnaire*

The pre and post-intervention questionnaire data indicate a reduction in the number of negative interactions over the previous week, and an increase in positive interactions.

Overall, the balance shows that Freddie noticed fewer experiences that could be considered unpleasant than he had done in the week prior to the intervention beginning.

Qualitative information, elicited through discussions on a one-to-one basis with Freddie, also supported the questionnaire results, indicating that the intervention had been successful, although potentially only over a short period of time. It is possible that this was a result of a novelty effect. When Freddie was seen for an individual discussion after the first support group session, he informed me that he thought some things were better in school, stating that all of the CYP I had included in the group had been nicer to him and are now his friends. He told me that he does not feel worried or scared about coming to school any more, although he was still keen for me to see the group again. Using a rating scale, he indicated that he felt that situation had been at a 'one', as bad as it possibly could be, before the support group, and that now it was at a 'nine'.

#### *Qualitative information from the support group*

In Session One, on 14.10.13, the boys reflected on occasions in school when they had felt unhappy. These included incidents of bullying; being left out; having unkind comments made to them, other children getting them into trouble and having to do things that they did not want to. This allowed a discussion about how they had felt at these times, as proposed by Ajmal and Rees (2004) to raise empathy, which was a clear purpose of this session.

With regard to Freddie and the alleged bullying, in response to the question: 'Is there anything you could suggest that you can do to help make him happier?', the boys made a number of suggestions. Please see Table 1.1 in Section 3.3ii for an overview of these.

During the second session, on 23.10.13, the support group reviewed the strategies suggested in the previous session, although members were not held directly accountable for what they had suggested; rather, the elicited strategies were recapitulated from the previous session. Generally, the support group members had noticed a positive change over the

fortnight since the previous session, with some members stating that they had seen Freddie outside school to play with him. One boy, who had been identified as the main protagonist prior to the intervention, reported that they were getting on much better and that he liked Freddie more. Other members reported that they simply stayed away from Freddie when he was annoying them now, whereas they admitted they would have had an argument with him previously.

## **Section 6: Discussion**

### *6.1 Effectiveness of the support group approach*

In response to the research question: 'What impact does a support group approach have in reducing bullying incidents experienced by a boy with ASC?', the results indicate that Freddie reported a reduction in the number of bullying incidents and an increase in friendships, following the support group intervention, over a short period of time. Furthermore, qualitative information from the group during the second meeting indicated that they had supported Freddie more and been unkind to him less during the previous week. However, their views cannot be taken as wholly reliable or valid as they shared them in an open forum with an adult facilitator, also in the presence of the school SENCo. Despite this, it would be reasonable to conclude that the support group had been effective in reducing the bullying incidents experienced by Freddie, in the immediate period following the intervention. As Stavrinides (2010) proposed that raising empathy was integral to the success of reducing bullying behaviour, this research supports that proposal, due to discussions at the beginning of the intervention being successful in raising empathy and led to the proposal of strategies that may help Freddie. Hence, the prior hypothesis that Freddie experienced bullying as a result of peer pressure (as discussed in Section 2.1) appears to have been supported by the reported efficacy of an intervention that aligns with that theoretical framework. Whilst acknowledging the potential short-term improvement in the situation as positive, Freddie's situation was monitored longer-term through termly Inclusion Partnership Meetings - a



procedure within the EPS whereby a planning meeting is held between the school and their link EP to discuss previous and future work. This process enabled follow-up on Freddie's social situation, with the potential further involvement if required.

Through weekly discussions with Freddie's mother before and during this intervention, it was possible to triangulate the reports of bullying from Freddie, elicited during a pre and post-intervention interview, the support group members and the school staff, with her views. The aim of this was to ensure that triangulation of the situation was elicited; following reports from the National Autistic Society (2006) that CYP with ASCs may not always interpret or report bullying incidents accurately. Freddie's mother was pleased with the effectiveness of the intervention and felt reassured that the school was taking serious action by involving an EP. She, too, noticed a reduction in bullying incidents and improvements in Freddie's relationships at school and willingness to attend school over this fortnight.

There has been a high level of fidelity to the implementation of the solution-focused methodology, achieved through exploration of the evidence base and following guidance in a reference text (Ajmal and Rees, 2004). However, the maintenance of the results reported from this intervention is essential to the long-term impact upon Freddie. As mentioned previously, the SENCo was present during the sessions and she took over responsibility for the group, agreeing to reassemble the group if she had any further concerns regarding Freddie's reported bullying. It was agreed that she would ask Freddie, on a fortnightly basis, how he rated the situation, as discussed in Section 4, using rating scales, to review the effectiveness of the intervention in reducing incidents of bullying. Without such maintenance, the support group approach is limited in its ability to conclude that it has been effective in the long-term.

## *6.2 Reflections*

Whilst qualitative and quantitative information gained from this intervention appear to indicate that the support group approach was successful in reducing bullying behaviour and

had increased the number of friends Freddie perceives himself as having, the longevity of this impact has not been established. It is not possible to state whether the boys involved in the support group had altered their behaviour and beliefs as a result of the support group's intention to raise their empathy, or whether it had simply been a result of having time to explore their perceptions of Freddie.

The involvement of an external agent on a time-limited basis has the benefit of training a member of staff in school to run this approach in future. This training role has been identified as important to the role of an EP (Farrell et al., 2006) and is essential in ensuring longevity of any positive results achieved in the short-term as a result of this intervention. Due to the time-allocation model resulting in a restriction on the amount of time available for this intervention, it is the responsibility of the SENCo to continue with the support group and to seek further support from the EP, if required. Thus, it is imperative that the SENCo fully understands the theory underpinning the approach, and the need to utilise a solution-focused approach. This was achieved through modelling, discussion and a sharing of resources.

It was useful having a member of school staff present in the room during the group, although caution needs to be given to the position of this staff member to ensure the boys feel confident in discussing their true opinions. During the two sessions, the staff member did not say anything and the boys were informed that she would be listening but everything said in the room would be confidential, unless any child-protection issues were raised. As the boys had little contact with this staff member on a day-to-day basis, they did not appear limited in what they discussed, though it is acknowledged that this may have had an impact. However, the paramount benefit of having this staff member present was that she could call the support group together again at any time to continue the discussions concerning Freddie, offering maintenance to the positive results gained. The boys were made aware of this and were approving of this occurring if it was needed by them and / or by Freddie.

### *6.3 The role of educational psychologists in anti-bullying interventions*

Kvarme et al.'s (2013) research into the effectiveness of a solution-focused support group approach to bullying concluded that:

"The most successful programmes were interdisciplinary and included educational psychologists. Educational psychologists may also have a role to play when the bullied child needs further help with emotional reactions to being bullied, and may also provide training and advice to school staff to deal with bullying more widely, including supporting school staff with reviewing anti-bullying school policies" (p. 428).

This sets out that EPs may have an important, whilst varied, role in supporting students who are the victims of bullying, from an individual through to a systemic level. Kvarme et al. (2013) continue their conclusion by stating that it is vital for the effects of the support group to be monitored by school staff and parents over the coming months, with the potential to request further involvement from an EP if required. This is the approach that was employed in this research, due to the time allocation model limiting the potential for continued EP support, with the SENCo continuing to monitor the situation and able to request further support if required.

Bullying interventions are usually conducted by school staff (Fekkes et al., 2005) and research has found that whole-school approaches to anti-bullying can be most effective in reducing bullying (Richard et al., 2012; O'Malley, 2009; Pepler et al., 2008). It is acknowledged that an intervention facilitated by a professional external to the school may have limited success and that EPs may have a greater role in influencing whole-school systems (Purcell, 2012). Lester et al.'s (2013) research found that students who experience greater levels of loneliness and lower levels of peer support at the end of primary school are more likely to experience higher levels of victimisation upon beginning secondary school, indicating that the time prior to secondary transition is particularly vital in managing bullying.

Hence, it could be that intervention at this period of transition is especially important, endorsing specific and targeted programs of support.

However, through using interviews with children, teachers and parents, Purcell's (2012) small-scale research indicated that parents feel most confident that incidents of bullying are being managed when it is the responsibility of the class teacher and proposed that EPs could influence the anti-bullying policy, develop curriculum activities devised to increase empathy and understanding and to conduct observations of 'hot spots' for bullying. Whilst small-scale, the current research supports conclusions of previous research conducted by Maunder and Tattersall (2010), who stated that:

"There is a clear potential role for psychology here in identifying and exploring issues, reviewing options and instigating change. Educational Psychologists and professional advisors, as relative outsiders to individual school communities, may be in a very good position to look in on some of the processes and procedures in place and identify where changes may be beneficial" (p. 126).

This was achieved through including the SENCo in the sessions to continue with this intervention, as appropriate, and monitor the situation over time. Further to contributing to school policies for anti-bullying, it has been proposed that EPs may have a wider role than this through contributing at LA level, and possibly even nationally, to ensure that the impact of bullying is considered in all aspects of education, as stated by Hutchinson (2012);

"At a time of significant cut-backs within Children's Services nationwide, support for young people's social and emotional well-being could easily slide down the agenda of many schools (and support services). EPs are well-placed to communicate an understanding of children's lived experience [...] which can positively shape education policy and practice" (p. 438).

#### *6.4 Conclusion*

The purpose of this research was to explore the impact of a support group approach upon bullying incidents of a boy with ASC and it appears that it has been successful in addressing the research question. The case study methodology has indicated that it has been effective in the short-term, although it is not clear whether these results will be maintained. However, it is acknowledged that the interpretation of these findings is limited to the context surrounding this casework, including pragmatic considerations related to working within a time-allocation model.

It is recommended that the school SENCo, present in the group discussions, monitor the situation through discussions with Freddie's class teacher and mother and recall the group at any time if bullying incidents increase. Furthermore, the anti-bullying policy should be revisited, with support from an EP, to explore the processes that are in place school-wide to reduce bullying and promote pro-social behaviour (Kvarme et al., 2013).

It is recommended that there is further research into the use of anti-bullying interventions for CYP with ASC. In particular, future research should explore the long-term effectiveness of an intervention, such as a support group, to explore whether the impact is maintained.

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## Appendix 1: Letter for consent to parents of children selected for the support group

Dear

The school has become involved in a project, supported by the Educational Psychology Service, to support young people to become happier in school and the focus of this is on one child in Year 6 in the first instance. The group who have been invited to offer support will be made up of between 3 and 7 children chosen by the young person. It will involve the group meeting for 20-30 minutes in school and again for a follow-up session for approximately 20-30 minutes the following week. If needed, there may be one more session after this.

