

VOLUME TWO: PROFESSIONAL PRACTICE REPORTS

by

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ABSTRACT

This thesis represents an assessed requirement of the Applied Educational and Child Psychology Doctoral course at the University of Birmingham. The thesis consists of two volumes.

Volume One explores the role of schools in mental health work. A literature review considers perspectives on mental health, ways in which the mental health of children and young people can be promoted or demoted, and the role that schools have in this area. Transfer from primary to secondary school has been identified as a vulnerable time for pupils. Consequently, an empirical research study was designed to explore the views of Year 7 pupils at one secondary school to identify how their school does, and could further, support their emotional health and well-being during, and following, transfer from primary school.

Volume Two consists of five Professional Practice Reports that each explore different aspects of the role of the educational psychologist. Papers relate to working with teaching assistants, supporting pupils experiencing difficulties with peer relationships in school, supporting pupils who have a parent who has a mental health difficulty, supporting pupils in the early years' who have speech, language and communication difficulties, and conducting research with children and young people.

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INTRODUCTORY CHAPTER

During the second and third years of the Applied Educational and Child Psychology Doctoral course at the University of Birmingham I have been employed by a Metropolitan Borough Council in the West Midlands. Information on the Council's website indicates that approximately 20% of the population are from minority ethnic groups, that there are high levels of unemployment, and that the borough is one of the 20 most deprived in England. The Basic Skills Agency estimates that a significantly higher proportion of the working population have poor literacy and numeracy skills compared with national figures. In schools, the Council website indicates that National Curriculum attainment and pupil attendance are below the national average, though the gap is reported to be closing, the number of pupils eligible for free school meals is above the national average¹. During my employment I have enjoyed and benefited from a wide range of experiences; these include:

- being the named Educational Psychologist in two high schools and six primary schools, planning and negotiating work, and developing positive working relationships;
- working as part of a multi-professional service, working collaboratively with representatives of a wide range of professions including Special Educational Needs Advisory Teachers for Learning, Behaviour Support Teachers, the Complex Communication Disorders Team, the Looked After

¹ The sources of this information are not identified here in order to maintain the anonymity of the Local Authority and the schools, pupils and parents who are referred to in the Professional Practice Reports.

Children in Education Team, Pre-school Development Workers, Teachers for the Hearing Impaired and Speech and Language Therapists;

- working collaboratively with Educational Psychologists on specific projects (for example, as part of a group looking at the emotional health and well-being of pupils), and through peer supervision;
- a range of casework in which I have assessed the needs of pupils, and planned, supported and monitored interventions;
- working to support and develop a range of interventions in schools, including 1:1 work (for example, behaviour plans) and group work (for example, a solution-focused group for pupils), pre-planned programmes (such as Precision Teaching) and individualised programmes (for example, personalised teaching programmes for phonics);
- working at a broader level in schools, for example, training for teachers (differentiation) and training for teaching assistants (reading, writing, phonics);
- developing skills in communicating both orally and in writing. I have written formal reports to contribute to the Statutory Assessment process, to support applications for additional funding, and to outline the strengths and needs of children with special educational needs for schools and parents in order to plan provision. I have communicated orally with children aged between three and sixteen, with their families, with staff in schools and with professionals from other agencies; and
- within the service in which I work I have been part of a group looking at the emotional health and well-being of children in schools. I have planned and

delivered training to professionals in this group relating to the subject, and am currently involved in planning training for staff in schools.

This volume of the thesis, which is an assessed requirement of the Doctoral course, consists of five Professional Practice Reports.

The Local Authority in which I work has an inclusive approach to education, children with complex needs are included in mainstream schooling wherever possible. This has led to an increase in the number of teaching assistants working in schools, consequently I chose to explore the role of teaching assistants through my first Professional Practice Report. Qualitative research indicates that teaching assistants are asked to fulfil a variety of roles, and that they can have positive and negative influences in the classroom. Organisational psychologists have conducted research into practices that promote effective teamwork. In my first Professional Practice Report I examine this research and report details of a case study in which I worked closely with two teaching assistants. This enabled me to identify key factors that are likely to lead to teaching assistants having a positive impact in classrooms, and the key challenges that schools are likely experience in developing such working practices.

My second, third and fourth Professional Practice Reports relate to specific pieces of work which I have been involved with during the past two years.

My second Professional Practice Report relates to an intervention with a group. This paper describes how a solution-focused approach was used to develop a group intervention to support eight pupils attending a secondary school in developing and maintaining positive relationships with their peers. The paper begins with an exploration of what secondary schools are currently doing to support pupils with the development of relationship skills. Theoretical models which could be applied to the group intervention are then explored. A solution-focused approach was chosen so its key principles, theoretical underpinnings, evidence of effectiveness, and examples of applications in schools are examined in detail. This leads to a description of how these principles were applied in developing the piece of group work that was used here to support pupils in developing and maintaining positive relationships. The perspectives of the pupils involved in the group are then presented in order to contribute towards an evaluation of the group. The strengths and difficulties associated with using a solution-focused approach in schools are identified and discussed.

My third Professional Practice Report relates to work with a young person with complex needs. The aim of this paper is to identify support which might benefit children and young people who have a parent with a mental health difficulty. The views of children, parents and mental health professionals are considered. The ecological-transactional model is used to present details of ontogenic, microsystemic, exosystemic and macrosystemic factors which could support these children and young people. The paper concludes with a summary of factors that

could be used by professionals who work with children and young people who have a mental health difficulty in order to identify and plan support for them.

My fourth Professional Practice Report describes a longitudinal intervention with a child with speech, language and communication difficulties. The paper begins with a review of the literature relating to support for children with speech, language and communication difficulties. This is considered alongside my experience as a Trainee Educational Psychologist working as part of a multi-agency team and having long-term involvement (five terms to date) with a pupil in the Early Years who has difficulties with speech, language and communication. A number of key themes emerged from the literature which enabled a clear role for an educational psychologist to develop, with aspects of the social model supporting the contribution of a unique perspective. The paper concludes with details of seven key questions which could support future casework.

My fifth Professional Practice Report relates to the practice of conducting research with children and young people. It is now widely accepted that children and young people have the right to express their views, this paper explores some of the benefits of this and highlights the barriers towards such participation in society and education. A key focus of current research is on developing ways of supporting children and young people to express their views. Ethical and methodological considerations are explored in this paper and used to inform the development of a research project in which focus group sessions were designed to explore the views of Year 7 pupils in one secondary school.

WORKING EFFECTIVELY WITH TEACHING ASSISTANTS

Abstract

In the UK children with special educational needs are increasingly being included in mainstream schooling. This has led to an increase in the number of teaching assistants working in schools. Qualitative research indicates that teaching assistants are asked to fulfil a variety of roles, and that they can have positive and negative influences in the classroom. Organisational psychologists have conducted research into practices that promote effective teamwork. In this paper I examine this research and report details of a case study in which I worked closely with two teaching assistants. This leads to the identification of key factors that are likely to lead to teaching assistants having a positive impact in classrooms, and the key challenges that schools are likely to experience in developing such working practices.

Introduction

The Local Authority in which I work as a Trainee Educational Psychologist promotes inclusive practice within its schools. A range of professional groups, including educational psychologists, are employed to support schools in meeting the needs of children with special educational needs. In addition, schools are able to apply for funding to provide additional teaching assistant (TA) support for individual pupils through the Pupil Allocation Panel. This aims to limit the need for

the expensive and time consuming statutory assessment process and supports the concept of early intervention, as promoted by the DfES (2004a) strategy 'Removing Barriers to Achievement' (Sandwell Metropolitan Borough Council, 2008).

As a consequence of this additional funding being available, many of the pupils that I have worked with have had a named TA who supports them for part of each day, usually in the literacy and/or numeracy hours. In this paper I aim to explore the role of the TA, research into the potential benefits and drawbacks of having TAs in a classroom, and research into effective ways of working with TAs. I will use the research evidence to reflect upon and evaluate a piece of work which I have been involved with, and to highlight future areas for development.

I will begin by outlining the current educational context, detailing why the number of TAs working in schools has increased significantly over the past ten years (DfES, 2004b). I feel that it is important to understand the context which has led to this expansion, why there was a perceived need for more TAs, and what they were expected to do.

The current educational context: Inclusion

Sikes et al. (2007) report that inclusion is on the education agenda around the world. The current situation in England is reflected in these statements from the UK Government:

‘Inclusion can be used to mean many things including: the placement of pupils with special educational needs in mainstream schools; the participation of all pupils in the curriculum and social life of mainstream schools; the participation of all pupils in learning which leads to the highest possible level of achievement.’

DfEE (1998), p23

‘There is a clear expectation within the Education Act 1996 that pupils with statements of special educational needs will be included in mainstream schools.’

Special Educational Needs Code of Practice (DfES, 2001), p20

Factors associated with the benefits of, and difficulties with, including children with complex needs in mainstream schools are well documented (Leadbetter and Leadbetter, 1993; Solity, 1991; Bennett and Cass, 1989, Downing, 2002). Benefits reported include improved academic outcomes; having models for normal and age appropriate behaviour; improved communication, social and behavioural skills; and having the opportunity to develop relationships within the community and to take part in community life. However, Croll and Moses (2000) found a tension between the educational ideal of inclusion and day to day living of inclusion. In 2006 The Office for Standards in Education (Ofsted) examined the factors that promote positive outcomes for children with learning difficulties and disabilities, considering academic and vocational, personal and social development. They conducted 74 school inspections and looked in detail at the cases of some of the pupils in these schools who had been identified as having special educational needs. They conclude that effective provision was distributed equally between mainstream and special schools, but that more good or outstanding provision was found in well resourced mainstream schools.

One consequence of inclusion is that greater numbers of TAs are now working in mainstream schools (Thomas, 1992). Hryniewicz (2004) reflects that in the 1960s and 1970s it was rare to find adults other than the class teacher in mainstream classrooms as most children with special educational needs attended special schools or remained at home. Hryniewicz (2004) reports that this began to change after the 1978 Warnock Report recommended that children with special needs should, wherever possible, be educated in mainstream schools. The 1988 Education Act gave Local Authorities the responsibility for identifying needs and providing extra help for these pupils.

According to statistics reported by the DfES (2004b), the number of TAs employed in schools more than doubled between 1997 and 2004. This is partly due to an increasing number of children with special educational needs being included in mainstream schools (Thomas, 1992), and partly due to efforts to offer increased support to teachers whose workloads were found to be heavier than comparable professions (Pricewaterhouse Coopers, 2001).

The role of the teaching assistant

TAs are sometimes referred to as classroom assistants or learning support assistants or practitioners. Finney et al. (2007) suggest that although TAs are named there is no coherent agreement as to the roles and duties expected of them within schools. Kerry (2005) reviewed literature and research in this area and identified 11 different roles that TAs might have, ranging from a 'dogsbody' to a

‘mobile paraprofessional’ who uses skilled teaching tasks and works collaboratively with teachers.

A large scale survey of TAs in 202 schools conducted by Blatchford et al. (2007) indicated that approximately half of the TAs in Key Stage 2 classes were employed to support named pupils who had been identified as having special educational needs.

Ofsted (2004) reported on school inspections and visits to Local Authorities. They state that many of the schools they inspected had increased the level of TA support available and that most (but not all) primary and special schools were giving good consideration to how they could deploy these TAs most effectively. However, they also state that most schools need to give further consideration to how to monitor and evaluate the effects of these changes. Ofsted (2002) report that since the government increased funding for TAs, training for them has begun to improve.

This apparent variation in the way that TAs work suggests that they do not currently have a clearly defined role (Kerry, 2005; Finney et al., 2007). The DfEE (2000) states that TAs should provide support for pupils, teachers, the curriculum and the school. They define effective TA practice as being that which:

- fosters the participation of pupils in the social and academic processes of school;
- seeks to enable pupils to become more independent learners; and

- helps to raise standards of achievement for all pupils.

DfEE (2000), p9.

As the number of TAs in schools increases it is essential that their contribution is evaluated so that aspects of their varied role that are proven to be effective can be promoted. I will now explore the research to date which attempts to examine the effectiveness of TAs.

Research examining the effectiveness of teaching assistants

A number of small scale studies have been undertaken to explore qualitative views regarding the positive contributions that the subjects perceive TAs as making, along with any negative aspects of the role that the subjects have noted.

Ofsted (2002) used focused inspection visits and structured telephone interviews to evaluate the role of TAs in the delivery of the National Literacy and Numeracy Strategies in 100 schools. Their inspectors reported that the quality of teaching in lessons with TAs present was better than in those without TAs. They report that TAs can interact with teachers to make lessons more lively or generate discussion, they can deal with minor behaviour issues and encourage pupils' attention so the teacher can concentrate on teaching, and during whole class teaching they can repeat, rephrase and explain to pupils where necessary. Ofsted (2002) also state that teachers did report valuing the support a TA could offer, even though their presence meant that the teachers needed to spend additional time on planning

and preparation. Indeed Lee (2002, cited in Woolfson and Truswell, 2005) reports that TAs can be perceived as an additional management responsibility and result in an increase in teacher workload.

However, Ofsted's (2002) findings should be read with caution. Ofsted do not report how or why they selected these 100 schools, or what the schools understood the purpose of the research to be. Whilst the Ofsted (2002) report aims to evaluate the impact TAs can have on the delivery of the National Literacy and Numeracy Strategies, the teachers, TAs and TA managers who were interviewed were likely to feel they were being judged and might not have provided the inspectors with the full picture. In addition, there is likely to be a significant observer effect caused by the presence of Ofsted inspectors within classrooms, with teachers, TAs and even pupils being likely to behave differently to when inspectors are not present.

Moran and Abbot (2002) interviewed the principals of 6 special schools and 5 mainstream schools with special units. Whilst this sample is therefore not representative of the range of schools in the LA in which I work, the study was able to focus on TAs employed to provide support for children with special educational needs rather than those employed for more general classroom duties. Moran and Abbott also found that teachers did value the contribution of the TAs that they worked with, though they did express concerns about the role. The principals were concerned about TAs' qualifications and professional development and the ability of teachers to manage the work of the TAs in their classroom.

Significant concerns were also raised about the way in which the TAs worked with individual pupils, with some principals fearing that the TAs did too much for the pupils they were working with, regularly completing classwork for them.

Collins and Simco (2006) interviewed eight TAs from a Birmingham Primary School. Consequently the study only reflects the situation in this school, where TAs' roles and responsibilities could be different from those of TAs in other schools, particularly as seven of these eight TAs were bilingual. Collins and Simco (2006) found that the TAs felt that they made a unique contribution to the individual children with special educational needs that they were employed to work with. They felt that this was because they spent a significant amount of time with the pupils, were with them in a variety of contexts (classroom, playground, dining hall and often also out in the community), and often maintained close contact over time as the pupil progressed through the school. It is not clear in Collins and Simco's (2002) research report whether the TAs understood the purpose of the research – it is possible that they felt their role was under threat and so only spoke about positive contributions they made, and not limitations that they might have perceived.

Whilst spending time with pupils over time and contexts is reported as a positive feature in Collins and Simco's (2006) report, I would question whether this is always a positive, there may be a danger of a pupil becoming over dependent on such a familiar figure, there is also the danger of a pupil being labelled and consequently limited. Indeed Vincett et al. (2005) express concerns that pupils

could become over dependent on adult support socially, academically and physically; that class teachers could be prevented from getting to know pupils well enough to plan for their inclusion; and that the additional support misses the opportunity to benefit the rest of the pupils in the class.

Though they have some limitations these studies do indicate that some TAs, teachers and Ofsted inspectors do perceive TAs as offering some benefits to pupils in school, though the picture is not entirely positive.

Cremin et al. (2005) criticise studies such as those reported above as being small scale and descriptive. Woolfson and Truswell (2005) explain that it has been difficult to research the impact of TAs more objectively as there has been such inconsistency in their training, status, qualifications, and career structure. They refer to Wilson et al.'s (2002) evaluation of the Scottish Classroom Assistant Initiative. Wilson et al. (2002) attempted to evaluate the impact of approximately 5,000 new TA posts in Scotland. The study was large scale and their findings suggest that TAs can have a positive impact on pupil attainment, however it is difficult to make a firm conclusion in this area.

Despite being large scale, Wilson et al. (2002) relied on questionnaires that they devised to obtain the views of teachers and head teachers. The authors report that they received very little data on attainment. Whilst schools reported that pupil attainment did improve in the schools with TAs it was not possible to determine any differences in attainment between these schools and the small number of

schools in the study who did not have any TAs. In addition, the study was not long term, different schools used their TAs in different ways, and the schools were also involved in a range of other initiatives which could have had an impact on attainment. The authors state that the completed questionnaires that they received indicated that many teachers and head teachers felt that TAs were having an indirect effect on pupils' attainment by allowing teachers to devote more time to teaching. Presumably this relates to TAs who are spending time on administrative tasks such as registration and preparation of resources, rather than to TAs who are supporting pupils with special educational needs.

Blatchford et al. (2002, 2007) used a longitudinal multi-method design to investigate the impact of TAs, their research did involve the collection and analysis of quantitative attainment data. This was another large scale study, involving data on over 5000 pupils in over 200 classes in over 150 schools. Blatchford et al. explored the possibility of there being a relationship between pupil attainment and the amount of time a TA was in class, and the qualifications, training and experience of TAs. They found no evidence of any of these variables having an effect on pupil attainment.

However, had Blatchford et al. (2002, 2007) employed a different research design they may have obtained different results. Blatchford et al. (2002, 2007) studied the attainment levels of the whole class, however approximately half of the TAs in Key Stage 2 were employed to support specific pupils with special educational needs – perhaps the attainment of only these pupils with special educational needs should

have been considered in relation to time with a TA. Attainment was measured using QCA tests based on the National Curriculum, a finer measure of progress might be required to capture the progress of children with special educational needs who are likely to be making smaller steps of progress.

Blatchford et al. (2004) report that studies which have found TAs to have a clear positive effect on pupil outcomes tend to be controlled experimental studies and/or connected to structured curriculum initiatives. Ofsted (2004) also report on the value of using TAs to run withdrawal groups. They state that a number of schools could point to measurable improvement of achievement of pupils when TAs worked with clearly identified groups and used a well structured programme for which they had been trained.

The Primary National Strategy (2005) report that interventions are most likely to be successful if the programme is selected due to evidence of its effectiveness, if it has a time limited focus, if time is planned for the TA to feedback to the teacher, if it's impact and use are regularly reassessed and if it is part of a whole school provision. A number of such programmes have been developed and have a strong evidence-base. Examples include Precision Teaching (for example, Downer, 2007) and Enable Plus (Bowen and Yeomans, 2002).

However, a significant concern remains: Blatchford et al. (2007) found that approximately half of the TAs employed in Key Stage 2 classes (from their study of 202 schools) were employed directly to support a pupil with special educational

needs, this means that the least qualified staff are teaching those with the greatest educational need. Ofsted (2002) found that few schools monitor the time that pupils spend with TAs rather than teachers.

To summarise so far, my review of the literature suggests that there is no clear and established role for TAs (for example, Finney et al., 2007; Kerry, 2005; Ofsted, 2004) Whilst qualitative studies indicate that teachers and TAs often perceive the role as beneficial (for example Ofsted, 2002; Moran and Abbott, 2002; Collins and Simco, 2006) this has proved difficult to measure objectively (for example Woolfson and Truswell, 2005; Blatchford et al., 2002, 2007) and potential drawbacks of TA support have also been highlighted (for example Vincett et al., 2005).

Effective working with teaching assistants.

The lack of clarity about the role and effectiveness of TAs highlights to me the importance of developing effective working practices with TAs. TAs can be given a variety of roles and qualitative research indicates that they can have positive and negative influences in the classroom. It is important to explore how schools can develop effective working practices with their TAs and to identify the roles and support that will foster a positive contribution. Organisational psychologists have researched factors contributing to effective teamwork and, in this paper, I aim to examine whether this can usefully be applied to classroom teams to identify effective ways of working with TAs. Vincett et al. (2005) reviewed the literature

available for teachers and TAs, they found that there was a lot of information available about activities and the curriculum, but very little information about roles and responsibilities and how teamwork between teachers and TAs can be developed.

TAs are part of a group of adults who are working in the classroom to educate the children in that class. The group will also consist of the teacher and other professionals who might work in the classroom. A group can be defined as...

‘...two or more people in face-to-face interaction, each aware of his or her membership in the group, each aware of the others who belong to the group, and each aware of their positive interdependence as they strive to achieve mutual goals.’

