

**APPLIED EDUCATIONAL AND CHILD PSYCHOLOGY PROFESSIONAL
PRACTICE REPORTS**

by

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CHAPTER 1: INTRODUCTORY CHAPTER

Introductory chapter

Educational Psychologists have historically been viewed as remote figures whose major function is to provide access to Local Authority (LA) funding and resources (Elliot, 2000). The Farrell report (Farrell et al, 2006) demonstrates that there have been significant moves in the profession away from this narrow focus to support children and families through more community based, early intervention approaches. Currently, core functions of the role of the Educational Psychologist align with the Every Child Matters agenda (DCSF, 2003) and Children Act (DCSF, 2004) to support positive outcomes for the ‘whole’ child through assessment and intervention that target social and emotional wellbeing as well as academic development (Fallon et al, 2010). Volume two of this thesis presents four professional practice reports to capture some of the diversity of Educational Psychology working practices at different levels: at the individual level to support a child’s complex individual needs; at the group level to support a family within a multi-agency team; at the systemic level to raise achievement for children who speak English as an Additional Language (EAL) and at the LA level to develop a critical incident policy in consultation with schools.

The LA where the professional practice reports were completed is a small borough in the West Midlands. The borough consists mainly of people from white ethnic origin and deprivation is generally low. Nevertheless the northern parts of the borough fall into England’s most deprived fifth, with pockets of the community in the ten per cent most deprived. The professional practice reports were completed across the borough sampling schools in the high and low economic status areas.

Individual level: complex casework

Educational Psychologists are trained with skills that equip them to manage complex individual casework (Boyle and Lauchlan, 2009). In the LA where this thesis was undertaken, supporting children with complex individual needs through casework is one of four key priorities for the service. I worked with a specialised provision to support a child with autism with a sensory based intervention that aimed to reduce the aggressive behaviour he could display towards peers and adults in his classroom. The sensory approach was utilised because the school had systems of support that focused on the triad of impairments to support social, communication and creative development (Wing, 1992), and it was hypothesised following assessment, that sensory processing was also contributing to the child's presenting behaviour. Working to support a child with sensory needs has increased my knowledge of approaches and interventions to support children with autism, and their efficacy. As an Educational Psychologist it is important to be able to draw on a range of approaches (and have knowledge of the evidence base) depending on the child's individual needs, rather than automatically defaulting to more typical approaches TEACCH (Treatment And Education of Autistic and related Communication Handicapped children) led approaches (Bogdashina, 2003). The work that was undertaken in this casework was presented to the Educational Psychology Service within which the work was completed to extend the knowledge of how sensory interventions can be applied to support children, and the evidence base that underpins theory and practice in this area.

Group level: multi-agency working

When supporting children through casework, Educational Psychologists often work as part of multi-agency teams to provide co-ordinated, holistic, needs led support for children and families (Cameron, 2006). The recent publication of the Special Educational Needs Green Paper (Department for Education, 2011) reinforces this approach through the proposed development of Education, Health and Care plans to further join up service assessment and advice. I present a case where a multi-agency group work together to support a child's school attendance and wellbeing. This has contributed to my personal development by providing an opportunity for reflection on the barriers to the group working together effectively, ways to overcome such barriers and my involvement in these processes. During the case I critically reflected on Wolfson et al's (2003) Integrated Framework to support multi-agency group working and found it an effective method to structure practice, that I will continue to use.

Systemic level: working with organisations

In addition to working with individual cases, Educational Psychologists can affect change for large groups of children by working at the systemic level with organisations (Farrell et al, 2006). Working at the systemic level moves away from individual needs by exploring good, pedagogic practice for larger groups of children. Educational Psychologists in the Local Authority within which the work was undertaken have played a key role in supporting school staff in differentiating between children who have special educational needs or EAL needs (an issue that is raised in the Code of Practice, Department for Education and Skills, 2001). A professional practice report is presented to explore how theory is linked to systemic practice in schools to support children who speak EAL in terms of the Every Child Matters (DCSF,

2003) outcomes. I selected EAL support as the key focus of the report because it is an area in which I have previously had little experience and I felt the need to extend my knowledge in this area. The report has since contributed to my practice because I currently work in an area with high numbers of children who speak EAL.

Local authority level: Contributing to local policy

At the LA level, Educational Psychologists are also in a position to contribute to the development of policy (Boyle and Lauchlan, 2009). It is good practice for each LA to have a critical incident policy to inform schools of procedures and protocols to follow in the event of a critical incidents (Stevens, 2002). Events that qualify as critical incidents often involve temporary disruption to daily practices and levels of emotional distress. The knowledge of school systems and the psychology underpinning trauma places Educational Psychologists in a key position for contributing to the development of such a policy. I present my final professional practice report that researches theory and practice in critical incident management to support the development of a LA's critical incident policy, and the subsequent training that will be offered by the LA to schools. I researched the views of head teachers on critical incident management through a needs analysis to tailor the training to meet the needs of school staff most effectively (Milne and Roberts, 2002). I found this a fascinating piece of work because, again, this is an area in which I have little experience. In my current position patch Educational Psychologists are responsible for supporting schools if a critical incident is experienced and I will be able to refer to my report to manage my response if / when an incident occurs in one of my schools.

The role of the Educational Psychologist is continually reflected upon within academic literature (Cameron, 2006), and a review of the role and training of Educational Psychology practice is currently being undertaken by the Department for Education. The professional practice reports detailed above demonstrate a small portion of some of the practice within educational psychology and the contribution it can make to supporting positive outcomes for young people by working at different levels.

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CHAPTER 2: PPR1

Raising achievement in education by promoting positive outcomes for the whole child rather than specifically focusing on academic attainment. Exploration of how theory is being implemented in practice in one Local Authority to raise achievement, with specific regard to children who speak English as an Additional Language.

Abstract

The conceptualisation of the word ‘achievement’ is changing in education settings from a narrow, attainment focus, to a wider emphasis on promoting positive outcomes in many areas of children’s lives (including academic, social and emotional). The Department for Children, Schools and Families (DCSF) has produced many documents exploring ways to improve the achievement of children who are identified as belonging to groups who are vulnerable to low achievement, such as Afro-Caribbean boys, looked after children and children who speak English as an additional language (EAL). It is argued that having separate strategies and approaches to raise the achievement of groups with qualitatively different needs (such as children who speak EAL is appropriate) is appropriate, although for children who are identified by gender or ethnicity, it is likely to be more effective to explore the needs of individuals and differentiate work on this basis. A case example will be presented to explore how one local authority target resources to raise the achievement children who speak EAL. Whilst the local authority employs specialised practitioners to support schools in the teaching of children who speak EAL, barriers such as financial resources and gaps between theory and practice have emerged. The role of educational psychology in supporting children who speak EAL is critically considered.

2.1 Introduction

At a national level the term ‘achievement’ within education has traditionally been interpreted as academic performance on standardised assessment tests (Dyson and Gallannaugh, 2007). Recent legislation such as the Children Act, (2004) has helped widen this interpretation so that achievement can be conceptualised within the context of promoting positive outcomes for the whole child, recognising the dialectic relationship between social and emotional security and academic achievement (Cooper et al, 2001). The Department for Children, Schools and Families (DCSF) have produced guidelines to support specific groups of students who have been identified as vulnerable to low achievement (DCSF, 2003, 2005, 2007, 2008). Grouping students in this way suggests that those students have generalisable needs that can be identified by their grouping, and that these are qualitatively different from groups of students who have not been identified as vulnerable to low achievement. The national policy, guidelines and underpinning research for raising achievement will be examined in relation to the changing goals of education and it will be argued that raising achievement can be accomplished through inclusive, good pedagogic practice for all, recognising the needs of individuals rather than generalising need on the basis of group membership.

Two case examples will be explored illustrating how the national guidelines and underpinning research can be implemented in practice. Case example one will explore how a Local Authority (LA) promotes achievement and the role the Educational Psychology Service plays in promoting the LA’s goal of achieving ‘a brighter future for children and young people’ (taken from the council website). Case example two will take a specific focus to explore how

the Educational Psychology Service in the LA works with specialist support services to promote positive outcomes and achievement for children who speak English as an Additional Language (EAL), through the integration of theory and practice. Despite working collaboratively with schools, there have been some challenges in supporting this group of children which can arise from differing perspectives between services and schools and financial restraints from the LA.

2.2 The Changing Context of Achievement in Education: The National Level

During the 1990's the government's priority for education and achievement seemed to be defined in terms of promoting excellent attainment in schools in response to concerns about teaching standards and the academic performance of students (DfEE 1997). League tables were introduced to measure and publish attainment levels. These served to increase competition between schools and increase teacher accountability for students' performance, reshaping pedagogy and the curriculum around narrowly defined attainment targets (Dyson, 2003). During this 'standards agenda', achievement appeared to be defined in terms of the academic output of pupils rather than the process of learning (Duffield, 2000). To try to balance the emphasis on attainment, the government also promoted the socially-based inclusion agenda, promising equal access to mainstream education for children with special educational needs (Education Act, 1981). The emphasis the government placed on excellence, however, contributed to a climate that appeared to value performance targets above, and arguably at the expense of, inclusion (Ainscow et al, 2006, George and Clay, 2008).

Recent legislation such as the Children Act (2004) and Every Child Matters (ECM) (2003) agenda advocates that education should play a major role in ensuring all children are: safe; healthy; able to make a positive contribution, enjoy and achieve; and become economically prosperous. This encourages schools to balance educational attainment with a Social and Emotional Aspects of Learning (SEAL) curriculum to develop and support children's psychological well-being (Hallam, 2009). The government has launched the Healthy Schools Campaign, which promotes a whole-school approach to social inclusion, reduced health inequalities and closer links between health and education (Hallam, 2009).

Recent legislation reflects the ECM 'whole child' definition of achievement. The government rightly continues to promote attainment standards and excellence in schools with The National Challenge (DCSF, 2009) promising that by 2011 no child will be attending a school where less than 30% of students gain five A*-C GCSEs. This is balanced by legislation recognising the importance of social and emotional development and the positive well-being of the child (Excellence for all Children, 1997). The national strategies include the Behaviour, Attendance and SEAL strategy (DCSF, 2004b) which is designed to promote achievement through positive behaviour for learning, and quality relationships in school. The role of SEAL in schools has been questioned however and Ecclestone and Hayes (2009) suggest that therapeutic learning can turn young people into anxious/passive individuals rather than aspiring, optimistic, resilient learners.

The education system is also currently being reformed to raise the compulsory participation age to eighteen. The 'Raising Expectations: Enabling Systems to Deliver' (2008) white paper legally requires Local Authorities to provide a place in education for all seventeen and

eighteen year olds and encourages students to consider apprenticeships and skills-based qualifications. This appears to be supporting students in gaining experience and qualifications that are life and career focussed, rather than on achieving in terms of the traditional ‘standards agenda’, performance targets. This takes on the ECM meaning of achievement in terms of supporting students to obtain ‘economic prosperity’.

A recent study by Hopkins (2008) showed that pupils are possibly internalising the message that achievement is in terms of the whole child. Interviews with students revealed they thought schools promoted achievement through active participation in lessons, a psychologically safe environment, appropriate social opportunities and being made to feel everyone is special. This is interesting in comparison to a study conducted by Duffield et al (2000) eight years previously, in which children described achievement as good test scores and report grades. There is still pressure on schools to meet performance targets, however science has been removed from the Key Stage 2 SATs and there is increased emphasis on Assessment Through Teaching (Leung and Scott, 2009).

Today, the term achievement seems to be taking on the wider aims of the ECM agenda (Baxter and Frederickson, 2005) and the five outcomes are included in the Ofsted Inspection criteria (www.ofsted.gov.uk). Achievement is being understood in terms of meeting the needs of the whole child and recognising the important links between social and emotional security, and potential (Gerhardt, 2004).

2.3 Achievement of Specific Groups

The above discussion has focused on the achievement of all children in all schools. The government appears to take a slightly more segregated view when looking at the attainment aspect of achievement, however, and has identified groups of students who are underachieving academically. Reducing the gap between low and high achieving groups is a key aspect of the government's 2020 vision statement (DCSF, 2007b). Identified groups appear to focus around demographic variables such as ethnicity, gender, SEN and care status in terms of performance on standardised assessments such as GCSE results (thus for certain groups reverting back to a 'standards agenda' definition of achievement).

Organising education policy in a way that identifies vulnerable groups can be beneficial in providing early intervention for groups of children who may not be achieving academically, but can also be seen as contributing to a divided and divisive education system (Tomlinson, 2003). Identifying groups vulnerable to low achievement can have the negative impact of generating a self-fulfilling prophecy and low expectations, which have been shown to have a negative impact on achievement (Cox, 2000). It may be more effective for schools to look at the needs of individual children, rather than generalising their needs based on group membership. The Department for Children, Schools and Families has developed guidelines for supporting students from ethnic minorities (DfES 2003), children with special educational needs, (DfES, 2004), children who speak English as an Additional Language (DCSF 2005), boys, (DCSF, 2007), and looked after children (2009).

Having separate guidelines and separate intervention strategies for each group suggests that their needs are qualitatively different to children who are not categorised as at risk from underachieving. This is a reasonable assumption for children who are looked after because the

circumstances of looked after children make them vulnerable to mobility, which has been shown to have a negative impact achievement (Demie et al, 2005), reduces their access to mental health services (Arcelus et al, 1999) and disrupts relationships (Bomber, 2007)..

Legislation for looked after children offers a protective factor against mobility, ensuring that students are not without a school place for more than thirty days and that school placement is not disrupted during years ten and eleven (DCSF, 2009). The legislation also ensures that all schools have a designated teacher for looked after children, and that each authority has a virtual head teacher responsible for monitoring the attainment, attendance and social and emotional well-being of looked after children. This again provides some protection for looked after children, as attainment, attendance and social and emotional well-being have been identified as potential risk factors for this group of children (Aggleton et al, 2000). Despite being very supportive, the DCSF guidance can possibly go too far, suggesting that:

‘one-to-one tuition appears to have a particularly significant impact on looked after children and should be employed wherever appropriate’
(DCSF, 2009).

No evidence is cited in the report for the particular effectiveness of one-to-one tuition for looked after children. There is also no consideration for the potential isolation that one-to-one tuition might cause for the child, or the potential negative feelings that may be associated with being singled out. It is not clear why one-to-one tuition should be recommended as more effective for looked after children than for other children.

Children who speak EAL are another group of children who may have needs that are qualitatively different from children whose first language is English. DfES (2006) guidance for children who speak EAL supports early assessment to inform differentiation and scaffolding, the use of visual support, additive learning that values the child's home language, and training for teachers. This guidance supports the specific needs of children who speak EAL, as identified by research (Cummins, 1979, Hall, 2001). It is important to recognise that the needs of each individual child will be different, therefore the research and guidelines need to be tailored to meet these, rather than assuming a 'one package fits all' philosophy.

By default, having specific guidelines for boys and students from ethnic minority backgrounds suggests that these students also have qualitatively different needs from other students, as their attainment levels have been measured as lower than 'higher achieving' groups. The DCSF guidelines for raising the achievement of ethnic minority pupils (DfES, 2003) even go so far as to label 'African Caribbean Achievement' alongside children with EAL as having a 'Specific Need' (DCSF, 2003). Interestingly, the strategies that are suggested for meeting the 'specific needs' of African Caribbean students are the same as those suggested for children of any ethnic minority background, and predominantly the same strategies recommended for boys. This suggests that these vulnerable groups do not have qualitatively different needs (see table 1). The only difference between groups seems to be the recommendation that students from ethnic minorities should have their culture valued, and boys should have their learning style recognised. It would therefore possibly be better practice to produce guidelines that support *all* students, and encourage schools to look at individuals who are not achieving, and targeting interventions that will meet their specific needs rather than assuming their needs can be interpreted on the basis of their ethnic background or sex.

Programmes such as the Early Reading Research (Solity et al, 2000) have an evidence base to suggest that literacy skills are improved by assuming that all children benefit for good pedagogic practice, regardless of their grouping.

Table 1:
Similarity in Strategies Suggested to Raise Achievement of Children from Ethnic Minorities and Boys

Curriculum Area	Ethnic Minority Pupils	Boys
Effective teaching and learning	<ul style="list-style-type: none"> • ‘Every pupil is expected to work towards clear targets in each subject’ (pg 16) • ‘Enable high expectations to be met’ (pg 16) • ‘Use assessment, diagnosis and data to maximise progress’ (pg17) • ‘Focus on equal opportunities and meeting the needs of all pupils’ (pg 10) • Individualised support available for students’ (pg 16) • ‘It is important that parents...from minority ethnic communities are well represented on governing bodies’ (pg 16) 	<ul style="list-style-type: none"> • ‘Teach to objectives that are shared and understood by the pupils’ (pg 4) • ‘Have high expectations for all’ (pg 4) • ‘Set up a tracking system’ (pg 6) • ‘Review equal opportunities, behaviour, and teaching and learning policies: change if necessary’ (pg 5) • ‘Ensure questioning is differentiated and targeted, (pg 6) • ‘Invite parents to apply for teaching assistant posts’ (pg 6)

2.4 Research Underpinning Raising Achievement

The DCSF guidelines that are specifically aimed at students who are male (2007) or from an ethnic minority background (2003) imply that these students have specific needs that are qualitatively different to ‘higher achieving’ groups. This aspect of the report will explore

some of the research that could have been drawn on when developing the guidelines, and discusses whether the research supports the notion that male students and those from ethnic minority backgrounds have qualitatively different needs to other students.