The idea is for the young people involved to come up with ideas and strategies about how to help the young person feel happier and school and it has been found to have benefits for both the young person and the group who offer the support. It may help them to develop their ability to think through problems and help with their understanding of themselves and others.

Your child has been chosen to take part in this group (though of course they may opt out). We would be very grateful to have your child take part and hope that you are happy with this, also. If you have any concerns or questions, please let us know as soon as possible.

Many thanks for your consideration.

## CHAPTER FIVE:

### **A case study exploration of applying Solution Focused Brief Therapy to a child who has recently returned home from foster care**

#### **Abstract**

This case study will explore the application of Solution Focused Brief Therapy (SFBT) to a child who has recently returned to live with her parents after being a Looked after Child (LAC). Consideration will be given to therapy and SFBT in general, the mental health needs of LAC and the application of SFBT to LAC. Formulation considers Attachment Theory and Positive Psychology in relation to the child presented in this case study. Results denote that SFBT is an appropriate therapeutic intervention (TI) for use in this case, as scaling scores increase and success in reducing depression and anxiety factors is indicated. Finally, discussion about the intervention and the implication of the findings is presented, with an exploration of this relevance to the role of Educational Psychologists (EPs).

#### **Section 1: Introduction**

This Professional Practice Report details a TI conducted as a part of my role as a Trainee EP. It is presented as a case study, as this methodology “allows investigators to retain the holistic and meaningful characteristics of real-life events” (Yin, 2009, p: 4).

De Shazer (1988) suggested that the client-therapist relationship could be categorised in three ways: customer, complainant and visitor. This reflected that some people seek therapy for a general purpose; others attend with a complaint, whilst others are 'sent to therapy'. I use 'client' in this report with the personal definition of 'one who is engaging in therapy'. This word is used to reflect the discourse common in literature on this area, whilst acknowledging that this terminology can reflect a medical model paradigm. It is emphasized at this stage that I do not align my thinking with the medical model, thus the word 'client' must be read with the definition I have given.

## Section 2. Literature Review

### 2.1 Origins of SFBT

SFBT originated in America when Steve de Shazer, Insoo Kim Berg and colleagues explored what was working at the Brief Family Therapy Centre (Quick, 2008). Berg and de Shazer discovered that the most effective therapists did not discuss the 'problem' in great detail; rather they focused either on times when these problems did not occur or what could be done differently (de Shazer, 1985; Molnar & de Shazer, 1987; de Shazer, 1988). Furthermore, 'pre-session change' was identified (Weiner-Davis et al., 1987); defined as something that "can reveal clients' strategies, beliefs, values and skills that will be helpful in constructing solutions" (O'Connell, 2005, p: 40). Upon noticing that some clients used phrases such as: 'if only a miracle could happen', de Shazer adapted a technique the 'crystal ball' method (Erickson, 1954, in de Shazer, 1988), and used the language of the clients to form the 'miracle question' (de Shazer, 1988). Other techniques included the use of the following, with descriptions taken from Quick (2008):

Technique	Description
Problem-free talk	"Asking the client about any aspect of his life that does not involve the problems he is bringing to therapy" (p: 49)
Scaling questions	"Enabling the client to focus on the degree of progress towards their preferred future" (p: 115)
Compliments	"[...] ending a session with affirmative feedback to the client. It is a disciplined and thoughtful process" (p: 43)
Identifying resources	"Therapy doesn't change people, it enables them to discover their own resources so they can make the changes themselves" (p: 52)
Exceptions	"If all problems have exceptions, then all problems have solutions already in place, just waiting to be activated" (p: 105)

Table 1.1; Techniques used in SFBT

Whilst SFBT is a relatively new technique, the theoretical origins can go much deeper (United Kingdom Association for Solution Focused (SF) Practice conference, 2013). Influences upon SF practice can include the following:

Bateson (1972)	Proposed that there is rigour to imagination and that you can rehearse endings
Foucault (1991)	Believed in the power of knowledge and reflexivity, as well as the notion of the importance of discourse and narrative. Foucauldian thinking suggests that the 'therapist' is not in charge, but is a facilitator
Weakland and Fisch et al. (1974)	Questioned how real 'reality' is, proposing multiple levels to reality so that people and problems need to be considered in their context
Wittgenstein (1953)	Interested in the notion of language and that each person has 'multiple stories' which can be re-written with help from others and reflection

*Table 1.2 Theoretical origins of SFBT*

## *2.2 The evidence base of SFBT*

It could be argued that there is a limited research evidence base for SFBT, as stated in the following meta-analysis of studies: "The effects of SFBT are equivocal and more rigorously designed research needs to establish its effectiveness. Therefore, practitioners should understand there is not a strong evidence basis for SFBT at this point in time" (Corcoran & Pillai, 2009, p: 240-241). The researchers found only ten studies that could be analysed and which were rigorous enough for inclusion (having a comparison group and containing 40+ participants in each trial group). Despite the limited research, the authors concluded that SFBT has applicability to a range of contexts and client groups, including children, families and schools. Whilst this research was conducted in America, it was published in a British journal, further highlighting the need for more research on the applications of SFBT in England.

However, by contrast, a book published and written in England makes the following point: "SBFT had an evidence base of six evaluation studies in 1994, which has now increased to 97 relevant studies, including two meta-analyses and three systematic reviews. This is better than many earlier psychotherapies can show" (Macdonald, 2011, p: 88). This statement is a reminder that SBFT is a relatively new approach and the body of evidence should be considered in this context; the reliability can neither be confirmed nor discounted.

Knekt et al. (2008) explored the impact of one long-term TI (psychodynamic psychotherapy) and two short-term interventions (short-term psychodynamic psychotherapy and SBFT) on 326 adult out-patients with mood or anxiety disorders. The researchers found that the short-term therapies produced positive change in a shorter time frame than did the long-term therapies. A mid-term evaluation showed no difference in the effects between the long and short-term therapies and a long-term evaluation found that the long-term therapy was the most effective; with no statistical difference between the two different short-term therapies. Accordingly, it could be concluded that the length of intervention is of greater importance than the type of therapeutic approach used. However, it should be noted that this study was conducted with adults in Finland in a clinical setting, making it difficult to generalise these findings to application with children in England. Additionally, it is noted in the research that those who dropped out of the SBFT group had a higher incidence of psychiatric symptoms and needed additional psychiatric treatments. Thus, this may have biased the results against the overall effectiveness of SBFT.

Gingerich and Eisengart (2000) explored the different contexts in which SBFT could be applied and found evidence of its efficacy to the following areas: depression in college students, parenting skills, physical rehabilitation centres, reducing re-offending in prisoners, youth offending, counselling high school students, couples therapy, substance misuse and adult mental health support services. Whilst recognising the relatively small evidence base (although not reporting the number of studies), the authors concluded that: "progress is

being made in subjecting SFBT to empirical test" (p: 494). They proposed that there was preliminary support for the use of SFBT and that it has the potential to be applied to a broad range of settings and populations.

In a meta-analysis of case studies using SFBT with children in schools, Franklin et al. (2001) report that all seven articles establish positive effects in the children as a result of the intervention and indicated the successful application of SFBT with children with special educational needs (SEN). It proposed that further research into combining the intervention with teacher-consultation could further increase the efficacy of this approach. Again, this research was conducted in America, revealing once more the need for a greater UK-based evidence base.

Woods et al., (2011), commissioned by the Department for Education, conducted a systematic review of SFBT by social workers. Whilst identifying a 'relatively small evidence base' (p: 6), including 28 studies, SFBT was considered to be 'relatively reliable'. Of the studies included, 34 found positive effects from the application of SFBT to a range of work with children and families, with particular success reducing externalising and internalising behaviours. However, the authors proposed that further exploration is needed of application to child protection cases and the cost-effectiveness of the model before it could be applied, with confidence, to social work practice. Despite this limited evidence base, a comparison between SFBT and Cognitive Behavioural Therapy (CBT) showed that SFBT has a greater potential to increase the stability of foster-care placements when used with adolescents (Koob & Love, 2010), offering support for the application of this approach over others with, arguably, a greater evidence base, as Waddinton and Jury (2013) state: "The intervention focus has been on CBT because it is the therapeutic modality which currently has the widest evidence base" (p: 5).

### *2.3 Therapy in general*



“What treatment, by whom, is most effective for this individual with that specific problem under which set of circumstance?” (Paul, 1967, p: 111)

In the fifty years since this question was posed, a great deal of debate has ensued about whether TIs are effective, and if they are, why this may be the case (Lambert, 1992; Miller et al., 1995; Miller et al., 2002; Lebow, 2007). Lambert (1992) studied the variance of factors that affected the outcome of psychotherapy and found that only 15% was attributable to the specific model of therapy that was used. A much higher percentage derived from the relationship between the therapist and the client and ‘common factors’. Miller et al. (1995) suggested that it was the client’s interpretation of the relationship that was fundamental to success, and proposed using instruments to measure the client’s perceptions of this alliance in an ongoing and systematic manner, later developing specific tools for this purpose (Miller et al., 2002).

Quick (2008) describes these ‘common factors’ as: extra therapeutic variables (personal strengths, values, support networks, etc.), relationship variables, hope and specific techniques. This belief in the importance of developing these ‘common factors’ to increase the outcome of therapy is shared by Reisner (2005) who states that:

“Evidence indicates that the therapist is a powerful factor in the outcome of the therapy. Forging a strong therapy alliance and fostering an expectation of improvement is crucial in psychotherapy. Common factors in therapy may, indeed, account for more of the variance in therapy outcome, as compared to specific techniques” (p: 392, Reisner, 2005).

However, ‘common factors’ may be seen as a context in which to situate the model of therapy in use, as proposed by Blow et al. (2007) who state that: “In essence, we believe that models are important and that common factors are the best explanation for how models work” (p: 313). Forming a middle-ground between these ideas, Quick (2008) proposes that ‘common factors’ are addressed within SFBT, both being part of the therapy’s variance and

being an explanation of how the models work. She elaborates that the extra-therapeutic variables are met through consideration of the client's readiness to change, and the 'worst and best' messages (p: 224). Relationship variables are covered through validation, on-going enquiry about what is helpful and the appropriate moderation of the intervention to their needs. Hope is covered with the elicitation of 'positive expectancy' and through emphasizing a client's strengths. Finally, solution focused (SF) approaches consider what works for the client, both embracing and welcoming it (p: 224).