Johnson and Johnson (1991, in Huczynski and Buchanan, 2001), p277

Huczynski and Buchanan (2001) identify successful teamwork as having the potential to increase productivity and job satisfaction, whilst poor teamworking can reduce motivation and raise stress levels. Downing (2002) identifies teamworking as being possibly the most important factor in creating successful learning experiences. Hancock and Mansfield (2002) found considerable variation in the way that groups of adults in a classroom form a team. Thomas (1992) reports that people who are brought together to work on a project will need support to work together effectively.

Huczynski and Buchanan (2001) discuss how organisational psychologists can examine a group through exploring group structure in terms of power, status, liking, communication, role and leadership. Having reviewed the literature that

details ways of working effectively with TAs I have found that it is helpful to categorise it into 3 areas:

- role,
- communication, and
- status, leadership and power.

I will now outline the research relating to these three areas and will then relate this to one piece of work that I am involved with.

Effective working with teaching assistants: Role

As discussed TAs take on a range of roles in different classrooms and schools. Organisational psychology can be used to explore how these roles originate and develop. Tuckman and Jenson (1977, in Huczynski and Buchanan, 2001) describe the process of developing a group. They identify 5 stages: forming, storming, norming, performing and adjourning. To reach the performing stage a group needs a shared purpose and clearly identified roles. Huczynski and Buchanan (2001) describe a person's role within a group as referring to the set of expectations that others hold of an occupant of a position. In promoting effective multiagency working Every Child Matters: success factors (2006) emphasises the importance of setting clear role descriptions to maximise the respective contribution of each agency, and of setting ground rules for partnership.

Research outlined earlier provides some qualitative support for the role a TA can take to support a teacher in the classroom. For example, in generating discussion, encouraging pupils attention, dealing with minor behaviour issues and repeating, rephrasing and explaining instructions (Ofsted, 2002). Through structured observations Blatchford et al. (2002, 2007) found that TAs were able to spend longer interacting with a particular pupil or group of pupils, this contrasted with the teachers they observed who tended to move from group to group without interacting with any individual pupil for a significant length of time. Such interactions have the potential to benefit a pupil's learning, although Blatchford et al. (2002, 2007) did not examine the quality of these interactions.

However, a TA's role is not confined to supporting teachers in the classroom in this way. The National Foundation for Educational Research (NFER, 2002) state that teaching and learning is more effective when teachers and TAs work collaboratively. Ofsted (2004) report that TAs make a valuable contribution to teaching and learning when teachers plan well differentiated lessons and work with TAs to set objectives for pupils with special educational needs. Ofsted (2002) recommend that TAs have an important role in planning work before lessons and providing feedback on progress after lessons.

However, Downing (2002) reflects that as including children with severe disabilities in general education is a relatively recent trend there may be a shortage of trained personnel to promote this type of work in practice. A TAs' role in planning might

not be clear to staff in school. Significantly there appears to be some contradiction between the statement in the Special Educational Needs Code of Practice that...

‘..all teachers are teachers of children with special educational needs’

Special Educational Needs Code of Practice 2001, p44.

and the practice of allocating TAs to provide individual support for pupils who have been identified as having special educational needs. This contradiction raises questions surrounding whose responsibility it is to plan for the pupils concerned.

Effective working with teaching assistants: Communication

In writing about the value of teamworking Downing (2002) emphasises the importance of team workers having time to share information and work collaboratively and cooperatively. She also questions whether all professionals have received training in collaborative teaming, and states that they may feel more comfortable working independently.

If teachers and TAs are to develop collaborative working practices it is clear that they will need to have time available to discuss the progress of each individual pupil and plan together the next targets and suitable activities to meet these (Primary National Strategy, 2005). Miller et al. (2003) examined the challenge of including children with special educational needs in the literacy hour. They found that planning for the literacy hour almost always took place outside of the TAs contracted hours of work.

In reviewing the management, role and training of TAs Farrell et al. (1999) found that many schools experienced difficulties in making time available for teachers and TAs to plan their work together. Collins and Simco (2006) report that factors contributing to this included the fact that they often took staggered breaks to maintain supervision of the class and that staff meetings and professional development often took place after school, not during the TAs' contracted hours of work.

The NFER (2002) also promote the use of joint training and development to foster a consistent approach in the classroom.

Effective working with teaching assistants: Status, leadership, and power

Thomas et al. (1998) highlight the importance of skilled co-ordination and management of TAs' work for effective practice; TAs will benefit from effective leadership. The Primary National Strategy (2005) highlights the importance of management and professional development. In relation to this Collins and Simco (2006) emphasise the value of reflective practice, of reflecting upon, and critically evaluating, one's own practice. They question whether TAs have received appropriate professional development to help them acquire reflective strategies, and whether they have sufficient knowledge of, and access to, research to evaluate their own work.

In a classroom the teacher has a higher status than the TA with greater levels of training and pay. However, they do not necessarily have the training to support them in leading TAs. The NFER (2002) state that teachers need training relating to how to work effectively with TAs, but that this is not widely available. Vincett et al. (2005) cite research by Smith et al. (1999) which was commissioned by the Teacher Training Agency, they found that 80% of teachers had received no formal training about managing TAs. Thomas (1992) states that when people are brought together to work on a project they will need a lot of help if they are to work together effectively.

TAs themselves will also have views about their role and how they could be employed more effectively, it is essential that these views are valued. For example, Finney et al (2007) interviewed 36 TAs in small groups and asked them what they would like to tell teachers about what they felt were features of effective working. Some of the key factors that they identified were making time to plan collaboratively, teachers asking for TAs' opinions, not always placing the TA with the lower ability group, and providing TAs with lesson plans in advance of the lesson so they have more information about the lesson and the pupils.

Case study

I will now relate the research detailed so far to a piece of work in which I have been involved. I will begin by outlining in some detail the piece of work and will then evaluate it in light of the research.

Through my role as a Trainee Educational Psychologist a primary school asked me to support them in meeting the needs of two of their Year 4 pupils. Brad was given a Statement of Special Educational Needs during the previous academic year due to difficulties in the areas of basic learning skills, expressive and receptive language skills, attention and listening skills and appropriate management of behaviour. Brad has been diagnosed with Attention Deficit Hyperactivity Disorder and has been prescribed medication for this. He receives 10 hours per week of additionally funded TA time. Mia has had a difficult childhood so far, she had a brain tumour at the age of 3 and has undergone lengthy and painful treatment, she subsequently caught meningitis. Consequently she is displaying difficulties with focusing attention, language, learning and social interaction. Although Mia does not have a formal Statement of Special Educational Needs she does receive full time support from a TA, and has her own lunch time supervisor (this is funded through the Pupil Allocation Panel described earlier).

I observed Brad and Mia in the classroom and playground, completed assessment work with them and consulted with their teacher, TAs and parents. In reporting the information that I had gathered I attempted to outline Brad and Mia's strengths, and next steps required to support them. I also made suggestions regarding how the school might choose to use my support, this included work with the TAs and class teacher to support the development of learning, social and behavioural skills.

In light of research into the effectiveness of TAs I was pleased when the school accepted my offer to work with the TAs who support Brad and Mia to develop intervention programmes which they could follow for 20 minutes daily to improve their basic literacy and numeracy skills. In addition to the research that indicates that specific interventions are most likely to be effective, I also believed that my work with the TAs might influence other interactions that they had with Brad and Mia, perhaps helping them to focus more accurately on what Brad and Mia could do and what they needed to teach next, perhaps encouraging collaboration with the class teacher so that targets were made more clear and work could be planned at an appropriate level throughout the day.

This paper is concerned with the process of working with TAs, rather than with details of the specific programmes developed. However, it is important to note that both the literacy and numeracy interventions that I developed with the TAs were evidence based (Ball and Blachman, 1991; Dowker, 2004; Johnston and Watson, 2004; The Rose Report, 2006; Solity et al., 2000; Whitburn, 1997; The Primary Framework for literacy and mathematics, 2006; 'Letters and Sounds: Principles and Practice of High Quality Phonics,'2007).

Teamworking in this case

It is relevant here to consider the nature of teamworking within this case. Staff in a school can be grouped in a range of ways. In this case the Head Teacher, the Special Educational Needs Co-ordinator (SENCo), the Class Teacher and the 2

TAs are a group responsible for providing an education for Mia and Brad. As the school's Educational Psychologist I am a visiting professional who is also part of this group.

The Head Teacher and SENCo have not had any regular contact with the Class Teacher or the TAs in specific relation to Brad and Mia. Consequently I feel it is useful to explore how the adults who have daily contact with each other as a group work together (the Class Teacher and two TAs). In working to develop literacy and numeracy interventions I was able to have regular contact with the two TAs so it is also useful to explore how this group worked.

My aim is to explore the experiences of the TAs in working as part of a group with the Class Teacher and in working as part of a group with the Educational Psychologist. I aim to explore the processes that supported or limited the success of these groups, reflecting research evidence of the importance of role, communication and status, leadership and power.

Method

In order to explore in some detail the TAs experiences of working as part of a group with the Class Teacher, and with me as a visiting professional I chose to use a series of semi-structured interviews.

Cohen et al. (2006) describe a range of types of interviews from formal interviews with set questions, through less formal interviews where the interviewer can adapt the wording and order of questions, to informal interviews where the interviewer raises key issues in conversational style. I chose to use semi-structured interviews to elicit the views of the TAs. I prepared key questions that I wanted to ask but used a conversational style in the interview. Cohen et al. (2006) describe this as an 'interview guide approach,' topics are specified in advance but in outline form only. Strengths of such an approach which they identify include flexibility, the opportunity to probe, the fact that the conversational style encourages co-operation and helps to establish rapport, that unexpected answers are allowed and that the interviewer has the opportunity to make their own assessment of what the respondent really thinks. Two significant weaknesses of this approach are identified by Cohen et al. (2006), firstly, interviewer flexibility can reduce comparability of responses, this was not important here as I was not comparing interviews. Secondly, important topics might be omitted as there is an interviewer bias, I attempted to minimise this by using open-ended questions and giving the TAs opportunities to add their thoughts and ask questions.

An ethical consideration is whether to make an interview confidential. I told the TAs that I would not be sharing any information they gave me with anyone in school, unless they wanted me to. It is impossible to know for certain how freely the TAs felt they were able to communicate with me. They knew that I worked closely with the SENCo and may have been uncertain about what I might communicate back to her and how this could affect them.

Epistemologically, the use of an interview reflects a view of humans as being capable of interpreting the world in which they live. Kvale (1996) describes interviews as being an interchange of views between two or more people, human interaction is central to the process and the social situatedness of research data is emphasised. As such Cohen et al. (2006) feel that it is impossible for an interviewer to be systematic and objective as the constraints of everyday life will be a part of all transactions. My interview was concerned with qualitative information, I used open-ended questions and an informal, responsive style in an attempt to capture the TAs' unique views. These aspects all represent an interpretist perspective. To reflect the literature that I have reviewed I asked the TAs open-ended questions which I felt would elicit information about their role in the classroom, communication in the classroom and their views on how they were lead by the school. I asked the same questions in relation to our joint work on devising and implementing the literacy and numeracy interventions.

In addition to interviewing the TAs I monitored the effectiveness of the interventions through using standardised (the Wechsler Individual Achievement Scales II) and curriculum based assessments (phonics, High Frequency Words, number skills).

Results: Effectiveness of the group consisting of two Teaching Assistants and the Educational Psychologist

The TAs felt that the literacy and numeracy interventions were very successful. They liked the fact that the programmes were structured. They felt that the pupils had benefited from having work planned at the appropriate level and that the short, repetitive activities suited their learning needs. They also reported that they felt it was the only part of the day when the pupils could really access, and experience success in, the work that was set.

I visited the TAs approximately once a month to monitor progress and support them in adapting the programme as Mia and Brad made progress. Whilst the purpose of this paper is to examine ways of working with TAs it is important to note that the progress Brad and Mia made in reading, writing and numeracy skills do indicate that the TAs were having a significant impact. Clearly it is impossible to know what progress Brad and Mia would have made without these interventions but if their current rate of progress is compared to the progress that they have made in the previous 4 years that they have been at school, then I feel it represents good progress. Obviously this does not mean that better progress could not be made. Improvements were clear from learning assessments and school staff and the pupils' parents were impressed with the progress that they made.

In terms of analysing why our work was successful, I will consider the three areas of research outlined earlier:

Role

In this case our group quickly reached the performing stage. We shared a purpose in developing the small group literacy and numeracy interventions and had clearly identified roles in the process. I feel our group had clear roles due to the nature of our jobs: Through assessment work that I had completed I had a clear picture of what Mia and Brad could do and what they needed to learn next (based on the Assessment Through Teaching model). I also had knowledge of effective teaching strategies for phonic skills and numeracy skills. The TAs had more personal knowledge of what Brad and Mia were likely to respond to, and, as time went on, had the practical experience of delivering the programmes daily.

Communication

After setting up the group interventions, I met the TAs at regular intervals (approximately every 2-4 weeks), to discuss and monitor how the programme was going, and so that we could make any alterations necessary. The TAs told me that they really appreciated these meetings. They reflected on their previous experiences where they had been asked to deliver support related to phonics or numeracy skills but had been given little or no guidance on how to do this.

When I visited the school, the Class Teacher allowed the TAs to be released from class for an hour to meet with me. The TAs told me that they had never before benefited from such a level of communication and joint working. Farrell et al. (2006) reviewed the functions and contributions of educational psychologists through questionnaires sent to educational psychologists, head teachers, local authority officers and other professionals who work with educational psychologists. They found that facilitators of educational psychologists' work included the tendency to build good quality working relationships and to being committed to working together with a shared vision.

Status, leadership and power

Due to my role I was given a higher status by the TAs, they looked to me for leadership. As a consequence of this I was in a position where I was able to contribute to their professional development, in terms of developing evidence based practice, and supporting them in becoming reflective practitioners through regularly evaluating and adapting the programmes of work.

In discussing and evaluating the way that we had worked together, the TAs told me that my support had given them a lot of confidence. They felt that the ideas for activities were very useful, one of the TAs had received one previous session of training on phonics but neither had received training on how to teach numeracy. They felt my return visits to discuss progress and any difficulties were useful. They felt that my visits empowered them as they were able to discuss changes that they

wanted to make and were given confidence when I agreed these were appropriate.

Conclusion

Whilst the intervention has been successful in itself, I do have 3 key concerns. Firstly, it has had a narrow impact, the TAs report that nothing else in Mia and Brad's school day has changed since the intervention began – work planned throughout the day remains too difficult for them. The TAs report that the Class Teacher does not ask them about the targets they are working towards and achieving in the intervention. Secondly, I am concerned about the longevity of the intervention, whilst it has so far been maintained daily for 6 months with my input, I am not sure whether the Head Teacher would allow it to continue without my regular input. Thirdly, I feel that there are a number of other pupils in the same year group and throughout the school who could benefit from a similar programme, however I do not think that the programme would be widened or adapted without my input. The TAs report that the SENCo has asked them generally how the interventions are progressing, but state that she does not have time to look at the content of the work.

On reflection I believe that these concerns have arisen due to the fact that I was only able to work with the TAs, and not with the Class Teacher or SENCo. This demonstrates the value of being able to work systemically.

Results: Effectiveness of the group consisting of two Teaching Assistants and the Class Teacher

I will now examine the group consisting of the Class Teacher and the two TAs in light of research into effective ways of working with TAs:

Role

This group of adults had been working together for approximately 2 months when I became involved. In this time the TAs' descriptions of their practice suggested that they had reached the 'performing' stage of group development. The group had developed a structure in the way that they worked, roles had been clearly allocated: The teacher planned the work to be undertaken in each lesson and delivered lessons to the whole class. The TAs sat with Brad and Mia and supported them in accessing the work that was set.

When I asked the TAs to consider what their role in the classroom was, and what the role of the teacher was. They told me that they felt that their role was to teach Brad and Mia and to support the other children who sat on the same table as them. They told me that they felt that the role of the Class Teacher was to teach all of the other children in the class. This indicates that the TAs do not feel that collaborating with the Class Teacher is part of their role, they feel that it is their job to teach Brad and Mia, while all the other children in the class are his

responsibility. Interestingly, while the TAs view their role as being to teach Brad and Mia, they do not see planning as part of the teaching process.

Although I was not able to discuss role development and allocation with the Class Teacher, his actions appear to indicate that he shares the same views as the TAs. The TAs informed me that the Class Teacher always completes the planning for the whole class without consulting them about what might be suitable objectives or activities for Mia and Brad, and they report that he does not ask them to evaluate Mia and Brad's progress at the end of each lesson, day, week or term. The Class Teacher does not present planning to the TAs in advance of a lesson, this means that they are expected to differentiate work as it is presented during the lesson, consequently they do not have time to collect or develop additional resources or activities. In addition, the TAs told me that the Class Teacher often complains if they try to explain things to Brad and Mia when he is teaching the whole class. Since the literacy and numeracy interventions discussed here have been implemented, they report that he has not once asked them about the targets they are working on, the activities they are using, or how things are going. Giangreco (2003) writes that the practice whereby teachers disengage from the pupils who have a TA needs to be replaced by greater collaboration.

It would be interesting to explore the training that the Class Teacher has undertaken both in relation to supporting children with special educational needs and in relation to working with TAs.

Communication

The TAs told me that they did not have any release time for planning or preparing resources. This means that they are not paid for any time that they spend planning or preparing resources. It also means that there is no time identified for them to meet formally with the Class Teacher to plan or evaluate work. They told me that they did occasionally attend staff meetings with teachers, when the Head Teacher deemed it appropriate.

Whilst the TAs in this study have the same break times as the teacher they report that they rarely have opportunities to interact with him during this time due to being called away to deal with children in the playground.

Leadership, status and power

The semi-structured interviews indicate that the TAs in this classroom view the Class Teacher as having legitimate power and expert power (Huczynski and Buchanan, 2001). Legitimate power relates to the authority the Class Teacher has due to his role, and expert power relates to the knowledge he has from the training he has received. It would be interesting to discuss this with the teacher, while he clearly sees the planning of lessons as his responsibility, I suspect that he would consider the TAs to have expert power due to the fact that they have worked in the school for a number of years, while he is a newly qualified teacher, and that they have actually worked with Mia and Brad for the past 2 years.

Conclusion

Through comparing the practice in this classroom with that promoted in the research it might seem that the Class Teacher's behaviour is at fault, however it may be that he would like to collaborate with the TAs but feels that this is not within their role description, or that he is overworked and glad that he can delegate responsibility for these 2 pupils to the TAs. Research and my experience in this piece of work indicate that teachers need time and training to develop their working practices in relation to the way they use and support TAs in their classroom.

It is not always clear whose responsibility it is to provide such support. The SENCo within a school could take the lead in this area. However, in this particular school she has only one afternoon per week to fulfil the duties of this role in a 2 form entry primary school which has 62 pupils on the Register of Special Educational Needs (2007/8).

Discussion: Implications for future work

To summarise the views that the TAs reported to me in this study, there were a number of aspects of our work on the interventions that they felt were beneficial to their practice. These included having clear roles, my sharing of my knowledge of effective teaching strategies, regular communication, and shared monitoring and

adaptation of the intervention programmes. In addition they identified their lack of training in effective teaching strategies, lack of communication with the Class Teacher, and lack of involvement in planning with the Class Teacher as key issues limiting their impact in the classroom.

The fact that the interventions could be, and were, developed without input from the Class Teacher is a significant limiting factor. The Class Teacher does not have a role within the interventions and consequently their impact has been limited, as outlined previously. In this case I was specifically asked by the SENCo to work with the TAs and not the Class Teacher. She explained that one reason for this was because the teacher is newly qualified and therefore already under a lot of pressure. On reflection, this statement provides an indication of how working with an educational psychologist is viewed within this school! It would be interesting to investigate further how teachers feel when they are asked to work with an educational psychologist. If staff in this school view educational psychologists as threatening and hard work, ways of changing the nature of the relationship could be explored. Perhaps if teachers were able to 'drop in' and ask me for support or advice, rather than the SENCo sending me to them, the relationship might be viewed more positively.

In this particular case, six months into the intervention, I have developed a good relationship with the SENCo. She is extremely pleased with the progress that Mia and Brad have made, and has listened to my concerns about the limited impact of the interventions. Consequently I now have an appointment to meet with the Class

Teacher with the aim of beginning to involve him in the interventions, and with exploring how Mia and Brad's needs can be met in other areas of the curriculum and classroom life.