Younger et al (2002) conducted interviews with school staff at schools where specific strategies had been implemented to raise the achievement of boys. Data collected from GCSE results showed gradually improved results for boys over six years. The paper suggests that effective practice for boys included:

- Having high expectations
- Creating an environment that encourages active participation and exploration of ideas
- Parental involvement in education
- Setting sharply focused tasks with short deadlines
- Maintaining a brisk pace
- Using a variety of activities in lessons
- Lively, interactive teaching styles (for example role-play and debates)

The effectiveness of each strategy reported by Younger et al (2002) needs to be interpreted cautiously however, as despite taking a positivist stance using pre and post-test statistics, variables were not isolated and effective strategies were decided on through cross referencing common strategies mentioned by staff at each school. This makes it difficult to establish a cause and effect relationship between individual strategies and boys' attainment.

The strategies that Younger et al (2002) promote as being effective for boys are very generic and are surely examples of practices that are good pedagogic practice for all, rather than strategies that should be aimed at raising the achievement of boys. The paper does acknowledge that these strategies were also effective for girls (girls results also rose over the six years), so it may have been more appropriate to have the focus of the paper looking at raising achievement for all, rather than 'under-achieving boys'.

Demie and McLean, (2007) used a similar methodology to investigate practices that were effective for raising the academic achievement of African Caribbean heritage pupils. Once again, almost identical strategies were revealed as being as effective for pupils of African heritage (including high expectations, interactive environment and parental involvement) as for any other student. This questions the effectiveness of researching strategies for specific gender or ethnic groups.

In comparison to the above studies, Davies (2003) took a constructivist approach to investigating the academic underachievement of boys. Exploring the discursive practices of children in the classroom revealed that girls use a linguistic style that enhances a co-operative climate for learning, whereas boys use discursive practices that are dislocated and interrupted by expressions of masculinity. Davies (2003) suggests that boys' discursive learning style and gender construction of education obstructs their learning. Taking a constructivist approach appears to have been more fruitful in producing research that identifies features of boys learning styles that may be qualitatively different, although the nature of the research may have exaggerated the difference between the discursive practices of the sexes as the boys may have been 'playing up' to the tape recorder. The different discourses and construction of

education may not have been so evident in a more natural setting, however Archer and Yamashita (2003) also found using a constructivist approach that some boys have a gender construction that leads them to view education as feminine, possibly acting as a barrier to achievement.

Research looking at strategies for groups by sex and ethnicity have tended to reach the same conclusions with regards to good practice, so it may be more productive to research effective ways to raise the achievement of all children (or focus on groups that have specific risk factors and identified needs in school, such as looked after children or children who speak EAL). Research identifying that boys may have learning styles or constructions of education that act as a barrier to learning (Davies, 2003) recognises a disparity between groups that may be qualitatively different, however again it is not good practice to generalise and say that all boys would benefit from support in this area. Instead, the needs of individuals should be targeted, contributing towards the development of a single, inclusive education system for all (Gillborn, 2008).

2.5 Raising Achievement at the Local Authority Level

The government legislation and guidelines discussed encourage LAs to view achievement in terms of the ECM agenda and positive outcomes for the whole child, in addition to standardised assessment performance indicators. The DCSF guidelines (2003, 2005, 2007) also encourage LAs to look at specific groups of children and intervene to meet their 'specific' needs. The following discussion will critically explore how The LA referred to in this paper meets the needs of all students, and then how the LA meets the needs of children who speak EAL within the context of the DCSF guidelines and underpinning research.

The LA referred to can be viewed as high achieving academically, and in the year 2000 was ranked 8th in LA league tables for the percentage of students gaining 5 A*-C GCSEs (more recent data was not given). This data can give a misleading view of the LA, however, as it also has the biggest affluence gap in the country with pockets of extreme deprivation (Audit Commission, 2009). Deprivation has been shown to have a negative impact on achievement (Metzler, 2003).

The LA takes a holistic view towards the achievement of children and young people with a vision that includes ‘a brighter future for children and young people’ (taken from the council website). Aiming for this ‘brighter future’ includes raising achievement between 2007 and 2012 in the priority areas:

- Healthy lifestyles (with an emphasis on reducing obesity)
- Anti-bullying (with the development of a LA response)
- Increasing extra curricular activities (inclusive and specialised provisions)
- Raising achievement for all (attainment targets)
- Integrated services (monitoring the use of the Common Assessment Form)

Each priority area is defined in a way that can be measured and evaluated, and reflects the LA’s commitment to promoting achievement in terms of outcomes for the whole child.

The LA’s raising achievement priority targets focus on all children and do not divide students into groups based on ethnicity or sex, despite guidelines from the DCSF that promote this.

The LA does, however, give specific targets for groups that may have qualitatively different needs and requirements for support (as discussed earlier), such as looked after children, children who speak EAL, unaccompanied asylum-seeking children and young carers. Specialist support services are available within the LA for each identified group to monitor and promote academic, social and emotional aspects of achievement.

In addition to actions under each priority target, the LA has launched a family learning programme to engage parents in education so they can develop their own learning and support their children at home (supporting the Government's action plan 'Reaching Out', 2006, that aims to improve the life chances of hard to reach, disadvantaged families). Research has suggested that parental engagement in education improves academic, participatory and behavioural outcomes for young people (Harris and Goodall, 2008). This strategy also helps consider the learning needs of the whole community, a factor that eleven surveyed LAs considered 'critical' to raising levels of achievement for children (Fletcher-Campbell and Lee, 2003, pg 1).

2.6 The role of Educational Psychology in Raising Achievement

The Educational Psychology Service plays a key role in supporting the LA referred to in this paper with the identified priority areas and raising the achievement of children and young people with regards to the five ECM outcomes (please see table 2. Information gathered from the Educational Psychology Service Plan and direct experience working within the Educational Psychology Service).

The role of the Educational Psychologist (EP) has gradually evolved from psychometric testing towards early intervention and preventative practice (Love, 2009). EPs within the LA work in a way that can be considered eco-systemic, examining the role multiple levels have on child development, recognising a dialectic interaction between the individual and environment (Kelly et al, 2008). EPs can offer psychological perspectives on human development and behaviour, and use a research base to intervene to promote positive outcomes for children (Cameron, 2006). This would suggest that EPs could have a central role to play in raising the achievement of children and young people. Despite this, EPs are given scant mention in the ECM agenda (Baxter and Fredrickson, 2005). Baxter and Frederickson (2005) propose that EPs need to define and prioritise their role in terms of raising achievement for children and young people in the five ECM outcomes. Table 2 shows how the work of EPs in the LA can be defined in this way.

Table 2
Educational Psychology Involvement in Contributing to Raising Achievement with regards to the five ECM Outcomes:

ECM Outcome	EP Work in the LA	Underpinning research	Level of Intervention
Stay Safe	<ul style="list-style-type: none"> EPs have been engaging with schools to research effective anti-bullying strategies. This is to inform a LA anti-bullying strategy. 		Primary: Targeting all children
Be Healthy	<ul style="list-style-type: none"> EPs have evaluated how SEAL is implemented in The LA and written guidelines to show examples of effective practice to support schools. Student who exhibit school refusal behaviour 	<ul style="list-style-type: none"> Hallam, (2009) McShane et al, (2004). Early 	Primary Secondary: Targetting

	<p>(or risk factors for) are prioritised for casework to support mental health and reduce later risk factors associated with school refusal.</p> <ul style="list-style-type: none"> • EPs are supporting secondary schools develop nurture group provision. 	<p>intervention for schools refusal increases the likelihood of positive outcomes.</p> <ul style="list-style-type: none"> • Cooper and Tiknaz, (2005). Nurture groups can raise social, emotional and academic achievement. 	<p>individual children</p> <p>Secondary</p>
Enjoy and Achieve	<ul style="list-style-type: none"> • EPs work collaboratively with other professionals to run Welcome to Nursery programmes across the borough. This tries to engage parents in early years education, a strategy that research suggests is effective in promoting academic achievement and reduced behavioural difficulties in children. • EPs are working collaboratively with other services to develop a pathway for schools to help identify whether a child has special educational needs or would benefit from English as an additional language support. • EPs are involved with training foster carers in supporting their foster children at school and special educational needs procedures. • EPs write the psychological advice for Statutory Assessments to try to ensure students 	<ul style="list-style-type: none"> • Harris and Goodall, (2007) • The Code of Practice, (2004) identifies the importance of identifying children's needs and targeting support appropriately. 	<p>Primary</p> <p>Secondary</p>

	receive appropriate resources.		
Making a Positive Contribution	<ul style="list-style-type: none"> • EPs in The LA are involved in engaging with young people to research how the government guidelines on preventing violent extremism can be rolled out to schools in the LA. Strategies include increasing sense of belonging in schools and encouraging positive contribution. • Children with behavioural difficulties and who are at risk from permanent exclusion are prioritised in casework. 	<ul style="list-style-type: none"> • Lillenfield et al, (2009), Davies, (2007). • Miller (2003) 	<p>Secondary</p> <p>Secondary</p>
Economic Prosperity	<ul style="list-style-type: none"> • The above work will help students gain economic prosperity. 		

The examples in Table 2 demonstrate that EPs in the LA are using a research base to work at different levels to raise the achievement of children and young people. There is a noticeable absence of examples demonstrating the involvement of EPs in raising attainment levels. With the exception of statutory work, students who require support with academic aspects of achievement tend to be referred to the Specialist Inclusion Support Service of specialist teachers. Farrell et al (2006) recommended that Educational Psychologists move away from a purely academic/special educational needs model of service delivery, to free time for more complex, psychological casework. The LA have structured services in a way that enables EPs to take more psychologically complex casework because attainment cases can be supported by the Specialist Inclusion Support Service. The above table suggests that the Educational Psychology Service has taken Baxter and Frederickson's (2005) recommendation and defined itself in terms of the social and emotional aspects of raising achievement. If social and

emotional support needs can be met in the long term, academic achievement can often fall into place (Cooper and Tiknaz, 2005) or be supported by the Specialist Inclusion Support Service.

There are difficulties with The Educational Psychology Service's model of service delivery however, with regards to raising achievement of children and young people. The EPs are not attached to named schools and instead work in area teams. Schools request EPS involvement through a central duty line and work is allocated to an EP working in the school's area on a rotational system. EPs therefore do not go into schools to conduct planning meetings and may have fewer opportunities to explore the school development plan, which can often be used to look at raising achievement at a whole school level. It is therefore the responsibility of the school to identify a need and request support with raising achievement. Ashton and Roberts (2006) interviewed SENCOs and found that EP's most valued contribution was advice giving and 'guidance and direction' (Ashton and Roberts, 2006, page 115). The EPS's service delivery reduces the opportunity for guidance and delivery support with raising achievement unless a specific piece of work is requested and accepted by the service.

2.7 Raising the Achievement at the Group/Individual Level. Children who speak English as an Additional Language (EAL)

Children who speak EAL are a group of students who may have some needs that can be described as qualitatively different from children who speak English as a first language. The DCSF (2006) have written guidelines for schools to reinforce practice that should be standard, such as providing a welcoming and inclusive environment, though these guidelines do recognise some of the specific needs a child who speaks EAL may experience. It is essential

to use the recommendations as a guide to support the individual's needs rather than assuming these needs on the basis of group membership. The guidelines advocate that access to English should not be associated with level of cognitive ability (Hall, 2001), differentiation should develop students' cognitive and language skills (Cummins, 1984), students' home language should be used to reinforce concept development (Cenoz, 2003) and that parents should be included in the school community (Harris and Goodall, 2003). Aspects of the guidelines are written in a way that could be seen as idealistic, and consequently schools may have to be creative to implement the recommendations in practice.

In this report the achievement of children who speak EAL will be conceptualised in terms of how theory is implemented in practice to promote the ECM, (2003) outcomes 'healthy', 'enjoy and achieve' and 'positive contribution'. This is in line with a holistic view of achievement recognised by the Children Act (2004). The outcomes 'stay safe' and 'achieve economic prosperity' will not be discussed as these can be met through universal safeguarding procedures and support discussed under the other outcomes.

Information to explore how achievement is raised for children who speak EAL in the LA referred to in this paper was gathered initially from semi-structured interviews with a Senior Practitioner Educational Psychologist with a responsibility for supporting children with EAL and the manager of the EAL specialised support service. This was to gain an understanding of the specialist support available to support schools and students in and to explore how this aligned with research and DCSF recommendations (2003b). Semi-structured interviews were also conducted with a secondary school designated teacher for EAL and a primary school SENCO around the following key areas:

- How schools access specialist support to raise the achievement of children who speak EAL
- Communication between EAL professionals and mainstream staff to promote effective practice to support students who speak EAL across the curriculum
- How schools support the social inclusion of children who speak EAL
- Knowledge base of effective strategies/frameworks (such as Cummins, 1979)

The two members of school staff were asked to participate in the interviews following advice from the manager of the EAL service that they showed particularly good practice in raising the achievement of children who speak EAL. Information gathered would have been more representative of practice in the LA with more participants and if interviewees were selected randomly. It is important to note that the interviewees will present subjective views based on their own experiences and this will effect the reliability of the data collected (Aggleton et al, 2000).

2.7.1 Be Healthy

The ECM (2005) agenda makes it explicit that all children should be physically and mentally healthy. One of the key aspects of being mentally healthy is learning and living in an environment that is socially inclusive and promotes a positive sense of well-being and belonging (Resnick, 2000). The DCSF (2006) guidelines advocate that it is essential for schools to create a welcoming environment that values the child's first language and culture.

The DCSF guidelines suggest that a key aspect in creating a welcoming environment is to have a pre-admission discussion with parents to talk about the:

- School system
- School's expectation
- School day
- Homework system
- Uniform
- Access to free school meals

This type of conversation would require a translator or a high level of access to English. The guidelines recognise that in some cases a translator might be required, and 'may be provided by the LA' (DCSF, 2006). The LA do not provide free translation support to schools and translators have to be purchased from school budgets. One school reported that they cannot afford translators, therefore if a family member or bilingual student is not available to translate, the information is not shared with parents. Not having a translation service available to schools is not conducive to creating a welcoming, inclusive environment, and is something that the LA may wish to consider to improve the access parents who speak EAL have to their children's education. At a time of financial cut-backs within LAs, this solution is expensive, and an alternative would be for schools to explore how they prioritise their spending. Difficulties obtaining translation services indicates challenges that are not acknowledged in the DCSF (2006) guidelines, suggesting that it is not as simple as discussing school information with parents, as could be implied.

The DCSF (2006) guidelines suggest that once the child is enrolled in the school a welcoming environment should value the student's language and provide social support. This recognises that learning English includes a social level as well as a skill level (Steele, 1989). After conducting interviews with EAL students, Safford and Costley (2008) report that the students benefited from a buddy from whom they could learn the English language but also aspects of English culture. A primary school in the LA reported that they ask students in the class to use the home language of new students in welcoming them, promoting an inclusive culture. A secondary school reported that they try to select a tutor group for the new arrival in which there will be a student who speaks the same language, as well as allocating them a buddy to encourage an initial social network. The secondary school report that little is done to recognise the child's first language or culture due to barriers encountered with the size of the school and the speed of the curriculum. The threshold hypothesis (Cummins, 1978) suggests that additive learning (where the child is encouraged to use their first language) is cognitively beneficial for the child compared to subtractive learning (where English replaces the first language), as concept development often generalises across languages (Cenoz, 2003).

Interviews with school staff suggest that additive learning is difficult to implement in practice due to time constraints and limited resources. This again suggests there may be a gap between theory and practice as despite being researched as good practice, developing students' conceptual understanding in their first language would require resources and staffing that may not be available in some schools. Despite this, the child's first language should be used where possible to create a sense of belonging. Safford and Costley, (2008) report that where students' first language was dismissed in school, they felt as though they were not welcome. Schools could promote the use of the child's first language in school through SEAL materials

which are translated into a number of different languages. These would have to be used in a way that is inclusive within a shared learning environment in the classroom.

2.7.2 Enjoy and Achieve

The Children Act, (2004) and ECM agenda expect that all children should be able to learn in an environment where they can enjoy and achieve in school activities. In the context of this report, 'achieve' will be taken to mean academic achievement as the 'healthy' outcome discussed supports wider social and emotional outcomes.

Assessment

To ensure that children who speak EAL are able to enjoy and achieve in school, one of the primary objectives of the LA's EAL service is to conduct an initial assessment of newly arrived students to develop a profile of their strengths and areas in which they may need support. Recognising students' strengths is important to build on areas in which the child can succeed and speaking EAL can have a number of cognitive benefits, such as increased concept formation, classification skills, and analogical reasoning (Hatuka and Diaz, 1985). The key purpose behind the assessment, however, is to ensure that school staff are able to make appropriate decisions on grouping and differentiation for students who speak EAL, rather than assuming low levels of English equate to low cognitive ability (Swann Report, 1985, DCSF 2006, Code of Practice, 2004, Strand and Demie, 2005).