Lebow (2007) conducted a meta-analysis of research from the previous 25 years and found that therapy is effective, and that scientific therapy is particularly useful for specific mental disorders. He collated a list of the top ten most significant developments arising from research:

No.	Development
1.	Therapy is at least as effective as medication in treating certain disorders
2.	Specific empirically supported treatments have been identified as effective for specific disorders
3.	Brief and targeted interventions are effective
4.	Common factors, supportive of therapeutic success, have been identified and validated
5.	An integration of modalities can be conducive to therapeutic success
6.	The most serious psychological conditions can be supported through specific therapies
7.	New approaches incorporating acceptance, meditation, and mindfulness have emerged
8.	Outcomes of therapy can be enhanced by regular tracking of the progress
9.	Developments in approaches for emotionally-disturbed adolescents have increased the effectiveness of therapy in application to this area
10.	Identification of certain factors within a marriage can usually predict the breakdown of this relationship

*Table 1.3 Adapted from 'Psychotherapy Networker', Lebow (2007)*

As with all meta-analyses, it increases the sample size and the power of the results. However, there are criticisms inherent with a meta-analysis that need to be considered. Generally, research that has 'positive' findings tend to be more readily available and selection bias by the researcher can affect the research that is included. Thus, the meta-analysis may not be truly representative of the available research, or indeed of the focus of the analysis. Nevertheless, Lebow's proposal of the top ten most significant developments over the last 25 years illustrates the changing landscape of therapeutic research and intervention and provides an optimistic view of its effectiveness.

#### *2.4 Mental Health Needs of LAC*

There are a number of studies suggesting that LAC are at an increased risk of experiencing mental health difficulties at some point during their education (Rees, 2006; Millward et al., 2006; Meltzer et al., 2003). Rees (2006), as cited in Jackson et al., (2010) found that only 20 children and young people (CYP), out of 193 LAC within a Welsh Local Authority, viewed themselves, and were viewed by their carers, teachers or their social worker, to be relating to and socialising well with peers. This study gathered data from a large number of participants and triangulated the views about LAC; however the concepts that the researchers explored are vague, including: 'connecting well with others', 'achieving and engaged'. This broadness may have been interpreted differently by the various participants and there was not an objective measure. Additionally, this study was conducted in one LA in Wales and the findings cannot be applied to other LAs due to differences in initiatives targeting LAC and different approaches to supporting them. Nevertheless, this study provides insight into difficulties that some LAC may face when interacting with their peers, as Jackson et al. (2010) concludes: "the positive processes of resilience and the existence of protective factors performed a significant role in contributing to these positive outcomes" (p: 70) and without these, LAC may experience negative relationships. However, it should be

noted that this is an unpublished doctoral thesis, cited in research related to the well-being of LAC.

Government statistics indicate that abuse and neglect are the most likely reasons for a child entering care, with family dysfunction being the second most common reason (DfE, 2011). This may contribute to the finding that LAC have a greater probability of developing mental health difficulties than non-LAC (Millward et al., 2006). Meltzer et al. (2003) found that approximately 10% of CYP in England will have a diagnosis for a mental disorder, whilst this figure rises to nearly 50% of LAC living in foster care and even further for those living in residential care (70%). These figures suggest that LAC may be at an increased risk of developing clinically diagnosable emotional disorders, with the risk increasing when they live in a care home as opposed to in foster care. Nonetheless, it should be acknowledged that not all LAC will experience such conditions; hence the figures should not be viewed as fatalistic.

### *2.5 Applying SFBT to supporting LAC*

Research has indicated that SFBT could help increase stability of foster care placements when used with adolescents who have experienced multiple placements (Koob & Love, 2010), although this study used a small sample size from one location, thus limiting its generalisability. However, the conclusion that applying SFBT stabilises placements has interesting implications for the role of Social Services in delivering such interventions.

Cepukiene and Pakrošnis (2011) explored using SFBT with adolescents experiencing behaviour difficulties in foster care placements and found it to be an effective method for promoting positive behaviour changes. Whilst conducted in Lithuania, hence framed in a different context and yielding results that may not be applicable to England, the researchers make an interesting point in their conclusion:

"The literature on psychotherapy suggests that when working with difficult adolescents it is most beneficial to stay brief, foster collaboration, take into account and value their opinion and point of view [...]. The followers of SFBT often claim that the model meets these criteria, thus can be applied across different clients' groups [...]. Unfortunately, there is very little empirical support for such claims " (p: 796).

Clearly, this is a very limited area of research although both studies indicate that there are potential benefits to applying SFBT to LAC, in terms of their placements and the impact this stabilisation can have on improving their emotional wellbeing.

This case study intends to extend the research in this area through exploring in greater detail the application of SFBT in use with these vulnerable CYP.

## *2.6 Formulation*

Formulation has been described as: "a structured story for therapists and clients which gives one account of why things are the way they are and what might need to happen for things to change" (Harper & Spellman, 2006, p: 102). Therefore, I will discuss my formulation, drawing on Attachment Theory and the concept of resilience, in addition to Positive Psychology.

Liesel (names are anonymised) is a nine year old girl who has recently returned to live with her parents, after approximately eighteen months in foster care. The family are under close supervision from Social Services (see Appendix 1 for a detailed overview of Liesel's background).

As explored above, research proposes that LAC are a vulnerable group to mental distress as a result of their experiences (Meltzer et al., 2003; Millward et al., 2006). Bowlby's (1969) Attachment Theory may offer some insight into why LAC find it harder to achieve mental health and emotional well-being than do their non-LAC peers. He described attachment behaviour as: "any form of behaviour that results in a person attaining or maintaining

proximity to some other clearly defined individual who is conceived as better able to cope with the world" (1988, p: 27). Read (2010) explains the importance of Attachment Theory to the application of work with all CYP: "Attachment research focuses on the importance of good enough early relationships, as one of the most important building blocks for good emotional well-being and mental health in later life" (p: 11-12). Disruptions to, and non-formations of, these attachments have been associated with behavioural problems and mental health problems (Lyons-Ruth & Jacobvitz, 1999; Perry & Szalavitz, 2007).

Attachment Theory proposes underlying reasons regarding why LAC may be more susceptible to mental health problems, although it could be argued that it offers little to explain why some LAC do not experience adverse life outcomes or mental health difficulties. This shortfall can be overcome with the application of theories of resilience, which is defined by Gilligan (2000) as: "a capacity to do well despite adverse experience" (p: 37). The concept of resilience is credited with the potential for improving psychological well-being, educational attainment and positive life outcomes. The paper outlines ideas for building resilience in CYP; however Gilligan's paper does not describe a tested method that investigates the effectiveness of school and spare time activities as protective factors - rather, his recommendations appear to be based on ecological and ecosystemic theories and are supported by an extensive literature review of research into these areas. Aherne et al. (2006) acknowledge a difference across literature regarding the construction of resilience, with some seeing it as a process, others viewing it as the combination of a set of qualities and some viewing it as a desired end product of intervention. Strumpfer (2001) and Enthoven et al. (2005) particularly focus on the concept of resilience as a process, with the increasing knowledge of how to apply resources to help problem solve. It is this concept in particular that led me to choose SFBT for this intervention.

Concepts of resilience appear to complement the theory of Positive Psychology, as Beazley (2013) states: "One could argue that resilience is the end product of intuitive application of

Positive Psychology to the management of personal adversity" (p: 1). Positive Psychology was proposed by Csikszentmihaly and Seligman (2000) as "the scientific study of what goes right in life, from birth to death and at all stops in between" (Peterson, 2006, p: 1). Fundamentally, Positive Psychology proposes that we should elicit and systematically reward the strengths of CYP, and through this process we will find them making better use of a few them (Seligman, 2002). Whilst there are some flaws to this theory, including a lack of scientific attention and an over-emphasis on positive qualities, it does make 'happiness' an explicit aim of education. With the research into the limited emotional well-being of LAC (Rees, 2006; Millward et al., 2006; Meltzer et al., 2003), the application of such a goal is an attractive one, fitting with the principles of SFBT, which are: "1. What's the trouble? 2. If it works do more of it. 3. If it doesn't work, stop doing it. Do something different." (p: 2, Quick, 2008).

## *2.7 Why SFBT?*

SFBT derives from social constructionist epistemology (O'Connell, 1998) as does Positive Psychology (Kristjansson, 2012). Thus, the social constructionist approach to formulation will be followed, described as: "a process of ongoing collaborative sense-making rather than one of developing objective or semi-objective descriptions of the causes of a problem" (Harper & Spellman, 2006, p: 102). For this reason, formulation was inherent in each session of the TI and was considered and refined constantly, as would be the case in any approach to TI underpinned by social constructionist epistemology. However, the description here of the theories influencing the selection of SFBT formed part of the initial formulation to ensure the intervention was an appropriate one.

Despite these apparent links between SFBT and Positive Psychology, it is acknowledged that: "While similar concepts have been developed and similar psychotherapy methods used by both groups, it appears that there has been little communication between the two" (Quick, 2008, p: 188). Quick (2008) proposes that these two areas of Psychology have a great deal

to offer each other and that by considering them together, the limitations of both areas can be greatly reduced, whilst the positive factors are greater enhanced. She illustrates this as follows:

"Because strategic SFBT combines amplification of the positive, on one hand, with the acknowledgement and labelling of problems and an acceptance-based stance, on the other, it may avoid some of the difficulties that may emerge in the Positive Psychology approach when it is used alone" (p: 198).