There are a number of limitations to this study. Significantly I have worked from the perspective of the TAs, it would be valuable to explore the Class Teacher's perspective. Also, this is a small scale study of how these 2 TAs interact with the Class Teacher and Educational Psychologist who work with the pupils they support. There are limitations in how far one can generalise qualitative information that is gained from one specific context, particularly in light of the fact that different TAs work in different ways (Kerry, 2005). However, key issues have been highlighted and these do link to the findings of research conducted in organisations.

Powney and Watts (1987) suggest that researchers often fail to allow evaluation of their interview process. Indeed this is a weakness of this piece of research, I met regularly with the TAs as our work began and progressed and did not feel it appropriate to formally record all of our conversations. In terms of analysing the interviews my purpose was simply to gain a general understanding of the TAs' thoughts. It was not necessary for me to transcribe and analyse the interviews in detail, instead I made notes during the interviews of key points. I believe that videoing or taping the interview would have felt intrusive for the TAs and full note taking would have affected flow and concentration (Powney and Watts, 1987).

Whilst this piece of work gives me the opportunity to support this particular classroom team to develop effective working practices, it is apparent from the research available that wider organisational changes are required: this school would benefit from reviewing and exploring the role of TAs. Research from organisational psychology indicates that successful teamworking is essential in creating successful learning experiences (Downing, 2002) and that people need support in order to learn to work together effectively (Thomas, 1992). If teachers and TAs are to change their expectations about their roles, schools will need to provide training and time to support this.

Research and my experiences in this study highlight some key factors that are likely to lead to TAs having the greatest impact on the pupils which they are supporting as part of a classroom team:

- everyone in the school having a clear understanding of the TAs' roles;
- TAs having a role in planning lessons;
- TAs having a role in evaluating pupils' progress to inform future planning;
- TAs having time to communicate and work collaboratively with teachers and other professionals, for example educational psychologists;
- TAs and teachers receiving support and training relating to effective collaborative working practices;
- school leadership teams to plan appropriate opportunities for professional development; and

- TAs to support teachers in class by generating discussion, dealing with minor behaviour issues, focusing pupils' attention, repeating and rephrasing instructions, and offering further explanations.

However, research and my experiences in this study have also illustrated that there are a number of challenges in developing effective working with TAs. For example:

- the lack of a clear role definition for TAs that is based on research into ways in which TAs can have most impact;
- the lack of time for teachers and TAs to meet, plan and review pupils' progress together;
- the limited training that teachers have about working with TAs;
- the limited training that TAs receive relating to effective teaching strategies; and
- the lack of clarity about the responsibilities of the teacher and the TA in meeting the needs of pupils who have been identified as having special educational needs and have a TA assigned to them.

Certainly the school in this study would benefit from reviewing the role of the TA and thinking carefully about how to use this additional support most effectively, and how to monitor the impact that TAs have. Educational psychologists can work at different levels within the school. In this case I am working with a particular classroom team. However, at another primary school I have been asked to work at a broader level and develop and deliver training to the teaching staff about

supporting pupils with special educational needs, this includes an exploration of how to use TAs most effectively. Whilst I have initially been asked to provide a one-off training session, this role could expand. Vincett et al. (2005) outline the 'reflective teamwork model,' as a tool for enhancing communication, and the planning and reviewing of work between teachers and TAs. Vincett et al. (2005) have developed training activities that could be used in schools and structured models for co-operative planning conversations for reflective teamwork.

Educational psychologists are well placed to support such a process of organisational development. In a review of the functions and contributions of educational psychologists in England and Wales Farrell et al. (2006) found that the majority of responses from educational psychologists indicated that they regularly carry out systems/organisational interventions, consultations, and, to a lesser extent, research and training. The head of the Standards and Research Unit at Ofsted/HMI explained that...

'They (*educational psychologists*) understand systems and the relationships between people and within organisations.'

OFSTED/HMI Head of Standards and Research Unit,
in Farrell et al. (2006), page 72.

Working at the level of the organisation offers great potential to maximise the contribution that TAs make in schools. Systematically planning for and evaluating the role of TAs could also offer the potential of increasing the evidence base relating to the impact that TAs can have and of contributing to a greater understanding of effective ways of working with TAs.

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USING A SOLUTION-FOCUSED APPROACH TO DEVELOP A GROUP INTERVENTION TO SUPPORT GIRLS ATTENDING A SECONDARY SCHOOL TO DEVELOP AND MAINTAIN POSITIVE INTERPERSONAL RELATIONSHIPS

Abstract

This paper describes how a solution-focused approach was used to develop a group intervention to support eight pupils attending a secondary school in developing and maintaining positive relationships with their peers. The paper begins with an exploration of what secondary schools are currently doing to support pupils with the development of relationship skills. Theoretical models which could be applied to the group intervention are then explored. A solution-focused approach was chosen so its key principles, theoretical underpinnings, evidence of effectiveness, and examples of applications in schools are examined in detail. This leads to a description of how these principles were applied in developing the piece of group work that was used here to support pupils in developing and maintaining positive relationships. The perspectives of the pupils involved in the group are then presented in order to contribute towards an evaluation of the group. The strengths and difficulties associated with using a solution-focused approach in schools are identified and discussed.

Introduction

In my role as a Trainee Educational Psychologist I was approached by one of the secondary schools that I work in to provide some support to eight pupils in Year 7 who have been experiencing difficulties maintaining positive relationships with others in their year group. The school's Inclusion Manager told me that she was hoping that I could plan and deliver a group intervention to these pupils, with the support of a Learning Mentor.

In this paper I aim to describe how secondary schools in England currently support pupils with the development of relationship skills. I will then consider the theoretical models that could be adopted in planning such a group. I chose to take a solution- focused approach so will describe this in some detail, explaining the principles of the approach, the theory behind it, evidence of it's effectiveness, how it can be used with a group and how it's use is being developed in schools. Finally I will describe and evaluate the particular intervention that I delivered.

How do secondary schools in England promote relationship skills?

In 2003 the UK government launched Every Child Matters, a national framework that aims to improve the lives of children, young people and their families. The Every Child Matters Green Paper (HM Government, 2003) was the result of consultation with children, young people and their families who, it was reported, wanted a positive vision of what we, as a society, want for our children. A

consultation process was then launched with responses collated from over 4,500 individuals, including over 3,000 responses from children and young people, 100 interviews with practitioners from 5 Local Authorities and 4 focus groups with parents. This resulted in *Every Child Matters: Change for Children* (HM Government, 2004) which details the five key outcomes that were identified as being most important to children and young people, along with 25 specific aims. The ability to build and sustain positive relationships can be identified as a feature of a number of these aims:

Table 1: The five key outcomes of Every Child Matters: Change for Children (2004) and their aims which specifically relate to building and sustaining relationships.

Key outcome	Specific aims which relate to relationships
Be healthy	<ul style="list-style-type: none"> - Children and young people are mentally and emotionally healthy. - Children and young people live healthy lifestyles.
Stay safe	<ul style="list-style-type: none"> - Children and young people are safe from bullying and discrimination. - Children and young people are safe from crime and anti-social behaviour in and out of school.
Enjoy and achieve	<ul style="list-style-type: none"> - Children and young people attend and enjoy school. - Children and young people achieve personal and social development and enjoy recreation.
Make a positive contribution	<ul style="list-style-type: none"> - Children and young people develop positive relationships and choose not to bully and discriminate. - Children and young people engage in positive behaviour in and out of school.
Achieve economic well-being	<ul style="list-style-type: none"> - Children and young people are ready for employment.

The Every Child Matters agenda is promoted within schools, and criteria are considered when schools and Local Authority's Children's Services are inspected by the Office for Standards in Education (Ofsted). The five outcomes are also

promoted through the National Healthy Schools Programme. This programme was established in 1999 as a joint initiative between the Department of Health and the Department for Education and Skills. Initially local programmes could determine which themes and criteria they would implement, however, in 2005 a more rigorous approach was developed with national themes and criteria, linked to the Every Child Matters agenda, being prescribed in 4 areas:

1. Personal, Social and Health Education, including sex and relationships education and drugs education
2. Healthy eating
3. Physical activity
4. Emotional health and well-being, including bullying

Personal, Social Health Education (PSHE) is currently a non-statutory component of the National Curriculum. However, the Qualifications and Curriculum Authority advise that schools must provide sex and relationships education, drugs education, careers education and opportunities for work-related learning (QCA, 2007). The National Curriculum for Key Stages 3 and 4 is currently comprised of 2 programmes that aim to meet these requirements: Personal Wellbeing, and Economic Wellbeing and Financial Capability (QCA, 2007).

In 2005 Ofsted evaluated current provision in PSHE for 11-16 year olds. They considered it an appropriate time to conduct such an evaluation due to the publication of Every Child Matters (HM Government, 2003) and the National Healthy Schools Programme (DoH and DfES), which they felt had helped to

confirm the subject's importance and were likely to lead to it's role being extended. Ofsted (2005) report that the quality of PSHE programmes had improved in the period between 2001 and 2006, and that the National Healthy Schools Programme had raised senior leadership teams' awareness of the importance of strong PSHE provision and had consequently lead to improvements in planning and provision.

However, the review of PSHE programmes in secondary schools (Ofsted, 2005) did not provide an entirely positive picture. Key areas of weakness identified were that some schools did not base their PSHE programmes sufficiently on pupil's assessed needs, that few teachers of PSHE had relevant qualifications, and that assessment in PSHE was weak, tending to focus on knowledge and understanding rather than on skills and attitudes.

It is likely that aspects of this report are already outdated. In 2005 Ofsted reported that only just over half of all schools were aware of the National Healthy Schools Programme, however the Programme now reports that 96% of schools are currently part of the Programme, with 56% of schools having achieved National Healthy Schools Status (DoH and DfES). However, the Ofsted (2005) report does indicate that now is a significant time for positive change in PSHE teaching in secondary schools. This is supported by the Secondary National Strategy's introduction of the Social and Emotional Aspects of Learning programme (Secondary National Strategy, 2007).

The Social and Emotional Aspects of Learning (2007) programme aims to develop a whole school approach to promoting social and emotional skills through creating a whole school ethos, through direct and focused learning opportunities, through teaching and learning approaches and through continuing professional development for staff. It recognises that social and emotional skills are essential for all those who work and learn in schools. While the programme is recommended in schools its use is not statutory. It is too soon to evaluate its impact.

The secondary school which commissioned the group work which will be described in this paper does teach PSHE to all pupils, they are part of the National Healthy Schools Programme but have not yet achieved the Healthy School Status which is awarded to schools who have met the national criteria. In addition to teaching PSHE the school have developed a small team of learning mentors to support pupils' personal, social, health and emotional development. Pupils are usually referred to the learning mentors by their head of year. The mentors provide support to individual pupils and groups of pupils before, during and after school. They aim to promote learning, motivation, revision skills, attendance and social and interpersonal skills. The learning mentors do not currently use group sessions to develop interpersonal skills, this is the area in which my support was requested. The aim was to provide an opportunity for the eight pupils who had been identified, but also to develop an approach which the learning mentors could then implement without requiring the intensive support of an educational psychologist. In planning

how to best use the sessions I began by considering different therapeutic approaches that could be taken.

Therapeutic models

There are two distinct models that can be applied to therapeutic work: pathogenic and salutogenic.

Pathogenic theories assume that health is the absence of illness. The focus is on what makes people ill, with the aim being to identify and eliminate the cause of the illness, to 'fix' the person and make them healthy again. Morgan and Ziglio (2006) report that approaches to the promotion of population health have historically been based on this deficit model. The problems and needs of populations are identified and professional resources are allocated to 'fix' these. Bannink (2007) describes how a psychoanalytic therapist will look for psychological deficits, an in-depth exploration of the client's life history and problems will be conducted, and the therapist, in the role of 'expert,' will make a diagnosis and formulate a treatment plan that aims to decrease the problem.

There are difficulties with taking such a purely deficit based approach. It tends to result in individuals and communities being defined in negative terms, disregarding what is working well (Morgan and Ziglio, 2006). It also tends to result in individuals and communities being disempowered as external professionals are required to assess and solve the problems (Morgan and Ziglio, 2006). In addition, Raphael

(1996) reports that there is a danger of individuals being blamed and societal factors being ignored.

The alternative to a pathogenic approach is a salutogenic approach, which is an assets based model. Morgan and Ziglio (2006) explain how asset models contrast with deficit models because they focus on empowerment – they tend to accentuate positive capability to identify problems and activate solutions, this promotes the self-esteem of individuals and communities and leads to less reliance on professional services. The participatory, capacity building approach is thought to be more likely to result in the development of sustainable practices that are not dependent on expert support.

I considered a salutogenic approach to be most appropriate for the group I had been asked to create. I wanted the pupils to develop their own skills in identifying and overcoming difficulties with interpersonal relationships. I chose to use solution-focused brief therapy which is an example of a salutogenic approach. I will now describe the solution-focused approach in detail, identifying its key principles and theoretical underpinnings. I will then explore how it has been used in schools previously. This information will be used to inform my approach to the group work I was asked to deliver.

What is solution-focused brief therapy?

Solution-focused brief therapy was developed by de Shazer and colleagues at the Brief Family Therapy Centre in Milwaukee (de Shazer, 1985). de Shazer (1985) reports that brief therapy was developed due to the time constraints experienced by both the professionals and the clients. He emphasises that brief therapy is not 'less of the same,' but is a conscious effort to make things better as soon as possible. de Shazer cites research by Koss (1979) which indicates that, regardless of what they plan initially, most people will only stay in therapy for between six and ten sessions; he concludes that it is therefore better to aim to complete the therapy in this time frame than to plan for more sessions which are actually unlikely to take place. Simm and Ingram (2008) add that the title 'brief therapy' is not meant to imply that all problems can be solved quickly, but rather that something constructive can usually be done within a short time frame.

de Shazer identifies the key to successful solution-focused brief therapy as being

'Utilizing what the client brings with him to meet his needs in such a way that the client can make a satisfactory life for himself.'

- de Shazer (1985), page 6.

Sharry (2001) identifies seven underlying principles of solution-focused work:

1. focusing on change and possibilities;
2. creating goals and preferred futures;
3. building on strengths, skills and resources;
4. looking for 'what's right' and 'what's working';
5. being respectfully curious;

6. creating co-operation and collaboration; and
7. using humour and creativity.

Principles 1, 2, 3 and 4 originate from the salutogenic perspective with current strengths being identified and built upon, and positive plans for the future being made.

Sharry (2001) describes how he experienced years of psychodynamic training that was based on the premise that problems need to be understood and analysed before they can be solved. However, he then attended a solution-focused workshop which suggested that this was unnecessary, and even unhelpful, in creating solutions. de Shazer (1985) states that, in his experience, the solutions that have helped clients could often not have been predicted, sometimes even seeming irrational or irrelevant. Consequently he believes that there is more value in identifying areas most subject to change than in identifying details of the problem.

Bannink (2007) reports that the focus of therapists taking this approach will be on looking at what people want and how they can get it, rather than on looking at what they don't want and how they can avoid it. He describes how therapists can use questioning to support clients in developing their own goals and evaluating their own progress. Bannink (2007) states that solutions need to be compatible with the client's situation, this is much less likely to be the case if the therapist has donated the solutions. Sharry (2001) explains that the focus of the therapist will be

on identifying the strengths, skills and resources that the individual can use to make things better for him/herself.

de Shazer (1985) states that it is important that all goals are clearly defined. He reports that clients often have only vague goals, and that unless these are made more specific it will be impossible for the client to know when things are getting better. de Shazer (1985) also emphasises that goals should comprise of small, realistic steps which are not only set by the client but also enable the client to measure their progress.

Lethem (2002) explains that while the client's problems are not explored in detail it is important and useful to acknowledge the problems a person is experiencing and the distress that results from them. This position is also promoted by Redpath and Harker (1999) in their report about how the Educational Psychology Service in which they work is using solution-focused approaches. Their experience suggests that it is important to let the client know that you are genuinely concerned about a problem even though you are not going to discuss it in detail.

Sharry (2001) describes that the role of the therapist is to be curious, create co-operation and collaboration and to support the client by using humour and creativity. de Shazer (1985) reports that clients were often sent to him by other therapists who had labelled them as being resistant to change, however in his solution-focused work he found that they were desperate to change and were very co-operative. In considering why this might be he concluded that co-operation was

being promoted by the approach of the therapist who focuses on positives, asks the client to identify potential for change and gives compliments on things that are going well. Planning for small changes is also likely to seem more realistic to clients and is therefore more likely to promote co-operation and success.

Lethem (2002) suggests that solution-focused therapies offer benefits to therapists as well as clients. Describing her experience of incorporating solution-focused approaches into her work as a clinical psychologist she states that it has offered her new ways to engage reluctant clients, and strategies to develop a more collaborative therapeutic style. In working with children and young people who are accustomed to criticism she has taken pleasure from observing them hear something good about themselves. She feels that it is an approach that can instil hope in clients and therapists alike and that it counters the risk of burn out in practitioners.

Solution-focused therapists have developed a range of practical strategies to support their work. These include:

- beginning sessions with problem free talk, not related to the issue. This allows clients and facilitators to identify strengths and skills that they might draw upon later in the session (Burns and Hulusi, 2005);
- asking the client to talk about past successes, even if they are not directly relevant to the current issue (de Shazer, 1985);
- looking for exceptions, times when the problem has minimal impact, or is not present at all (de Shazer, 1985; Lethem, 2002; Bannink, 2007);

- asking the client to describe how things will be when the problem is solved. de Shazer (1985) states that such descriptions offer the best clues to solutions. This is sometimes formulated through the use of a 'miracle question' where the therapist asks something like, "Imagine when you go to sleep one night a miracle happens and the problems we've been talking about disappear. As you were asleep you did not know a miracle had happened. When you woke up what would be the first signs for you that a miracle had happened?" (O'Connell, 1998);
- using scaling to identify current positives, future hopes and how to get there (Lethem, 2002; Burns and Hulusi, 2005), a scale of 1 to 10 is usually used to structure the conversation (Franklin et al., 2001);
- planning for sessions to include a break to enable the therapist to form feedback which is likely to include an acknowledgement of the difficulties and compliments related to strengths and skills being displayed currently (de Shazer, 1985; Lethem, 2002; Bannink, 2007);
- producing detailed descriptions of goals so that the client is clear about what they are trying to achieve, and will be able to recognise when they have achieved it (de Shazer, 1985; Redpath and Harker, 1999); and
- Bannink (2007) describes the therapist as being expert in asking questions and structuring conversations and recommends the use of eliciting questions, and questions about details.

Evidence relating to the effectiveness of solution-focused brief therapy

Solution-focused brief therapy was developed through case study analysis rather than experimental methods (Franklin et al., 2001; Redpath and Karker, 1999). There are a growing number of pieces of research using a case study design which indicate successful outcomes from solution-focused therapy (Lethem, 2002; Bannink, 2007), some of these will be outlined and considered in further detail later in this paper. However, Franklin et al. (2001) state that while practitioners and clients report the approach to have been useful with a wide range of difficulties there have not been standardised measures of outcomes, or comparisons with control groups.

Bannink (2007) reports a meta-analysis conducted by Stams et al. (2006) in which solution-focused therapies were found to have the same effect as problem-focused therapies but in less time. However, most of the studies in this analysis were small scale and did not involve control groups. Lethem (2002) adds that most studies into the effectiveness of solution-focused brief therapy have involved contacting clients who have received solution focused therapy to obtain their views. Lethem (2002) states that this type of evidence does give a positive indication but explains that it is only really an audit rather than a study designed to compare different approaches. She suggests there is a need for more studies with random allocation to types of therapy and appropriate comparison groups.

In order to understand why the evidence base relating to solution-focused work consists largely of case studies it is important to consider the theory which underpins the approach.

Theory underpinning solution-focused brief therapy

Sharry (2001) identifies solution-focused brief therapy as being underpinned by social constructionist theory, this reflects an interpretive perspective which is within postmodern theory. Pring (2004) suggests that postmodernism leads us to question the dominance of one view of the world and what this tells us about knowledge and truth. The ontological view taken is that social reality is part of each individual's consciousness. The epistemological view is that knowledge is personal, subjective and unique, that it has to be personally experienced. In postmodern approaches identity is seen as negotiated through the discourses that are available within a culture, rather than being a fixed and measurable attribute.

The interpretive approach emerged as a reaction to criticisms of the positivist perspective (Cohen et al., 2006). Ions (1977) states that quantifying human acts results in depersonalisation. Blake, as quoted by Nesfield-Cookson (1987), goes as far as to suggest that the mechanistic science of positivism eliminates the concept of life itself; scientific explanation diminishes the very characteristics that make humans human (Habermas, 1972, 1974; Horkheimer, 1972). Norwich (1998) agrees that it is best to give up the aims of seeking objectivity, causation and generality and instead focus on seeking the meaning of actions and describing the

perspectives of those involved. Wellington (2000) adds that the only useful perspective is one of multiple truths, Bannink (2007) states that there are many ways to look at a situation and all are equally 'correct.'