The Code of Practice (2004) highlights that children who speak EAL are over represented in referrals for special educational need support. This suggests that schools might not be effectively differentiating between access to English and cognitive ability. Cummins (1979) suggests that it may take students up to seven years to be able to think conceptually in a second language (although this may encourage low expectations), yet the government still measures academic performance of students who speak EAL using standardised assessments unless they are newly arrived to England or are considered by the school to need some time to adjust (Kotler et al, 2009). This could be seen as inclusive, though may be reinforcing the notion that standardised assessment scores equate with cognitive ability. Leung and Scott (2009) suggest that teacher-based assessment may be a more effective, dynamic method to identify strengths and areas needing support.

To support school staff in identifying whether a child has special educational needs (SEN) or would benefit from EAL support, the Educational Psychology Service have worked in collaboration with the EAL service and Specialist Inclusion Support Service to develop a flowchart that school staff can use to guide such decision making. The above services felt that children with EAL were being referred for SEN when their predominant need was accessing English. This may reflect a lack of understanding that it can take basic interpersonal communication skills two years to develop (Cummins, 1979). It is important for school staff to balance an understanding that language may not develop straight away (and that this does not imply SEN) but there should be high expectations to develop cognitive skills alongside language development. The flowchart encourages school to consider:

- A consultation with parents to gather background information (recognising that an interpreter may be needed)
- A consultation with the EAL service to discuss how to support the student's EAL needs
- Analysis of the evidence

The flowchart suggests that if students do not make progress after a consultation with the EAL service and EAL support has been put into place, the child may have SEN and the child can be referred to the Specialist Inclusion Support Service.

The flowchart encourages school staff to collect background information about a child to gain their developmental history, their previous exposure to English and any medical or sensory needs. Schools are also encouraged to ask parents about prior experiences the child might have had, for example trauma or separation from relatives, thus recognising that some newly arrived children may have experienced extreme emotional circumstances that may impact how they settle in at school and access activities in the classroom (Hall, 2001). The flowchart does not, however, ask how many years formal schooling the child has had prior to arriving in England, yet this has been shown to be a key variable in assessing the level of support that a child may need to access English (Cummins, 1979).

Interestingly, the DCSF guidelines (2006) take the background information collection one step further and ask school staff to enquire about the child's attitude to learning. This seems to be implying that attitude is a stable concept across settings yet in reality, how the school meet the child's needs is more likely to determine their attitude to learning (Bomber, 2007).

When looking at putting intervention in to support EAL needs, the flowchart does not give information about behaviours that may identify SEN (Cline, 1998):

- Very slow language acquisition
- Little response to intervention
- Inability to acquire basic number concepts
- Difficulty in subjects which are less language dependant

It may be that these factors were not included to ensure that school staff were focusing on positives rather than looking for an identified list of warning behaviours. Having high expectations of students and building on strengths has a positive impact on achievement because students tend to internalise beliefs teachers have about their ability (Lumsden, 1997). It may have been useful to include factors that may suggest SEN however to help teachers differentiate between EAL and SEN needs.

Access to the mainstream curriculum

Staff in the EAL service work with children for 6 months, offering support within lessons to enhance access to the curriculum. The manager of the EAL service reports that it is essential to work with students within the classroom setting so that the students do not feel isolated, and so that good practice can be shared with the teacher. Having EAL support for students within the classroom setting is supported by research that suggests context is essential when learning a second language (Creese, 1999). This also contributes to creating a welcoming,

valuing culture throughout the school. The EAL service manager reports that one of the biggest barriers the service faces in schools, however, is teacher attitudes towards teaching students who speak EAL within the classroom. It is reported that some teachers prefer the students to be educated in a one-to-one setting outside the classroom and feel it is the job of the EAL service to teach the students English before they can learn in the classroom. It is important to note that this is the view of one person from her personal experience and may be biased.

One possible hypothesis for some teachers wanting students to be educated outside the classroom is lack of confidence in teaching students who speak EAL. Franson (1999) conducted interviews with teachers and found that the teachers indicated low confidence with regards to differentiating appropriately for students who speak EAL and so 'a lot of the time [I use]...my normal planning...I don't change my lesson' (Franson, 1999, pg 63). More recently, Hall and Cajkler (2008) interviewed newly qualified teachers and found 'low levels of confidence in teaching of reading and writing for pupils with EAL' (Hall and Cajkler, 2008, page 356). Participant numbers in each study were small so cannot be generalised, however both were conducted when Cummins' (1979) framework was well established to support teachers in differentiating for students who speak EAL. Cummins (1979) emphasises the importance of giving cognitively challenging tasks that are embedded in a concrete context. A secondary school in the LA reported that they also felt that they did not have enough awareness about how to suitably differentiate lessons to support the individual needs of students who speak EAL. This is possibly due to limited reference to the Cummins (1979) framework in teacher training (Hall and Cajkler, 2008).

Regardless of whether teachers have had access to the Cummins framework or similar research, all schools should have access to the DCSF (2006) guidelines which do include a section on how to support students who speak EAL within the mainstream classroom. A difficulty with promoting strategies through guidelines and recommendations is that people may not incorporate these into practice. To promote good practice, consultative discovery could be more effective (Gutkin, 1999). To try to support this approach, the EAL service are working with schools to promote the role of a designated EAL teacher in each school who will be responsible for working collaboratively with the EAL service to investigate effective strategies for practice. Working collaboratively with specialist services has been shown to be effective in supporting teachers who teach students who speak EAL (Hall and Cajkler, 2008). The secondary school teacher consulted reported that she felt her role in being a designated EAL teacher was predominantly to ensure that the student was in the correct ability set, and that their individual needs were communicated to all staff who teach the student, both of which have been shown to be important in supporting students who speak EAL (Hatuka and Diaz, 1985).

2.7.3 Positive Contribution

Research has suggested that for all children, one of the key features in ensuring positive participation in school activities is parental involvement in education (Vincent, 1996). Harris and Goodall (2008) showed that parental involvement in education was particularly beneficial when parents supported children with their learning at home. Parental involvement in school appears to be an area that The LA could develop for children who speak EAL. Translators are not free to schools and although the EAL service facilitate a first meeting between school and

parents, school are then left to communicate with parents alone. One school reported they had did not differentiate their communications with parents who speak EAL, suggesting that these parents may not be accessing information that is sent home, potentially increasing their feelings of isolation within the school community.

Parental involvement is a key area that The LA could develop with regards to supporting the needs of students who speak EAL, however, the support that is in place under the headings 'healthy' and 'enjoy and achieve' will encourage students to feel able to make a positive contribution.

2.8 Conclusion

Government legislation and guidance encourages LAs to promote achievement in terms of social, emotional and academic wellbeing, supporting the needs of the whole child. To promote academic achievement the DCSF have identified groups of vulnerable students. This may be appropriate for some groups of students, such as looked after children or children who speak EAL, as research has identified that these students have qualitatively different needs (Meltzer et al, 2003, Hall, 2001) that can be supported through targeted legislation and guidelines. The strategies (and underpinning research) recommended for boys and Afro-Caribbean students, however, tend to reflect good pedagogic strategies that would be beneficial for all students. It may therefore be more effective to look at promoting achievement for all students, and differentiating based on the needs of individuals rather than their group membership.

The LA promotes achievement through holistic strategies aimed at supporting children and young people achieve the ECM outcomes. Educational Psychologists play a key role in this and appear to have developed a niche in promoting social and emotional wellbeing, whilst the Specialist Inclusion Support Service support students' academic needs. This enables the EPS to participate in large scale preventative projects (such as the SEAL evaluation) and psychologically complex casework, as recommended by Farrell et al (2006).

The LA have recognised that students who speak EAL may have qualitatively different needs to those children who speak English as a first language, and have developed an EAL service of specialised teachers. The EAL service takes a multi-agency, collaborative approach to working with schools to promote achievement. Financial burdens and access to translators restrict engagement with parents, yet this is one factor that has been identified as important in promoting achievement for young people (Harris and Goodall, 2008). There is possibly a gap in some schools between theoretically effective teaching strategies for children who speak EAL and practice, however the EAL service are trying to overcome this through consultative enquiry with staff in the newly developed designated teacher role for students who speak EAL.

Government guidelines and underpinning research should be consulted as a starting point when looking at raising achievement. It is essential to interpret these within the context of funding cuts however, possibly demanding a more creative approach to implementing support, to meet children's needs as individuals and raise achievement for the whole child.

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CHAPTER 3: PPR 2

An exploration of the recent government drive for multi-agency working and the impact this has on Local Authorities, professionals, and children and families. A specific case example drawn from a Local Authority will explore the benefits and challenges to multi-agency working at the individual case level.

Abstract

The Every Child Matters agenda and Children Act (2004) have been driving recent changes in the delivery of children's services in Local Authorities towards multi-agency working practices. Such changes aim to enhance safeguarding procedures through improved information sharing and communication systems. The evidence base for multi-agency working is critically considered alongside the impact potential barriers (such as threats to identity and differing service procedures and cultures) to integrated working may have on practice. An example of multi-agency working is presented within the context of local authority working, and the benefits and challenges of working in this way are discussed in relation to individual casework.

3.1 Introduction

Services for children are currently being realigned to support statutory recommendations for improved multi-agency working and integrated services (DCSF, 2010). The recent drive for this initiative is in response to the Every Child Matters (2003) green paper and Children Act (2004) that were developed following the failure of a Local Authority (LA) to protect Victoria Climbié from severe neglect and abuse that tragically resulted in her death. An inquiry into Victoria's death found that critical information was not recorded, files were unavailable or inaccessible and professionals failed to make links between incidents that should have warned them that Victoria was in danger (Hudson, 2005). As a result, one of the central tenets of the Children Act (2004) is that safeguarding children and ensuring welfare depends on shared responsibility and effective joint working practices between agencies. This is reflected in the more recent Children's Plan (DCSF, 2007) that promises 'families will be at the centre of excellent, integrated services that put their needs first, regardless of traditional institutional and professional structures' (DCSF, page 5, 2007). The government provide information about the desired outcomes of multi-agency working, although there is very little guidance about how changes to Children's Services should be managed to achieve these.

Despite recent rhetoric about 'evidence-based policy and practice,' there appears to be very little theorizing or research underpinning multi-agency working (Robinson and Cottrell, 2005). Multi-agency working appears to be a positive concept in theory, however research that is available suggests that professionals can find it difficult adapting to new working practices (Atkinson et al, 2005, Moran et al, 2007, Gaskell and Leadbetter, 2009). There is

very little evidence on parental experiences of multi-agency working and the impact it has on children and families.

The Local Authority (LA) referred to in this paper delivers services to children and families in co-located teams, promoting shared cultures and relationships rather than shared structures for assessment and intervention. Multi-agency working in the LA for individual casework, but occurs at the discretion of individuals involved, unless there are child protection concerns. A case example from the LA demonstrates that the activity systems within which professionals operate, can provide barriers to multi-agency working. Despite barriers, holistic assessment and intervention for the child and family (structured using the Woolfson et al, 2003, Integrated Framework) attempted to promote positive outcomes at the individual, school and family level.

3.2 Multi-agency working

3.2.1 Government reports and guidelines for multi-agency working

Multi-agency working is not a new phenomenon. The Court Report (1976) and the Children Act (Department of Health, 1989) advocated co-operation between services to ensure child protection and welfare. ‘Co-operation’ between services is an absolute minimum requirement and the Government’s most recent Child Protection Action Plan (DSCF, 2010) takes this further to advocate that children’s services should be working together effectively at an operational level by meeting regularly to help develop positive professional relationships, share information, discuss issues and improve working practices. Vulnerable children often have complex difficulties and a holistic assessment of their needs is necessary because children do not fit neatly into health, education or social service categories (Anning, 2005).

Factors such as crime, poverty, low achievement at school, substandard housing and mental health are connected (Payne, 1998) and it is only through integrated services across education, health and social care that these can be supported simultaneously (Booker, 2005). Integrating children's services aims to reduce the demand placed on families dealing with different professionals by minimising the number of referrals, exposure to conflicting advice and preventing children falling into gaps between the boundaries of agencies (Sloper, 2004). Tools such as the Common Assessment Framework (CAF) have been designed to facilitate this by encouraging holistic, multi-agency assessment of a child's needs through a single point of contact (DCSF, 2009).

The ambitions of the Child Protection plan are not easy to achieve in practice (Booker, 2005). Terms used by the government such as 'co-ordinated services' are often used vaguely, are poorly defined and may refer to a range of activities (Glendinning, 2002). Information available on the Every Child Matters website (www.everychildmatters.gov.uk) lists success factors for multi-agency working, such as:

- Shared goals and targets
- Regular monitoring and review
- Defined roles
- Mutually agreed referral procedures
- Information exchange

These factors are accompanied by two or three sentences about why each is important, although there are no clear guidelines for LAs with regards to effective delivery and

implementation for changes that Booker (2005) regards as ‘more radical than anything attempted before (and)...greater and more complex than originally envisaged’ (Booker, page 133, 2005). Daniels et al (2007) suggest that effective multi-agency working utilises Vygotskian principles to explicitly look at the processes of organisational change as they develop, rather than exclusively at the outcomes, as the Every Child Matters (2003) guidance does. There is a clear role for Principal Educational Psychologists in the management of changes to Children’s Services as psychology can at least provide a framework to support processes of successful organisational change (Kolb et al, 1979).

Laming (DCSF, 2010b) explored current multi-agency practices within LAs and recognised that despite some examples of good practice there are still significant problems in the day-to-day reality of working across organisational boundaries and cultures, predominantly caused by poor information sharing practices. Laming (DCSF, 2010b) reported that the joint working he observed often depended on the commitment of individual staff, rather than organisational arrangements.

3.2.1 Multi-agency working in practice

The Every Child Matters (2003) reforms require a major shift in the structure, process and underlying culture of LAs in England to integrate relevant services to form overarching Children’s Services (Hudson, 2005). The implementation of the policy locally depends on the cultural context within which services are situated (Leadbetter, 2008).

Atkinson et al (2005) define multi-agency working as ‘a single project or initiative where agencies come together to address a specific issue or concern’ (Atkinson et al, page 8, 2005).

Atkinson et al (2005) sampled 30 multi-agency initiatives within LAs and identified five models of practice (table 1).

Table 1

Models of multi-agency practice identified by Atkinson et al, (2005)

Model	Purpose
Decision making groups	A forum whereby professionals from different agencies meet to discuss issues and make decisions
Consultation and training	Professionals from one agency enhance the expertise of another through training and consultation
Centre-based delivery	Gathers a range of expertise together in one place to deliver a more co-ordinated and comprehensive service
Co-ordinated delivery	Drawing together a number of agencies involved in the delivery of services so that a more co-ordinated and cohesive response to need could be adopted
Operational team delivery	Professionals from different agencies work together on a day-to-day basis and form a cohesive multi-agency team delivering services directly to clients

The above table is not an exhaustive list of types of multi-agency working, and a further example includes secondment posts established across organisational divides. It is notable that in the above examples, only ‘operational team delivery’ co-ordinates services to the point of direct delivery to the child and family (Sloper, 2004). Watson et al, (2000) suggest that such transdisciplinary working is the most effective method of multi-agency working, where different agencies work together sharing aims, information and responsibilities, with an identified individual being responsible for the delivery of a unified program. Atkinson et al’s research (2005) found this was the least common method of delivery of children’s services in LAs and imposed government or service level targets are not conducive to this (Milbourne et

al, 2003). The first three models appear to focus on the organisation of professionals and the processes of multi-agency working, rather than working towards co-ordinated delivery to families (Sloper, 2004). Atkinson et al's (2005) research was conducted in 2001 however, so the proportion of services taking an operational approach to delivery may have increased in the following nine years.

Multi-agency working can also be conceptualised through Wenger's (1998) model of shared 'communities of practice', and activity theory (Engestrom, 2001). In Wenger's (1998) model, new knowledge is generated in community practice through complementary processes of participation (daily, situated interactions and shared experiences) and reification (the explication of knowledge into representations such as documents and reports). Wenger's model is useful in exploring ways of sustaining 'communities of practice' in multi-agency working through specific joint activities (participation), and through the production of shared protocols, reports and documentation (Robinson and Cottrell, 2005).

Activity theory (Engestrom, 2001) proposes that conflict in multi-agency working is inevitable, as team differences potentially 'collide' as boundaries around specialisms are potentially broken down. Engestrom (2001) proposes that implicit knowledge needs to become explicit through the development of shared language and processes. Activity theory is helpful in exploring how dilemmas might be resolved at the systemic level (by exploring the rules and constraints professionals are working under and the tools they have available to them) to support information exchange (Robinson and Cottrell, 2005). Activity theory posits that professionals must work through expansive learning processes to openly articulate

differences, explore alternatives and agree implementing activities (Robinson and Cottrell, 2005).