It is this view that I have taken through my formulation and will continue to take during this paper. I believe that Bowlby's early work on Attachment Theory, and the emergence of theories relating to resilience, influenced my choice of utilising SFBT. In turn, my construction of SFBT is that it could be aligned with the Positive Psychology paradigm, although the origins of SFBT out-date the introduction of Positive Psychology. It is acknowledged, however, that an alternative form of TI could have been employed as others are used by EPs with CYP in schools, including CBT (Greig, 2007; Squires, 2010) Personal Construct Psychology (Truneckova & Viney, 2006) and Narrative Therapy (Pomerantz, 2007). However, social constructionism proposes that: "Knowledge is derived from looking at the world from some perspective or other, and is in the service of some interests rather than others" (Burr, 2003, p: 6). Consequently, it cannot be denied that my epistemological position has influenced the form of therapy I selected, based upon my own inclination towards Positive Psychology and SF approaches. Furthermore, Boyle (2007) states that: "Various psychotherapeutic approaches are now being used in school settings by EPs and the particular methodology should be applicable to the situation of the adolescent client – that is, the client should not be made to fit the approach" (p: 43). Following this view, I considered the formulation of Liesel's presenting concerns to align with a SF approach. As Boyle (2007) further explains:



"CBT, motivational interviewing and SF approaches all have evidence from the literature to suggest that they have benefited adolescents. No matter what [...] approach is used, there is no doubt that a successful and meaningful dialogue needs to exist between the client and the psychologist, so that successful interventions can take place" (p: 43).

Thus, it appeared that selecting an approach that met Liesel's individual needs, as well as one complementing my beliefs and values, are valid reasons for selecting SFBT.

### *2.8 Research question*

The literature review has explored the origins and evidence base for SFBT, in addition to the increased risk of mental ill-health of LAC and the evidence regarding the application of SFBT to supporting LAC. The focus of this paper is to consider the question: why use SFBT to support a child who has recently returned home following being in foster care to cope with her experience?

## **Section 3: Methodology**

### *3.1 Participant*

Liesel was selected for this TI as she was raised as a concern in one of the schools I work with. For information on the 'referral' process and the schools' concerns, see Appendix 1. Parents were contacted by the school prior to them discussing her with me to seek consent for the consultation. School staff contacted them again following the consultation to seek permission for the TI and an initial consultation with Liesel. Consent will be discussed further in section 2.3.

### *3.2 Research Design*

A case study was selected to explore the effectiveness of SFBT in supporting a CYP who was previously a LAC. Whilst the limitation of a case study is that there is an inability to generalise from a case study (Thomas, 2009), thus being unable to draw wider assumptions

about applying SFBT to LAC, the great strength of the case study design is its flexibility. Hakim (2000) notes that "the case study is the social research equivalent of the spotlight or the microscope" (p: 59). It is for this reason that the research design was selected - to explore the application of SFBT to LAC in depth.

### *3.3 Ethics*

Liesel was invited to a consultation with me in school. At this time, I talked through a leaflet I had designed on SFBT (Appendix 2) to visually illustrate the approach. After ensuring that she understood fully what the intervention involved, using the leaflet, in accordance with BPS guidelines on valid consent (BPS, 2008, section 2), Liesel consented to take part and was informed that she could withdraw at any time (BERA, 2011). She was informed that confidentiality would be ensured in this report, in accordance with the regulating body of which I adopt professional practice principles (HCPC, 2012). She completed a questionnaire, taken from the CYP's IAPT Tracking Outcomes Resource Pack (NHS, 2012), the Revised Child Anxiety and Depression Scale (R-CADS). This questionnaire was selected as it used a rating scale (from never to always), fitting with the SFBT approach, and focused on the two constructs described in referral information - anxiety and depression (not clinically diagnosed). I decided she was able to understand this resource as the Outcomes and Evaluation Task and Finish Group stated that: "measures can be completed by a relatively able 8 year old" (p: 4, NHS, 2011). It is acknowledged that a limitation in using the IAPT Tracking Outcomes Resource Pack is that it sits within the medical paradigm and, as stated in the introductory section, I do not align my thinking with the medical model, hence I used my judgement to ascertain that the resources I used (discussed in more detail in section 2.5) did not appear too clinical. The advantage of these resources existing in an accessible, child-friendly format superseded my concerns regarding the medical origins.

Although Liesel's parents had agreed to the intervention through the school's SENCo, I wrote them a letter to introduce myself and explain my role (Appendix 3). With this, I sent a

consent form (Appendix 4), a leaflet explaining SFBT and asked them to complete an R-CADS questionnaire about Liesel. The purpose of this was to give me an understanding of their concerns and allow me to compare the information they gave with information from Liesel. Only qualitative information was extracted from this questionnaire; no calculations were made to score it. This is in accordance with views from the Evaluation Task and Finish Group (NHS, 2011) who state that: "when only the young person is in contact with the service, it may make most sense for only them to complete the measures" (p: 4). Hence, parents were able to state their concerns through completing the questionnaire, although their views were not used to evaluate or measure success. Parents were given the opportunity to make contact with me with any further questions and were assured that I would be in contact with them during my involvement with Liesel. This approach was selected due to time constraints, as the intervention began after the Easter holidays and the consultation with Liesel was held the day before these holidays began. Whilst a face-to-face meeting would have been the most desirable approach at this stage, the time was unavailable and contact had to be made via letter. Furthermore, the school's SENCo met with parents to discuss the intervention during a pre-arranged review and reported that parents were pleased that Liesel would be receiving support and they did not have any questions.

Bassey (1999) proposes that: "an educational case study is an empirical enquiry which is [...] mainly in its natural context and within an ethic of respect for persons" (p: 58). Thus, the sessions were held in a private room of Liesel's school and a genuine mutually respectful relationship was established through rapport-building. This was measured using child session rating scales (CSRS) at the end of each meeting with her to establish how she felt about the following four factors: listening, importance, what we did and overall feeling about the session. These scores are reported in section 3.

### *3.4 Procedure*

Liesel was seen for a pre-session, four sessions of TI and a post-intervention summary and evaluation session. At the end of each session, Liesel was offered the opportunity to see me for another session if she wanted to and it was at the end of the fourth one that she declined the offer. The details of these sessions can be found in Appendix 5.

Following the intervention, a summary was sent to school and Liesel's parents (see Appendix 6), with her permission after seeing a draft version, and a letter was sent to Liesel to recapitulate the intervention (see Appendix 7).

There is no minimum or maximum number of sessions required for SFBT to be effective and this was negotiated with Liesel, her school and her parents at the beginning of the intervention. It was agreed that Liesel could have the number of sessions she needed until she felt that she no longer needed them. As de Shazer (1991) stated: "how brief is brief therapy? Not one session more than necessary" (p. 10). Liesel felt she had benefitted sufficiently from the intervention after four sessions and did not take up the offer of another session.

### *3.5 Resources*

The following resources were taken from the Improving Access to Psychological Therapies: CYP's IAPT Tracking Outcomes booklet (NHS, 2012, version 1.3.1); consent form, R-CADS, goal progress chart, child outcome rating scale (CORS) and CSRS. This resource pack was used as the resources were devised by wide range of professionals, from a variety of backgrounds, including: 'informatics advisors', representatives from CAMHS and the voluntary sector, data collectors and 'Involvement of Young People' practitioners. This robustness of this approach contributes to Punch's (2005) intention for a case study:

"The basic idea is that one case (or perhaps a small number of cases) will be studied in detail, using whatever methods seem appropriate. While there may be a variety of

specific purposes and research questions, the general objective is to develop as full an understanding of that case as possible" (p: 144)

This definition proposes that a case study is a detailed exploration of a single instance, making use of relevant resources to develop as a full an understanding as possible. Thus, repeated measures were elicited using the CORS during each session and qualitative information was gathered from a Teaching Assistant in Liesel's class in addition to parental feedback to contribute to a triangulated approach.

To structure the first session, I used O'Connell's (1998) framework, which included: forming a collaborative relationship through problem-free talk, creating a climate for change through discussing pre-session change and exploration of what is going well, eliciting the 'best hopes' for the intervention through using the miracle question and scaling, discovering Liesel's resources through competence and exception seeking and finally through exploring tasks through the use of compliments and asking Liesel to notice her emotions and what is going well over the following week.

To guide the following sessions, I used Ratner et al.'s (2012) book for SFBT techniques. I used this book as it was published in England recently and is recommended by the BRIEF organisation, Europe's largest provider of SFBT training.

#### **Section 4: Results / Intervention**

Liesel completed the R-CADS (NHS, 2012) questionnaire before and after the intervention, giving a pre- and post- measure. The scores are presented in the following table:

Domain	T Scores	
	Pre-intervention	Post-intervention
Separation anxiety	48	38
Generalised anxiety	45	32
Panic	55	49
Social phobia	37	43
Obsessions/compulsions	51	35
Depression	65	55
Total anxiety	46	38
Total anxiety and depression	50	41

*Table 1.4; pre and post intervention scores*

There was a reduction in all measures, aside from the 'social phobia' domain. It could be that Liesel became more aware of this throughout the duration of the intervention, as a large part of the discussions related to her relationship with peers. This reflection could explain the slight increase of score.

A criticism of this measure is that it does not report statistical significance; hence it is not possible to conclude which of these changes is statistically significant. However, a T-score of 65-70 indicated 'borderline clinical threshold' and one score was at this level prior to the intervention; the 'depression' domain. Following the intervention, this score had dropped to within the 'normal' range. It is positive that so many scores showed some improvement following the intervention, although extraneous variables cannot be accounted for (for example: involvement of social services, peer relationships, etc.). Thus, it is not possible to conclude that positive effects are a result of the intervention in isolation.

SFBT aims to elicit and achieve the client's best hopes for the intervention. Liesel stated that she wanted 'to feel less worried about things in general' and the table below shows her

progress over the sessions towards achieving this goal, as rated by her on the goal progress chart;

<b>Session 1</b>	<b>Session 2</b>	<b>Session 3</b>	<b>Session 4</b>
1	2	10	10

*Table 1.5; goal progress chart ratings*

These results indicate that Liesel believed she was progressing in meeting her goal over the course of the intervention. It appears that she felt she made a great deal of progress in between session 2 and 3, a period of two weeks, although she felt that she would benefit from another session. However, an opposing view could be that she did not understand fully the concept of a rating scale as she went from one end of the scale to the other, without a gradual improvement in between. Thus, she may have understood polar constructs better than the rating scales.

Scaling questions form a central aspect of SFBT (O'Connell, 1998; Quick, 2008; Ratner et al., 2012). The following table shows the ratings given by Liesel using the CORS;

<b>Question</b>	<b>Session 1</b>	<b>Session 2</b>	<b>Session 3</b>	<b>Session 4</b>
Me (How am I doing?)	9	1	10	10
Family (How are things in my family?)	2	10	9	8.5
School (How are things at school?)	10	9	6	4.5
Everything (How is everything going?)	5	5	4.5	10

*Table 1.6; CORS scores*

From the first to the last session, increases in ratings are shown in three domains: self, family and everything. However, the rating for school decreased session by session. During the intervention, there were some social problems that were discussed at great length. After session three, a Teaching Assistant, Ms. Luvli, joined us and Liesel discussed these concerns with her. It could be that Liesel became more aware of these issues, through

reflections in the sessions. However, her confidence in speaking to adults in school appeared to increase over the duration of the sessions so that she was better able to manage the situation herself.