In writing about solution-focused brief therapy de Shazer (1994) reports that traditionally therapists have worked to gather evidence in an attempt to arrive at 'the truth.' However, he rejects this approach, stating that there is not one theory that can always provide effective solutions. In his 1985 work he noted that, in his experience, the solutions that have helped clients have often appeared, at first, to be irrelevant or irrational. de Shazer (1994) states that therapist objectivity is an illusion, that therapists are not detached from the situation but will retell their clients' stories in their own way. He also states that language is arbitrary and unstable and that meaning is always arrived at within a specific context. This indicates that de Shazer's solution-focused approach follows an interpretative research paradigm, emphasising constructions of reality rather than absolute truths.

Interpretive researchers are interested in collecting qualitative information regarding individuals experiences (Cohen et al., 2006). The collection of detailed qualitative information is time-consuming for both the researcher and the participants of the research. A consequence of this is likely to be a small number of participants being involved. However, interpretists are interested in detailed personal accounts, they believe people are unique and therefore have limited interest in making generalisations.

Kazdin (2006) questions whether it is actually possible to 'measure' the impact of therapy. He questions whether a given measure can fully or effectively represent the underlying construct. He reports that in clinical research parents, teachers and clinicians are often asked to evaluate the social, emotional, behavioural and psychiatric problems of a child, and that there is often little agreement between the sources. He reports particular difficulties with complex constructs, such as 'depression.' Kazdin (2006) also questions whether scores on a measure can genuinely represent change in everyday life. Qualitative methods may be the best way of assessing whether a client's situation has genuinely improved.

Clearly, the theory underpinning solution-focused work is not compatible with a positivist approach to obtaining evidence which would involve the use of scientific methodology (Cohen et al., 2006). Consequently the research outlined in this paper is qualitative. While this type of evidence is valuable its limitations must also be acknowledged. Bernstein (1974) states that personal accounts can be subjective and misleading. Sample sizes are small and research situation specific therefore it is not clear whether findings can be generalised to other situations. However, an interpretative paradigm is an entirely appropriate approach to take when using solution-focused brief therapy as it reflects the theoretical underpinnings of the approach: personal accounts are considered subjective and situation specific, solutions are considered individual and are not expected to be appropriate for generalisation to other situations or other clients.

How has solution-focused brief therapy been used with groups?

Sharry (2001) describes what is considered to have been the first therapeutic group to have been developed: Pratt (1905) organised a group for tuberculosis patients as he thought it would be a cost effective way of educating the patients about their condition, however he soon saw that they were also benefiting from the support and encouragement that they were able to offer each other.

Sharry (2001) identifies the potential therapeutic factors of group work as being:

- group support – Those involved have common purposes and experiences that they can share, consequently the individuals are more likely to feel understood and accepted. Burns and Hulusi (2005) discuss how this support can also be beneficial when the individuals are back in the wider community, outside of 'group time,' Burns and Hulusi add that the use of solution-focused approaches by members outside of 'group time' may be valued more by individuals than when they are employed by paid group leaders as they may appear more sincere;
- group learning – Individuals are able to share their knowledge and experiences, and discuss and debate ideas. Burns and Hulusi (2005) add that some members of a group be effective role models for other members;
- group optimism – A group can foster hope and expectation for change. Seeing others experience success with their problems can give individuals more hope of a positive change for themselves;
- opportunity to help others – This boosts individual's self-esteem;

- group empowerment – Individuals can feel empowered when they become part of a group working against outside forces (e.g. minority groups).

Sean Newsome (2004) adds that, practically, group work offers the advantage of allowing a greater number of individuals to access support, making it an efficient use of resources.

Sharry (2001) attempted to examine the effectiveness of group work, he cites a meta-analysis by Bednar and Kaul (1994) which resulted in the conclusion that group work can be effective. In considering whether group therapy is better than individual therapy Sharry (2001) cites research that indicates that there is no difference (Smith et al., 1980; McRoberts et al., 1998) and a meta-analysis by Toseland and Siporin (1986) in which 32 studies were reviewed, with 75% indicating that individual and group therapies had the same impact, and 25% indicating that group therapies had greater impact.

Although solution-focused brief therapy was originally developed by family therapists professionals are now applying its principles to a wider range of situations. I will now examine how the principles have been applied to work in schools.

How has solution-focused brief therapy been used in schools?

In line with the development of solution-focused therapy, the majority of research conducted into the use of the solution-focused approach in schools involves the examination of case studies. Case study research is usually designed by researchers who take an interpretive approach (Cohen et al., 2006). Case studies involve the detailed investigation of a specific context. Case study data tends to be rich, detailed and strong in reality, case studies can be advantageous in that they can embrace and build upon unanticipated events and uncontrolled variables. However, Nisbet and Watt (1984, in Cohen et al., 2006) note that case study data can be selective, biased, personal and subjective, and cross checking is difficult. As with all interpretist research, and as described earlier, there are limitations in the generalisability of case study research. However, these case studies might be useful in identifying benefits of using such an approach in schools, factors that might promote success, and possible constraints.

Franklin et al. (2001) conducted individual solution-focused sessions with pupils who had been identified by teachers as displaying problem behaviour. They conducted between five and ten sessions with each pupil, and asked teachers to complete rating scales relating to each pupil's behaviour before and during the intervention. Five of the seven case studies that they report indicate significant positive changes. It is not possible to conclude that this was due to the intervention alone, indeed researchers working from an interpretist perspective would be interested in wider contextual factors that might have influenced the outcome.

Perhaps such research could be strengthened by comparing teachers' views of a control group of pupils who had been identified as displaying problematic behaviour but had not undertaken the solution-focused sessions. Clearly interpretism would require each case to be seen as individual but such comparison might give an indication as to whether solution-focused sessions might have a positive impact.

Sean Newsome (2004) worked with groups of pupils in a school who were highlighted due to non attendance and due to academic underachievement. He measured attendance and achievement and did have a control group of pupils who did not receive solution-focused brief therapy. He found that the solution-focused work did not appear to affect attendance issues but that the group who experienced the solution-focused approach did display significant improvements in academic achievement when compared with the control group. However, it is not clear whether these gains were due to the solution-focused group work – there were other home and school factors that might have influenced the pupils during this time that were not controlled for, as well as the possibility of the selection process having an effect (pupils were selected for the group if their parents gave consent). Researchers from the interpretive paradigm might argue that it is actually never possible to attribute change to one particular intervention alone, that reality is too rich for such a level of objectivity and causation to be identifiable (Norwich, 1998).

Burns and Hulusi (2005) are Educational Psychologists who worked with a group of four pupils aged between 11 and 16 who attend a secondary school and spend some time in a Learning Support Unit. In the solution-focused sessions pupils set goals for lessons, through the week they then rated their performance after each lesson, sometimes with the support of the subject teacher. Burns and Hulusi (2005) used a scaling activity in their final session to evaluate the group work. They found that all of the pupils had enjoyed being part of the group, stating that they had specifically enjoyed being listened to, taking part in role play activities, trying solutions out, talking about changes and getting 'stuff' off their minds. All of the pupils felt that they had changed since starting the group, reporting better relationships with teachers, better behaviour and better work. Clearly, pupils' perspectives are subjective and they may not report these truthfully (Cohen et al., 2006). For example, their responses could be influenced by their beliefs about the type of answers they thought the researchers wanted to hear. However, Burns and Hulusi (2005) also sought the views of class teachers and they too reported positive effects.

Whilst this project had initial benefits it would be interesting to see whether the benefits were maintained when the group work had finished. Pupils were rating their performance after every single lesson, sometimes with the support of the subject teacher. This could be a time consuming practice that might not be maintained after the group, indeed it is not clear whether any practices introduced during the project were continued after the sessions had been completed. Burns and Hulusi (2005) report that involving teachers in the project was a positive

feature of their work as it meant that the group work was not isolated from the rest of the school. However, the authors state that time constraints meant that the educational psychologists were not able to meet with the teachers, other than to introduce the project. They state that teachers were invited to regular consultations with the manager of the Learning Support Unit manager but the level of uptake of this is not clear. So the impact of this attempt to involve staff is not identifiable.

Doveston and Keenaghan (2006) were required to work more closely with a class teacher when they conducted an action research project with a class of 16 pupils who were all experiencing barriers to learning (including physical, emotional, social, behavioural and literacy difficulties). The aims of the project were to support the students and to improve the interpersonal relationships in the classroom. Sessions involved scaling activities, the setting of challenges, activities which enabled pupils to identify and practise skills associated with working together, and collaborative activities. The project was evaluated through interviews with the teacher and pupils, and through peer assessment scales and a social inclusion survey which were completed by pupils before and after the intervention. The evaluation indicated that the project was successful and the researchers reported that they felt this was because the teacher adopted a facilitative supportive role, a role which, they felt, might not be adopted by all teachers in her position. In this case the solution- focused approach was suggested by the researchers, the teacher did initially feel like she was taking a risk, and the project would not have been so successful if the teacher had not co-operated. The authors note that it is not always possible to identify one class and teacher who spend such a significant

amount of time together, especially in secondary schools where pupils have different subject teachers and are often in different sets. This reinforces the interpretist perspective in that the authors have identified the need to look at each context carefully and not assume that the same project could be conducted in the same manner in a different context.

Simm and Ingram (2008) are Educational Psychologists who worked to develop whole school solution-focused practice in four schools, mainly through contact with the schools' Special Educational Needs Co-ordinators. After one year the Special Educational Needs Co-ordinator and one other teacher from each school were interviewed. The staff were positive about the solution-focused approach and identified different areas in which it had been used in school, including in casework with individual pupils, groups and classes, in meetings, in creating individual education plans, and through peer support. Although the authors report that the interviewed staff were positive about the approach they do not say how many staff were involved or what effects the changes were having in school.

Simm and Ingram (2008) report that the staff involved did identify some difficulties with adopting a solution-focused approach. They conclude that the approach is not easy for people to learn as there is not a simple set procedure that they can follow, consequently individuals need time to practise and reflect on work with a colleague. Whilst these are reported as the views of staff in four schools it is possible that staff in other schools would experience the same difficulties. Consequently it is a factor which those working in different contexts might need to

identify as a potential barrier. In Simm and Ingram's (2008) study the Educational Psychologists were able to support the Special Educational Needs Co-ordinators but the Co-ordinators did not have the confidence to support the other staff in their schools. This raises questions about how realistic it would be to introduce the approach to a whole school when such a high level of support might be required which can not easily be offered by someone in the school. When Farrell et al. (2006) reviewed the functions and contributions of educational psychologists they sent questionnaires to educational psychologists, schools and a range of professionals who come into contact with educational psychologists. Of the questionnaires that were returned to them, 90% of comments detailing barriers to effective educational psychologist practice related to a lack of time with educational psychologists.

One aspect of Simm and Ingram's (2008) research that was more positive concerned the process of change. The change was planned in a solution-focused manner with small steps being identified, individuals setting their own targets and support being offered at regular intervals. Staff reported that this process was very positive, stating that it helped to sustain their enthusiasm and promoted feelings of confidence and competence. They also expressed a preference for this type of development work over the usual type of in-service training that they report receiving which is directed at large changes, the size of which, they felt, meant they were rarely made.

Simm and Ingram (2008) suggest that solution-focused brief therapy has the potential to be used widely in schools when there are not significant concerns or problems but simply to promote competence and self-efficacy. However, with a high level of support being required for such changes it is difficult to envisage schools providing the funding and resources required. Indeed Redpath and Harker (1999) reviewed the ways in which their Educational Psychology Service had incorporated solution-focused approaches into their practice and acknowledged the challenge of doing so within educational settings, which they have experienced as problem driven environments.

A further area of potential concern relates to the fact that solution-focused brief therapy is a language based intervention. School staff may question how this approach can be used with children, especially children who experience language difficulties. However, Lethem (2002) writes that the language used is concrete and therefore more easily accessible to children.

Concern might also be raised about how solution-focused brief therapy can work with individuals who are not willing to engage. Lethem (2002), a Clinical Psychologist, reports that children can be apprehensive about working with her because they expect to be blamed, criticised and punished. She states that she finds the positive approach beneficial to the children she works with, if used by school staff it could have a significant positive effect on teacher-pupil relationships. Indeed Redpath and Harker (1999) found that staff were often encouraged when

they heard that a pupil did want to change their behaviour, and that the pupils answer to the miracle question was often very similar to the teacher's.

Writing more generally about the strengths of a solution-focused approach de Shazer (1985) writes that a therapist should never tell a client that a behaviour is wrong but should support the client in identifying behaviours that they want to change. It would be interesting to study this approach from a teacher's perspective. Many teachers do expect to tell pupils when behaviour is inappropriate and might be used to using punishments to support this.

To summarise, the key benefits which a solution-focused approach offered me in planning a group to support individuals experiencing difficulties with developing and sustaining relationships included:

- the salutogenic perspective - empowering individuals to identify problems and develop solutions themselves. The solutions are more likely to be successful as they are identified by the individual, and the individual will not become dependent on an 'expert' (de Shazer, 1985; Sharry, 2001; Morgan and Ziglio, 2006);
- it aims to build individuals skills which is a gap identified in current PSHE provision by Ofsted (2005);
- the pupils evaluate their own situation and desires. This seems more valid than having situations evaluated by secondary school teachers who do not have a significant amount of contact with individual pupils (Bannink, 2007);

- the positive approach is likely encourage the group to co-operate with me and each other (de Shazer, 1985; Sharry, 2001); and
- being deliberately brief I was able to plan six sessions, which suited time constraints experienced by myself and the pupils (de Shazer, 1985).

In addition to these features directly associated with the approach there is evidence of solution-focused approaches being successfully applied to working with groups of pupils in schools (Sean Newsome, 2004; Burns and Hulusi, 2005; Doveston and Keenaghan, 2006).

In addition to these strong potential benefits a number of limitations have also been identified. The key limitation of research in this area relates to the subjective and small-scale evaluations that have been conducted. The views of children and adults involved in projects tend to be positive (Franklin et al., 2005; Burns and Hulusi, 2005; Doveston and Keenaghan, 2006; Simm and Ingram, 2008).

However, it is not always clear whether wider changes are reported (for example, by other staff in a school, or by parents). However, as discussed, the solution-focused approach is underpinned by social constructionist theory (Sharry, 2001), reflecting an interpretive perspective of multiple truths (Wellington, 2000), where qualitative information relating to individuals' experiences is valued (Cohen et al., 2006). The key limitation of the use of the solution-focused approach itself in schools appears to relate to the difficulties of developing and sustaining practice without the support of an external consultant such as an educational psychologist

or a solution-focused therapist (Doveston and Keenaghan, 2006; Simm and Ingram, 2008).

Applying the principles of solution-focused brief therapy to develop a group intervention to support a group of eight Year 7 pupils who are experiencing difficulties with friendships: Planning the group

In this case a secondary school in which I work as a Trainee Educational Psychologist asked me to support eight pupils from Year 7 (aged 11 and 12) who were experiencing difficulties forming and maintaining friendships. I was initially unsure whether a solution-focused approach would be possible as I had no evidence to suggest that the pupils wanted to change their behaviour. During my introductory meeting with the pupils they told me that they understood they had been referred to the group as it offered an opportunity to improve their ability to develop positive relationships. Whilst they did not feel that they had a significant difficulty in this area, it was an area which they all felt they would like to improve.

A solution-focused approach, within the interpretive paradigm was chosen as I was keen to take a salutogenic approach and support pupils in developing their own skills. I accept that individuals interpret the context they are in in a way that is personal and subjective and consequently aimed to support pupils in evaluating their own behaviour and considering how they themselves could improve their life in school. I also feel strongly that neither their teachers or myself could objectively interpret the pupils' actions or perspectives. The literature that I have reviewed in

this area suggests that a solution-focused approach to group work can be effective.

I planned and led the solution-focused sessions but was supported by a Learning Mentor from the school. I met with the Learning Mentor prior to the intervention beginning to share details about the solution-focused approach. After this I met with her for ten minutes before each session to discuss the plan, and for ten minutes after each session to evaluate how the sessions were progressing and the impact they were having.

After the introductory session a further six sessions were planned, each session lasted for one hour, the first three took place at weekly intervals, the second three at fortnightly intervals. Sessions were planned to reflect the research about effective solution-focused work that has been outlined in this paper (de Shazer, 1985; O'Connell, 1998; Redpath and Harker, 1999; Sharry, 2001; Lethem, 2002; Burns and Hulusi, 2005; Doveston and Kennaghan, 2006; Bannink 2007).

Each session began with problem free talk which offered the opportunity to develop relationships, create a positive atmosphere and identify strengths and skills that could be referred to later. This was followed by time to reflect on what had gone well over the previous week. Next were fun activities designed to promote co-operation and collaboration, and which gave the pupils the opportunity to identify and practice relevant skills. After the activities there was time for the giving of compliments (from me, the Learning Mentor, and the pupils themselves).

The session ended with scaling activities being used to support the pupils in setting themselves a goal for the following week. The Learning Mentor and I used questioning skills to support the pupils in making the targets realistic and achievable by encouraging them to clarify what the change would look like.

Applying the principles of solution-focused brief therapy to develop a group intervention to support a group of eight Year 7 pupils who are experiencing difficulties with friendships: Evaluating the group

I chose to evaluate the group through questionnaires to each of the pupils who attended. The main advantage of a questionnaire is that it can be completed anonymously, thus encouraging more honest responses (Cohen et al., 2006; Fowler, 2003). A questionnaire is also less time consuming than conducting individual interviews with the same number of people. Interviews do offer some advantages, most significantly they enable the researcher to explore responses through further questioning. Whilst the opportunity to ask further questions may have enabled me to elicit valuable responses from the pupils I felt that the anonymity offered by a questionnaire was more important in this small scale project, I was concerned that the pupils would feel obliged to make positive comments about the group if they were making them directly to me.

In designing the questionnaire I chose to use mainly open-ended questions to elicit the pupils' views. Cohen et al. (2006) state that open-ended questions enable respondents to maintain ownership of the data and can catch the authenticity,

richness and honesty which are hallmarks of qualitative data. Fink (1995) recommends the use of open questions when there are a wide range of possible answers, some of which might be unpredictable, and when you have the time and skills to analyse respondents' comments. Such an approach fits well with the interpretive perspective outlined earlier.

Self-administered questionnaires can only be used with individuals who have the literacy skills required to complete them (Bourque and Fielder, 1995). My knowledge of the pupils that I worked with indicated that they did. A copy of the questionnaire can be viewed in Appendix One.

The questionnaires were completed during the last session. Bourque and Fielder (1995) report that administering a questionnaire in this way can be advantageous, when compared to postal questionnaires for example, as the presence of a supervisor allows introductory instructions to be given, questions to be asked and the extent to which questionnaires are completed to be monitored.

One pupil was on a family holiday in the final session so I have seven completed evaluation forms. In reporting the outcomes of the evaluation I have chosen not to use the exact words that the pupils used, instead I have categorised similar responses. The aim of the evaluation was to identify whether the solution-focused group work had any impact on the lives of the pupils it was designed to support, consequently a qualitative design was chosen in an attempt to examine effects on their everyday life (Kazdin, 2006).

Table 2: Pupils' responses to 'What did you like about being part of this group?'

Comment	Number of pupils
Meeting new people and making new friends.	3
Being able to talk about things without being judged or talked about afterwards.	2
The other people in the group were all nice.	2
Learning a lot about relationships whilst in the group.	2
Being able to talk about what had happened over the previous week.	1

Table 3: Pupils' responses to 'What did you not like about being part of this group?'

Comment	Number of pupils
Sometimes you couldn't say something that you wanted to because of who else was in the room.	2
Sometimes the adults were strict.	1
Sometimes people did not listen properly.	1
Sometimes people did not participate properly.	1
Missing lessons to come to the group.	1

All seven pupils were able to identify positives about coming to the group. Six of the pupils were also able to identify negatives about coming to the group. The questionnaire required pupils to identify negative features of the group, but I do not feel these outweighed the positives – no pupils chose to leave the group and they all told me that they enjoyed the group and were disappointed when the final session finished.

Table 4: Pupils' responses to: 'Have you learnt anything in this group? If so, what?'