3.2.1 The impact of multi-agency working on EPs and other professionals

Recent reviews of the role of the EP suggest that multi-agency working is a primary aspect of the role (Farrell et al, 2005). Kelly and Gray (2000) reviewed the future directions of Educational Psychology and recognised multi-agency working as a core function of the EP, emphasising the importance of increasing links between educational psychology, health and social care. Multi-agency working that provides holistic support for families should suit EPs well as one of the distinctive features of the role is to take an eco-systemic approach to assessment and intervention (Ashton and Roberts, 2006; Cameron, 2006). EPs may have key skills for working in multi-agency teams, however research suggests that there have been barriers implementing these in practice.

Identity and role conception

One of the core difficulties some EPs appear to face in multi-agency teams is a perceived threat to professional identity. Molden and Symes (1999) regard identification with the professional group as one of the key elements for organisational effectiveness. For the EP in a multi-agency team this requires one's core professional identity aligning with that of the new organisation's overall culture (Booker, 2005). Identity construction is socially determined (Tajfel, 1978) and the extent to which professionals develop fluid identities that can shift depending on context, is an important aspect of multi-agency working (Leadbetter, 2006). Gaskell and Leadbetter (2009) interviewed ten EPs who spend part of their time in a multi-agency team and part of the week in a traditional EPS and found that some were unclear about

their contribution to the team and the role they played. Atkinson et al (2005) also interviewed professionals from education, health and social care and found one of the main barriers arose over conflict about areas of responsibility.

There is continuing discussion about the 'distinctive' role of the EP (Ashton and Roberts, 2006; Cameron, 2006) that may render some EPs sensitive to their role within multi-agency teams. These difficulties are not restricted to the EP and Moran et al (2006) report that social workers experience conflict and confusion about the roles they play when working within a multi-agency team, with specific concerns arising over the distinctive they can bring to working with families.

Gaskell and Leadbetter's (2006) research suggests that some EPs experienced an enhanced sense of professional identity within the multi-agency group, and hypothesise that feeling valued within the group positively impacted this. Literature from organisational psychology suggests that people feel valued when working processes are collaborative, and ways forward are 'discovered' rather than donated (Argyris, 1990). This process could be initiated and modelled at the managerial level by involving professionals in decisions about changes towards multi-agency working, fostering a culture where the notion of the 'expert' is minimised and people's individual skills are recognised. Wenger's (1998) model suggests that increasing shared participation practices within the group may also promote increased identity through shared practice and interactions.

Gaskell and Leadbetter's research implies a correlational relationship between feeling valued and having a positive identity and this does not imply cause and effect. There are many other

variables that could impact feelings of identity, such as level of experience. Gaskell and Leadbetter's (2009) research has a small sample size (as acknowledged by the authors) and therefore cannot be considered representative. The relationship between feelings of identity for individuals within a multi-agency team and how effective they feel the team is has been supported by other research (Moran et al, 2006; Robinson and Cottrell, 2005).

Practical difficulties

In addition to conceptual difficulties associated with multi-agency working, there are also practical difficulties around fiscal resources (Atkinson et al, 2005). Townsley et al (2004) interviewed professionals supporting disabled children in six multi-agency teams in different authorities, and found that three were funded on a short term basis. One of these services received no additional funding and relied on the commitment and good will of staff (Townsley et al, 2004). With short term funding the sustainability of the multi-agency team could be questioned. The services interviewed felt that funding directly impacted on their referral criteria, as resources would cover only a finite number of children (Townsley et al, 2004).

Competing service cultures

A further challenge identified by the participants interviewed by Atkinson et al (2005) involved the competing demands, targets and working practices of individual services within multi-agency teams. Different services have different values and priorities, yet policy has paid little attention to how disparate groups can share knowledge and gain an understanding of

working practices to negotiate a shared vision (Anning, 2005). This is a particular challenge for EPs who often work systemically and consultatively, rather than conducting direct work with children on a referral basis, as is typical of health and social care (Booker, 2005).

Research suggests that having shared aims (Milbourne et al, 2003) helps overcome competing priorities and it is essential to draw professionals back to focusing on the wellbeing of the child rather than of professional differences (Leadbetter, 2008). The multi-agency teams interviewed by Townsley et al (2004) had clearly defined, shared aims at the organisational level, but individuals were still confused or unsure about what these were and how they were to be achieved in practice. Leadbetter (2006) drew on activity theory to facilitate the development of shared aims within a multi-agency team, and to ensure these aligned with an understanding of the systems within which professionals worked.

To ensure differing priorities and work practices do not become a challenge, Leadbetter's (2006) research with activity theory advocates that teams should have tools in place to support disagreement. This is particularly important because early group formation often involves a 'storming' phase where each member tries to sort out what they want from the group process (Tuckmann, 1965). Group disagreement should not be seen as unhealthy as disagreement demonstrates that members have understood what is being said and can justify a response (Leadbetter, 2006).

Potential gaps in the research

The majority of the research exploring the impact of multi-agency teams on professional working practices takes a social constructivist epistemological stance using qualitative

methods and data analysis. This is valuable in exploring some of the processes involved in multi-agency working, and how it impacts the subjective experience of the individual. It would, however, be beneficial to triangulate this with research utilising a positivist research design with pre and post test measures to explore the impact multi-agency working has on a number of variables, such as cost, number of referrals and outcome measures for the child and family.

There also appears to be a dearth of research exploring the impact multi-agency working has had on families, and some of the experiences families have with the post-Every Child Matters (2003) changes. It appears that the research reflects practice (as identified by Laming 2010) and focuses on the organisation of professionals rather than impact on children and families.

3.2.2 The impact of multi-agency working on parents

Wray et al (2001, as cited in Abbot et al, 2005) reviewed 235 studies on multi-agency working and found that only a minority explored the impact recent changes have had on families, making it difficult to thoroughly assess the effectiveness of multi-agency working. Barnes (2008) interviewed parents in a service that was currently undergoing changes towards multi-agency working about the *perceived* benefits of different models of integrated working. The parents reported current experiences of poor communication between professionals, lack of cohesion and limited information about diagnoses and hoped that integrated services would promote: holistic support for their child; early identification of need; support with social inclusion and reduced overlap and fragmentation of work. Whilst it is useful to explore what parents would like from an integrated children's service, this research needs to be followed up

to explore whether the changes met these needs, and if not, what could be done to remove any barriers.

Abbot et al (2005) evaluated the experiences of parents who had received multi-agency support across six LAs. Twenty five families were interviewed and sixteen felt that multi-agency working had improved their lives by reducing the number of appointments that required their attendance. Families often felt that multi-agency teams did not provide emotional support, respite opportunities or support completing benefit forms, all of which could be supported if the families needs had indeed been assessed holistically. Abbott et al (2005) found emotional pressure arose from families feeling that support still was not effectively co-ordinated despite having a key worker.

Research by Abbott et al (2005) suggests that multi-agency working in the LAs sampled may have improved service delivery for some families, but does not necessarily achieve the desired benefits hoped for by the families interviewed by Barnes (2008). Further efforts are needed by LAs currently to explore the impact new working practices have on service users.

3.3 Multi-agency working within a LA

Children's Services in the LA referred to in this paper predominantly provide co-located, centre-based delivery (as described by Atkinson et al, 2005) to families, focusing on shared relationships rather than the shared organisational structures that are recommended by the Child Protection Plan (DCSF 2010). There are moves in the LA towards integrated working

practices and services are gradually transferring to the Tribal computer system that gives professionals the opportunity to see which services are currently (or historically) involved with a child to facilitate information sharing. This would help promote the shared community of practice described by Wenger (1998), although information sharing alone does not provide a holistic assessment of a families needs. Co-location may reduce the need for families to repeat information (identified as stressful by Barnes', 2008 research), as professionals have access to each other to discuss cases at their own discretion, although separate referrals still need to be made, and Abbott et al (2005) identified this as a particular emotional stress for families.

To improve service delivery to children and families, the EPS has developed an open referral policy so that anyone can refer a child to the EPS, providing there is parental consent. The open referral policy aimed to locate EPs as community psychologists and has also facilitated the opportunity for increased multi-agency work directly to families. Prior to the open referral system EP work was negotiated between the psychologist and the school. An evaluation of the change in service delivery suggests that 16% of referrals now come from other services and 24% from parents/carers. It is not clear how many of these cases resulted in joint working practices, however opening the referral system is a first step in facilitating this process. Increased access to EPs was requested by health and social care in Kelly and Gray (2000) review of the role of the EP, and the open referral system facilitates this.

The following section of this report explores the benefits and challenges in multi-agency collaboration between health, education and the legal system in the LA to support a child who was at the time finding it difficult to attend school. All names have been changed.

3.4 Case example using the Woolfson et al (2003) Integrated framework

Paige Watkins** (13 years old) was referred for EPS support by an Education Welfare Officer (EWO) after concerns were raised about her attendance at school and the difficulties she appeared to have separating from Miss Watkins (mother). At the time, Paige's attendance was 51% and she displayed aggressive avoidance behaviour when taken to school by Miss Watson.

Based on evidence gathered from meeting with Paige, Miss Watkins and members of staff from school I felt that Paige had a range of needs that could be most appropriately supported through multi-agency support. I requested a meeting with relevant agencies to provide a holistic approach to assessment and intervention to provide a co-ordinated response (DCSF, 2010). I hoped that working in this way would reduce the pressure on Miss Watkins as she would have to meet with professionals collectively, on a regular basis, rather than individually over many appointments (Abbott et al 2005). I also hoped that working in this way would reduce repetition of information gathering and work. The initial multi-agency meeting comprised Miss Watkins, Paige and the following professionals:

** All names have been changed

- Trainee Educational Psychologist (TEP)
- Education Welfare Officer
- School staff (Head of Year and Learning Mentor)
- Vulnerable Children's Officer

After the initial meeting, a Clinical Psychologist from the Child and Adolescent Mental Health Service (CAMHS) joined the multi-agency team. The legal system also participated in proceedings, as the Education Welfare Service began legal proceedings against Miss Watson for Paige's low attendance levels.

My aim in initiating the multi-agency meeting was to develop a transdisciplinary team where the different agencies shared aims, information and responsibilities (Watson et al, 2000). In practice we each had our own individual targets and goals and simply met up to discuss ways of supporting these (Watson et al, 2000), as will be discussed.

To support the multi-agency process I used the Woolfson et al (2003) Integrated Framework. A range of models are available to guide professional decision-making, problem-solving and practice including the Monson Problem Solving Model, (Monson et al, 1998) and Constructionist Model of Informed and Reasoned Action, (Gameson et al, 2005). I selected the Woolfson et al, Integrated Framework (2003) in this case because it is specifically designed to support an ecological systems approach and interdisciplinary collaboration (Woolfson, 2008). I found that one of the most attractive features of the Woolfson et al (2003)

model was that it encourages a consultation approach where all professional and family members involved are encouraged to generate hypotheses and intervention approaches, equally valuing all areas of expertise (Wagner, 2008). The Woolfson et al (2003) framework is designed to be used explicitly, however, I used the framework implicitly to plan and structure processes within the meeting. With hindsight I should have used it explicitly as it was difficult at times to keep professionals on track and having an explicit framework may have facilitated this. Using the model explicitly would also have also made the process more collaborative and is a piece of learning I will apply next time I plan to use the model.

3.4.1 Phase 1: Roles and Expectations

Phase one of the Woolfson et al (2003) framework aims to lay the groundwork for effective multi-agency collaboration by defining roles and expectations. Gaskell and Leadbetter's (2009) research suggests that having a positive identity and feeling valued within a multi-agency team is important, and establishing roles and expectations from the outset may facilitate this.

Chairing the meeting gave me the opportunity to ask professionals to define their role within this case, and expectations they had about their role within the team. Parents identified confusion about professional's roles as a particular concern (Barnes, 2008) so it was hoped that this process would demystify roles and promote transparency for Miss Watson. I explained my role within the group was to chair the meeting; to explore a range of different levels of influence on Paige's school refusal behaviour and use psychology to intervene and

support these. Taking this systemic approach is viewed as a distinctive role of the EP (Cameron, 2006) and helped take the group away from a within child/family perspective.

I felt that as a TEP I had the implicit role of managing difficult interactions within the meeting (Miller, 2003). There appeared to be a tension between the EWO and Miss Watson and I tried to manage this by keeping the group on task and reminding those present that a 'blaming' culture is not helpful and that it is more effective to take a solution focused approach.

Expectations of the group appeared to be very similar, with those present citing a joint approach to increasing Paige's attendance. I added that my expectation was joint working to increase Paige's attendance *and* psychological wellbeing because without the latter it will be very difficult to increase her attendance. I also added that it was my expectation that this would take a significant amount of time and that progress will likely be in small steps (Thambirajah et al, 2008). Throughout further meetings I felt that this expectation was not shared with other professionals who recognised progress but expected Paige to significantly increase her attendance very quickly. To mediate this I talked through the psychological processes of systematic desensitization and the time cost associated with staged approaches to intervention (Doobay, 2008; McShane et al; 2004, Place et al, 2004).

3.4.2Phase 2:Guiding hypotheses and information sharing

Following the introductions and role definitions I started the meeting by initiating discussion about people’s hypotheses about the factors that were influencing Paige’s behaviour to gain an initial picture of the presenting problem (Woolfson, 2008). Professionals tended to take a within child perspective to Paige’s difficulties and cited ‘separation anxiety’ as a key factor. To facilitate a systemic approach to hypotheses, I introduced the Profile of Risk of Emotionally Based School Refusal (PRE) Schedule (Emmerson et al, 2004) that specifies ecosystemic factors that often contribute to school refusal behaviour (see Appendix 1 for a completed copy).

Woolfson (2008) recommends that following the generation of hypotheses, professionals collect information to confirm or reject theories posited. Professionals in this meeting had already worked extensively with Paige and information had already been gathered.

Hypotheses were therefore generated on the basis of prior information, and confirmed through the following intervention process. Table 1 demonstrates the range of hypotheses given.

Table 2

Hypotheses generated about Paige’s school refusal behaviour

Level	Source	Hypotheses	Information Gathered
Individual	EWO EWO, Miss	<ul style="list-style-type: none">• *Miss Watson is not taking enough responsibility for getting Paige to school• Paige experiences significant separation anxiety when separating from Miss	Attendance data and speculation Observation of Paige

	<p>Watson, TEP</p> <p>Learning Mentor</p> <p>TEP</p> <p>TEP</p>	<p>Watson</p> <ul style="list-style-type: none"> • Paige has low self esteem • Paige finds it difficult being in crowds of people • Paige's anxiety is increased by the guilt she experiences about her mum being prosecuted for her attendance levels • Paige is displaying aggressive behaviour to avoid school and leaving Miss Watson 	<p>at school</p> <p>Individual discussion with Paige</p> <p>Consultation with Paige and Miss Watson</p> <p>Consultation with Paige</p> <p>Functional behavioural analysis with Paige and Miss Watson using an ABC sheet (antecedent, behaviour, consequences).</p>
School	<p>Miss Watson</p> <p>TEP</p>	<ul style="list-style-type: none"> • The bullying Paige experienced contributed to the difficulties she has leaving Miss Watson • Paige finds it difficult to attend registration because she does not feel safe in her tutor group • Students often enter school at the same time in a crowd 	<p>Discussions with Paige</p> <p>Consultation with Paige</p>

	TEP	<ul style="list-style-type: none"> Students are asked to wear a short sleeve t-shirt in P.E which causes anxiety for Paige because she has eczema 	<p>Consultation with Paige</p> <p>Consultation with Paige</p>
	TEP		
Home / community	Miss Watson, EWO, learning mentor	<ul style="list-style-type: none"> Miss Watson finds it difficult to organise taking two children to two different schools **Paige gets to stay at home by having a tantrum Paige's dad has previously been in and out of their lives and has not provided a stable/consistent relationship 	<p>Consultation with Miss Watson</p> <p>Consultation with Miss Watson</p> <p>Consultation with Paige and Miss Watson</p>
	EWO		
	TEP		

*This hypothesis was not helpful in supporting Paige and Miss Watson and appeared to be derived from speculation. Miss Watson manages to get Paige to school most days but Paige refuses to enter the building. I tried to focus discussion on the fact that Miss Watson was attending meetings and was an active participant in the intervention plan, thus jointly accepting responsibility for increasing Paige's attendance and psychological wellbeing.

**This hypothesis was reframed to: 'Miss Watson does not have the coping strategies to deal with Paige's avoidance behaviour which directly impacts Paige's attendance levels'.

3.4.3 Phase three: Joint problem analysis

The above hypotheses were confirmed on the basis of information gathering to provide an explanatory overview of how different contributing psychological, contextual and systemic factors might be influencing the problem (Woolfson, 2008). Woolfson (2008) provides an example of how to manage this aspect of the framework by presenting professionals with a complex diagram of the interacting factors. I found the PRE schedule more effective than using a structure similar to Woolfson et al's (2008) as it is a simple, easily accessible structure specifically relating to school refusal behaviour.