The following table presents the results of scaling questions evaluating the sessions, according to the CSRS:

<b>Question</b>	<b>Session 1</b>	<b>Session 2</b>	<b>Session 3</b>	<b>Session 4</b>
Listening	10	10	10	10
How important	9	1	9	10
What we did	10	8	6	10
Overall	10	5	4.5	10

*Table 1.7; CSRS scores*

## **Section 5: Discussion**

### *5.1 Why use SFBT to support a LAC?*

A critique on the basis of the results above would suggest that SFBT has been effective, with positive outcomes, as rated by Liesel. Furthermore, Liesel's mother contributed qualitative information, which indicated further success. She reported that Liesel had been 'wetting the bed' every night since she returned home, although this reduced to once or twice a week when the intervention began. Mrs. Meminger (mother) also recounted that Liesel had remained in the room during a visit from the social worker for the first time, of whom Liesel was afraid and usually hid from. Thus, combining this qualitative information with Liesel's CORS, goal progress ratings and pre and post intervention scores, suggests that SFBT helped Liesel overcome some difficulties she was facing.



The support for using SFBT with LAC could be disputed by returning to previous consideration regarding the importance of 'common factors' in establishing positive change within a TI (Reisner, 2005; Blow et al., 2007; Quick, 2008). One aspect of common factors, the relationship variable, was evident. A positive relationship between Liesel and I had developed - staff and parents reported that she looked forward to the sessions and had attended school on a day she felt unwell as she wanted to attend the session. Discussing the potential impact of common factors upon the outcome of therapy, Messer and Wampold (2002) consider three aspects of the common factors approach through a meta-analysis. They conclude that the 'therapist-client relationship' "accounts for dramatically more variability in outcome than specific ingredients" (p: 23), and this variance increases dramatically (from 5% to almost 70%) depending upon the therapist's belief in the efficacy of the TI they are using. Furthermore, within a particular treatment, there is a great deal of variance in effectiveness, between 6-9%, according to the therapist that delivers it. Thus, they compare the medical model, with its strong belief in adhering to manuals and delivering interventions according to presenting conditions, with the contextual factors model of therapy and state that: "In effect, the medical model says, "Seek the best treatment for your condition," whereas the contextual model advises, "Seek a good therapist who uses an approach you find compatible" (p: 23). The contextual model of therapy could have contributed to the effectiveness of this intervention, as a positive relationship had developed and I have a personal belief in the efficacy of SFBT. In concluding their paper, Messer and Wampold (2002) recommend that Psychologists should reduce the emphasis on empirically-supported treatments, belonging to the medical model, which has been found "wanting" (p: 224). Whilst written a decade ago, current research supports and extends this view, including a recent article that attributed high drop-out rates from therapy to a lack of, or limited, therapeutic alliance between the client and therapist (Roos and Werbart, 2013). They proposed that more emphasis should be given to training therapists in the importance of common factors, rather than in programme specifics.

Specific to LAC, Gilligan (2007) proposes that "serendipitous connections to other concerned adults" (p: 141) can improve the self-esteem of CYP who are, or have been, in care. He believes these relationships build resilience, increase positive experiences and teaches about warm relationships they may not have experienced previously. It could be argued, therefore, that SFBT need not be applied to support LAC, but rather the time spent in developing a positive relationship with an adult could offer positive change.

A criticism of SFBT has been that the focus on the solution can lead to little or no discussion of the presenting problem. As stated by Harper and Spellman (2006) "It has been a criticism of some SF approaches that clients can feel they have not been heard [...], because they have not been given the opportunity to convey how difficult things are" (p: 107-108). Whilst recognising this potential limitation, there is scope within the traditional model of SFBT to discuss the problem, although this is done only when initiated by the client (Ratner et al., 2012). If the client wishes, they can discuss this, with the SFBT practitioner trained to listen, reflect and draw-out the exceptions or coping strategies from such discussion. Throughout the sessions with Liesel, problem-free talk would frequently lead on to her presenting any problems that she had experienced during the previous week. Awareness of this potential limitation contributed to my decision to make use of the CSRS at the conclusion of each session to ensure Liesel felt that she had been listened to and that we were discussing salient topics. Furthermore, applying this proposed limitation to supporting LAC, frustrations from the CYP could arise from focusing on the problem, which they may feel is out of their control. Rather, they have access to a social worker whose role it is to provide support to those in care. Consequently, opportunities to focus on positives, coping strategies and preferred futures could have an appeal above alternative approaches.

Regarding the role of social workers in supporting children in care, it has been proposed that SFBT is a compatible approach for use by these professionals and it has been found to be cost-effective, due to the fewer number of sessions required (Corcoran and Pillai, 2009).

This meta-analysis proposes that more evidence is required from social work professionals who are experienced in using SFBT, rather than students' use of SFBT, to evaluate the effectiveness of this approach.

## *5.2 Reflections*

Retrospectively, I believe the overall goal for the sessions was too general and non-specific. The goal was: "to feel less worried about things" and was elicited in the first session through exploring Liesel's best hopes. I think further exploration around this would have been useful in refining the goal and making it more specific. As a result of this broad aim, I have considered to what extent Liesel understood the rating of her progress towards this goal. Moving from 1 (session 1) to 2 (session 2) and then up to 10 (sessions 3 and 4) can be construed as showing a limited understanding of how to rate her progress towards such a non-specific target.

Upon reflection, I query whether it was appropriate to make use of pre and post measures. A core belief of SFBT is that only the client needs to feel the intervention has had a positive impact in order for it to be regarded as successful (Macdonald, 2011). Additionally, Corcoran and Pillai (2009) criticise measurement by stating: "The solution-focused view is that intervention begins at the assessment stage. Most measures tend to be problem-focused in nature; therefore, an assessment period devoted to a problem focus would detract from the strengths orientation of solution-focused therapy" (p: 235). The in-session rating scales and goal progress chart are sufficient in capturing progress, hence I believe my use of quantitative measures is reductionist and could have under-mined the autonomy of Liesel to recognise whether or not she has made positive changes.

Whilst I did not calculate the R-CADS completed by parents, using it solely to inform my knowledge of their concerns, I question whether this attempt at triangulation does fit within the SF paradigm. When working with children referred by adults for support, Ratner et al. (2012) believe that exploration around what the child believes the adults' best hopes are for

the sessions, as well as their own best hopes, is informative and can generate discussion and elicit goals. Hence, formally recording the views of key adults through the use of a questionnaire does not appear to fit within SF practice.

### *5.3 Influences of Attachment Theory and Resiliency Factors*

As mentioned previously, Attachment Theory (Bowlby, 1969) may offer reasons why LAC are more likely to experience mental health problems and require the support of a TI (Perry and Szalavitz, 2007). However, it is acknowledged that this theory has not always been widely accepted by EPs, as Slater (2007) summarised: "Like psychoanalysis, there has also been some difficulty between attachment theory and educational psychology, and a level of scepticism remains for many educational psychologists. Like many family feuds, much of this is to do with a misunderstanding or a clash of incompatible values" (p. 216). Slater (2007) suggests that many EPs consider Bowlby's original proposals to be out-dated, although his later work including risk and resilience factors (Bowlby, 1988) may offer a way for EPs to reconsider his proposals and recognise its many strengths, including the belief that: "Attachment theory and the wealth of research surrounding it can do much to enrich our work as educational psychologists. It is grounded in not one but many psychological paradigms, drawing from biological neuroscience, cognitive psychology, social constructionism and narrative psychology" (p. 216). Furthermore, she recognises that it is a theory which has fallen into the domains of many professionals with whom EPs work, including social workers, and that through understanding Attachment Theory, EPs can complement their work with their understanding of broader Psychology.

Positive Psychology and concepts of resilience also influenced the formulation in this case study. Honey et al. (2011) explored the self-perceptions and factors of resilience of LAC in one Local Authority and found that some key protective factors included having at least one good friend, good attendance at school and good relationships with adults - although during the intervention with Liesel, friendship emerged as an area of difficulty for her and was a

topic which she wanted to discuss at length, and whilst she had exceptionally good attendance at school, she appeared not to have formed a clear relationship with an adult in school. Throughout the TI, she was encouraged to learn how to approach staff members in school to discuss her concerns and this included inviting a Teaching Assistant into the end of a session. Liesel was able to talk to this TA about her anxieties, initially with support from myself. The intention was to build on the protective factors that Liesel had already, including good attendance at school, as proposed by Honey et al. (2011) who stated that: "These findings clearly highlight the importance of fostering resilience, and in turn, self-efficacy" (p. 49). Hence, it appears that the Psychological theories underpinning the formulation and conduct of this TI are relevant and have been useful in creating apparent successful change for Liesel.

#### *5.4 Case study approach – evaluation in context*

The research question was to explore why SFBT could be used to support a LAC. To answer a 'why' question, Yin (2009) proposes that two alternative research designs could be employed - experiment and history. However, an experiment requires that behavioural events are controlled, which would not have been possible in this situation, and case histories focus on historical information, whilst the focus of this research is on a contemporary event (p: 8). Consequently, Yin (2009) states that: "The case study is preferred in examining contemporary events, but when the relevant behaviours cannot be manipulated" (p: 11).

Case studies are an accepted and recognised design frame, although they are often criticised by researchers (Thomas, 2009). Criticisms include proposing that they have a lack of rigour, are subject to bias and are a lack of definition (Yin, 2009). To increase rigour, a specific reference text, as mentioned above (Ratner et al., 2012) was used to guide and structure sessions and resources were taken from the IAPT outcomes booklet (NHS, 2012). The final proposed limitation, that case studies are subject to a lack of definition, can also be

considered as a strength, in that case studies "are good for uniqueness" (Thomas, 2011, p: 19).