Comment	Number of pupils
About how to treat other people - being civil, treating people as you want them to treat you, listening more, being patient.	5
About how to solve problems with relationships.	1
About how to help other people with their problems.	1
How to manage feelings of anger.	1

Table 5: Pupils' responses to: 'Have your behaviour and relationships with others changed since you started coming to the group? If so, how?'

Comment	Number of pupils
I know how to sort out problems in relationships.	1
I am a nicer girl now.	1
I know how to make new friends.	1
I fall out with people less.	1
I don't get into trouble so much.	1
I'm more honest.	1
I know how to interact properly with my friends.	1
I think before I say things and now I have more friends.	1

All seven pupils said that they had learnt things by coming to the group and that their relationships had changed for the better. To support this question I also asked the pupils to report their outcomes of the scaling activity that we had used each week. This related to how good the pupils felt their relationship skills were. I asked them for where they rated themselves in the first session and where they would rate themselves now on the scale of one to ten. Every pupil reported that they had made at least two points of progress, the average amount of progress was three points (mean average).

I was also interested in asking the pupils to comment on some aspects of the design of the intervention. I wanted to know whether they enjoyed completing this work as part of a group, or whether they would have preferred individual sessions.

Table 6: Pupils' responses to: 'These sessions were conducted with you as part of a group, they could have been done with each of you individually. Were there any advantages of doing them as a group? Would there have been any advantage in doing the sessions individually?'

Advantages of group sessions	Advantages of individual sessions
Having more solutions than one person could generate, different ideas (3 pupils).	Not having to be scared about whether someone would tell your secrets to others (1 pupil).
Working well together (2 pupils).	Being able to say more rather than having to take turns to talk (1 pupil).
Learning to be honest and open with people (1 pupil).	
Having other people to talk to (1 pupil).	
Listening to each other (1 pupil).	
Having the opportunity to meet new people (1 pupil).	
Having the opportunity to help other people with their problems (1 pupil).	

All seven pupils were able to identify advantages of conducting the sessions as part of a group, two pupils were also able to identify potential positives of conducting the sessions individually. I also asked the pupils how they felt about setting their own targets. Four of the pupils reported that they do not get the opportunity to set their own targets at any other time in school. Three of the pupils reported that they have sometimes set targets in lessons when they have tests. All seven pupils reported positive opinions about setting their own targets, indicating that they valued this opportunity. One pupil reported that it made her feel more confident about what she had to do, and another said that having set the targets herself she felt even better when she achieved them.

In summary, the responses to the questionnaire clearly indicate that the pupils found being part of a group taking a solution-focused approach to developing and

maintaining relationships was a positive experience. They all reported positives about being part of the group, they all reported learning something in the group and they all felt that their behaviour and relationships had changed for the better since they started coming to the group.

However, this evaluation is limited, the pupils knew that they were handing their completed evaluations back to me and may have felt obliged to make positive comments even though their names were not on the forms. It might have been interesting to explore the impact of the group from the perspective of the teachers in school – to identify whether they had noticed any difference in the pupils' relationships. For example, Franklin et al. (2001) asked staff to complete rating scales before and during their intervention. In reviewing research in this area a key limitation associated with employing a solution-focused approach to work in schools that I identified related to the difficulties of developing and sustaining solution-focused practices without the intensive support of an external consultant. It would have been interesting to meet with the group again after a short period of time to explore whether changes that they had made had been sustained without the regular group sessions and whether they had used any solution-focused techniques, such as scaling or goal setting, in any area since the group had finished.

A further factor that would be interesting to evaluate would be how the Learning Mentor felt about the group. Informal comments to me suggested that she enjoyed the sessions, finding them more relaxed and positive than other activities that her

job description requires her to undertake in school. However, research indicates that solution-focused techniques are not easy to learn (Simm and Ingram, 2008) and so it would be interesting to examine her confidence in using the techniques both within the group and in other aspects of her work in school. Indeed, as a Trainee Educational Psychologist I have had limited opportunities to practise my own solution-focused techniques. I could have monitored and evaluated my use of the techniques by recording and analysing sessions (Sean Newsome, 2004). Redpath and Harker (1999) report that the Educational Psychology Service in which they work has created a support network for practitioners. Recording sessions would also enable changes and development in the quantity or type of solution-focused talk between group members to be examined (Sharry, 2001).

The Learning Mentor was not able to attend one of the sessions of the group, the school's Inclusion Manager attended in her place. She reported finding it very difficult to maintain a positive focus, indeed at one point in the session she did tell one of the girls to 'pull herself together' and to 'think herself lucky that she wasn't in serious trouble and that staff were so patient.' Lethem (2002) writes that children often expect to be blamed, criticised and punished when things they find difficult are being discussed. It would be interesting to explore the expectations of school staff in this situation too – do they feel their role allows them to explore pupils' views and experiences without communicating clear judgements on their behaviour?

Conclusion

This piece of research involved an exploration of the perspectives of a group of pupils who were part of a solution-focused group which was developed to support them in developing and sustaining positive interpersonal relationships. Their views suggest that this piece of work was a success even though pupils did not refer themselves and all had different goals for development. The pupils reported enjoying being part of the group, learning whilst in the group and having better relationships as a consequence of being in the group. They also valued the group design and the opportunity to set and monitor their own goals for progress. The study could be extended through examining long-term effects (were the improvements maintained?) and by examining whether either the pupils or the member of school staff involved chose to apply solution-focused techniques in any other areas.

The success of this piece of work adds to a growing base of evidence relating to the potential benefits of solution-focused work in schools. Case study evidence includes work with individual pupils (Franklin et al., 2001), work with groups of pupils (Sean Newsone, 2004; Burns and Hulusi, 2005), work with a class (Doveston and Keenaghan, 2006) and work with school staff (Simm and Ingram, 2008).

The ability to build and sustain positive relationships is a recurring theme in the UK Government's Every Child Matters Programme which was launched in 2003. The

framework is considered in Ofsted inspections and is part of the National Healthy Schools Programme. When Ofsted (2005) evaluated PSHE provision they expressed concern that programmes were not sufficiently based on pupils assessed needs, and that assessment focused too much on knowledge and understanding, and too little on attitudes and skills. Solution-focused group work such as that used in this project can overcome these problems: pupils identified their own areas for development and had opportunities to identify and develop their attitudes and skills. This approach has the potential to empower individuals, build their self-esteem, and support them in developing sustainable changes (Morgan and Ziglio, 2006; Bannink, 2007). Group work offers the additional benefit of enabling a greater number of individuals to access support (Sean Newsome, 2004).

There are, however, constraints associated with taking such an approach. A high level of support is needed by staff (Simm and Ingram, 2008), and it is unlikely that educational psychologists will have time to offer the degree of support required (Farrell et al., 2006). If group work is planned, it is valuable to consider the challenge of involving staff who might find that a solution-focused approach contradicts with their usual style of identifying problems, criticising and possibly punishing pupils, as it did with the Inclusion Manager in this study. Whilst the fact that the evidence base which supports solution-focused work consists largely of qualitative case studies reflects the philosophy of the intervention, this might not be enough evidence to sell the approach to schools.

It is clear that developing a solution-focused approach to work within schools holds a number of significant challenges, however, research evidence and my experience in this case indicate that the approach has the potential to have a positive impact.

Appendix One

Solution-Focused Group – Pupil Evaluation

1. What did you like about being part of this group?

2. What did you not like about being part of this group?

3. Have you learnt anything in this group? If so, what?

4. Have your behaviour and relationships with others changed since you started coming to this group? If so, how?

5. These sessions were conducted with you as part of a group, they could have been done with each of you individually.
Were there any advantages of doing them as a group?

Would there have been any advantage in doing the sessions individually?

6. How did you find setting your own goals?

7. Do you learn about relationships and getting on with other at any other time in school? If so, when?

8. Do you set your own targets at any other time in school? If so, when?

9. Where did you score at the start (0-10)?

10. Where did you score at the end (0-10)?

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SUPPORTING CHILDREN WHO HAVE A PARENT WITH A MENTAL HEALTH DIFFICULTY

Abstract

The World Health Organisation (2001) reports that one in every four people will be affected by a mental health disorder at some point in their lives. Bassett et al. (1999) report that an increasing number of adults with mental health difficulties are becoming parents, due to a move away from a medical model of treatment.

The aim of this paper is to identify support which might benefit children and young people who have a parent with a mental health difficulty. The views of children, parents and mental health professionals are considered. The ecological-transactional model (Cicchetti et al., 2000) is used to present details of ontogenic, microsystemic, exosystemic and macrosystemic factors which could support these children and young people.

The paper concludes with a summary of factors that could be used by professionals who work with children and young people who have a mental health difficulty in order to identify and plan support for them.

Introduction

In my role as a Trainee Educational Psychologist I was asked to work with Robert, an 11 year old boy in his final year at primary school. Robert had previously been

diagnosed with Attention Deficit Hyperactivity Disorder and is prescribed medication for this which he takes daily. Robert's primary school have experienced significant difficulties in managing his behaviour and have received a high level of additional support from the Local Authority's Behaviour Support Team. In addition to his behavioural needs Robert has been identified as being a vulnerable pupil due to his mother experiencing mental health difficulties. Robert's mother has suffered from anxiety and depression throughout her life, Robert's father is her carer and she has spent a period of time in hospital.

As a consequence of Robert and his family's needs a range of professionals were aware of Robert's needs and were attempting to support him and his family at this time. These professionals included:

- school staff: Learning Support Practitioner employed to provide full-time support for Robert, Class Teacher, Special Educational Needs Co-ordinator, Head Teacher;
- Behaviour Support Teacher;
- Trainee Educational Psychologist;
- Sandwell Young Carers;
- Consultant Paediatrician from the Child and Adolescent Mental Health Service;
- Family Solutions;
- School Nurse; and
- Sandwell Access and Inclusion Service.

In the autumn term of 2007 the Head Teacher of Robert's primary school considered it appropriate to initiate regular 'Team Around the Child' meetings in an attempt to promote co-operation between those who were engaged in supporting Robert, as required by the 2004 Children Act (HM Government, 2004). In 'Information Sharing: Practitioners Guide' (HM Government, 2006) it is stated that sharing information is vital for early intervention to ensure that children and young people with additional needs get the support that they require.

A 'Team Around the Child' involves a range of different practitioners coming together to help and support an individual child. The Local Authority in which I work defines a Team Around the Child as being an evolving team of practitioners who have contact with the child or young person and their family on a regular basis². They define the functions of the Team as being to agree the needs of the child and their family, to identify appropriate support for the child and their family, to review the support that the child and their family receive, and to arrange additional referrals for support, if required.

In my role as a Trainee Educational Psychologist I was part of the 'Team Around the Child' who met at intervals of approximately six weeks to plan and review support for Robert during his final year of primary school. I was invited to five multi-agency meetings over the academic year. These meetings took place in school and were attended by Robert's parents and some of the professionals working with the family. Robert's mother's need for support with anxiety and

² The sources of this information are not identified here in order to maintain the anonymity of the Local Authority and the school, pupil and parents who are referred to in this Professional Practice Report.

depression was discussed at four out of the five meetings. Robert's father's need for emotional support in caring for his wife, and looking after Robert was discussed in four out of the five meetings. None of the other professionals involved identified the possibility of Robert needing support in coping with his mother's mental health difficulties. In fact, a representative of the Local Authority's Information Sharing and Assessment Team who chaired the meetings said in one meeting 'I don't see what else we can do for Robert until his mom sorts out her problems.'

The aim of this paper is to review the literature relating to support for children who have a parent with a mental health difficulty. The paper will begin with details of the number of children affected and the impact that their parents' difficulties are thought to have on them. This will lead to a discussion of support that is, or could be, available to support children affected by parental mental health difficulties.

Mental health

'Mental health isn't just the absence of mental illness. Being able to make and keep relationships with others, being adaptable to change and other people's expectations, able to have fun and to be open to learning, developing sense of right and wrong and being able to manage ordinary setbacks are what mental health and psychological well-being are really about.'

- Fundamental Health (Local Government Information Unit & Children's Services Network, 2007)

Mental health difficulties affect a large number of individuals. In a report on mental health that was published in 2001 The World Health Organisation stated that most families will encounter a mental disorder, and that one in every four people will be affected by a mental disorder at some stage in their life. In the National Standards

Framework for Mental Health (1999) the UK Department of Health report data from the Office for National Statistics which indicates that approximately one in six adults is suffering from some form of mental illness at any given time.

The Mental Health Foundation is a charity based in the United Kingdom (UK) that provides information, conducts research, campaigns, and works to improve services for anyone who is affected by mental health problems. The Mental health Foundation website contains information that illustrates the wide range of mental health problems, problems can range from the worries that everyone experiences in everyday life, to serious long-term conditions, everyone experiences setbacks differently. There is no universally agreed cut-off point between normal behaviour and behaviour associated with a mental illness.

The mental health of parents

Barnado's (2005) suggest that mental health problems are more common in adults who are parents than those who are not. It is difficult to identify how many children have a parent with a mental illness. Devlin and O'Brien (1999) suggest that some parents who experience mental health difficulties may not make their needs known as they are worried that their children will be taken into care. The Mental Health Foundation reports that between 50% and 66% of parents with a severe and enduring mental illness live with one or more child aged under 18. This suggests that in the UK there are likely to be approximately 17 000 children living with a parent with a severe and enduring mental illness. However, this figure would

increase significantly if parents who have a mental illness that has either not been identified, or not been classified as 'severe and enduring,' were included in the figures.

In addition to having a parent with a mental health difficulty some children can be identified as being 'young carers.' The Department for Children, Schools and Families defines a young carer as...

'...a child or young person who is carrying out significant caring tasks and assuming a level of responsibility for another person that would usually be taken by an adult.'

- Young Carers, Department for Children, Schools and Families (DCSF).

Barnado's report that the day to day responsibilities of young carers can include cooking, cleaning, shopping, nursing, personal care and emotional support.

Barnado's report that the 2001 Census indicated that there are approximately 175,000 young carers in the UK. Dearden and Becker (2004) explain that young carers most commonly offer support to parents and other family members who have physical health difficulties, mental health difficulties, learning difficulties or sensory impairment. Dearden and Becker (2004) surveyed over 6,000 young carers who access support from a young carers service, it was found that half of those surveyed spend more than ten hours a week caring, and that they had a greater incidence of missed schooling and educational difficulties than the general population. It was also found that one out of every five young carers surveyed received no other support than contact with the young carers project. This survey was limited as it only covered young carers who accessed support, there are likely to have been more young carers who did not access support. Also, it was not clear

what types of difficulties that the individuals who were being cared for were experiencing – for example, caring for a parent with a mental health difficulty is likely to be a different experience to caring for a parent with a sensory impairment.

Identification of young carers can be difficult due to a lack of communication between agencies and because some young carers and/or their families do not want to be identified (DCSF).

Grant et al. (2008) reviewed the literature relating specifically to children and young people who care for a mentally ill parent. They report that children who take this role can be extremely skilled and committed. However, they also found that they are likely to experience a range of difficulties including social isolation, stigma, difficulties with schooling, a lack of time for play and leisure, low self-esteem, a lack of confidence and can be withdrawn

Bassett et al. (1999) report that research into the effects of parental mental illness and ways of supporting children affected is a relatively new area as, until recently, people with mental illnesses either did not have children or had their children taken away from them. However, new medication and a shift from the medical model to the psychosocial perspective, means that more people with a mental illness are now taking a parenting role.

Outcomes for children of parents with mental health difficulties

Literature reviews indicate that children who have a parent with a mental illness are at a greater risk of developing psychiatric disorders and emotional and behavioural problems, and of lacking social competence (Smith, 2004; Knutsson-Medin et al., 2007; Devlin and O'Brien, 1999). Smith (2004) reports that maternal depression is well established as being associated with difficulties with language development, intelligence, behaviour, social and emotional competence, sleeping, physical health, relationships and mental health.

Bassett et al. (1999) cite the outcomes of an American study conducted by Lyons and Hayes (1995). They conclude that people with mental illnesses are the most devalued of all people with disabilities. They report that mentally healthy people tend to distance themselves from mentally ill people.

Why are parental mental health difficulties a risk factor?

In attempting to identify why children who have a parent with a mental health difficulty are at an increased risk of experiencing difficulties a range of factors have been identified:

- genetic factors (Devlin and O'Brien, 1999; Smith, 2004, Knutsson-Medin et al. 2007). However, Devlin and O'Brien (1999) report that twin studies and the evidence of variability in outcomes indicate that genetic components are not the only influencing factor. Handley et al. (2001) conclude that children

of parents who have a mental illness are at greater risk of developing a mental illness themselves than any other group due to a range of both genetic *and* environmental influences;

- stress caused by their parent's illness (Devlin and O'Brien, 1999);
- the effects of abuse and/or hostile and aggressive behaviour that occur because of their parent's illness (Smith, 2004);
- the effects of impaired parenting ability (Knutsson-Medin et al., 2007). For example, the impact of parental self-preoccupation, emotional and practical unavailability, unpredictability, irritability, over-reactions, distorted expectations of reality, strange behaviour and beliefs, poor supervision and unsuccessful limit setting (Smith, 2004; Devlin and O'Brien, 1999). They add that parents might not reveal the difficulties that they are experiencing with parenting due to a fear of their children being taken away from them; and
- the impact of secondary marital and social difficulties that are caused by the mental health difficulties (Knutsson-Medin et al. 2007).

Smith (2004) writes that while children of parents with mental health difficulties have been found to have an increased risk of poor outcomes later in life, not all children of parents with a mental illness experience these negative outcomes.

Devlin and O'Brien (1999) describe how, over time, the purpose of research in this area has moved on from identifying why parental mental health difficulties are a risk factor to exploring why some high risk children do well.

Masten and Reed (2005) describe how, in the 1970s, a pioneering group of developmental psychologists became interested in children who had significant risk factors in their lives but still managed to succeed. They believed that understanding how these children succeeded held the potential to inform programmes, policies and interventions directed at promoting competence and preventing problems in the lives of children. This concept is often referred to as 'resiliency'.

'Resiliency is the concept that is used to describe the flexibility that allows certain children and young people who appear to be at risk to bounce back from adversity, to cope with and manage major difficulties and disadvantages in life, and even to thrive in the face of what appear to be overwhelming odds.'

- Dent and Cameron (2003), p5.

Devlin and O'Brien (1999) describe how this change in approach has been recognised in The World Health Organisations Ottawa Charter for Health Promotion (1986) which proposes a reorientation of health policy from prevention of illness to promotion of health. However, Devlin and O'Brien (1999) feel that this is developing slowly in the field of mental health as psychiatry originates in biological determinist theories, as there is a lack of resources, as there is a lack of an appropriate theoretical framework and because, they feel, adult services not taking responsibility for the situation.

To summarise, parental mental health difficulties have been identified as a risk factor that may contribute to negative outcomes for children, researchers are now beginning to identify factors that might protect these children against negative outcomes. As will be described, a range of approaches to such research have been employed.

Social aspects of mental health

Tew (2005) writes that there has been a resurgence of interest in the social aspects of mental health in recent years, both in terms of efforts to understand factors that may contribute to mental distress and also to identify the support and interventions that might be most helpful in supporting those affected. However Tew (2005) also reports that some disabled people have described societal responses as being more disabling than the impairment itself.

Tew (2005) suggests that people (at an individual and societal level) have a vested interest in avoiding the uncomfortable truths and testimonies of those whose social experiences may be re-enacted through mental distress. People may choose to project their anxiety and disquiet onto a segregated category of 'mentally ill' who may then have to deal with their own issues in addition to being dumped with the issues of others. This may explain why people with mental distress can come up against exaggerated reactions of fear, exclusion or repulsion through their daily lives.

Tew (2005) writes from the perspective of a Social Worker when he reports that, to date, a bio-medical approach has been the dominant model in mental health work: the focus is the individual whose illness needs to be treated, and the social context they inhabit is largely ignored. MacDonald and O'Hara (1998) report that many psychiatrists see mental health problems as something to be tackled at an individual level, although they do not provide evidence of how or why psychiatrists

might work in this way. Tew (2005) questions why this is the case when, for example, medical advances over the past fifty years have not improved recovery rates from schizophrenia, while socio-economic variables such as unemployment have been found to have a high correlation with recovery. Tew (2005) states that there has been a recent resurgence of interest in the social aspects of mental health but that the influence of the social perspective is sometimes limited to consideration of practical issues such as welfare benefits and housing, which are important factors but not the only parts of the social approach.