Despite all professions contributing to the generation of hypotheses to inform the multi-level problem analysis, the Education Welfare Service decided to take legal action against Miss Watson, demonstrating a specific within-person approach to problem analysis. There is significant evidence (gathered through consultation with Miss Watson and Paige, observations between Miss Watson and Paige and psychological assessment) to conclude that Paige's low attendance levels are not the result of truancy or Miss Watson absolving responsibility over Paige's education, but that Paige experiences specific psychological difficulties separating from Miss Watson and entering school. This difficulty is not specific to school and permeates most aspects of Paige and Miss Watson's lives.

The legal system appears to take a very within-child, pathological view with regards to problem analysis. I was asked to submit a report representing my views on the causes of Paige's difficulties. The court case was adjourned pending clinical psychologist evaluation of Paige to determine whether she qualifies for a diagnosis of 'Separation Anxiety Disorder'.

Regardless of diagnosis Paige experiences a high level of anxiety and factors at the individual, school and family level contribute to this, as is typical of most school refusal cases (Doobay, 2008, McShane et al, 2004). Prosecuting Miss Watson and imposing punishment may not be helpful (as is evident from behavioural studies, Patterson et al, 1989, Metzler et al, 2004) and is likely to result in additional stress and anxiety for Paige and her family. This is one of the key factors the Children Act (2004) and multi-agency working aims to avoid (DCSF, 2010).

Legal action is at the discretion of the EWO responsible for a case and decisions about legal proceedings can be made when attendance levels fall below 60%. The decision to proceed represented a conflict in the activity systems within which the different professionals in this multi-agency team were working (Leadbetter, 2006b). Activity systems represent the context within which people operate. The role of the professional (subject) is impacted by supports and constraints (rules), the roles of other participants (community), artefacts that are used to facilitate work (tools) and the way in which work has traditionally been undertaken (division of labour) (Leadbetter, 2006). Aspects of the activity system around the EWO led to contradictions with my own activity system within in two key areas: tools and the division of labour. It is important to note that the following views are my reflections about these contradictions and these views are entirely subjective, based on my view that the legal action is not going to reduce the anxiety Paige experiences in relation to school and is therefore unlikely to increase her attendance.

Tools

It appeared that the EWO was using the legal tool available to her to prosecute Miss Watson for Paige's level of attendance. This conflicts with the systemic, solution focused perspective often taken by EPs (Ashton and Roberts, 2006). An important element of multi-agency working is 'rule-bending' when contradictions arise (Leadbetter, 2008). The EWO did not bend the rules in this case for reasons that can only be speculated (for example following protocol/potential work pressures to secure a prosecution). Tension did arise as a result of the court case because my report was used by the defence solicitor. The contradiction may have also arisen here because I have misunderstood the workings of the Education Welfare Service and it may be unreasonable of me to have expected or hoped for rule bending on this case. The clash between my aims and those of the EWO represent one of the difficulties with multi-agency working.

Division of Labour

Participating in a multi-agency team to support Paige may have threatened the identity of professionals involved through exposure to different working practices (as has been identified as a potential consequence of multi-agency working, Gaskell and Leadbetter, 2009). Having different priorities and aims in the group acted as a barrier with regards to division of labour. Rather than working together the EWO took legal action and I looked at supporting Paige's anxiety. We may have both reverted to our 'habitus' (disposition towards a learned action) within a new field (Bourdieu, 1977, as cited in Leadbetter, 2006) rather than working together.

Overcoming barriers

Billet and Somerville (2004) suggest that how individuals engage with discussion and difference in opinion are key factors in effective multi-agency working. Leadbetter (2006) suggests that to overcome barriers, procedures should be in place to support disagreement. Such procedures were not in place because multi-agency working in the LA is on a case by case basis rather than orchestrated through organisational structures. To mediate tension arising from the report I sent to the court, I promoted transparency; ensuring the EWO had a copy of the report before it was sent, ensuring the content was accurate and that every aspect had been previously discussed within the multi-agency meetings.

Despite different opinions regarding the court case, an action plan was developed on the basis of the problem analysis to support Paige and Miss Watson at different levels of the problem (table 3).

3.4.4 Joint action plan and implementation

To develop of the action plan within the multi-agency meeting I utilised a consultation approach. Consultation can be used effectively within multi-agency teams by building on the strengths and resources within the child, family and multi-agency team to promote positive outcomes for the family (Wagner, 2008). Working consultatively to utilise every member's expertise is empowering (Cameron, 2006) and may promote feelings of value, reported as conducive to multi-agency working by Gaskell and Leadbetter (2006). Consultation may also increase the likelihood that actions are put into practice, as members of the team have had

input into their development rather than receiving a list of donated recommendations. It is important to retain a balance between taking a purely consultative, non directive approach and an expert led, directive approach however. Ashton and Roberts (2006) interviewed Special Educational Needs Co-ordinators (SENCOs) about the contributions they valued from EPs and found that 'advice giving' ranked highly. During this case I used the problem analysis framework consultatively, but also felt in a position to offer my views and advice.

My contribution to the development of the action plan was through the application of the psychological knowledge. This was important in encouraging a systematic desensitization approach to intervention that aimed to support Paige's anxiety and increasing her exposure to feared stimuli (such as P.E and entering school with the other students) gradually (Thambirajah et al, 2008). I had previously consulted with Paige to gain her views on how support can be managed to meet her needs and I represented her views during the development of the following action plan:

Table 3

Action plan to support Paige at different levels

Level	Action	By who and when
Individual	<ul style="list-style-type: none">• Paige to receive 1:1 (x6) weekly sessions using cognitive behaviour therapy (CBT) to reduce the levels of anxiety she experiences and her aggressive 'avoidance' response• Paige to be referred for CAMHS for additional support with behaviour that appears to be in accordance with separation anxiety disorder• Paige to attend the Pisces group to support her self esteem needs	TEP: 09.12.2009 TEP: 27.11.2009 Learning Mentor: 27.11.2009
School	<ul style="list-style-type: none">• Paige does not have to attend P.E and can be supported in the learning support unit at this time• Paige to register in the learning mentor office so that she does not have to come in with other students• Learning Mentor to meet Paige every morning to support the transition between home and school• Paige to change tutor groups to be in an environment where she feels she has friends	Head of Year: 27.11.2009 Learning Mentor: 27.11.2009 Learning Mentor: 27.11.2009 Head of Year: 27.11.2009
Home / community	<ul style="list-style-type: none">• Miss Watson and the Learning Mentor to be trained in CBT principles to support Paige when her anxiety arises to promote a consistent approach	TEP: 06.01.2010

	<ul style="list-style-type: none"> Miss Watson to contact parent partnership to gain legal advice and support 	Miss Watson: As required
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Elements of the action plan were fed back to Paige to discuss her views and the details of the implementation in accordance with the United Nations Rights of the Child Convention (1989).

3.4.5 Phase 5: Evaluate, reflect and monitor

A range of measures will be used to evaluate the impact of the above intervention plan. Short term measures will be used such as behavioural observations and attendance data. Attendance data may not reflect significant changes, as it is more important to manage Paige’s anxiety before one can expect to see an impact on attendance. In addition to this, measures were used to evaluate the CBT intervention I conducted with Paige, including a Negative Automatic Thoughts Scale (Schniering and Rapee, 2002) to assess the impact the intervention had on Paige’s thought processes, and solution focused rating scales to assess Paige’s subject experience of her anxiety.

During the regular review meetings (every 10 weeks) it was important to reflect on the progress of the action plan and where support was appropriate or needed adapting. By the first review meeting Paige had already made progress and felt able to participate in P.E lessons, so alterative provision during this aspect of the timetable was no longer necessary. By review meeting two (21 weeks following the initial meeting) Paige felt able to come into school without the Learning Mentor meeting her, because she had managed to reduce her aggressive avoidance behaviour and was coming into school calmly. Paige’s attendance levels have

increased to 58% and she is making small step progress with holistic support targeting the individual, school and family level. A final review meeting will be arranged in 10 weeks time where, assuming progress continues, I will negotiate whether further involvement is necessary, and to help develop a maintenance plan and monitoring responsibilities. By this time the court will also have reached a verdict on the case.

Woolfson (2008) advocates that at the final stage, professionals involved reflect on the process as well as the outcomes. It would be useful to talk to members of the team to ascertain their views of strengths and difficulties associated with multi-agency working on this case, however, due to arising tensions I do not feel comfortable having this conversation within the public forum of the multi-agency meeting as it may serve to further divide agencies where relationships have been maintained. My personal reflections are that multi-agency working is currently providing support for Paige and Miss Watson at the individual, school and family level, and that this support was strengthened through a range of professional's and Miss Watson's expertise on the best ways to support Paige. Multi-agency working also promoted a consistent response where all present were fully aware of different aspects of the intervention.

Barriers within the multi-agency team primarily occurred due to the different rules within the different activity systems professionals were operating, and the different tools and division of labour available to them. Contradictions caused tension and at one point Miss Watson refused to attend meetings if the EWO was going to be present. This issue was been resolved through discussion between myself and Miss Watson about different agency referral practices and how important her contributions are within the meeting. The learning I will take forward from

this is that professionals will have different targets and rules to work with and that it is important to find common elements where shared practices can be developed. A further barrier was arranging times for review meetings that everyone could attend. The clinical psychologist from CAHMS was unable to attend any potential dates for review meeting two or three, however has passed on information to present at the meetings. Despite some barriers Paige is making progress and it is hoped that this will be maintained with a maintenance and monitoring programme.

3.4.6 Reflections on the Woolfson et al (2003) Integrated Framework

The Woolfson et al (2003) Integrated Framework helped facilitate the shared community of practice advocated by Wenger (1998). Developing hypotheses and interventions consultatively is a key aspect of the model and facilitates shared participation and reification which Wenger (1998) sees as central to effective multi-agency working practices. As mentioned above, this process would have been enhanced had I used the model explicitly rather than as my own implicit guiding structure for chairing the meetings. On its own, the Woolfson et al (2003) model did not help explore barriers to multi-agency working that arose from conflicts between activity systems and it may have been helpful to use the model alongside an activity theory approach. Without LA organisational structures to facilitate multi-agency working it would be more difficult to employ activity theory on a short term case by case basis due to the time it would take to explore potential contradictions between services. It is important to be aware of the principles to help understand barriers that may arise and ways of overcoming these.

3.5 Conclusion

Multi-agency working has been driven forward by recent policy and guidelines arising from the Every Child Matters (2003) agenda and Children Act (2004), to develop integrated services that can provide holistic, co-ordinated services to children and families (Hudson, 2005). Government guidance describes the importance of multi-agency working and the desired outcomes, however gives little support about how the organisational change processes within LAs could be managed. Research suggests that professionals experience benefits and challenges to working within multi-agency teams and retaining professional identity and feeling valued appear to be key factors in facilitating positive experiences (Leadbetter, 2006, Gaskell and Leadbetter, 2009) in developing shared communities of practice (Wenger, 1998). Very little research has been conducted to explore the impact multi-agency working has on families, despite the Children's Plan (DCSF, 2007) stating that families should be at the centre of all work. Information that we do have about parent's experiences suggest that despite multi-agency working and the development of the key worker role, parents feel that support is not co-ordinated and there is little consideration of their social and emotional needs (Abbott et al, 2005). Such different examples of multi-agency working occurs across LAs (Atkinson et al, 2005) suggest that evaluation on the impact of multi-agency work for families is likely to be most effective within each authority.

During the multi-agency case example provided, I found barriers arose from the different activity systems professionals were working within. Shared structures with joint referral and assessment procedures at an organisational level may have reduced this barrier and the contradictions experienced. My learning from the case reflects the strengths offered through

shared expertise and a co-ordinated response to try to promote positive outcomes for children at the individual, systemic and family level. Multi-agency working appears to be a positive concept in theory, although is not an example of evidence based policy (Robinson and Cotrell, 2005). LAs need to carefully consider how multi-agency working can work in practice and what/whose needs they are meeting with changes to Children's Services.

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CHAPTER 4: PPR 3

Complex individual needs. An exploration into the link between sensory processing and physically aggressive behaviour of children with autism. A case study example of how behaviour can be supported through sensory intervention.

Abstract

Autism is often conceptualised as impairments in social, communicative and imaginative functioning. People with autism also often report atypical sensory experiences that, although do not form part of the diagnostic criteria for autism, are well documented in the research. This paper explores the link between atypical sensory processing and how this may be contributing to the challenging behaviour of a child with autism attending a specialised education setting. Following an assessment of the child's sensory needs using the Sensory Profile Checklist Revised (Bogdashina, 2003), a six week 'sensory diet' intervention was implemented. Event monitoring of the child's behaviour suggests that target behaviours (hitting and pushing other students) decreased from week one to week six. The use of the Sensory Profile Checklist Revised is evaluated and the utility of sensory interventions in educational psychology practice is critically considered.

CHAPTER 5: PPR 4

An exploration of a Local Authority's critical incident policy alongside research in the area. A needs analysis is used to inform future critical incident training for educational establishments within the Local Authority to support practice.

Abstract

Critical incidents in our educational establishments occur with unfortunate frequency.

Research demonstrates that planning and preparing for critical incidents improves the capacity of the school to respond effectively and to reduce long term negative consequences. The local authority in this research project is subsequently developing a training package for schools to support planning and preparation in schools for critical incident management. To inform this training a needs analysis questionnaire was designed and sent to all education establishments in the local authority. The needs analysis addressed: current practice in schools with regards to critical incident management; how confident Head Teachers are in managing a response to a critical incident and areas where the local authority can offer additional support through training. The results of the needs analysis (analysed using statistical analysis) suggest that schools show a range of current practice in this area, preparing for incidents through role play rehearsals and having an established school emergency response team. Many schools had little in place in preparation for a critical incident and were not very confident in this area. Group analyses revealed that schools who had experienced a critical incident felt significantly more prepared and confident in this area than schools that had not. Respondents felt training from the Local Authority would be valuable and could be tailored most effectively to help schools prepare for an incident by focusing on: sharing information with the media; strategies

to support the school community and how to set up a school pre-emergency response team.
The use of the needs analysis for collecting the data is critically evaluated in the discussion.

5.1 Introduction

It can be challenging and emotional to think about critical incidents in schools but it is important that head teachers plan for the unexpected and ensure that everything possible can be done in response to an emergency (Stevens 2002). How schools respond to critical incidents can have medium and long term psychological effects on members of the school community (Whitla, 2003). The aim of this small scale research project is to explore how guidelines in one local authority (LA)¹ align with research on critical incident management. A needs analysis questionnaire will be used to explore how prepared and confident educational practitioners within a number of establishments in the LA feel managing critical incidents and where to target additional training and continuing professional development (CPD) in this area. Barclay (2004) argues that supporting schools to prepare for critical incidents through training is one of the most effective ways to prevent long-term negative consequences from events.

The LA differentiates between critical incidents and emergencies, recognising that some incidents can often qualify as both (definitions taken from LA guidelines):

Emergency:

An emergency is a situation which threatens serious damage to human welfare:

- arises with or without warning;
- causes or threatens death, injury or serious disruption to normal life;
- affects more people than can be dealt with under normal conditions; and / or

¹ Which are currently in the final draft stages

- requires a special mobilisation and organisation of resources.

Critical Incident:

A critical incident can be an incident which causes or threatens death, injury or serious disruption to the normal working of the school and may require the assistance of outside agencies to ensure that the organizations return to normal.

Critical incidents may meet the following criteria:

- an event that requires the Local Authority or school to respond in a manner outside its normal day to day procedures and method of work;
- is limited in scale or area, enabling a local response; and
- involves one or more service areas

A critical incident can therefore be an emergency, but does not have to be an emergency (for example a teacher dying from a terminal illness may be a critical incident but not an emergency). Critical incidents can affect schools directly or indirectly and can include (Poland and McCormick, 1999):

- the death of a school community member;
- suicide;
- car accidents;
- natural disasters;
- student fights;
- kidnapping or missing students;

- acts of terrorism; or
- child sexual abuse or alleged abuse

5.2 The role of Educational Psychologists in critical incident management

Educational Psychologists (EPs) can have a significant role supporting schools with critical incident management (Farrell et al, 2005). Critical incidents can be traumatic and school staff need to be prepared to support the emotional and psychological responses of the school community. Crisis events can lead to reactions that include: fear, helplessness, sadness, longing, guilt, anger and the triggering of memories of past trauma (Comer, 1998). EPs can play an important role in ‘normalising’ responses to critical incidents (unless these become firmly established and debilitating, in which case additional psychological support would be beneficial) and supporting the school community to implement universal approaches to restore psychological wellbeing (Hobfoll et al, 2007).

One of the most effective ways for schools to manage and respond positively to critical incidents is through instilling a sense of control and collective efficacy throughout the school community (Hobfoll et al, 2007). EPs can support this through consultation, by developing appropriate behavioural repertoires and skills in dealing with the event with the school (Bandura, 1997, Wagner, 2008). Schools are encouraged to own their critical incident responses rather than relying on external ‘experts’ taking over a situation (Hobfoll et al, 2007), which fits within the consultation approach EPs can use to facilitate joint problem solving with school staff (Wagner, 2008).