Despite criticisms of case study designs, I believe that it has been an appropriate design for answering the research question of this study. There is no intention to generalise the findings from this case to any other, as supported by Mitchell (1983); "case studies of whatever form are a reliable and respectable procedure of social analysis and [...] much criticism of their reliability and validity has been based on a misconception of the basis upon which the analyst may justifiably extrapolate from an individual case study to the social process in general" (p: 207)

### *5.5 The role of Educational Psychologists*

There is a rationale for the application of SFBT principles to copious aspects of the EP role within schools (Rhodes and Ajmal, 1995; Ajmal and Rees, 2001). In their book on applying SFBT to schools, Rhodes and Ajmal (1995) state that: "Though the majority of the ideas described [...] were developed in the context of therapy, we have found that they can be extremely useful in the applied setting of the school, and also in non-therapy areas such as reading programmes and classroom management" (p: 28). Developing this idea further, Ajmal and Rees (2001) propose that: "Within a context of tightening resources and time-constraints [this book] describes a pragmatic, time-sensitive and cost-effective approach to the discovery of solutions and new possibilities during difficult times" (p: 11). Ajmal and Rees (2001) propose that SFBT approaches can be applied in meetings, with groups and families in an education support service, with anti-bullying initiatives, with CYP experiencing social, emotional and behavioural difficulties and through the use of a consultative approach.

Whilst there is justification for applying principles of SFBT to the broader EP role, it is pertinent to consider the role of EPs in delivering a TI. It could be argued that the distinctive contribution of EPs comes through "the systematic application of psychological theory, research and skills to whatever problems and contexts are presented to them" (Leadbetter,

2010, p: 276). Consideration of this viewpoint lends support to the relevance of EPs delivering TIs. This is a point advocated by MacKay (2007) who believes that delivery of TIs had been a fundamental aspect of the EP role in the past and is now being revived, following a period of limited TI delivery by EPs. Despite this decline, MacKay argues for EPs to deliver TIs, as they are positioned with education services, giving them experience and knowledge of this area, as well as having background training in child developmental psychology. This belief was also supported by Atkinson et al.'s (2013) dual case study conducted in an EP Service in England.

Despite support for TIs to form part of the EP role, there is a counter-argument for it not to. Ashton and Roberts (2006) explored which functions of the EP role school SENCOs considered to be important and TIs were not identified. In a time when commissioning of EP services directly from schools is increasing (Fallon et al., 2010) it could be that schools choose to purchase functions that are of higher value to them, which TIs do not appear to be (Pugh, 2010). This argument is supported through Farrell et al.'s (2006) exploration of the EP role, which proposed that a great deal of EP time was tied up with statutory work, leaving little resource for work such as TIs. Additionally, Atkinson et al.'s (2011) Strengths, Weaknesses, Opportunities and Threats analysis of EPs delivering TIs identified the accessibility of therapy-specific supervision as a further limitation of it forming an aspect of the role.

## **Section 6: Conclusion**

This case study has shown SFBT to be an effective method for supporting a child who had recently returned home from being in foster care. Discussion about why SFBT could be used to support LAC suggested that the opportunity to focus on solutions, positives and preferred futures could be attractive to these CYP, as they may have: "the master identity of 'boy in care', or perhaps more accurately 'depressed boy in care', if the truth were told" (Gilligan, 2007, p: 141). Furthermore, consideration of the difficulties LAC may face,

regarding behaviour and mental health problems, arising from understanding of Attachment Theory, concepts of resilience and links with Positive Psychology appear to have been pertinent in the noticeable success of this TI, despite Attachment Theory appearing unpopular with a large number of EPs (Slater, 2007).

The use of a case study design has been appropriate. However, further research using alternative designs is recommended to contribute to the limited knowledge base for supporting LAC through SFBT. This could offer support to practitioners who wish to use this approach, although I agree with Messer and Wampold (2002) who state that Psychologists need to cease their fixation with empirically-based treatments, in favour of using an approach which they believe in and can use comfortably; aligned with research indicating that these factors contribute to the greatest amounts of variance in the effectiveness of therapy.

Exploration of the EP role, and their delivery of TIs, suggests that, whilst there is an argument for EPs to conduct them, there is an alternative case for it not to form a part of the role. It appears that this decision should be made by EP Services, as well as by individual EPs themselves. After all, the common factors model of TI proposes that the individual delivering therapy has the greatest impact upon the success, so it could be argued that a professional who is uncomfortable and unwilling to do so will yield little positive change. Accordingly, there could be a role for EPs to offer support to social workers to deliver SFBT as Farrell et al. (2006) proposed that EPs' knowledge of Psychology "is used to help agencies work together and to "oil the wheels" of joint working and decision making. It also places EPs in an excellent position to work with others in identifying gaps in services for children and in the planning and evaluation of new initiatives" (p: 101). Furthermore, Fallon et al. (2010) consider that, as a result of the developing role of EPs, "professional flexibility and adaptability in the application of psychology are now essential skills, rather than a valuable addition" (p: 14). Hence, this support to social workers could be offered in the form



of training or through supervision; both functions were raised as important aspects of the EP role in Fallon et al.'s (2010) paper.

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## Appendix 1: Pen Picture

Liesel Meminger is currently nine years old and is in year five of a mainstream primary school.

A central file was opened for Liesel Meminger for the Consultation and Inclusion Support Services in October 2006. At this time, the SENCo for the Nursery she attended had concerns about Liesel's speech, language and communication skills, in addition to her attention and listening ability. It was reported that she was a happy child who enjoys all aspects of nursery life. It was indicated that Liesel responds well to individual adult support.

A consultation record, written by an Educational Psychologist on 12.11.06, indicated that Liesel's speech, concentration, attention and listening skills were very poor and that she may be struggling to access the curriculum as a result of these limitations. She was moved to Early Years School Action Plus at this time. She was seen by an Advisory Teacher from the Early Years Special Educational Needs team in January 2007 and a referral to a specialist language group was made.

A transition meeting was held in June 2007 to discuss her transition on to primary school, with her main difficulty listed as speech and language.

In March 2011, it is reported that Liesel moved primary schools and there remained concerns about her concentration, immature talk and poor concentration. She was being supported by an Advisory Teacher and Individual Education Plan targets were set and reviewed, in accordance with the procedure for pupils at School Action Plus.

There is no further information in the file until she was raised at an Inclusion Partnership Meeting with myself in January 2013. She had moved to her current school in October 2012 and was raised as a concern as she appeared to be constantly anxious and upset and had been in care, as a result of neglect, although had gone back to live with her parents during

December 2012. Her younger brother also attended this new school and had settled in well, without showing the anxiety or sadness shown by Liesel.

### *Current situation*

Initially, concerns about Liesel were raised by the school SENCo during an Inclusion Partnership Meeting. These are used to discuss pupils in the school who are not making expected progress or are presenting alternative concerns to the school. Priorities are then agreed to arrange how the sessions from the Educational Psychology Service will be used. The notes from this meeting relating to Liesel state that the school are concerned because she is: "isolated and has been in care. She returned home at Christmas but appears to look very sad at school. A TI may be beneficial to her". A social worker visits the home on a weekly basis to supervise the family, although Liesel reported that she was afraid of this person and hid from her when she was at the home.

Following this, the school SENCo spoke to Liesel's parents about the TI and they were very happy for her to receive this support. A meeting was arranged between myself and the member of staff who knows Liesel best in school – the classroom Teaching Assistant, Ms. Luvli. During this conversation, Liesel was presented as being vulnerable, without a solid circle of friends and that her emotional state changes from happy to sad very quickly. She began at the school in October, part-way through year 5. At this time she was in foster care, but returned to live with her parents at around Christmas. The Teaching Assistant reported that Liesel does not open up easily and does not talk about her family very often.

At the time of this first meeting, Liesel had been living back with her parents for approximately three months and the family was under the supervision of an intensive monitoring plan from Social Services. This meant that they carried out two visits to the family each week and the children could be removed at a moment's notice.

Liesel had been in a total of five care placements during the eighteen months she was in care. Two of these had been with members of her family and the following three were with unfamiliar foster carers.

## Appendix 2: SFBT Leaflet

### What is Solution-Focused Brief Therapy?

This approach originated in America in the 1980s,  
devised by a man named Steve de Shazer (1985)

It is based on a theory made up of three focus points: (from Quick, 2008, p: 2)

1. What's the problem?
2. If it works, do more of it
3. If it doesn't work, stop doing it!

There can be as many sessions as needed – the need for another session is agreed by you and me at the end of each session!

The following techniques will be used; (from  
<http://www.meisa.biz/solutions-focused-therapy.php>)



Appendix 3: Letter to parents

Dear Mr. and Mrs. \_\_\_\_\_,

Please allow me to introduce myself to you. I am the Educational Psychologist in Training associated with \_\_\_\_\_ School. As a part of this role, they have asked me to become involved with your daughter.

Within the agreed framework with the school, it has been proposed that she might benefit from having a few individual sessions with me to discuss her emotions and to receive support. The approach I will be using is called Solution Focused Brief Therapy. This is a flexible and positive approach that enables \_\_\_\_\_ to take control of the sessions herself. She will be involved in reviewing how helpful they have been to her and she will be able to decide how many sessions she feels she would benefit from on a weekly basis.

The sessions will take place in school on Tuesday mornings. Please see the enclosed documents for further information regarding this intervention. I will make contact with you once the intervention has begun and please call me at any time, on the number above, if there is anything you would like to discuss with me.

I would be very grateful if you could return the consent form and the questionnaire to me as soon as possible. I would like to hear your views to consider how to focus the discussions with your daughter.

If you have any questions at all, please do not hesitate to contact me on the number above.

Best wishes,

Ms. E. Clark

Appendix 4: consent form

**Parental Consent to share information:**

During this TI, you and your child may be asked to complete questionnaires about how you and your child feel, how much progress is being made towards achieving goals, and how helpful you think the service has been.

**Our request**

We are asking your permission to use answers to these questionnaires along with information about the care your child receives. This is to collect information about the quality of the services provided for children, young people and their families.

**Our promise**

The course of this TI will be reported as part of requirements from the University of Birmingham. This will conform to the guidelines set out by the University.

It will not be possible to identify your child personally, because we will make the information anonymous. This means any personal information that could identify your child like their name, address or date of birth will be removed before the data are passed on for analysis. It will also not be possible to identify you, as their parent or carer.

**By signing this consent form you are agreeing that:**

Your child's personal details and questionnaire responses will be held securely by the Educational Psychology Service. All the information will be handled securely so only a limited number of authorized people can see it.