Tew (2005) identifies four core values of a social approach:

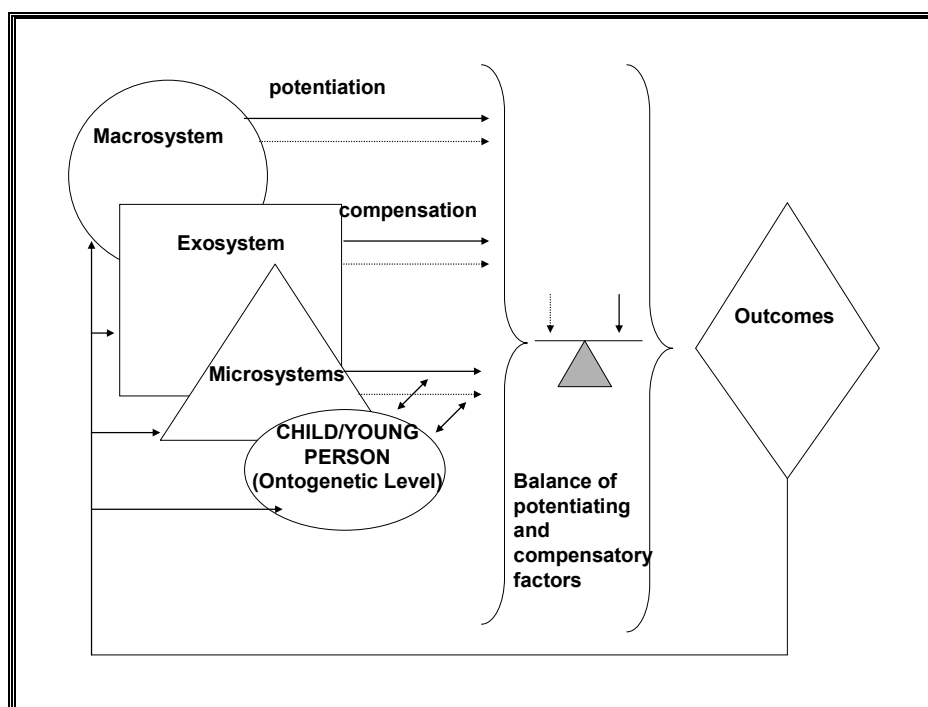
1. viewing mental distress as situated within a continuum of everyday lived experience, rather than as something that makes people fundamentally different;
2. a commitment to a holistic approach, to understanding people in their social contexts;
3. a commitment to listening to, and taking seriously, what people say about their mental distress, taking a partnership approach to research and explanation and not assuming uniformity of experience; and
4. principles of anti-oppressive and empowering practice.

The ecological-transaction model

Cicchetti et al. (2000) provide a useful framework in which both the bio-medical and social factors involved in the outcomes for the children of parents with mental

health difficulties can be explored. Cicchetti et al. (2000) developed their integrative framework to explore research into the maltreatment of children in the USA. However, their framework and perspective can be applied more generally: they write from a developmental perspective, so the framework acknowledges that there are multiple pathways to any particular manifestation of behaviour, that a particular adverse event does not necessarily lead to the same outcome in every individual, and that social, biological and experiential factors all affect an individual's development. Cicchetti et al. (2000) offer the ecological transaction model as detailed in Figure 1.:

Figure 1: The ecological-transactional model (Cicchetti et al., 2000).



The 'macrosystem' refers to the cultural values and beliefs within the family and community; the 'exosystem' refers to the formal and informal social structures that make up the immediate environment in which children and families function; the 'microsystem' is usually considered to refer to the family environment, though it

can be extended to include any environment that contains the developing person (for example school, workplace); 'ontogenic development' refers to how the individual negotiates the salient tasks of each developmental period, focusing on factors within the individual. Thus the model explains how cultural, community and family factors, in conjunction with characteristics of the individual, influence each other and shape the course of an individual's development. Multiple risk and protective factors can be examined simultaneously.

This model will now be used to describe and explore ways of supporting children who have a parent with a mental health difficulty. Research which details the perspectives of children, parents and professionals will be explored. It is acknowledged that this is an area in which research has relatively recently begun to grow and develop. Consequently there is not a large research base in the UK and studies from other countries will be detailed. This issue will be discussed in the concluding section.

The views of children who have a parent with a mental health difficulty

Cooklin (2004) is a British Child and Adolescent Psychiatrist, he asserts that all children who have a parent with a mental illness will construct an understanding about their parent's behaviour, and emphasises the importance of professionals using and exploring this, rather than simply imparting their own knowledge and views. Cooklin (2004) proposes that engaging children in active conversations about their experiences can reduce confusion and self-blame and raise self-

esteem. A number of researchers have spoken with the children of parents with a mental health difficulty in this way, aiming to identify ways of supporting them.

Knutsson-Medin et al. (2007) have backgrounds in mental health nursing and psychiatry in Sweden. They state that research into the perspectives of those whose parents have experienced mental health difficulties could be useful in planning support that could build the individual's resiliency. Knutsson-Medin et al. (2007) identified adults who had grown up with a parent with a mental health difficulty. Questionnaires were sent to these individuals in order to explore the impact they felt their parent's difficulty had had on them. 36 of the individuals they identified returned the questionnaire. Responses were collated and four areas of significant impact identified:

- worry (about the ill parent, about the healthy parent, and about what they would find when they got home each day);
- increased responsibility (in terms of support and care for the family and household);
- negative emotions (for example, feelings of shame, depression, loneliness, insecurity, fear, anger and envy); and
- changed parent-child relationships (for example, feeling uncomfortable or overprotective).

Knutsson-Medin et al. (2007) report that there is now a need for researchers to design and evaluate interventions in these areas.

Knutsson-Medin et al. (2007) also asked the adults to comment on the contact that they had with psychiatric services as they were growing up. The authors do not provide clear descriptions of the support that the individuals did have, the research was all conducted with adults in Sweden but it is unlikely that every individual had the same experience. However, the positives and negatives are still valuable to report as they reflect general opinions about the type of support that could be valued. Individuals reported positive feelings as a child when they believed that the support services were looking after their parent. Negative views were expressed when individuals felt that, as a child, they received little contact, a lack of support, were given little information about their parent's condition and felt that the treatment that their parent received was insufficient, frightening or unpleasant. Individuals wished that, as a child, they had had more contact with professionals, more information about their parent's illness and someone to support them with their feelings.

However there are significant limitations to this research. It is not clear whether the sample of individuals used are representative of those who have grown up with a parent with a mental health difficulty. Certainly, Knutsson-Medin et al. (2007) report that all of the participants in this study appeared well-adjusted in terms of education and employment – this might indicate that the sample is not representative. The sample was identified using a list of parents with mental illnesses who had previously taken part in a study about children of psychiatric patients – this could mean that these children grew up in families who were willing and able to accept support from outside agencies, a factor that could affect the

outcomes of this research. An additional difficulty is that the questionnaire is sampling views retrospectively – the average (mean) age of those whose views were sampled is 25.8 years, it is possible that their views and memories will have changed since childhood.

The approach of Garley et al. (1997) overcomes the difficulties associated with collecting views retrospectively. The authors also have backgrounds in mental health nursing and psychiatry, but are based in Canada. They worked to promote the importance of children and young people being able to identify their own needs. Focus groups were developed to explore the experiences of six children aged between 11 and 15 years who were either living with, or had regular contact with, a parent with a mental health difficulty. It is possible to question the reliability of a study with only six participants, two of whom were brothers, it might not be possible to generalise the findings. However, the approach employed by Garley et al. (1997) reflects the principles of qualitative, interpretist research. Interpretists are interested in detailed personal accounts, they believe people are unique and therefore have limited interest in making generalisations (Cohen et al., 2006; Norwich, 1998; Ions, 1997; Fay, 1996).

Garley et al. (1997) report that the children in the group spoke of the impact on their own lives of coping with a mentally ill parent. They spoke of a sense of burden and responsibility, and of a negative impact on their own academic performance and behaviour. The children all said that they found the focus group to be a positive experience, this lead the authors to conclude that support groups

would be a good place for children to share their experiences and concerns and to learn more about their parents' difficulties. In terms of the type of support that these children found valuable, they reported that they wanted their questions to be answered and wanted to understand what was happening to their parent. They found being able to recognise symptoms of their parent's difficulties reassuring and also wanted to see their parent receiving help, even hospitalisation of a parent could be viewed positively as it gave some feeling of relief that the parent was being cared for.

In Liverpool some support for young carers is provided by the Barnado's Action with Young Carers Project. Repper et al. (2005) consulted with 79 of the young carers involved in this project and then conducted 11 case studies to identify the approach of mental health workers that the carers valued. They reported that they wanted staff to listen to them, value their knowledge, value them personally, accept their cultural beliefs and treat them with respect. They wanted staff to be dependable, proactive, consistent, responsive, and family or community oriented. They wanted the routines and ways of caring that they had established in their lives to be considered in planning their support, with commitments such as childcare or employment being accommodated. They also reported that they wanted their support to provide them with hope and positive ways of coping

Grant et al. (2008) followed up the research of Repper et al. (2005) by interviewing ten young carers, aged between 11 and 16 years, from the Barnado's project in Liverpool alongside project workers and managers. All of the young carers

believed that things could get better for their parent - it would be interesting to study whether young carers feelings about their parents' illness had changed since they became involved with the project. They all stated that the support they valued the most was support for their parent, for example they particularly valued signposting to services and support with form filling. The young carers reported that they wanted to be involved in planning and evaluating the support their parent received.

The Barnado's project aimed to support the young carers by supporting them in building close confiding relationships which might otherwise be missing. The strategies that were identified as contributing to successful relationships were allowing the relationships to build over time, respecting privacy, listening, being consistent, continuity of worker, and maintaining a laid back and fun atmosphere. Group activities were also developed to support the young carers in building relationships with peers in similar situations. One of the aims of the group work was to give group members something else to think about. Some of the young carers reported that they missed and worried about their families while they were with the group, however some also reported valuing the opportunity to work as a group and use their expertise to produce videos, booklets and conference presentations. Individuals interviewed here reported that it sometimes took months for them to build up confidence and stop feeling like they were betraying their family by talking about their experiences.

Grant et al. (2008) explored the impact that being a young carer had on the lives of these young people. They found that a number of the young carers interviewed truanted from school and withdrew from peer networks due to bullying, rejection and a lack of understanding.

Grant et al.'s (2008) research had a small sample. It is not clear how many young carers engage with projects such as those run by Barnado's in Liverpool, consequently it is not clear whether such support would be valued by a wider number of children who are either young carers, or affected by having a parent with a mental illness. It could also be valuable to investigate why some young carers either choose not to, or are unable to, access such projects, and how they could be encouraged to join, for example through changes to the organisation of the project.

Grant et al. (2008) identify future challenges as being finding ways of identifying young people who could benefit from such projects, educating the public and trying to work with, and share findings with, other agencies such as social workers and education workers.

To conclude this section the outcomes of research conducted to elicit the views of children who have a parent with a mental health difficulty will be summarised in a table. Table 1 identifies factors that children in this situation either have found beneficial, or feel they could find beneficial. This support is split into categories

according to whether it relates to factors within the child, within the family, within the social structures they inhabit or to cultural values.

Table 1: The views of children of parents with mental health difficulties – what support do they report has been, or could be, beneficial to them?

	Ontogenic Factors (Within child)	Microsystemic Factors (Within family)	Exosystemic Factors (Social structures)	Macrosystemic Factors (Cultural values)
Support that the children of parents with mental health difficulties feel has been, or could be, beneficial	<ul style="list-style-type: none"> - Professionals who can provide emotional support for children - Support groups with professionals and peers - Children being given information about their parent's illness, symptoms and treatment - Children being involved in planning support for themselves and their parent - Children knowing that their parent is receiving good quality treatment - Children having the opportunity to share their expertise, for example through booklets and conference presentations 	<ul style="list-style-type: none"> - Professionals who can provide practical support for the child and family, for example signposting to services and help with form-filling - Children being given information about their parent's illness, symptoms and treatment - Children being involved in planning support for themselves and their parent 	<ul style="list-style-type: none"> - Services to involve children in planning support for themselves and their parent - Services to provide information for children about their parent's illness, symptoms and treatment - Services to develop support groups for children with professionals and their peers - Services to listen to and respect children - Services to be dependable, consistent and responsive - Services to accommodate the other commitments that the children have - Services to provide support which is positive, providing hope 	<ul style="list-style-type: none"> - Support must recognise and value cultural beliefs

			and positive ways of coping - Services to provide children with the opportunity to share their expertise, for example through booklets and conference presentations	
Areas of difficulty identified by children of parents with a mental health difficulty where support is required, but where there is no clear message about how this support could be provided	<ul style="list-style-type: none"> - Experience of negative emotions (shame, depression, loneliness, fear, insecurity, anger, envy) - Impact on behaviour 	<ul style="list-style-type: none"> - Worry about ill parent - Worry about healthy parent - Increased responsibility for the support and care of the family and household - Difficulties with parent-child relationship 	<ul style="list-style-type: none"> - Bullying - Rejection or lack of understanding from peers - Impact on academic attainment - Impact on school attendance 	

The views of parents who have a mental health difficulty

The research cited above suggests that it is likely that children who have a parent with a mental health difficulty will have some views on the type of support which would be of benefit to them. In this section of the paper, the views of parents who have mental health difficulties will be explored – what support have they found to support their children, and what further support do they feel could be beneficial to their children?

Seeman and Gopfert (2004) are Psychiatrists in the UK and write about the impact that being a parent can have on an adult with a mental illness. They believe that the fact that an individual is a parent needs to be considered in assessment and intervention work as it might add to their stresses and affect the type of treatment and support that they can access. Gopfert, Webster and Nelki (2004) write from the perspectives of an Adult Psychiatrist, a Family Therapist/Social Worker and a Child Psychiatrist. They state that adult mental health services in the UK do not consider the needs of their patients' children, parents report that their role as a parent is rarely recognised. The authors state that an adult with a mental illness who is also a parent is likely to require different or additional support to an adult with a mental illness who is not a parent. The focus of this paper is to investigate the support that these parents feel that their children do, or could, benefit from.

Bassett et al. (1999) work for an integrated mental health service in Australia.

Their research focused on mothers who had mental health difficulties and a child,

or children, under the age of five. They conducted two focus groups with mothers who either did attend, or had attended, a 'Living with under 5s' group, and four individual interviews with mothers who had not attended the group. This is a small sample and consequently the views reported might not be representative of the views of all mothers who have a mental health difficulty and a child, or children, under the age of five. The fact that the researchers sampled the views of mothers who chose not to attend the group is a strength. However, some of the mothers who were approached did not want to be part of either the 'Living with under 5s' group or the research, these individuals are likely to have different views on the support available than those who are prepared to access the group and research.

Bassett et al. (1999) gathered qualitative data from their interviews and focus groups and used this to identify key themes. The mothers felt their relationship with their child was extremely important, they worried about what would happen to their children while they were ill, and about whether their children might also develop difficulties with their mental health. Some of the mothers received little support as they were worried that their children might be taken away from them due to their difficulties. They also reported feeling socially isolated by their mental illness, they felt that there was a stigma attached to mental illness and reported that they did not want others to know about it. The mothers reported wanting to know more about community services that were available to support them, and for them to be made more accessible, for example through more convenient times and locations. Some of those who did access support expressed dissatisfaction with mental health services, particularly due to frequent changes in staffing.

After analysing their focus groups and interviews Bassett et al. (1999) identified a number of strategies that they felt could support mothers experiencing difficulties with mental health, and their children. These include supporting mothers in finding and accessing support from community services; offering support in the community, such as courses, babysitters, and respite care, all at appropriate times and locations; offering parenting programmes; and educating families and communities. They also conclude that adult mental health services need to acknowledge that some of their patients have children and work harder to consider this in the support they offer.

Handley et al. (2001) sent questionnaires to government mental health services in Tasmania and asked them to identify clients they had seen in a given two week period who had a child, or children, aged under 18. Questionnaires and invitations to interview were then sent to these 116 parents, of whom 29% completed the questionnaire. Handley et al. (2001) acknowledged that this was a low response rate and suggest that it might be explained by the continued stigma, fear and secrecy that surrounds parents who have a mental illness.

Handley et al. (2001) report that the parents who participated in their study identified a number of important issues. The parents expressed a desire to remain emotionally connected with their children and to keep the family unit together. Parents wanted to know that their children were okay physically and emotionally and wanted their children to understand more about their illness. The parents

reported that general practitioners and community mental health centres were the services which they accessed most regularly and found most useful. Parents judged these services positively because they felt they didn't give up on them, they helped them to understand their difficulties, they provided respite and an opportunity to talk.

The parents involved in Handley et al.'s (2001) study did identify difficulties with their treatment and ways in which they felt they could be better supported. Many felt that they were thought of as patients first and parents second. Over 80% of the parents wanted more respite (for them and their children), more information (for them and their children), more support groups (for them and their children), more child support services and a greater effort to maintain and support them as a parent in their own home. The parents identified issues that they felt that their children were experiencing difficulties with, these included understanding the mental illness, worrying about their parents, finding their situation difficult to talk about and feeling embarrassed by it.

It might have been interesting to extend this study by investigating whether there was any relationship between the parents views and their situation, for example, a parent who has a five year old child living with them may have very different views to a parent with an 18 year old child who does not live with them.

While childcare facilities have the potential to support parents with a mental illness, not all parents access them. McClean et al. (2004) designed a

questionnaire to identify factors that impede access to childcare. The questionnaire was sent to 124 parents with a mental illness in Australia, 48 had a child, or children, under the age of 16, of whom 41% had a child, or children, living with them. Factors that they identified were that some parents want to manage alone, some parents fear that their children will be taken away from them, some parents are not able to pay for services, some parents have not thought of seeking help, some parents are too embarrassed to ask for help, some parents don't know where to get help, and some parents have no support services near to their home.

Cowling (2004) is a Mental Health Promotion Officer in Australia. She asked the co-ordinators of four different parents groups to seek the views of the parents that they worked with about the type of support they found beneficial. The parents said that they wanted mental health professionals to recognise that they were parents first and patients second, and that their role as a parent might affect the type of treatment and support that they could access for their illness, for example side effects of medication would need to be explored more carefully. The parents said that they wanted professionals to help them explain their illness to their children, and that they wanted professionals to recognise the fact that they do know and understand the needs of their own children. The parents also requested a greater level of understanding from their children's schools, for example, they felt that schools needed to increase understanding across the community to reduce bullying, and felt that schools should explore the triggers for bad behaviour rather than simply suspending the child. Parents also wanted their cultural approach to

parenting to be recognised and for the police, general practitioners and community as a whole to receive better education about mental illness.

Mahoney (2004) reports the outcomes of the Keeping the Family in Mind project which was run by Barnado's Action with Young Carers project in Liverpool.

Consultations with parents indicated that they wanted professionals to provide positive support with parenting, rather than just becoming involved when a risk assessment is required. They also wanted to be able to access support themselves in the same places that their child could be supported , for example in day centres which they could attend together, or in hospitals with family rooms. Nearly every parent who was consulted said that prejudice and stigma attached to mental illness affected their access to facilities such as day centres, clinics, schools, nurseries and play and social activities. Further consultations could have extended this study by investigating why these individuals did choose to access support, and by eliciting the views of parents who have refused to become part of such projects.

To conclude this section the outcomes of research conducted to elicit the views of parents with a mental health difficulty will be summarised in a table. Table 2 identifies factors that parents in this situation feel have had, or could have, a beneficial effect on their children. This support is split into categories according to whether it relates to factors within the child, within the family, within the social structures they inhabit or to cultural values.

Table 2: The views of parents with mental health difficulties – what support do they report has been, or could be, beneficial to their children?

	Ontogenic Factors (Within child)	Microsystemic Factors (Within family)	Exosystemic Factors (Social structures)	Macrosystemic Factors (Cultural values)
Support that parents with mental health difficulties feel their children do, or could, find beneficial	<ul style="list-style-type: none"> - Support for children in understanding their parent's illness - Practical and physical support for children when parent is unwell - Respite for children - Information for children - Support groups for children - Having someone to talk to about their situation and worries 	<ul style="list-style-type: none"> - Need to feel confident that support services want to keep the family together - Support with positive parenting (i.e. not just with risk assessment) - Support for whole family available in one location - Support for parent recognising that parenting is their priority role - Parents views to be considered when support is planned for their children 	<ul style="list-style-type: none"> - Support services need to demonstrate that they want to keep the family together - Support available needs to be communicated to the family - Support to be accessible in terms of location, time and cost - Support which is non-judgmental - Education to promote better understanding and support in society, for example from schools, general practitioners and police - Education to reduce bullying, isolation and feelings of embarrassment in the community 	<ul style="list-style-type: none"> - Community education to reduce stigma and prejudice of mental illness - Education for professionals within the community, including school staff, general practitioners and police

The views of mental health professionals

There is an increasing need for professionals to support children of parents with mental health difficulties. Bassett et al. (1999), writing in Australia, explain that more people with mental illness are now taking a parenting role, and that people lack parenting skills and support due to having smaller families and less contact with extended family than in previous generations. Smith (2004) describes the benefits of supporting parents in the home environment but explains that this is difficult in the United Kingdom as adult mental health workers are separate from health visitors, family social workers and others who might usually provide family support. There is a need for liaison between support services.