5.3 Responding to Critical Incidents

The LA in this research has recently updated its Emergency Advice and Support for Educational Establishments (EASEE) guidelines to advise schools on how to respond to critical incidents. The aim of the guidelines is to support a school's actions in preparing for, and responding to critical incidents. The EASEE guidelines emphasise that schools should 'own' their responses through preparation and that council support from the Emergency Advice and Support for Education (EASE) team (including members from the LA Care Trust Resilience Team, Education Welfare, Educational Psychology Service, Communications and Health and Safety) is available at a level deemed necessary. This facilitates a consultation approach to encourage schools to develop the levels of control and self efficacy in crisis situations that are deemed important to promote resilience by Hobfoll et al, (2007).

A number of frameworks have been developed to describe good practice in responding to critical incidents in school (Young, 1998; Brock and Jimerson, 2004; Jimerson et al, 2005; Hobfoll et al, 2007). Many of the models (for example Young, 1998 and Hobfoll et al, 2007) focus on post event strategies, yet preparing for an event is critical to responding positively and effectively (Johnson, 2000). The 'Coping with Crisis' text written by Poland and McCormick (1999) also begins with chapter 1: 'When a Crisis Strikes', yet tackling a crisis is more effective if the process begins at the preparation stage (Jimerson et al, 2005). Brock and Jimerson (2004) detail approaches across the span of the critical incident and developed into a model of 'school crisis intervention' (Brock and Jimerson, pg 286, 2004):

- Pre-impact
- Impact

- Recoil (the time immediately following the event)
- Post impact (days and weeks following the event)
- Recovery and reconstruction (months and years following the event).

Brock and Jimerson (2004) developed the model by presenting an evidence base for each phase of a crisis and interventions for each. A consistent difficulty with the model and the evidence base is the limited amount of research supporting critical incident management and interventions. When exploring the evidence base for interventions during the 'impact' stage of the model, Brock and Jimerson (2004) report completing a Psych-info data base search in July (2002) and finding no studies that assessed the effectiveness of interventions at this stage. The evidence used is derived from studies that identify variables capable of reducing psychological distress following a crisis retrospectively, such as increasing social support following impact (Vernberg et al, 1996) , rather than from research specifically assessing intervention effectiveness and utility.

Whilst it is recognised that the research base for Brock and Jimerson's (2004) model has limitations, and that more research needs to be completed to assess the utility of specific interventions, it will be used to frame the literature review for this research and to frame the discussion about the critical incident guidelines developed by the LA. The model offers a coherent framework covering the lifespan of a critical incident, including pre-impact preparedness which is suggested to be a key element of successful critical incident management (Barclay, 2004).

5.3.1 Pre-Impact

‘Advanced planning and preparation is invaluable to professionals responding to a crisis event impacting a school and community’ (Jimerson et al, 2005, p. 278). Kibble (1999) surveyed LA critical incident guidance and found in most LAs emphasis was placed upon post impact measures. Kibble (1999) concluded that:

‘More attention too...needs to be paid to preventative and precautionary measures: all but one of the local authorities surveyed, restricted most of their guidance to coping with a crisis after it had occurred’ (Kibble, 1999, p. 373).

Kibble’s research was conducted in 1999 and it is hoped that practice has changed over the last 11 years to incorporate planning and preparation into LA guidelines for critical incident management. The EASEE guidance places emphasis on ‘pre-emergency actions’ (EASEE, p. 9). To facilitate preparation for critical incidents, EASEE suggests that schools should:

- 1) complete and distribute a critical incident plan;
- 2) train staff, governors and the parent/teacher association to respond to critical incidents;
- 3) liaise with the relevant council departments;
- 4) ensure the plan is adopted throughout the school;
- 5) ensure the plan is regularly updated and reviewed; and
- 6) create a school emergency response team (SERT)

Preparation is considered essential in managing critical incidents so that school operations can return to normal and confidence in school leadership is restored (Lichtenstein et al, 1994). Having an established plan and SERT (as suggested by EASEE) is described in Barclay’s (2004) research as contributing to effective critical incident management. The EASEE

guidelines help schools decide who should be a member of the SERT and what duties and responsibilities should be allocated. The training that will be developed in response to this research will also contribute to schools preparedness in managing critical incidents.

5.3.2 Impact

Brock and Jimerson (2004) emphasise that the main priority for action when a critical incident occurs is ensuring that the school community is protected from harm and danger. In these circumstances the EASEE guidelines advocate that SERT members take responsibility for contacting the emergency services (if necessary), the EASE team, school governors and parents. The EASE team can provide letter templates to support the school's response to parents. Guidance about decisions that need to be made by the SERT are detailed in the EASEE guidelines and should be incorporated into the planning/pre-impact stage (Young, 1998). Decision making can be impaired during stressful situations (such as critical incidents) because people rush to offer solutions before all available alternatives have been considered (Keinan 1987). Having prompts for decision making that are available in the EASEE guidelines could support this process, and again emphasises the importance of preparation.

5.3.3 Recoil immediately after crisis

Promoting a sense of safety

Following a critical incident, Brock and Jimerson (2004) propose that emphasis should be placed upon minimizing crisis exposure and ensuring actual and perceived safety. Negative post-trauma responses (such as depression, anxiety, incident-specific fears) tend to persist

under conditions of on-going threat and danger so it is important that physical and psychological safety is re-established as quickly as possible (Hobfoll et al, 2007). When people face critical incidents that create an actual or perceived threat to the self, they often respond with psycho-physiological responses that underscore the fight, flight or freeze reactions (Uranso et al, 1994). Once a sense of safety is re-established, Bryant (2006) found that biological reactions to trauma are reduced, thus reducing psychological distress.

Young (1998) suggests key elements of ensuring safety include: providing a sense of connection with close others in a secure setting; ensuring basic needs of warmth and food are met and re-assurance that reactions are normal. In addition to this Hobfoll et al (2007) suggest reestablishing positive connotations with the circumstances around the incident is important to prevent generalizations of fear (for example ‘The bridge that collapsed was threatening, but all bridges are not’: Hobfoll et al, 2007, p. 224), and sharing facts about the incident to prevent rumours and ‘horror stories’ developing about the event are helpful in restoring a sense of safety.

The EASEE guidelines do not specifically share strategies with schools to promote a sense of safety, nor do they currently suggest that this is important. The training that is going to be developed to accompany the guidelines can be informed by this literature review if strategies to support the school community arise as a priority for support.

'Psychological first aid' and 'risk screening'

Brock and Jimerson (2004) suggest that in addition to promoting a sense of safety in school, emphasis should also be placed immediately upon 'psychological first aid' and 'risk screening and referral' (Brock and Jimerson, 2004, p. 287) using 'self report questionnaires to assess immediate responses and exposure to the traumatic event (Jimerson et al, 2005, p. 291). This should be followed up in the following days and months with 'individual screening, referral procedures and school wide screening' (Brock and Jimerson, 2004, p. 289).

Taking this approach to responding to critical incidents suggests that children are not able to cope with crises and threat and that specialist intervention is necessary. It may be that this is the case for a very small minority of children but only if their reaction to the event is so severe and overwhelming that it threatens daily functioning and disrupts age appropriate activities (Poland and McCormick, 1997). It should not be an automatic assumption that children will present with pathological difficulties and should therefore all be screened in anticipation. This could lead to confirmation bias where evidence is found to fit a pre-determined hypothesis (Lilienfeld et al, 2009). It is likely to be more supportive and effective to promote resilience in children rather than looking to identify risk (Howard et al, 1995). Positive psychology advocates that human strengths act as buffers against mental illness incidents and emphasis should be placed on building these strengths through positive prevention (Seligman, 2002) rather than procedurally screening individuals for pathological responses to the incident. The EASEE guidelines describe some typical reactions for staff and pupils to critical incidents, which is more helpful in normalizing behaviour than searching for pathology (Irving and Long, 2001). The EASEE guidelines do not detail what constitutes concerning behaviour and

it may be helpful to add a paragraph to describe when responses may indicate a child needs additional support. It is important to strike a balance between sharing information that is necessary and informative for supporting children, while not catastrophizing responses and expectations.

5.3.4 Post Impact

Psychological debriefing

In the days to weeks after a crisis, efforts should be placed upon returning school practices to 'normal' and applying positive prevention strategies to support and build upon the resilience the school community (Young, 1998). Brock and Jimerson (2004) (and other researchers: Di Gallo et al, 1997; Young, 1998, Dyregov, 2001; Irving and Long, 2001) suggest that group crisis debriefings (Brock and Jimerson, 2004) are effective in helping children process and understand an event that has taken place. Critical incident debriefing is widely used as a framework for supporting people who have experienced traumatic events. It is debated contentiously in the literature with regards to its efficacy, ethics and effectiveness as a means of psychological support. Critical incident stress debriefing is described below:

Table 1

Critical incident stress debriefing

DEBRIEFING (Irving and Long, 2001)

Debriefing is a term used to describe talking to groups of children to help them make sense of something that has happened. There are different stages:

- 1) **Introduction phase:** Facilitators set the ground rules to boundary the discussion
- 2) **Fact phase:** Fact about the event are shared and discussed
- 3) **Thought phase:** Children are encouraged to describe their thoughts during the event.
- 4) **Reaction phase:** Facilitators enable clients to move from the cognitive level to the emotional level enabling the children to express the powerful emotions attached to their experience.
- 5) **Symptom phase:** Facilitators encourage the children to explore the thoughts, feelings and behaviours they experienced during the event.
- 6) **Teaching phase:** Facilitators provide educational input about stress reactions and how to cope with them. Stress reactions and thoughts, feelings and behaviours are normalized. There is signposting to people who can provide additional support if necessary.

Debriefing should be adapted depending on the age/developmental level of the children. It should be carried out within 24-72 hours of the incident.

Critical incident debriefing is designed to mitigate stress arising from an event and to promote normal recovery, resilience and growth through group understanding (British Psychological Society, 2002). Cognitive psychology hypothesises that debriefing can be effective because it helps individuals process and absorb events cognitively (Rachman, 1980). It is suggested that traumatic events are inconsistent with existing cognitive schema and debriefing helps appraise and frame the event appropriately (Horowitz, 1986). To support cognitive processing facts are shared about the event that has happened. When complete information about an event is

missing there is a tendency for people to share rumours and ‘horror stories’ about the event which can increase psychological distress (Hobfoll et al, 2007).

One of the central tenets of debriefing is normalising reactions to critical incidents through narrative (Bisson et al, 1996). Using narrative to help cognitively and emotionally process traumatic events has been employed by societies for many centuries (Rose and Tehrani, 2002).

Research with adult populations has shown some positive results for critical incident stress debriefing. Irving and Long (2001) conducted debriefing sessions with women who had experienced trauma and found that six months later they described the process as ‘very worthwhile’ (Irving and Long, 2001, p. 312). Similar positive qualitative reports were found in 63% of Robinson et al’s (1997) duty-related stressed police officers. Qualitative data such as these are important in assessing the utility of interventions, although it would have been helpful if Irving and Long (2001) and Robinson et al (1997) had assessed whether the intervention had also had a positive impact using more objective assessments such as the Impact of Events Scale (Horowitz et al, 1979) or the Revised Manifest Anxiety Scale (Reynolds & Richmond, 1978). When interviewed about an intervention, participants may present a favourable account because of social desire to please the research team. It is also very difficult to isolate variables to suggest that it is the debriefing that has had a positive impact on psychological wellbeing.

There is very limited evidence of the effectiveness of debriefing with children and young people to support the claim made by Brock and Jimerson (2004) that group psychological debriefing is effective in supporting children following a critical incident (Hunt, 2002). Stallard (1993) researched the effectiveness of critical incident stress debriefing with 132 children who had experienced a road traffic accident. The children were assessed on a range of standardised measures to assess the level of trauma, presence of depression, anxiety and general behavioural response. Stallard (1993) randomly allocated children to experimental (receiving the debriefing) and control (receiving discussion about non accident-related topics) conditions. There were no significant differences between the groups on variables such as type of accident, triage status and mental health assessment scores. At the post test stage Stallard (1993) found no significant differences between the groups on any of the assessment measures, suggesting that debriefing is no more effective than discussing non-accident related events. Bisson et al (1997) also conducted randomized control trials to assess whether debriefing supported children who had experienced burns, and found no significant post test differences.

There are however methodological flaws with many of the studies that demonstrate no benefit to psychological debriefing (Irving and Long, 2009). Taking the two examples above from Stallard (1993) and Bisson et al, (1997), both studies employed the debriefing techniques after the designated 24-72 hour post event time frame documented by Mitchell (1983) (the original author of debriefing). Stallard's (1993) intervention did not begin until four weeks post accident where negative thoughts, feelings and behaviours about the events could have become entrenched. In Bison et al's (1997) study the authors report no significant group differences regarding percentage of burns experienced between experimental and control

groups. Exploring the statistics in the results section reveals that the group differences for percentage of burns experienced was 0.05 with the experimental group having higher rates of burn. The authors say significance = < 0.05 , so when significance = 0.05 this is very close to being a significant group difference with the experimental group experiencing a higher degree of burns. This could have affected the results.

There needs to be further research on the use of debriefing to explore qualitative and quantitative measures of effectiveness (British Psychological Society, 2002). This is particularly the case as some authors have suggested that there may be potential negative consequences to debriefing. The Cochrane Review (Rose et al, 2002) found some evidence to suggest debriefing worsened symptoms for Post Traumatic Stress Disorder (PTSD). Hobbs and Mayou (2000) suggest that this could be because the numbness that often follows a critical incident may act as a defence mechanism that early debriefing could disrupt by stimulating emotional processing before individuals are ready.

It is the position of the National Institute for Clinical Excellence (NICE, 2005) that 'single session interventions (often known as debriefing) that focus on the traumatic incident should not be routine practice when delivering services' (NICE, 2005, p. 4). The EASEE guidelines do not advocate group psychological debriefing techniques but do suggest sharing facts with children (considered good practice by Hobfoll et al, 2007). Schools should perhaps only engage in discussion about emotional and behavioural responses with individual children who raise the subject themselves. It would not be ethical to have debriefing discussions with large groups of children who would not be able to give informed consent.

Resilience approaches

The literature on post impact critical incident support and intervention has been dominated by the debate about debriefing techniques. Some researchers have emphasised intervention strategies that focus upon building strengths and resilience in the school community, rather than debriefing approaches. Hobfoll et al (2007) advocate that schools should focus on promoting:

- a sense of safety (as discussed above);
- calmness;
- a sense of self and collective efficacy;
- connectedness; and
- hope.

Table 2

Strategies linked with each area identified by Hobfoll et al (2007).

Taken from Hobfoll et al (2007); Brock and Jimmerson (2004); Young (1998)	
Area	Strategy
Calmness	<ul style="list-style-type: none">• Therapeutic grounding: Reminding children they are no longer in the threat condition and that their thoughts and feelings are not dangerous in the way the incident was.• Relaxation techniques: Deep breathing and muscle relaxation• Normalisation of stress reaction. Pathologising of one's own reaction increases stress reactions• Encouraging engagement with activities which induce positive emotions
Self and collective efficacy	<ul style="list-style-type: none">• CBT approaches emphasising the individual as the expert• Teaching emotional regulation skills• Encouraging and positively reinforcing the skills people use to take positive action – encourage individuals to set positive goals
Connectedness	<ul style="list-style-type: none">• Reconnect social/emotional relationships. Avoid negative social support that supports rumours, share facts with children• Emotional understanding and acceptance
Hope	<ul style="list-style-type: none">• Reducing the effect of the 'shattered world view' and catastrophising through positive action• Identify, amplify and concentrate on building strengths• Reducing problems into small, manageable steps

The approaches above are designed to reduce emotional arousal, anxiety and stress and increase positive thoughts and beliefs about the future and one's place within it. The approaches aim to reduce risk perception because once a context or situation has been perceived as threatening, neutral or ambiguous stimuli are likely to be interpreted as dangerous (Hobfoll et al, 2007). Reducing the stress reaction by normalising reactions and promoting feelings of safety, calmness, self efficacy, connectedness and hope have been shown to be effective in supporting this process and promoting psychological wellbeing (Hobfoll and London, 1986; deJong and Clarke, 1996; Bryant et al, 2003). Caution must be applied when generalizing the evidence for the strategies detailed in Table 2 because many of

the studies demonstrating their effectiveness are carried out with adults who have experienced incidents such as rape. Schools may have to consider their own approach to promote safety, calmness, self-efficacy, hope and connectedness in a way that is appropriate to the event, the context of the school and the children's response. The evidence base for effective universal approaches to supporting children following a critical incident is slim, and it is important to retain modest expectations about what interventions can achieve (Hobfoll et al, 2007), recognising that individuals will respond differently to different approaches.

Approaches and strategies to support the school community following a critical incident are not detailed in the EASEE guidance although this literature review can inform the training if necessary.