If it is considered to be beneficial to you and/or your child, a referral to other services may be made at the end of this TI, for example to the Child and Adolescent Mental Health Service. Any consideration of such referrals will be discussed with yourselves in the first instance.

**Your participation is voluntary**

You may withdraw your consent for your child's personally identifiable information to be held. Please talk to the person working with you and your child if you have any concerns or queries.

I agree for the Educational Psychologist in Training to see my child to participate in Solution-Focused Brief Therapy **YES or NO (please circle)**

I agree for my child's and our personal details and questionnaire responses to be held securely, on the understanding that all identifying information will be removed before analysis and before any publication. **YES or NO (please circle)**

**Parent name:**.....

**Signed**..... **Date**.....

## Appendix 5: Case notes

### *Session 1*

This session began with completing the RCADS questionnaire, supported by myself and answered by Liesel. The RCADS was selected for use as anxiety and depression were the two primary presenting constructs recognised by staff in school which prompted the referral to Educational Psychology Services. This was used as part of the Solution-Focused approach of scaling and was chosen for the simple wording used for the questions, such as “I have trouble sleeping” and “I worry about things”. Additionally, the questions have four different options for an answer, ranging from never through to always. Thus, the simple format for rating responses on a wide variety of issues was appropriate for this case. However, the responses were not scored to produce quantitative data. It is acknowledged that this scale is a clinical tool that is associated with symptoms described in the Diagnostic and Statistical Manual of Mental Disorders. The purpose of using this scale was to elicit quantitative information from Liesel and her parents about where the concerns may lie.

Exploration around her answers suggested that she has a strong attachment to her pet dog and her grandparents’ dog, it appeared that she was worried about the idea that some harm would come to these animals, specifically that harm would be caused by a werewolf or a ghost, and that she would count up to 100 and back if anything made her anxious. Upon completion, she reported that the questionnaire had made her feel nervous.

When discussing goal-setting, initially Liesel reported that she would like to play with her friends more, as she does not do that very much now. We discussed how this could happen and what strategies she used already when she did play with them and she decided that she would ask them to play with her more over the next week.

The overall goal for the sessions was agreed as being: “to feel less worried about things” (see appendix). We explored how this would look in reality and Liesel reported that she would play with her friends more and look after her family. At this point, I asked Liesel the



miracle question, as proposed by de Shazer (1988: 5), to further explore what her best hopes for the future as a result of the intervention were. The question was phrased like this:

“Imagine that tonight, you get ready for bed as normal and fall in to a deep sleep. Whilst you are asleep, a miracle happens which takes away all of your worries! But you are not aware of this because you are asleep. In the morning when you wake up, neither you nor anyone you know are aware that this miracle has happened, but it has, so now you don’t feel worried about anything anymore. What would that day be like for you? How would it start? What would school be like? How would your parents / friends / teachers begin to realise that something is different and you are not worried anymore?”

Liesel’s responses to this scenario included that she would feel excited and she would be happy. She would play with her friends, do lots of maths and would make her parents cups of tea. She thought her parents would tell because she’d get up by herself in the morning and that her teachers would see that she was brave and was lining up first. She did not think her friends would notice anything different, although she would ask if she could play with them.

After visualising her best hopes and her preferred future, I asked Liesel to complete some scaling questions (taken from IAPT booklet). Ratner et al. (2012) recommend that the scaling questions should be asked following discussion about the preferred future because: “There is some evidence that clients put themselves higher after the exploration of the preferred future than if they are asked to scale themselves too early, when they are more focussed on the problem than on the preferred future” (p: 115).

The scaling questions revealed that Liesel felt she was at 9 out of 10 for how she was doing, 2 out of 10 for how things were in her family, 10 out of 10 for how she was doing at school and 5 out of 10 for how everything was going. This indicated that her greatest concerns

were with her family and that to move up to a 3 out of 10 she would like to help them around the house more.

### *Session 2*

The session began with problem-free talk about her weekend in Cornwall and how much she had enjoyed spending time with her family in a caravan. Following this, she reported that she had made her parents a cup of tea and some toast three times in the last week and that this made her and them feel really happy. However, Liesel reported feeling very upset by two girls in school, Anna and Miley, who used to be her friends but now were saying unkind things to her and makes up lies and songs about her. For this reason, she had not asked them if she could play with them, but chose to play on her own with her 'imaginary friend'. Exploration revealed that this friend was called Hannah Montana and that Liesel would talk to her about her problems at the end of a day when she got in to bed. At school, if no one would play with Liesel then she was happy to play on her own with this imaginary friend. Praise was given for her imaginative play skills and for confiding in someone else about what was on her mind. These were elicited as coping strategies. Open questioning prompted Liesel to suggest that it would be better to make new friends to play with in school rather than playing along and to save this for time on her own at home. Liesel also realised that she was coping with the nastiness from the girls because she was ignoring them and reported that she could do this because they did not know that 'the miracle has happened' like she does. She suggested that she would like to tell her class teacher about the problems with these girls but was unsure how and she selected the option of 'role-playing' the discussion with me. She reported that she would feel better about doing this following the role-play and said that she would talk to her teacher in the following week. The rating scales revealed that she was feeling sad in herself because of the bullying and that she would feel a little bit better (a 2 instead of a 1) by speaking to a teacher about it. She reported feeling happy at school and with her family. For 'everything', Liesel chose a number in the middle, 5, as she said she felt anxious when the Social Worker came round to

visit her family and because of the issues with the girls in school. She went on to explain that she felt scared when the Social Worker was visiting and she wanted to hide from her and that this was because a Social Worker had taken her and her brother away in the past, resulting in her staying in 5 different foster homes over a 2 year period. At this point, I asked her how she managed to cope with this experience and praised her for handling it well. She identified that she talked to her imaginary friend, Hannah Montana, about her problems and that this helped. I used the approach of 'listing' with her to help her to identify what had helped her to cope. We decided to think of ten, and these were identified as follows:

- 1) Being with my brother
- 2) Having contact with mum and dad as this was exciting
- 3) Having photos of mum and dad, Nan and granddad and my pets
- 4) Being with my parents helped me to stop worrying
- 5) My mum and dad love me and support me
- 6) I am sensible – I ignore nasty comments
- 7) I really like school, particularly maths and English
- 8) My imagination – I talk to Hannah about my problems
- 9) I love my brother
- 10) I get on well with teachers

Following this activity, we returned to the 'goal progress chart' (see appendix) to monitor how Liesel felt she was progressing towards feeling less anxious. At this point, she rated herself at a score of '2', progress from the last week's score. To get to '3', Liesel suggested that speaking to a teacher about her problems with Anna and Miley would help her.

### *Session 3*

Following problem-free talk, Liesel opened up the conversation by stating that “my mum and dad told me to ignore my mean friends”. It seemed that this issue was on her mind the most and she was eager to discuss how she had been playing with a new friend, Rudy, and that this was making her feel much better. She admitted that the girls in her class, Anna and Miley, had been saying unkind things to her again over the course of the week, although she was discussing it with her parents and she had told her class teacher about it so that he had spoken to the girls. We re-capped the last session to prompt further discussion and particularly focussed on giving compliments for handling the situation with Anna and Miley and with her Social Worker so well. We discussed the strategies that she was using, including ignoring the girls and speaking to her Social Worker rather than hiding from her. Liesel said that she would like to talk to Ms. Luvli, Teaching Assistant, about her problems with Anna and Miley but that she felt anxious about doing so. A few options were discussed and Liesel opted to invite Ms. Luvli in to the end of the session.

At this point, we moved on to discuss rating scales (see appendix) and she indicated feeling at approximately 10 in herself, 9 in her family, 6 in school and 4.5 for everything. Discussion suggested that she was happy in herself because she liked looking after them and that she had rated her family as 9 because they appreciated her help. She indicated that she was ‘in the middle’ for her rating of school as ‘some sad things are pulling me’ and ‘some happy things are pulling me’. Specifically, she mentioned the issues with Anna and Miley as a sad issue and playing with her new friend, Thomas, as a happy one. Finally, she reported that being by herself at home makes her happy but that being bullied at school makes her sad, giving a 4.5 for ‘everything’.

After this discussion, drawing on her coping strategies and highlighting her strengths, we returned to tracking her progress towards the goal of feeling less anxious. She selected a ‘10’ and reported that she felt much better because of ignoring her ‘mean friends’ and making a better friend. She also reported that she would like to have another session as she

finds them helpful. At this point, we invited Ms. Luvli in to join the session to discuss the issues with Anna and Miley.

Ms. Luvli reported that she had seen a change in Liesel since the sessions had begun, particularly with Liesel's ability to work independently. She noted that Liesel is a resilient pupil and that she had seemed more content in lessons and at break times. She was aware that there could be tensions with Anna and Miley, although she had not realised that this effect had been so strong for Liesel. Together, we praised Liesel for coping so well and reinforced that she had made a good choice by choosing to befriend Thomas. Liesel reported, without being asked, that she felt much better for confiding in Ms. Luvli about her worries and appeared to be much happier upon returning to class (smiling, laughing, skipping).

#### Discussion with Liesel's mother

During a telephone conversation, Ms. Meminger reported that she has noticed an improvement in Liesel since the sessions had begun. She remarked that Liesel would wet the bed every night but that this is now reducing and had only happened twice in the previous week. She reported that Liesel was excited for the sessions and would talk to her about what we said in them, particularly with reference Anna and Miley and to the Social Worker. Ms. Meminger commented that Liesel remained in the room on the previous visit from Social Services, which is very unusual for her to do. Furthermore, she seems more confident and Ms. Meminger had overheard her talking to herself at night about her problems. It was agreed that we would monitor the situation with Anna and Miley and that Liesel would be seen for a 4<sup>th</sup> session in a fortnight.

#### *Session 4*

Following problem-free talk, Liesel reported that she has been 'ignoring my two mean friends' and her new friend, Thomas, was sticking up for her. She reported that Mrs. Luvli and her class teacher were aware of her difficulties with the two girls and were helping to

support her. I asked her to imagine that something sad happened to her next week and asked her what she would do to handle this. She thought for a short while and responded that she would tell a teacher. She told me what she would say if this was the case. I reflected back to her that this is something that she found hard to do at the start of the sessions and she responded that she did not anymore and that she was “shier back then”. She told me that she had hidden from her social worker again the previous week and I asked how she managed to focus at school when she is so afraid of seeing her outside of school (eliciting her coping technique) and she responded that she puts it out of her mind, focussed on her school work or thinks about something that makes her happy instead, such as her cat. A lot of praise was given for successfully using the techniques to help her cope. I asked if there was anything else she might be able to do to help her feel less afraid of this situation, and she responded that she might benefit from talking to her mum about it. This was noted down as her action from the session.