Guidance to professionals from the UK Government recognises the need for professionals to identify and understand children's needs in order for appropriate action to be planned for them. The Framework for Assessment for Children in Need and their Families, (DoH and DfEE, 2000) is aimed at Local Authorities and their Social Services Functions, and any other agencies involved in undertaking assessment of children in need and their families. The framework promotes joint working and early intervention. The guidance states that professionals need to develop co-operative working relationships with parents in order to find out what is really going on and to plan support effectively. It also states that adult mental health services need to have a key role in the assessment process when a parent's mental health might have an impact on their capacity to respond to their children's needs. There are, however, a number of challenges presented by joint

working. Baistow and Hetherington (2004) worked with groups of mental health and child welfare professionals in 13 European countries, barriers to interagency working that were identified included the organisation of services, a lack of shared knowledge and training, and difficulties with time, communication and trust.

The National Service Framework for Mental Health (Department of Health, 1999) does highlight the need to support adults with a mental health difficulty who are also parents. It refers to the teaching of parenting skills, and support with childcare, being delivered through schools and community networks. The Framework states that the needs of children should be considered with social services if there is thought to be a risk of abuse or neglect. However, there is no mention of support for children who are affected by their parent's mental health difficulties but who are not at risk of abuse or neglect.

Progress made towards meeting the targets detailed in the National Service Framework was reviewed five years after its publication by Appleby (2004). Adult services were found to be making progress but this was found to be creating inequalities across age ranges. The review therefore concludes that there is now a need to develop equivalent services for people of all ages and to highlight areas of interface e.g. children affected by parental mental illness.

Researchers working in this area have begun to identify some of the strategies that mental health professionals feel could be beneficial for children who have parents who are experiencing mental health difficulties.

Devlin and O'Brien (1999) write as Mental Health Nurses in Australia. They propose that a holistic model of mental health should be taken by nurses through work with the whole family. They suggest that a comprehensive family assessment based on risk and protective factors should be undertaken to identify points for intervention that could improve the situation for all family members by enhancing family functioning and mental health. They suggest strategies such as psycho-education, teaching parent-child relationship skills and social skills, and providing peer support.

Handley et al (2001) sent questionnaires to 74 mental health service providers in Australia, over 50% of whom were nurses. The main concerns for children that they identified were that children had difficulty understanding the nature of their parents' illness and dealing with the resultant symptoms, that the mental illness had disruptive effects on parenting and that parents had a reduced awareness of the needs of their children. As a consequence the authors suggest that children need to be educated about mental illness, that structured support is required for parents, that respite care should be available and that there is a need for better integration of child and adult services.

Stanley et al. (2003) used a postal survey to elicit the views of professionals in two Local Authorities in north-east England. Surveys were completed by 500 professionals who had experience with either mental health or child protection work, this was followed by interviews with 11 mothers who had a mental illness

and had been part of a child protection case conference in the last two years.

There was not an even sample of participants from each profession, and each profession had different response rates. Consequently, there is value in looking at the issues that were identified but conclusions about the views of each profession can probably not be made.

Stanley et al. (2003) report that different professions described different working practices and models, this could be difficult for parents and children to understand and adapt to. Some professions reported that they had little involvement in child protection work, this needs to be considered by other professions when they are trying to involve them. The authors report that professionals in Children's Services were in the best position to assess parenting skills, however these are not the professionals who have the most contact with parents, this reiterates the need for services to work together. Two-thirds of the professionals who responded felt that the mothers that they worked with needed support with parenting.

To conclude this section the outcomes of research conducted to elicit the views of parents with a mental health difficulty will be summarised in a table. Table 3 identifies factors that professionals who work in this area feel have had, or could have, a beneficial effect on children who have a parent with a mental illness. This support is split into categories according to whether it relates to factors within the child, within the family, within the social structures they inhabit or to cultural values.

Table 3: The views of mental health professionals – what support do they report has been, or could be, beneficial to children who have a parent with a mental health difficulty?

	Ontogenic Factors (Within child)	Microsystemic Factors (Within family)	Exosystemic Factors (Social structures)	Macrosystemic Factors (Cultural values)
Support that mental health professionals feel does, or could, benefit the children of parents with mental health difficulties	<ul style="list-style-type: none"> - Psycho-education - Being taught, and supported in developing, parent-child relationship skills - Being taught, and supported in developing, social skills - Accessing peer support - Being supported by services who assess the needs of the whole family 	<ul style="list-style-type: none"> - Being taught, and supported in developing, parent-child relationship skills - Being taught, and supported in developing, social skills - Being supported in the home environment - Accessing parenting courses which support them in identifying and meeting the needs of their children - Receiving support from services who have developed positive relationships with the family 	<ul style="list-style-type: none"> - Services to work towards supporting the family in the home environment - Services to liaise and undertake joint working where appropriate - Services to intervene early - Services to develop positive relationships with families - Services to assess the needs of the whole family - Services to provide psycho-education and teach parent-child and social skills - Services to provide peer support for children 	

Conclusion

Statistics indicate that there are a significant number of adults in the UK living with mental health difficulties (World Health Organisation, 2001; Mental health Foundation). Historically the adults most severely affected by such difficulties were unlikely to become parents – either medication would make this impossible, or children would be taken away from their parents. However, in recent years a shift from a medical model towards a more psychosocial model has lead to more children living with parents with a mental health difficulty (Bassett et al., 1999).

Having a parent with a mental health difficulty has been identified as a risk factor for negative outcomes in life. A range of such risk factors have been identified and researchers are now becomingly increasingly interested in examining how some children achieve positive outcomes despite facing significant risk factors. The focus of this assignment was to identify support which could contribute towards children with parents with mental health difficulties achieving positive outcomes in life.

The views of children, parents and professionals with experience in this area have been sampled through research. These views can be used to identify factors that could support children. In this paper the ecological-transactional model has been used to explore and categorise these views to identify factors which could lead to better support for the individual child; factors which could lead to better support for the family and, consequently, the child; factors which could lead to the social

structures that the family inhabits, for example service providers, schools etc. providing better support; and factors that could develop cultural support. These factors are summarised below in Table 4.

Table 4: Conclusion: Support which children, parents and/or mental health professionals suggest could benefit children who have a parent with a mental health difficulty.

	Ontogenic Factors (Within child)	Microsystemic Factors (Within family)	Exosystemic Factors (Social structures)	Macrosystemic Factors (Cultural values)
Support that the children of parents with mental health difficulties feel has been, or could be, beneficial	<ul style="list-style-type: none"> - Professionals who can provide emotional support for children - Support groups with professionals and peers - Children being given information about their parent's illness, symptoms and treatment - Children being involved in planning support for themselves and their parent - Children knowing that their parent is receiving good quality treatment - Children having the opportunity to share their expertise, for example through booklets and conference presentations - Practical and physical support for children 	<ul style="list-style-type: none"> - Professionals who can provide practical support for the child and family, for example signposting to services and help with form-filling - Children being given information about their parent's illness, symptoms and treatment - Children being involved in planning support for themselves and their parent - Need to feel confident that support services want to keep the family together - Support with positive parenting (i.e. not just with risk assessment) - Support for whole family available in one location 	<ul style="list-style-type: none"> - Services to involve children in planning support for themselves and their parent - Services to provide information for children about their parent's illness, symptoms and treatment - Services to develop support groups for children with professionals and their peers - Services to listen to and respect children - Services to be dependable, consistent and responsive - Services to accommodate the other commitments that the children have - Services to provide support which is positive, providing hope 	<ul style="list-style-type: none"> - Support must recognise and value cultural beliefs - Community education to reduce stigma and prejudice of mental illness - Education for professionals within the community, including school staff, general practitioners and police

	<p>when parent is unwell</p> <ul style="list-style-type: none"> - Respite for children - Having someone to talk to about their situation and worries - Being taught, and supported in developing, parent-child relationship skills - Being taught, and supported in developing, social skills - Accessing peer support - Being supported by services who assess the needs of the whole family 	<ul style="list-style-type: none"> - Support for parent recognising that parenting is their priority role - Parents views to be considered when support is planned for their children - Being taught, and supported in developing, parent-child relationship skills - Being taught, and supported in developing, social skills - Being supported in the home environment - Accessing parenting courses which support them in identifying and meeting the needs of their children - Receiving support from services who have developed positive relationships with the family 	<p>and positive ways of coping</p> <ul style="list-style-type: none"> - Services to provide children with the opportunity to share their expertise, for example through booklets and conference presentations - Support services need to demonstrate that they want to keep the family together - Support available needs to be communicated to the family - Support to be accessible in terms of location, time and cost - Support which is non-judgmental - Education to promote better understanding and support in society, for example from schools, general practitioners and police - Education to reduce 	
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			bullying, isolation and feelings of embarrassment in the community - Services to work towards supporting the family in the home environment - Services to liaise and undertake joint working where appropriate - Early intervention - Services to develop positive relationships with families - Services to assess the needs of the whole family - Services to provide peer support for children	
Areas of difficulty identified by children of parents with a mental health difficulty where support is required, but where there is no clear message about how this support could be provided	- Experience of negative emotions (shame, depression, loneliness, fear, insecurity, anger, envy) - Impact on behaviour	- Worry about ill parent - Worry about healthy parent - Increased responsibility for the support and care of the family and household - Difficulties with parent-child relationship	- Bullying - Rejection or lack of understanding from peers - Impact on academic attainment - Impact on school attendance	

As discussed throughout this paper, the majority of research in this area consists of interviews and questionnaires designed to sample the qualitative views of a small number of participants. This approach reflects a qualitative perspective, there is little research in this area that reflects a positivist approach. When a positivist approach is taken, explanation proceeds by way of scientific description (Acton, 1975, in Cohen et al., 2006), humans are viewed as products of their environment, conditioned by external circumstances (Cohen et al., 2006). Positivist theory aims to specify relationships among variable in order to explain and predict (Kerlinger, 1973). However, there are a large number of factors that could influence outcomes for a child of a parent with a mental illness, including type of illness, length of illness, severity of illness, whether the child is living with the parent, the presence and support of other family members, the level of support in the community, support services accessed etc. It would not be possible for all of these factors to be controlled, and individuals might not respond to factors in the same way. Consequently an interpretist perspective which views knowledge and experience as personal, subjective and unique (Cohen et al., 2006) is entirely appropriate.

Whilst an interpretist paradigm requires all people to be viewed as individuals and therefore places limited value on generalisations (Cohen et al., 2006; Norwich, 1998; Ions, 1997; Fay, 1996) the results of the research examined here can provide some useful prompts and ideas to professionals working in this area. As identified previously, support for children who have a parent with a mental health difficulty has only recently become an area of significant interest for researchers.

Consequently, there is a great deal more research required in this area, with key questions relating to the development and evaluation of interventions – how to engage children and families, and how to support them.

This paper reports details of a new, developing, area of research. Consequently there is a small research base in the UK and it has proved valuable to consider research that has been conducted in other countries. Clearly these countries are likely to have a number of contextual features which differ from the UK. However, the aim of this paper has been to provide prompts and ideas for support, it is not possible to identify support that will benefit every child in the UK, so I feel that information from different contexts is valuable.

In terms of my own professional practice, when asked to support a pupil with a parent with a mental health difficulty I would now take a more holistic perspective and be keen to examine the support that they and their family have received at a broader level. In working with Robert I took a solution-focused approach to discuss the difficulties he was experiencing in managing his behaviour in school, and to support him in identifying strategies that might support him. However, I did not discuss his mother's difficulties or any support he had received, or would like to receive, with respect to these difficulties. I would also be keen to share the outcomes of research in this area at multi-agency meetings, and feel that such practice could lead to positive, pro-active outcomes for affected children and their families.

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THE ROLE OF THE EDUCATIONAL PSYCHOLOGIST WORKING WITHIN A MULTI-AGENCY TEAM TO SUPPORT A PUPIL IN THE EARLY YEARS WHO HAS DIFFICULTIES WITH SPEECH LANGUAGE AND COMMUNICATION

Abstract

The aim of this paper is to review the literature relating to support for children with speech, language and communication difficulties. This is considered alongside my experience as a Trainee Educational Psychologist working as part of a multi-agency team and having long-term involvement (five terms to date) with a pupil in the Early Years who has difficulties with speech, language and communication. A number of key themes emerged from the literature which enabled a clear role for an educational psychologist to develop, with aspects of the social model supporting the contribution of a unique perspective. The paper concludes with details of seven key questions which could support future casework.

Introduction

In this paper I plan to report and reflect upon my experiences of working with Sahil, over a period of five school terms. Sahil is a five year old boy who has difficulties with speech, language and communication. I will begin by identifying the nature and incidence of speech, language and communication difficulties, and will then outline Sahil's particular needs and details of the additional support that he has received from a range of professionals. The purpose of this paper is to

investigate, and reflect upon, the role of an educational psychologist in supporting a pupil with complex communication difficulties.

The importance of speech, language and communication skills

Good, or normal, communication can be defined as...

‘a process where thought is formed, translated into a sequence of words and transferred into speech. The important social function of communication is to exchange information, make requests, socialise, and interact with others: communication is understood as central to the formation of the social bonds...’

- Komulainen (2005), p358

Lindsay and Dockrell (2008) report that language pervades all aspects of learning and development. Komulainen (2005) cites research that indicates that parents, teachers and politicians share the view that a lack of communication skills in young people has disastrous results socially and academically. More specifically, research indicates that children and young people with speech, language and communication needs are more likely to be bullied, may struggle to engage in and enjoy education, may have limited educational achievement especially in literacy, have a higher risk of developing behavioural, emotional and social difficulties, are likely to experience difficulties with developing some life skills, and that adult outcomes, such as employment, are likely to be affected (The Bercow Report, 2008; Law et al., 2006; Markham and Dean, 2006, Locke et al., 2002).

Supporting children with speech, language and communication needs is reported to be a high priority for the current Government of the United Kingdom (DCSF, 2008b). ‘Better Communication: An action plan to improve services for children

and young people with speech, language and communication needs' was published by the DCSF in 2008, and the UK Government announced that it would be providing up to £12 million of funding to implement the actions over the next three years. In 2003 the Government launched Every Child Matters, a national framework that aims to improve the lives of children, young people and their families (HM Government, 2003). The 'Better Communication' Report describes how crucial speech, language and communication skills are in the Every Child Matters (2003) agenda, stating that...

'Speech, language and communication are central to each child's potential to be healthy, stay safe, enjoy and achieve, make a positive contribution and ultimately achieve economic well-being.'

- DCSF (2008b), p7.

The action plan outlined in this DCSF (2008b) report was developed from The Bercow Report (2008) which followed a ten month review of provision for children and young people with speech, language and communication needs. This review involved questionnaire consultations with over 2000 individuals, the majority of whom were the parents or carers of a child with speech, language and/or communication difficulties, school staff or Primary Care Trust staff.

Communication difficulties

In the UK a charity called the Association for all Speech Impaired Children (Afasic) was founded in 1968 to help children with speech and language impairments, and their families. Afasic works with voluntary organisations, government, researchers, practitioners, parents and children and young people with the aim of developing good practice for children with speech and language impairments. Afasic make a

clear distinction between speech (the ability to articulate language), language (the ability to understand and use words), and communication (the ability to use language to facilitate interaction). They report that children can experience difficulties with any or all aspects of speech and language, and that difficulties can range from the mild and short term, to the severe and long term.

The Special Educational Needs Code of Practice (DfES, 2001) acknowledges that a pupil's speech, language and communication needs can be both diverse and complex. Sometimes these difficulties are unrelated to any other difficulty or disorder, sometimes they might be linked to other difficulties such as specific learning difficulties, hearing impairments, autistic spectrum disorders, or moderate, severe or profound learning difficulties.

It is valuable here to outline a sociological perspective. Billington (2006) identifies the nature-nurture debate which emerged with social sciences. Nature refers to a biological narrative (Billington, 2006), a focus on identifying illnesses and managing symptoms (Tew, 2005). In contrast nurture offers a social model, incorporating family and social networks when considering factors that might contribute to a problem, and factors that might influence decisions about support and intervention. Billington (2006) notes that in individual work with children it can be easy to lose sight of the broader circumstances of their lives and arrive at analyses which sever the individual from their social and environmental contexts. This danger is also apparent in the work of Bernstein, as described by Fiske (2002). Bernstein identified restricted and elaborated codes of language,

sometimes referred to as public and formal language. Bernstein proposed that the type of language used by an individual is determined by their social relationships, and that tight, closed communities used a more restricted code which is less complex and more suited to oral than written communication, and dependent on a background of common assumptions and shared interests and experiences. This suggests that some children might display 'different language' rather than 'language difficulty.'

How prevalent are communication difficulties?

In 2008 the DCSF (2008a) published statistics detailing the special educational needs experienced by pupils in English schools. Data was gathered from a census which asked schools to identify the primary need of each of their pupils who had a special educational need and was receiving additional support, through either a Statement of Special Educational Needs, or through the School Action Plus Stage of the Register of Special Educational Needs. A total of 95,920 pupils were identified as having a primary need relating to speech, language and communication, representing 14.6% of the total population with special educational needs. Bercow (2008) notes that the actual number of pupils experiencing difficulties with speech, language and communication is even greater when pupils who have speech, language and communication as a secondary need are also considered. In addition, the DCSF (2008b) note that this figure would be higher still if pupils at the School Action stage of the Register of Special

Educational Needs, or pupils whose communication problems had arisen from primary needs other than special educational needs, were counted.

This data is extremely subjective, teachers have the responsibility of identifying children who they perceive to have difficulties in this area. There are no CLEAR objective criteria, for example, The Special Educational Needs Code of Practice (DfES, 2001) states that a pupil should receive intervention through School Action if he/she 'has communication and/or interaction difficulties and continues to make little or no progress despite the provision of a differentiated curriculum' (p53).

Bercow (2008) describes pupils with severe and complex speech, language and communication needs as being those who may not understand much of what is said to them, may have very little spoken language, and are likely to be 'completely unintelligible' when they start school. Bercow (2008) reports that this group of pupils are likely to have a long term need for specialist help, in school and beyond. Bercow (2008) estimates that approximately 1% of five year olds entering school in England have the most severe and complex speech, language and communication needs, however he does not identify the source of this estimate so it is impossible to assess its accuracy.

Sahil – An early years' pupil with speech, language and communication difficulties

As a Trainee Educational Psychologist I am employed by a Local Authority to provide Educational Psychology Services to schools located in two geographical areas of the Authority. My employment commenced in September 2007. At this time Sahil was a pupil who had just begun to attend the nursery at one of the mainstream primary schools that I support. Sahil's family have identified English as their home language, the family also speak Urdu. The Special Educational Needs Code of Practice (DfES, 2001) states that the identification of the special educational needs of children whose first language is not English requires particular care. 'Distinguishing the Difference: SEN or EAL?' (Rosamond et al., 2003) was published as the result of a joint venture between Birmingham's Ethnic Minority Pupil Support Unit, and Sandwell's Minority Achievement Project. This document highlights the need for a full assessment of the pupils' language skills, including identification of the languages they speak, the exposure they have to each of them and their proficiency in each. Sahil does not use any language himself, and does not respond to his name being called or instructions or statements made in either English or Urdu so it is appropriate to identify his needs as relating to special educational needs at this stage.

Sahil's special educational needs had been identified prior to his admission to nursery, he had been identified as having communication difficulties and received additional support from a Pre-school Development Worker and a Speech and Language Therapist, his progress is also reviewed regularly by the Community

Paediatrician. Staff in the nursery had been made aware of Sahil's difficulties, and some strategies which might support him, through contact with the Pre-school Development Worker and staff at the children's centre that Sahil attended prior to his transfer to nursery. The Local Authority fund a full-time learning support practitioner to provide additional support for Sahil within the nursery class.