5.3.5 Recovery and reconstruction

Recovery and reconstruction occur in the months and years after a critical incident (Brock and Jimerson, 2004). This process involves signposting children for further support if they are not coping post-event and eventually planning anniversaries and memorials (Poland and McCormick, 1999). The EASEE guidelines reflect this and detail some considerations for organising a memorial, such as introducing a condolence book/website and student consultation on memorial design. Poland and McCormick (1999) present 'best practice' guidelines for memorials, with the caveat that memorials for students who have completed suicide are not appropriate. One risk factor that has emerged from this research is suicide "contagion," a process by which exposure to the suicide or suicidal behavior influences others (particularly young people, Gould et al, (1990)) to commit or attempt suicide (Phillips and

Carstensen, 1988). The memorial guidelines could be used to enhance the EASEE training for schools (table 3).

Table 3

Strategies to support memorial planning

Involving students and staff in the memorial planning, particularly those emotionally close to the deceased
Keep the memorial service short, 15-20 minutes for primary students and 30-40 minutes for secondary students
Carefully select music, soft, soothing pieces will help maintain a calm atmosphere
Include several appropriate speakers, exercise caution in focusing on religious speakers
Include student speakers, ensuring this is developmentally appropriate
Try to involve all students in planning the memorial
Prepare students for the memorial service and your expectations of acceptable behavior
Give students the option of a different activity if they do not want to take part in the memorial
Choose the location of a permanent memorial carefully. It should be placed where students can choose to look at it, but not confront the students every time they enter school

5.4 Further Considerations

The Brock and Jimerson (2004) model offers an effective, over arching framework for structuring a critical incident plan. The details of the model have been reported evaluated and evidence from other sources has been used to consider effective approaches in each element of the model to respond to critical incidents in an evidence-based way.

In addition to approaches discussed, it is essential to consider how information is shared with family, the community and the media. This is addressed in the EASEE guidelines and is an essential element of critical incident management in schools that is not emphasised in the

literature. There are also papers that suggest that culture impacts on individual responses to critical incidents by mediating the ‘victims’ response to the incident and society’s response to the victim (Trickey and Black, 2009). Some research has suggested that trauma reactions in children are more similar across cultures than they are different (Smith et al, 2003) although it would be helpful for schools to have an understanding of the cultural heritage of children in the school to ensure cultural elements are considered in the response and in understanding the child’s response. These elements could be included in the EASEE training.

5.5 Rationale for the research

Organisational psychology literature has demonstrated that changing practice in schools and encouraging staff to implement approaches such as the EASEE guidelines are best achieved through consultation and collaboration, rather than sending out blanket guidelines (Brown, 1995). For change to take place, dialogue needs to be a key element by articulating co-ordinated needs and readiness for change (Kolb et al, 1979). Using external consultants to promote change in response to guidelines has been criticised because they often use pre-packages and give advice that is often discarded (Schaffer and Thomason, 1992). To avoid this, the research is designed to open the dialogue with schools about critical incident management through the needs analysis and to tailor the training ‘package’ towards identified needs.

Research has shown that there are typically poor transfer levels between training and practice. Fadden (1997) found that when 86 therapists received training in behavioural family therapy the mean application of the techniques per therapist was 1.7 in the following 3.5 years. Similar findings about the link between training and practice are reported by Milne (1984). There are many variables that may prevent training being transferred to practice which may

include: practical issues such as time; bureaucratic interference; negative staff attitudes; and for insufficient resources. Milne and Roberts (2002) found that when they conducted a needs assessment for a training package there were significantly higher levels of transfer of skills to practice than a package delivered without a needs assessment. This suggests that although there are many variables that may impact upon the transferability of training to practice, conducting a needs analysis is one factor that may support the transfer of the EASEE training to practice.

5.6 Methodology

5.6.1 Research question and epistemological stance

The research questions are:

- What is the educational establishment's current practice in preparing for critical incident management in relation to key features² of the EASEE guidelines?
- How confident do Head teachers feel in critical incident management?
- Are there group differences in feelings of preparedness and confidence in managing a response for schools that have a pre-emergency plan and a SERT and those that have not?
- Are there group differences in feelings of preparedness and confidence in managing a response for schools that have experienced a critical incident before and those that have not?
- Where can the EASEE team offer additional support and training?

² Having an established pre-emergency response plan and SERT

The research questions aim to identify what schools are already doing in this area to explore gaps and recognise good practice. Schools and Head teachers have a wealth of experience in managing critical incidents that can be utilised to enhance the training. The research aims to explore with Head teachers where they would value additional training because it is effective to work where there is a need that has been identified by the stakeholders in school (Brown, 1995).

The research utilises quantitative methods and the author takes a critical realism epistemological stance. Critical realism recognises that there is a mental world and a physical world (Downward et al, 2002). Objective knowledge about the outside world may not always be possible or valid (as suggested in positivist research, Usher, 1996) and may often be imperfect, but nevertheless it can, in principle, be acquired and it is essentially different from the mental world of our minds (Downward et al, 2002). This research paper recognizes (in line with a critical realist stance) that local, relative views can be explored and generalised to local populations and used to predict similar experiences, whilst acknowledging that there is no one, objective truth.

5.6.2 Conducting a needs analysis

One reason that training may not relate or transfer to practice is because it does not meet the needs of the organisation (van Eerde et al 2008). To conduct a comprehensive needs analysis, Milne and Roberts (2002) suggest there should be three key elements (Table 4):

Table 4

Key principles to consider when designing a needs analysis (Milne and Roberts 2002) and how they are considered in the questionnaire design

Good practice	Needs analysis design
1.Elicit the perceptions of stakeholders	Questions are designed to elicit perceptions using open and closed questions
2.Incorporate comparative data (i.e. information from external standards and norms) and literature reviews that indicate what the training should cover	Questions are designed from good practice recommendations from the EASEE guidelines and literature in the area to indicate what the training should cover
3.Link the above two aspects together so as to pin point and prioritise those areas that require attention	Participants are asked to prioritise aspects of the training.

5.6.3 Questionnaires as a needs analysis method

The needs analysis is to be conducted with 99 schools (Maintained, Independent and Academies), Children’s Centres and specialised provisions across the LA (Table 5). The training is being offered to all educational establishments in the LA, and so all educational establishments were invited to contribute to the needs analysis. The training will be designed on the basis of data collected, and can be tailored again to meet the specific requirements of individual schools where possible (responses will be named).

Questionnaires are the method of data collection because they can generate large amounts of data without a great time cost (Bryman, 2001). The questionnaire aims to generate data to answer ‘what’ questions (as is appropriate for this research). Questionnaires have been criticised for being devoid of context, discourse and meaning (Robson, 2002) although these

‘why’ elements (that could be more effectively assessed through focus groups of interviews) are not necessary for the research questions.

5.6.4 Design

Effective questionnaires include: a covering letter explaining the purpose of the research; have clear spaces to avoid crowding; clear instructions and unambiguous questions (Bryman, 2002). Appendix 1 presents the questionnaire and covering letter and Appendix 2 presents an annotated version of the questionnaire to demonstrate how these requirements were considered during the design process. Closed question Likert scales were used to make the questionnaire accessible and so that data analysis could explore the strength of responses (Robson, 2002). The disadvantage of Likert scales is that people assign different levels of meaning to the numbers, for example a 6 to one person could be an 8 to another. They also do not allow for unusual responses or elaboration so participants were also given the option to elaborate on their responses for some questions.

Questionnaires have been criticised for:

- Lack of validity because of the poor correlations between what people report they do and what they actually do (Robson, 2002). The questionnaires were not anonymised so that individual data from schools could be considered in the training when it is delivered to that school, and this may increase the potential impact of social desirability bias (Bryman, 2001). The social desirability effect could be higher with interviews and focus groups however, as there is direct contact between the researcher and participant (Robson, 2002). To increase the accuracy of participant’s responses in relation to practice, it is emphasised in the covering letter that there are no correct or

preferred answers and that the aim is to gauge where current practice and needs are in relation to the guidelines, to inform training.

- Generating data from participants who are uninvolved and uninterested in the research (Robson, 2002): Head teachers may have an investment in having an effective critical incident policy as these events are not uncommon in schools (Kibble, 1999). The needs analysis for this research includes a vignette to focus responses and increase considered replies (Denscombe, 1998). Head teachers have also subsequently contacted the EPS after receiving the questionnaire expressing an interest in the training.
- Poor response rates preventing generalisation (Bryman, 2001). To counter this and to increase the response rate the questionnaire was designed so that it included a covering letter, was short and quick (10 minutes) to complete, included a self addressed envelope to return and was sent with three reminders (firstly by e-mail, secondly by post, thirdly by phone call) (Edwards et al, 2002). It is recognised that factors such as the sensitivity of the questions in the needs analysis may reduce the response rate (Edwards et al, 2002).

5.6.5 Ethical issues

Discussions about critical incidents can be sensitive particularly to those who have experienced a critical incident in school. In consideration of this, the vignette presented in the questionnaire describes the death of a teaching assistant on school premises rather than the

more common occurrence of the death of a child from a road traffic accident, to reduce the likelihood of the Head teachers having previously had to respond to this. The covering letter warns participants that the subject area is sensitive and that a vignette is included that involves the death of a member of staff. Participants are advised to only complete the questionnaire if this will not cause levels of distress for them in line with the BPS ethical guidelines (BPS, 2004).

Participant's responses were anonymous because school names had been copied onto the questionnaires. This was so that data from individual schools could be consulted when running the EASEE training. Individual data were not identified in the main body of the report and this was explained in the covering letter.

5.6.6 Pilot

Two Head teachers were asked to pilot the questionnaires and give feedback on the layout, design, question wording and content. The purpose of the pilot was to ensure as far as possible that the questions were not ambiguous, were accessible and would provide information that would inform the research questions (Hopkins, 2001). The pilot study was administered to the Head teachers in the same way it was to be delivered to participants in the main study and as a result two questions were reworded. One Head teacher suggested that the 0-10 scale should be changed to 0-4 to avoid 'fence-sitting'. It was decided that the 0-10 scale would be retained to show a greater degree of sensitivity between participant responses. Giving a 0-4 scale forces participants closer to the 'totally agree' or 'totally disagree'

categories, when in practice participants might want to demonstrate a greater degree of uncertainty.

The Head teachers who participated in the pilot study were included in the main research study because only one question item has been changed. This is acceptable in research using questionnaires because the underlying meaning of the item has been retained (Teijlingen and Hundley, 2001).

5.6.7 Participants

Participants were contacted initially via e-mail with the covering letter in the main body of the e-mail. Participants who did not respond after 10 days were then sent an e-mail reminder to increase response rate before the deadline (Bryman, 2001).

Table 5

Participant details

Educational Establishment	Number of participants	Responses	Response percentage
Children's Centres	12	1	8%
Primary	59	24	41%
Secondary	11	2	18%
Academy	5	1	20%
Specialised	8	4	50%
College	3	0	0%
Independent	1	0	0%
Unidentifiable	/	3	/
TOTAL	99	34	34%

The response rate for the questionnaire was 34%. Nakesh et al (2006) recognise that postal surveys rarely gain a response rate that is higher than 50%, although Margione (1995) suggests that less than 50% is barely acceptable. For the purposes of this research a response rate of 34% will enable the training to be tailored to the needs identified by those schools. One cannot generalise the results to all schools because those who did not participate might represent a qualitatively different sample (Nakesh et al, 2006). A higher response rate would have led to more accurate tailoring to meet the needs of more schools. However, it is never possible to design a training package to meet the needs of all, because it is not possible to make generalisable 'truths' or laws in education. The training will therefore be a 'best-fit' on the basis of the needs analysis and response rate in line with a critical realist perspective (Downward et al, 2002).

Exploring the response rates identifies that primary schools and specialized provisions had the highest return rate. It is acknowledged that this will therefore bias the training towards the needs of these establishments. When offering the training to schools there may need to be further consultation with secondary provisions to adequately assess their needs and whether they are qualitatively different from staff in primary schools. This is difficult to assess with the current results, as only two secondary establishments returned questionnaires. Responses from colleges, academies and independent schools may have been low because the LA charges these establishments for training or because this research was undertaken at a time of significant change for some secondary schools as they are transferring to Academy status.

5.6.8 Data analysis

The questionnaire was designed to facilitate the use of quantitative data analysis methods. Quantitative methods are appropriate because the research aims to identify who, what and when elements of practice, rather than 'why' (Robson, 2002). The needs analysis aims to identify current practice that is in line with the EASEE guidelines and priorities for training. These were gathered by comparing mean responses on the Likert scale and yes/no responses (which were given a code of yes:1 and no:0). Qualitative responses were coded into numerical data which could then be elaborated on and detailed in the discussion.

Independent samples t-tests were used to compare groups to explore whether there were significant differences between the mean scores for feelings of preparedness and confidence levels in managing a critical incident for:

- those who have a pre-emergency plan and SERT established in school and those who have not; and
- those who have experienced a critical incident and those who have not

Independent samples t-tests were used because the research is interested in comparing the means of two different groups (rather than paired samples t-tests which measure the same people in each group i.e. before and after an intervention) (Pallant, 2005). F-tests were applied to the data to check the variance. F-tests were conducted on the data to test for equal variance. The significance values were less than 0.05, so equal variance can be assumed for all data

subjected to t-tests (Pallant, 2005). Appendix 3 details statistics used for the f-tests and t-tests and the statistical outputs.

The null hypotheses are:

- 1) There will be no significant difference between schools which have got a pre-emergency plan and SERT established for feelings of preparedness to manage a critical incident.
- 2) There will be no significant difference between schools which have got a pre-emergency plan and SERT established for level of confidence to manage a critical incident.
- 3) There will be no significant difference between schools which have experienced a critical incident and those which have not for feelings of preparedness to manage a critical incident
- 4) There will be no significant difference between schools which have experienced a critical incident and those which have not for level of confidence to manage a critical incident

It is recognised that even if there are significant group differences arising from the data (therefore rejecting the null hypotheses) these might not be a result of the variables identified above as these have not been isolated.

5.7 Results

Table 6a

Have you experienced a critical incident (CI) in school?

	Yes	No	Frequency of incident experienced by those who have experienced a CI							
			Teacher arrested for child protection issue	Domestic abuse outside school gates	Serious accident on school trip	School fire	Virus outbreak	Student death	Parent death	Teacher death
Total	14	21	1	1	1	1	2	7	3	2
%	40%	60%	5.5%	5.5%	5.5%	5.5%	11%	39%	17%	11%

Table 6b

Mean response indicating how effectively the CI was managed by schools who had experienced a CI

0 = not managed effectively 10 = very effectively

Mean (sd)	8.75 (1.14)
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Table 6c

How could the incident have been managed more effectively?

Suggestions for improving effectiveness	Guidance about managing long term absences	Quicker support	Training on how to prepare for CIs
Frequency of responses	1	1	1

Table 7

Current practice in CI management

	% replying yes (total)	% replying no (total)
Do you know who to contact for EASEE support?	66% (19)	34% (10)
Have you got a pre-emergency plan detailing school's response to a CI?	43% (15)	57% (20)
Have you got a SERT in preparation for CIs?	46% (16)	54% (19)
Is a SERT necessary in school?	83% (29)	17% (5)

Table 8

How prepared do Head teachers feel in managing the school's response to a critical incident? (Vignette provided)

Mean response (sd)	5.62 (2.27)
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Table 9

How much of a role different organisations have responding to CIs

0 = no role 10 = exclusive role

Response	Mean response (sd)		
	School	EASEE	Community (e.g. faith)
Overall response to CI	8 (1.4)	7.6 (2.0)	6.1 (2.4)
Talking to children about the event	8.6 (1.3)	6.7 (2.2)	6.8 (2.5)

Table 10

How important are different approaches to supporting children following a critical incident and how confident are head teachers in these?