Using rating scales, Liesel rated herself as 10 out of 10 for how she is doing in herself, 8.5 out of 10 for how she feels in her family, 5.5 out of 10 for how she is doing at school (explaining that she is in the middle at maths and that is why she had chosen this point) and that she was 10 out of 10 for how she feels everything is going. We returned to her goal progress chart and explored her progress towards her aim of feeling less worried and she rated her achievement as 10 out of 10.

I asked Liesel if she would like to have another session and she responded that she did not as she does not feel as though she needs it any more. She was informed of how she could get in touch with me again if she did ever want to speak to me again.

At this point, she completed a session rating scale and reported 10 out of 10 for each of the four points of: listening, how important, what we did and overall.

Appendix 6: Report to parents and school

<b>NAME:</b>	Liesel Meminger	<b>DOB:</b>	<b>YEAR GROUP:</b>	<b>DATE:</b> June 2013
<b>SCHOOL:</b>		<b>CHRONOLOGICAL AGE:</b>	<b>COP STAGE:</b>	School Action Plus
<b>Therapeutic Intervention Notes</b>				
<b>SUMMARY OF SESSIONS:</b>				
<u>Pre-session information</u>				
<ul style="list-style-type: none"> <li>Liesel was initially raised with me due to concerns from the school that she was anxious and could appear to be upset at times. Consultation with school staff suggested that she could present as vulnerable and that she “keeps herself to herself”, although her moods can change quickly, from ‘bubbly to sad’.</li> <li>The Revised Child Anxiety and Depression Scale (R-CADS) was used to gather information from Liesel’s parents and from Liesel herself. The parent version was not scored or repeated following the intervention as the purpose was to use the qualitative information as a guide for the focus of the sessions. However, Liesel completed the questionnaire before and after receiving the therapeutic input and the scores are included in this document. The questionnaire originates from America and was chosen for use here as the presenting concerns were focused on Liesel’s anxiety and it was reported that she could appear upset in school, hence further exploration around these two constructs was conducted. T-scores below 65 are considered to be within the average range.</li> <li>Liesel’s mum completed a questionnaire that revealed that Liesel always worries that something awful will happen to her family, or herself, and that she worries in bed a lot at night.</li> <li>The following scores were calculated for the questionnaire that Liesel completed about herself, with a T-score of 65-70 indicating a possible borderline clinical threshold:</li> </ul>				

Domain	T Scores
Separation anxiety	48
Generalised anxiety	45
Panic	55
Social phobia	37
Obsessions/compulsions	51
Depression	65
Total anxiety	46
Total anxiety and depression	50

*Please note: questionnaire responses provide only a snapshot of a person's emotions and may fluctuate over time.*

- The questionnaire responses suggested that Liesel may have increased levels of depression-type factors influencing her emotions as this is the only T-score that is not below 65, although it is borderline.
- Liesel indicated that she worries about things, feels like nothing is much fun anymore, fears being away from her parents, feels tired a lot, suddenly feels really scared for no reason and feels restless
- Liesel and her parents gave consent for the intervention.

#### Intervention

- In session 1, she set herself the goal of 'feeling less worried about everything' and scored her achievement towards this goal as a 1 out of 10 at this point. She rated herself at the following scores out of 10 in four different domains:



Domain	Score
Me (how am I doing?)	9
Family (how are things in my family?)	2
School (how am I doing at school?)	10
Everything (how is everything going?)	5

- During session 2, Liesel rated her achievement towards the goal of the sessions as 2 out of 10 and we discussed anything that she wanted to share, using solution-focused techniques. She rated herself as the following that week:

Domain	Score
Me (how am I doing?)	1
Family (how are things in my family?)	10
School (how am I doing at school?)	9
Everything (how is everything going?)	5

It should be noted that this was a long session with a lot of detailed discussion and activities. Liesel reacted well to it and was very open about her thoughts and feelings.

- During session 3, Liesel rated her progress towards the overall aim of the sessions, to feel less anxious, at 10 out of 10. She reported feeling much happier in herself and was using a lot of the strategies we had discussed in the previous week. She rated herself as the following:

Domain	Score
Me (how am I doing?)	10
Family (how are things in my family?)	9
School (how am I doing at school?)	6
Everything (how is everything going?)	4.5

She was having some problems with her friends in school that week and she reported that this was bringing down some of her scores. However, she invited a member of staff into the room with us at the end and discussed these problems with her to help provide a bridge between school and the sessions.

Following this session, I made contact with Liesel's mum on the phone and she reported having seen many improvements in Liesel's demeanour over the past few weeks. She felt that the sessions were having a good impact on Liesel's wellbeing and that she seemed to really enjoy them.

- During session 4, Liesel again rated her progress towards the overall aim of feeling less worried about things as a 10 out of 10 and gave the following rating scores:

Domain	Score
Me (how am I doing?)	10
Family (how are things in my family?)	8.5
School (how am I doing at school?)	5.5
Everything (how is everything going?)	10

She reported that she was 'in the middle for maths' (the lesson that she had just left) and this is why her score was lower for the school domain. She reported feeling much happier and that she did not feel like she needed another session with me.

We agreed to meet briefly in a few weeks to review what we had done and to complete the initial questionnaire again.

Post-intervention

- I met Liesel in school on 04.06.13. At this time, we re-capped the main discussion points and action from the session and completed the same questionnaire that we completed at the start of the intervention.
- Responses to the questions produced the following scores:

<b>Domain</b>	<b>T Scores</b>
Separation anxiety	38
Generalised anxiety	32
Panic	49
Social phobia	43
Obsessions/compulsions	35
Depression	55
Total anxiety	38
Total anxiety and depression	41

- These scores, in comparison with the scores obtained prior to the intervention, indicate a reduction in most areas, with the exception of social phobia. It may be that Liesel's reflections on this area have increased her awareness of behaviour related to this domain, as discussion in the sessions have focussed on her social relationships. The domain of 'depression' has shown a reduction in the score, taking Liesel out of the borderline clinical threshold.

**Summary:**

Liesel has engaged well with this intervention, having been open and honest about her feelings, thoughts and behaviours. Through using a solution-focused approach, Liesel was supported to identify strategies that she uses already to achieve happiness and to consider ways to apply these to other situations. Whilst she had the option to discuss issues or problems that she was having, the focus of the sessions was to identify positives. It appeared that she has been able to apply herself to this form of support as the pre and post intervention scores suggest an overall improvement in her well-being. Additionally, her rating scales across the sessions reflect an increase in her emotional state of mind and progress towards achieving the original goal she set.

Her confidence appeared to grow as she felt more confident in speaking to staff members about any issues she was having, allowing her independence in solving her own problems to flourish.

I would like to take this opportunity to wish Liesel all the best in the future and I hope that the skills she has developed during this intervention continue to support her.

<p><b>Date of Next Meeting:</b></p> <p>To be requested by school, if required</p>	<p><b>Signed:</b> .....</p> <p><b>Eleanor Clark – Educational Psychologist in Training</b></p> <p><b>Signed:</b> .....</p> <p><b>– Educational Psychologist</b></p>
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## Appendix 7: Letter to Liesel

Dear Liesel,

I am writing you a letter as we have now finished our work together. I want you to have a summary of what we did together to help remind you of our discussions. That way, you can refer back to it in the future if you get stuck with any problems, similar to those we talked about!

**W**hen we first met, you told me you worried about a lot of things, particularly about your pets. (I hope you like these pictures of a dog and cat I found for

you!)



You said that you would like to play with your friends more and you set yourself the goal of 'feeling less worried about everything'. We imagined what it would be like if a 'miracle' happened one night and you stopped feeling so worried. We talked through what the next day would be like and how everyone else might notice that this had happened. We also used some rating scales and you told me you were happy with yourself and with school but had some worries about family, which we talked through. You rated your progress towards your goal (of feeling less worried) as a 1 out of 10, with 1 being 'no progress' and a 10 being 'goal achieved'.

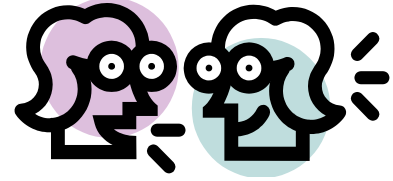
In the next session, we talked about what you had done in between the sessions and you told me that you had been looking after your family more, which made you feel happy.



You said you had told your teacher about some problems in school, which had helped. You rated your progress towards your goal that week as 2 out of 10, showing some improvement from the week before! You also rated things with your family and with school very highly, but reported that you didn't feel so good within yourself, so we talked about those problems some more.

**I**n session three, you told me that you were feeling much happier, and rated things with yourself and your family very highly and school was in the middle for you. Your progress towards the goal you set yourself of 'feeling less worried' was very

impressive as you gave it 10 out of 10 this week! You were upset about a problem in



school and invited Ms. Luvli in to the end of the session.

You were very brave and told her all about it so that she could help you outside of our sessions together!

**W**e met again for a fourth session and you again rated your progress towards your goal of 'feeling less worried' as a 10 out of 10 and told me that you felt



much better. You rated your feelings about yourself and your family very highly and school was in the middle and you said you were 'in the middle' for maths. You told me that everything in general was going really well for you and that you didn't feel you needed any more sessions with me.

**D**uring our time together, I learned that you do a number of things to help you cope when you face a problem. These include:

- Ignoring friends when they are unkind
- Making friends with other people
- Talking to an imaginary friend about your problems
- Looking after your family and helping to keep them happy
- Trying really hard at school
- Getting on well with your teachers
- Having a good imagination
- Talking to adults about problems in school

There are lots of good ways that you deal with problems, so we talked about how you can use them more! You could imagine what you would do in the future if you had a problem, and were able to think of ways to handle it, using some of the strategies above.

**W**hen we met again to complete a questionnaire, you told me that you were still feeling happy in school, at home and in yourself. The scores on your questionnaire showed me that you felt better than you had done before we met for our sessions. I am glad that you found this useful and I hope you keep using the skills we learned in new situations.

Wishing you all the best for the future!

**GOODBYE!**

Eleanor (Elle).

Educational Psychologist in Training.