Approach	Importance Mean (sd)	Confidence Mean
Restoring children's sense of emotional safety	9.9 (0.2)	7.6 (1.4)
Restoring a sense of calm	9.7 (0.8)	7.9 (1.5)
Promoting feelings of self efficacy	8.8 (1.5)	6.6 (1.6)
Promoting a sense that everything will be ok, if not the same	9.2 (1.2)	7.4 (1.5)
Recognising when children are not coping	9.7 (0.6)	7.5 (1.4)
Planning memorials	8 (1.9)	6.4 (2.3)
Discussing the event with children		8.1 (1.8)
Discussing the event with parents		8 (1.7)
Discussing the event with the media		4.9 (2.4)

Table 10b

Examples of good practice in supporting the school community following a CI

Example	Frequency
Learning mentor/family support worker support	2
SEAL approaches	4
Whole school approach	3
Talking openly and honestly, sharing facts	6
Worry boxes	1
Liaising with outside agencies	1

Friendship support groups	1
Counselling	3
Prayer	2
Drop in sessions	1
Normalising responses	2
Bubble time	1
Making sure adults are prepared	1
Looking at ways to celebrate the deceased	1
Looking at how other negative events have turned out positively	2

Table 11

Priorities for training

0 = Training would not be very useful at all 10 = Training would be extremely useful

Training area	Mean response (sd)	Priority position
Sharing information with the media	8.2 (1.7)	1
Strategies to support the school community	7.9 (1.6)	2
Developing a SERT	7.6 (2.2)	3
Recognising when children are not coping	7.5 (2.2)	4
Sharing information with parents	7.41 (2.1)	5
Developing a pre-emergency plan	7.37 (3.2)	6
Discussing events with children	7.2 (2.3)	7

Planning memorials	6.4 (2.5)	8
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Table 12

Further comments about CI management

Suggestion	Frequency
Further training/information on: <ul style="list-style-type: none"> • Looking after your own emotional health as a head • Preparing for critical incidents • Information to parents and how they can support their children • Accessing community support 	1 1 1 1
It is important to show empathy and that you have emotions to the children	1
Survey has acted as an important reminder	2
It's important to have someone to offload to	1
Model CI plan would be helpful	1
Bereavement training has been helpful	1
CI plan needs to be flexible with 4/5 key points	2

Table 13

Examples of good practice

Emergency planning folder taken on every school visit
Role play day to practice critical incident management with staff and students
Involving children in pre-critical incident discussions
Good communication systems in school

Safe place for students following an event

Effective support from EASEE has included:

- Quick response
- Joint working helpful

Group Differences

Statistic 1a

Group differences for feelings of preparedness in managing a critical incident response in schools with and without a pre-emergency plan and SERT

There was no significant difference between schools with a pre-emergency plan and SERT (M=6.08) and schools without a pre-emergency plan and SERT (M=5.36); in feelings of preparedness for managing a critical incident; $t(32)=0.88$, $p=0.385$

Null hypothesis *accepted*

Statistic 1b

Group differences for feelings of *confidence in managing a critical incident response in schools with and without a pre-emergency plan and SERT

There was a significant difference between schools with a pre-emergency plan and SERT (M=7.63) and schools without a pre-emergency plan and SERT (M=6.91) for feelings of confidence in managing a critical incident; $t(301)=3.02$, $p=0.003$

Null hypothesis *rejected*

Statistic 2a

Group differences for schools in feelings of preparedness in managing a critical incident response in schools who have experienced a critical incident and schools who have not

There was a significant difference between schools who had previously experienced a CI (M=6.92) and those who had not (M=4.7) for feelings of preparedness for managing critical incidents; $t(32)=3.18, p=0.003$

Null hypothesis *rejected*

Statistic 2b

Group differences for schools in feelings of confidence in managing a critical incident response in schools who have experienced a critical incident and schools who have not

There was a significant difference between schools who had previously experienced a CI (M=7.66) and those who had not (M=6.85) for feelings of preparedness for managing critical incidents; $t(301)=3.50, p=0.005$

Null hypothesis *rejected*

*to gain a mean score for 'feeling confident' the scores were gathered from all questions relating to confidence (responses to question 12 and 14)

** Statistical printouts and details of analysis can be found in Appendix 3

Discussion

It should be noted at the beginning of the discussion that the conclusions drawn from this research can only be made about the schools which participated in the research because there may be qualitative differences between those participants who returned the questionnaire and those which did not (Bryman, 2002). There appears to be a response bias in the return of the questionnaires towards those schools that have experienced a critical incident (40%).

Discussion with a senior member of EASEE suggests this percentage is higher than expected and that less than 40% of schools in the LA have experienced critical incidents than the percentage that would have experienced a critical incident if the response rate had been 100%. This impacts upon the generalisability of the research findings to all education settings in the LA. However, the critical realist perspective of the research recognises it is not possible to generate a single 'truth' about the needs of schools in this area and that the needs analysis can tailor the training based on the outcome of the research, but it may not be possible to meet the needs of all (Usher, 1996).

5.9 Research questions

What is current practice in schools in preparing for critical incident management in relation to key features of the EASEE guideline

The data collected from participants suggest that, in line with the literature (Poland and McCormick, 1999), critical incidents are unfortunately not a rarity in education settings.

Twenty-one schools who returned questionnaires across the LA had experienced a critical incident. Schools reported that they had experienced a range of incidents, including: student deaths (modal response); teacher and parent deaths; virus outbreaks and a teacher arrested for child protection / safeguarding issues.

A key element of the critical incident literature involves preparing for critical incidents (Kibble, 1999, Brock and Jimerson, 2004,) and the data collected from the questionnaires reiterates the importance of this because such events are not uncommon.

Preparing for critical incidents is also a key feature of the EASEE guidelines, which emphasise that schools should have in place the following:

- Pre-emergency response plan
- School emergency response team

When schools were asked how prepared they felt in managing a critical incident (vignette provided) the mean response was 5.62 (sd 2.27) on a 0-10 scale, with 0 being 'not very prepared at all' and 10 being 'very prepared'. The vignette could be considered shocking and it could therefore be argued that it would be very difficult to feel prepared to manage this type of incident regardless of the amount of preparation. Different vignettes may have produced different results. Despite this, a mean score of 5.62 indicates that although schools do not feel very unprepared, there is still considerable scope for improving structures in school to increase feelings of preparedness in managing such an event.

There are a number of features that emerged from the data analysis that may be having a negative impact on school's feeling prepared to manage critical incidents. Variables in the research were not isolated so the results are correlational rather than causal, but offer insights into factors that may be impacting on how prepared schools feel in managing critical incidents:

- Some schools do not know who to contact at the council when a critical incident occurs

The analysis revealed that 34% of the respondents did not know who to contact at the council should a critical incident occur. In addition to this, two schools were not aware of the EASEE team or what support they could offer.

- Many schools do not have a pre-emergency/critical incident plan in place

The analysis revealed that 57% of participants did not have a pre-emergency plan set up in school to support a response to critical incidents. Positively 43% of schools did have a pre-emergency plan, suggesting that some practice is in line with Kibble's (1999) recommendation that 'more attention needs to be paid to preventative and precautionary measures' (Kibble, 1999, p. 373).

- Many schools do not have a SERT established in school

The analysis revealed that 54% of schools do not have a SERT, yet 83% felt that a SERT was necessary in school. This suggests that there is a discrepancy between what some schools have in place to support critical incident management, and what they feel may be helpful. Barclay (2004) suggests that a pre-emergency plan and SERT team are key features of an effective preparation plan for critical incidents.

Participants had the opportunity to provide qualitative responses at key points in the questionnaire. Participants commented that to support feelings of preparation in school:

'I would find any help valuable'

‘I feel training/INSET would be very helpful’

‘Need some form of guidance’

‘I feel the setting really needs support for this and would welcome it.’

Two schools commented, when asked what would have improved their school’s response to the critical incident they had experienced, that if ‘I had had some training’ and ‘previous training’ would have been helpful.

The comments and the discrepancy between those schools who have a SERT established in school and those who feel a SERT is necessary, suggest that training that focuses on supporting schools prepare for critical incidents is welcomed, thus serving as an ‘invitation to act’ (Timmins et al, 2003). This was not the exclusive view however and one participant commented ‘I would prefer a response during an emergency rather than general training which may never need to be applied’. The analysis also demonstrates that sending guidelines to schools about effective critical incident management may not be necessarily be effective in itself as the guidelines detail how to set up a SERT. This is in line with organisational psychology which suggests changes to practice are best achieved through consultation and collaboration, rather than through guidelines and documentation (Brown, 1995). In line with this, two schools specifically commented that the questionnaire had served to engage them with the subject area and acted as ‘an important reminder’ to review policies in the area and ‘has been good at flagging up the topic’.

Many examples of good practice were also gathered from the data analysis that could be incorporated into the training. This includes one school having a ‘critical incident role play day’ where staff and students act out a critical incident and their response. Barclay (2004) details this approach as ‘effective in consolidating the practical and emotional requirements of a crisis as well as [developing] a better understanding of the plan’ (Barclay, 2004, p. 297) (see Table 13 for further examples).

How confident do Head teachers feel in elements of critical incident management post impact and recoil?

The questionnaire assessed how confident Head teachers feel in managing critical incidents with regards to sharing information with stakeholders (children, parents and media), recognizing when children are not coping, and in strategies to support the school community, all of which are important roles in critical incident management (Poland and McCormick, 1999). Participants recognised that schools’ themselves had the biggest responsibility in managing the school’s response, although recognised the role of the EASEE team and local community (Table 9). This aligns with the role EASEE and the literature promote: (Hobfoll et al, 2007) that schools should ‘own’ their response, with consultative support. One person who had experienced a critical incident commented that ‘joint working’ with school staff and outside professionals was a factor that facilitated an effective response.

Participants indicated that they were confident in sharing information with children ($m = 8.1$, $sd = 1.8$) and parents ($m = 8$, $sd = 1.7$) on a 0-10 scale where 0 = ‘no confidence’ and 10 = ‘complete confidence’. Participants were less confident sharing information with the media

($m = 4.9$, $sd = 2.4$). The EASEE guidelines detail the approach schools should take when sharing information with the media: 'In the event of media involvement the Council Communications Team MUST be contacted and liaised with' (EASEE guidelines, p. 18). The EASEE guidelines detail that the communications team manage press statements and media enquiries, so part of the training could focus on raising schools' awareness of protocols when there is media attention following an incident, and who to contact.

Participants again indicated confidence in recognizing when children are not coping and in strategies to support the school community in the recoil following a critical incident. On the above 0-10 scale, mean scores for confidence in strategies for specific areas (restoring a sense of safety, calm, optimism and self efficacy, taken from Hobfoll et al, 2007) ranged from 6.6 to 7.9. Participants indicated lowest confidence levels in planning memorials ($m=6.4$, $sd = 2.3$). There are few details about how to plan memorials in the EASEE guidelines and approaches detailed in the literature review for this research could be included.

Participants were asked to share examples of good practice in strategies to support children following a critical incident. It is positive to see that the modal response here included: talking openly and honestly to children; sharing facts; Social Emotional Aspects of Learning (SEAL) and whole school approaches. This suggests that schools are recognising that children can be supported through universal approaches rather than individual screening (as suggested by Brock and Jimerson, 2004). Three schools suggested counseling for children as good practice, but did not elaborate on this. It is positive to see that schools use language such as 'openly', 'honestly' and 'facts' when describing how they talk to children, thus suggesting that their

strategies would reduce anxiety and dispell rumours (Hobfoll et al, 2007), without taking approaches from psychological debriefing which do not have a good evidence base (BPS, 2002). Two schools also shared the importance of normalising (rather than pathologising) responses, which has support in the literature in being effective in supporting children post-impact (Bryant et al, 2003).

Are there group differences in feelings of preparedness and confidence levels in managing a response in schools which have an pre-emergency plan and a SERT and those which have not?

Are there group differences in feelings of preparedness and confidence levels in managing a response in schools which have experienced a critical incident before and those who have not?

The results of the t-tests 1a and 1b suggest that there is no significant difference between schools with and without a pre-emergency plan and SERT for feeling prepared for managing a critical incident. Comparison of the means suggests that although there is no significant difference between the groups, there is a trend for schools with a pre-emergency plan and SERT to feel more prepared.

Schools with a pre-emergency plan and SERT reported significantly higher levels of confidence in managing a critical incident, compared to schools that did not. Schools which had experienced a critical incident also indicated significantly higher levels of preparedness and confidence in managing critical incidents compared to those that had not.

There are many factors that contribute to feelings of preparedness and confidence and although the t-tests suggest group differences, these are correlational rather than causal, therefore it cannot be concluded that they are definitely variables that contribute to feelings of preparedness and confidence in critical incident management. The results do suggest that having a pre-emergency plan and SERT in place *could* be helpful in supporting schools to feel prepared for and confident to manage critical incidents. It is also reassuring that schools which have experienced a critical incident have higher feelings of preparedness and confidence, compared to those that have not, as this suggests that their prior experiences have not negatively effected self efficacy in critical incident management.

Where can the EASEE team offer additional support and training

Participants were asked to prioritise factors addressed by the questionnaire in order of how valuable training would be (table 11). Each factor was assessed on a 0 – 10 scale with 0 being ‘not very valuable’ and 10 being ‘extremely valuable’. The means for all factors assessed were above 6, suggesting that the schools which participated feel training on each area would be helpful. The factor with the highest score was ‘sharing information with the media’. It will be important to include details about chains of communication within the LA for media support and provide schools with a protocol about how to respond to media approaches (as is provided in the guidelines).

Schools identified ‘strategies to support the school community’ as a second priority for training in the post-impact / recoil stages following a critical incident. The training could provide a framework for schools to think about strategies for support. This could be achieved

through a consultation approach where EASE professionals facilitate school staff's thinking about approaches and strategies, rather than taking a directive, donation approach (Wagner, 2008). This would promote the approach (which could form part of a pre-emergency plan) as being owned by the school, and therefore potentially increase its utility and transferability to practice. It may be helpful for the training to explore real events that have taken place locally recently (such as those outlined above) and how schools have managed these effectively. A DVD could be developed where Head teachers are interviewed about their response to a critical incident. One school asked for a 'model policy' and hearing accounts from other Head teachers could be effective in scaffolding the development of a pre-emergency plan, whilst celebrating some of the good practice that takes place across the LA (Table 13). This could be particularly helpful as schools which have experienced critical incidents feel more prepared and confident than those which have not.

The data analysis suggests that schools would also value additional input on how to set up a SERT within school. This would potentially reduce the gap that became apparent from the needs analysis between schools who think a SERT is necessary in schools, and schools who have a SERT in place.

For the subsequent factors identified as slightly lower priorities, the training could signpost staff to the EASEE guidelines to promote awareness and accessibility. It may be more effective to focus on the top three identified areas in detail than give a brief overview of all in the training (Milne and Roberts, 2002). Planning memorials was an area that Head teachers indicated least confidence in, yet it was also the lowest priority for training. This may be

because planning memorial is not an action that needs to be taken immediately following a critical incident. Time and space can be taken with this and additional, specific advice can be gained if and when it is necessary. Planning memorials may also have been a low priority area for training because it will only be relevant in a proportion of critical incidents.

5.10 Conclusion

Throughout the literature review the LA EASEE guidelines have been evaluated against literature on critical incident management. The EASEE guidelines reflect key areas of the research (for example advice on preparing for critical incidents, protocols to follow post-incident and letter templates for parents), although could be developed by encouraging schools to consider cultural responses (Trickey and Black, 2009). The needs analysis has been an effective way of gaining data from some schools to answer the research questions. Dyer's (1985) Framework for Change proposes that identifying areas of need is difficult without the perception of a crisis, yet some schools have been able to reflect on their practice and indicate priority areas for further training. When training is therefore tailored on the basis of these it is likely that there will be higher transfer levels of training to practice, compared to if a needs analysis had not been undertaken (Milne and Roberts, 2002). The response rate to the questionnaire was low, although it is acknowledged by Nakesh et al (2006) that it is difficult to achieve a response rate that is higher than 50%. It may be that not perceiving a 'crisis' was a barrier for schools who did not participate in returning the questionnaire. It could also have been: lack of time; the questionnaire not being passed to the appropriate person or the questionnaire not being appealing (Bryman, 2001). Assessment of how effective the needs

analysis and training is in meeting individual schools' needs could be undertaken via collation and analysis of post- training evaluation forms.

The data collected from the schools who participated suggests that there is a need for increasing feelings of preparation and confidence in schools in managing critical incidents. This is essential as preparation is a key factor in how effective a school's response is likely to be if an incident occurs (Barclay, 2004). The analysis suggests having a pre-emergency plan and a SERT may contribute to this, and schools have identified that support with: talking to the media; developing strategies to support the school community (which could form part of a pre-emergency plan) and developing a SERT in school are three key areas to focus training on. It is important to evaluate the training and asking schools to re-complete the needs analysis post-training would be an effective way of assessing impact.

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Appendix 1
Covering Letter

Critical Incident Management in Schools

Dear Head Teacher,

As part of the Emergency Advice and Support for Educational Establishments (EASEE) team, the Educational Psychology Service (EPS) is conducting a piece of research to explore:

- Current practice in critical incident management
- How confident Head Teachers feel responding to critical incidents
- Where the EASEE team could offer additional support and training
-

CRITICAL INCIDENT: A critical incident is an event which causes or threatens death, injury or serious disruption to the normal working of the school and may require the assistance of outside agencies. Critical incidents may include:

Death of a pupil/member of staff	Death/serious injury of pupils on school trips
Suicide	Child sexual abuse or alleged abuse
Road traffic accidents	Acts of terrorism

I appreciate that there are many competing pressures on your time but I would be most grateful for your responses to the attached questionnaire about critical incident management. The questionnaire should take 15 minutes to complete.

Your responses will be extremely valuable in identifying good practice in schools and to exploring areas where additional guidance and training would be useful.

Confidentiality: In line with normal ethical considerations no individual or school will be identified or identifiable in the final report relating to this questionnaire.

Sensitivity: We realise critical incidents can be extremely sensitive. The questionnaire asks you to consider a hypothetical critical incident involving a death. Please only complete the questionnaire if you feel able to do this.

We would appreciate responses to be returned by 26th November in the SAE.

If you have any queries about critical incident management or this questionnaire, please contact Mohammed Bham or Amy Clinch at the EPS on 0121 770 6030.

Amy Clinch

Trainee Educational Psychologist

Appendix 2
Questionnaire

Appendix 3
Annotated questionnaire

Appendix 4
Statistical outputs