At the end of Sahil's first term in nursery the Special Educational Needs Co-ordinator requested further advice from myself in order to support staff in meeting his needs in school. At this time it was reported that Sahil was very passive and did not interact with others. School staff told me that Sahil did not respond to his name, or to children or adults singing or waving at him. It was reported that Sahil would sometimes make a scream (possibly when he appeared happy, or when someone took something from him), but that he did not produce any other sounds.

Consequently, during the spring term of 2008, I visited the nursery with an Advisory Teacher from the Local Authority's Complex Communication / Autistic Spectrum Disorders Team, we observed Sahil and consulted with staff. Due to her role and experience the Advisory Teacher took a lead during this time and a number of strategies were recommended and modelled for staff to develop. These included:

- the development and use of a visual timetable to establish a routine, develop compliance with adult directed activities and provide opportunities for developing the key skills of choice-making, turn-taking, waiting and sharing;

- frequent repetition and modelling of activities;
- the use of specific instructions, using short chunks of language, which are repeated rather than rephrased, and supported by gesture;
- the establishment of 'work-time' activity sessions, where Sahil works on focused activities with an adult; and
- working to develop shared attention and intentional communication through maintaining hold of objects until eye contact is given, and 'sabotage,' where some required equipment is withheld (for example, the straw of the milk carton), to encourage Sahil to communicate his need.

A Speech and Language Therapist had also recommended the use of a Picture Exchange Communication System.

I arranged to visit the nursery class again during the summer term to discuss Sahil's progress and support staff in evaluating the strategies they were using, and in making adaptations where necessary. Through observing Sahil and consulting with staff it became apparent that, whilst staff had found some of the recommendations beneficial they were experiencing difficulties with developing an effective visual timetable and in finding opportunities to use the Picture Exchange Communication System. Consequently I worked with staff during this term to support them developing their practice to incorporate these strategies.

In September 2008 Sahil transferred to the school's reception class, as a consequence he had a change of class teacher and learning support practitioner.

In addition to spending time with Sahil, each member of staff met with me at the end of the summer term to discuss Sahil's needs and the strategies that might support him. Due to his high level of need the Advisory Teacher from the Complex Communication / Autistic Spectrum Disorders team was able to allocate a specialist learning support practitioner from her team to support Sahil and his school based learning support practitioner for half of each week for one school term (autumn term, 2008).

This additional support meant that Sahil received a high level of specialist support, and that his Learning Support Practitioner received specialist training, this included the modelling of strategies, and support in setting up and developing strategies. Westaway (2005), a Speech and Language Therapist, reports that both the individual with communication difficulties *and* their communication partner require specialist services to enhance their communicative interaction.

Following the intensive involvement of the Learning Support Practitioner from the Complex Communication / Autistic Spectrum Disorder Team I arranged to meet with the Special Educational Needs Co-ordinator, who is also Sahil's Class Teacher, and the school-based Learning Support Practitioner to discuss Sahil's progress and support them in planning next steps.

The role of the educational psychologist working within a multi-agency team to support a pupil with complex speech, language and communication needs

After being in school for a year Sahil is receiving a significant amount of specialist support. He and his Learning Support Practitioner have had intensive support from the Local Authority's Complex Communication and Autistic Spectrum Disorders Team, and a Speech and Language Therapist regularly reviews his progress. In view of the fact that Sahil was in receipt of such a high level of specialist support I was initially uncertain about how an educational psychologist could contribute further to the situation without the highly focused training and experience of the Speech and Language Therapist or the Complex Communication / Autistic Spectrum Disorders Team. Consequently I conducted a literature review relating to children in the early years who have difficulties with communication and interaction. Through this review a number of key themes emerged:

- the identification and assessment of speech, language and communication difficulties;
- the diagnosis of speech, language and communication difficulties;
- intervening to support pupils with speech, language and communication difficulties;
- evaluating provision for pupils with speech, language and communication difficulties; and
- parental involvement.

I will now explore each of these themes in some detail, identifying issues which I believe an Educational Psychologist is well-placed to explore.

The identification and assessment of speech, language and communication difficulties

Locke et al. (2002) state that the UK Government is beginning to identify concerns with the speech, language and communication skills of children starting school and that, as a consequence, baseline assessments of children's skills are now required. However, they report that these assessments are limited:

- over 90 different procedures have been approved which makes comparisons between children, and over time, difficult;
- most assessments rely on the subjective views of staff; and
- the assessments fail to recognise that children may be using more, and different, language in their home environment.

Locke et al. (2002) also compare early years' provision in Great Britain with that in other continental countries. They report that British nursery schools spend more time on free play and individual activity, while other countries focus on small group and whole class work. They suggest that one of the difficulties with the British approach is that this individual learning is more difficult to monitor and control.

Locke et al. (2002) suggest that the incidence of speech, language and communication needs may be increasing in the UK. They report that staff in pre-

school settings in areas of socio-economic deprivation report that increasing numbers of children have poorly developed linguistic skills. However, it is not clear whether staff are basing their reports on any objective measurements, that certainly seems unlikely given the information reported by Locke et al. (2002) that was cited in the previous two paragraphs. In addition, it is not clear whether staff may have felt that they might gain additional funding or support if they described a worsening situation. As detailed earlier in this paper there are also important sociological factors to be considered (Billington, 2006; Tew, 2005; Fiske, 2002). It could be that some children in some socio-economically deprived areas are using a restricted code which the nursery staff do not share. It is then possible to question whether these children are showing a language difficulty, or different language.

The Special Educational Needs Code of Practice (2001) recognises that there is a continuum of special educational needs and promotes a graduated approach of increasing specialist expertise, this is likely to include further assessment of pupils' needs. Komulainen (2005) spent two half days a week for nine months observing in a children's centre where disabled children were receiving additional support and education in a therapeutic environment, and observed 25 multidisciplinary meetings assessing children's communication needs, she reports a sociological perspective on these observations. Komulainen (2005) concluded that workers in these environments viewed communication as a quantifiable and measurable skill. However, she questions the validity of some of the measures used:

- she felt that practitioners were looking for only a very narrow range of specific predetermined answers when presenting children with toys, texts and pictures;
- she felt that some tasks were not appropriate, for example, a boy with a dairy allergy could not recognise edam cheese;
- she felt that the rules of games used in assessment were not always clear; and
- she noted that practitioners often made situational and ambiguous judgements about whether an answer, or tone of voice, was acceptable, or socially appropriate.

Komulainen (2005) concludes that while the professionals that she observed report their observations as rational and scientific, in fact they are value laden and culturally specific. Komulainen (2005) suggests that this may, in part, be a consequence of the realities of everyday practice, such as the need to assess children equally on the standards available. While she identifies shortcomings with this practice Komulainen (2005) does acknowledge that there may be no better way of allocating the limited resources available.

The Special Educational Needs Code of Practice (DfEE, 2001) identifies the need for knowledge about a pupil's strengths and difficulties to be built up over time. This ongoing assessment is crucial as it should then be used to evaluate and develop the strategies that are being used to support the pupil (DfEE, 2001).

This leads me to identify two key questions which might be of interest to an educational psychologist:

Key question 1: How have the pupil's needs been assessed? Have any objective measures been utilised? Have the pupils' speech, language and communication skills been explored in a range of environments (home, school, with family, with peers etc.)?

Key question 2: How is the pupil's progress being assessed? Does ongoing assessment and monitoring consider the language skills the pupil is using in a range of contexts (home, school, with family, with peers etc.)?

The identification and assessment of speech, language and communication difficulties: Sahil / the role of the educational psychologist

Whilst educational psychologists might sometimes be involved in identifying pupils needs in relation to their speech, language and communication skills, in Sahil's case the significance of his difficulties had been noted and outlined by his Health Visitor, Pre-school Development Worker and Speech and Language Therapist prior to educational psychologist input being sought. In light of the work of Locke et al. (2002) and Komulainen (2005) I was interested in exploring the nature of the specialist assessment work that had been conducted with Sahil. I was also interested in exploring how his needs and progress were being assessed in school.

Key question 1: How have the pupil's needs been assessed?

Interestingly, the Speech and Language Therapist, Advisory Teacher and Specialist Learning Support Practitioner who have been involved in identifying Sahil's needs and planning support for him have not used any standardised measures and had based their assessment on observations of him at home and in school, and on discussions with his mother and school staff. This approach offers a number of advantages: communication and interaction are studied in context, more than one environment and perspective is considered, and assessment of Sahil's skills is probably less likely to be restricted by narrow or ambiguous tasks or judgements. However, a significant weakness of this approach was also noted: it was difficult to establish whether Sahil was making any progress, the only measures available were the subjective views of his mother and school staff. This issue will be returned to later in this paper.

Key question 2: How is the pupil's progress being assessed?

As discussed, the subjective views of staff were the only measure being used to monitor Sahil's progress in speech, language and communication skills. When I visited Sahil during his fifth term in school (and second term in the reception class), Sahil's Class Teacher, who is also the Special Educational Needs Co-ordinator, told me that she felt that Sahil was making more eye contact and interaction. However, she was not able to provide any evidence to support this feeling. Again, this issue will be returned to later in this paper.

I was also surprised to find that Sahil's other skills were also not being monitored. The Foundation Stage Profile (DfES and QCA, 2003) identifies six areas of learning for children in the early years, one of which is communication, language and literacy. The Profile is designed to monitor progress and staff are expected to build up their assessments throughout the year. However, due to Sahil's special needs staff have chosen not to use this. They are now beginning to consider alternatives, such as the Birth to Three Matters Framework (Sure Start, 2005).

The diagnosis of speech, language and communication disorders

The government in the UK have published an information booklet for parents (DfES and DoH, 2005) which provides details of normal speech and language development and details of what a parent should do if they have concerns about their child's speech and language development. The booklet describes how initial assessment by a Speech and Language Therapist will involve lots of questions for the parents, and possibly play and formal tests for the child.

Komulainen (2005) critiques the assessment process from a sociological perspective. She reports on her observations of 25 multidisciplinary meetings focusing on the assessment of children with communication difficulties. In one meeting a practitioner stated that a diagnosis had to be made, as this is what would be useful to the school who had referred the child to them. Presumably it is not the label itself which is useful but the clear identification of the child's needs.

Komulainen (2005) observed lengthy debates about which label was most appropriate to be used, however she felt that the ambiguity of these debates was not represented in the reports compiled as a result of the discussions; the situational uncertainties and specific contexts were not included in the short statements of the final reports.

Komulainen (2005) notes that another consequence of the diagnostic process is that problems are located within children, specific skills are identified and specialist practice used to correct and build them. This suggests that the potential power of the family and social contexts which the child inhabits is not being used. Tew (2005) reports the value of information from the social context in identifying factors that might contribute to a problem, and in identifying support which might be beneficial.

This leads me to identify the following key question for consideration:

Key question 3: Have the pupil's needs been clearly identified? Have contextual issues been explored fully? Do school staff understand the difficulties that have been identified? Do school staff understand how they can support the pupil, both through the development of their speech, language and communication skills, and by minimising the impact their difficulties have on their ability to access a range of activities in school?

The diagnosis of speech, language and communication disorders: Sahil / the role of the educational psychologist

The Local Authority in which I work has a policy of intervening early to provide support for pupils with special educational needs. Specialist services and additional funding are available to support pupils, and a diagnosis is not required to access this.

Key question 3: Have the pupil's needs been clearly identified? Have contextual issues been explored fully?

Sahil does not currently have a clear diagnosis. The Consultant Paediatrician has diagnosed him with Learning and Language Difficulties, and is also planning to initiate a multi-agency assessment with a view to diagnosing a communication disorder. In this case, a diagnosis would not make a difference to the level or type of support that Sahil does/could receive. The Special Educational Needs Co-ordinator has now applied for a statutory assessment of Sahil's needs, with a view to obtaining a Statement of Special Educational Needs.

However, although Sahil has not been given a diagnosis, professionals have identified his areas of need. Both the Speech and Language Therapist and the Advisory Teacher from the Complex Communication / Autistic Spectrum Disorders Team have developed specific advice and strategies for Sahil's family and school staff. A further positive feature is that both the Speech and Language Therapist

and the Advisory Teacher have spent time with Sahil in school, enabling them to consider the learning environment and to identify specific contextual adaptations.

Intervening to support pupils with speech, language and communication difficulties

Desmarais et al. (2008) note that children with speech and language difficulties are not all the same, there are many different difficulties and subgroups. With children experiencing a wide range of speech, language and communication needs, there are a wide variety of intervention strategies and programmes.

Law et al. (2006) report that evidence suggests that early intervention to address language difficulties has the potential to make a positive impact, however they note that there is a need for further evaluation of intervention programmes. Law et al. (2006) suggest that this work should focus on evaluating practice in real settings as there is a suggestion that routine provision for children with language impairments does not match up to that commonly provided in efficacy studies. This observation again reinforces the power of the social model outlined earlier in this paper where wider social and environmental contexts are a key consideration and an important part of any support plan (Billington, 2006; Tew, 2005).

An example of an effective intervention conducted in a real setting is provided by Kellett (2000). She writes about a reception-aged pupil called Sam who had attended a special school for 18 months, he was described as being 'in his own world,' failing to use any language, eye contact or to show any response to other

people. Kellett (2000) describes how an 'Intensive Interaction' programme was developed and used for ten minutes each day for 38 weeks. The programme was designed to support staff in responding in a way that is immediate and obvious for the pupil, using interactive games based on repetition, imitation, turn-taking, burst-pause activity (leading to anticipation), following the child's lead, and exaggerated facial expressions, gaze and vocalisation. The impact of the programme was measured by videoing sessions once per fortnight for a 12 week baselining period, followed by the 38 week intervention period. During this time Sam was reported to have made significant progress: looking at faces more, improving levels of social physical contact, attending to a joint or focus activity, improving eye contact, beginning to use vocalisations to respond to and initiate contact, and displaying more engagement in social interaction.

Clearly this is a single case study design, it is not clear whether staff had any success using this approach with other pupils. It is also difficult to identify whether Sam's progress is due to the intervention, or other factors. Kellett (2000) acknowledges this, but states that the 12 week baselining period, and informal observations of staff over the previous 18 months suggest that the programme did have an impact. However, it is not clear whether the Intensive Interaction programme actually had a wider impact on the professionals in this setting – there may have been wider environmental changes.

Komulainen (2005) describes how interventions are not always employed effectively in practice. She noted that in the specialist children's centre that she

spent time in pictures were used to support communication more often than signs. She explains that the aim of using the pictures was to establish a shared understanding between the carer and child. However, she felt that the way pictures were used in practice could have been confusing for the children. Komulainen (2005) observed meal times where pictures were intended to support children in choosing food, while this practice sounds straightforward, in reality Komulainen observed that their use was ambiguous as, she reports, there is always an element of unpredictability in situational contexts, and because the objectives of the adults and children did not necessarily coincide. This again echoes the importance of the social model – support plans need to be designed and monitored carefully to identify how they can be delivered effectively and unambiguously in real/natural situations (Billington, 2006; Tew, 2005).

Westaway (2005) writes from the perspective of a practising Speech and Language Therapist. She feels that therapists are experienced at involving parents and education staff in interventions but that peers are an underused resource. She suggests that working with peers leads to more sustainable practice, as peers are more likely than staff to move through school with the same group of pupils. As part of her support for a nursery aged pupil who was learning to use sign language Westaway visited her class once a week and conducted a Circle Time session where the whole class learnt signs that the staff then reinforced throughout the week. Westaway (2005) reports that observations of the pupil indicated this strategy was highly successful: the focus pupil used more signs, was more involved in nursery activities, and had the opportunity to be the star of the class

during Circle Time. In addition the other pupils were enthusiastic and used signs with the focus pupil outside of Circle Time.

The recently published literature reviewed in this paper identifies a need to consider context when assessing language and when providing support. There is a suggestion that assessment and intervention sessions that take place out of context are insufficient as in reality language and communication are so heavily influenced by context. Lindsay and Dockrell (2008) report on the value of using context in assessment and in intervention. They state that children with speech, language and communication difficulties require focused speech and language therapy as well as an appropriate learning environment developed through training and reflection on practice. Consequently I was also interested to research interventions which involved changes to the wider environment.

Nind (2003) reports a valuable piece of project work that she was able to work on with the Early Years Unit of a mainstream primary school. The Unit consisted of two nursery and two reception classes, giving a total of seven adults and 120 pupils. Staff in the Unit were becoming concerned about the increasing number of pupils who were experiencing communication difficulties or delay. Nind (2003) acted as an external consultant in an action research project which involved staff in reviewing literature, observing practice, and planning changes.

Based on their reading and observations, Nind and staff identified features of a learning environment which they felt could optimise communication. This resulted

in them evaluating their current practice and making a number of adaptations, including more small group time, more child-led sharing time, changes to the adult's interaction styles, changes to equipment/set-up to eliminate need for interruptions and basic communications, more staff observations of each other with critical feedback, and continuing reflection and discussion. After one term staff judged the project to have had a positive effect, they reported that the less communicative children were now talking more. This observation was supported by Nind, however, there were no pre or post test measures to confirm whether children were talking more or to evaluate the quality of language that they were using. In her final observations Nind (2003) suggests that the child-led sessions might have been giving the pupils opportunities to practice language, but were possibly failing to offer sufficient challenge, the group began to consider this in their final project meeting. The project ran for one year, after this time Nind told staff that she would welcome further conversations, however, she was not contacted again, it is not clear whether this was because the staff had ownership of the project, or because their focused work came to an end. Nind (2003) writes that there were numerous other pressures on staff and that this sometimes resulted in their collaboration being limited.

Key question 4: Has appropriate support for the pupil been clearly identified? Have professionals identified ways of supporting the pupil which can be used effectively and unambiguously in a range of contexts? Are school staff confident that they can deliver the strategies advised by specialists? Is the practice of school staff

monitored by specialists? Has the learning environment been designed/developed to support the pupil's needs?

Intervening to support pupils with speech, language and communication difficulties: Sahil / the role of the educational psychologist

In this case Sahil had received a high level of specialist support from a Speech and Language Therapist and the Local Authority's Complex Communication / Autistic Spectrum Disorder Team. I feel that an educational psychologist is well placed to view practice in context and take a holistic perspective.

Key question 4: Has appropriate support for the pupil been clearly identified?

As discussed in the introduction to Sahil's needs, at an earlier date I had worked with staff to support them in adapting strategies recommended by the Advisory Teacher to make them more practical, and therefore manageable. However, by the time that Sahil was in his fifth term in school the Class Teacher and Learning Support Practitioner told me that all recommendations were now being employed. They told me that they were please with the progress that Sahil was making and could not think of any further support that could be beneficial.

During the time that I spent observing Sahil and his Learning Support Practitioner in class I observed that the Learning Support Practitioner was working hard to ensure that she gave clear and consistent messages. She used only small

amounts of clear language, repeating identical statements where necessary. Pictures were being used to show Sahil what he was expected to do, staff are intending to progress to using these to support Sahil in making choices when they are confident that he understands what the pictures mean. The Learning Support Practitioner is also using a very structured routine, she has established 'work time' as a time at the desk working through a visual timetable with similar activities each day. Currently Sahil does not access small group and whole class teaching activities formally, though he will sometimes choose to move to a table if the resources are of interest to him. However, as Sahil's communication skills develop, staff will need to reconsider this and give careful thought to ways in which the learning environment could be adapted to promote his inclusion.

Both the Class Teacher and Learning Support Practitioner reported that Sahil was making progress. They felt that Sahil was making more eye contact and displaying improved interaction and attention skills. However, as mentioned previously, there were no measures to quantify or confirm progress. Perhaps fortnightly videos could be made and analysed as they were by Kellett (2000) in her work with Sam. Such videos could be used to evaluate the intervention in a less subjective manner. In addition, they could be used to support the Learning Support Practitioner who told me that working with Sahil is extremely tiring. She told me that she finds it difficult to see the small steps of progress he makes, evidence from videos could prove reassuring and encouraging.

In light of the work of Westaway (2005) I was also interested to explore ways in which Sahil's peers might support him. Sahil is in a reception class with pupils aged 4 and 5 years. Staff reported that other pupils currently tend to ignore Sahil, he displays no communication or interaction towards his peers and staff feel that they are currently too young to understand his differences and persevere. This is an approach which can hopefully be reconsidered when Sahil has made further progress, and his peers have a greater understanding of his needs.

Evaluating provision for pupils with speech, language and communication difficulties

Mroz and Hall (2003) chose to investigate early years' professionals' knowledge about speech and language development, and their confidence and skills in assessing normal and delayed language development. They defined early years' professionals as being any individuals who are employed to work with children under the age of five in schools, day nurseries, crèches, family centres or playgroups. They acknowledge that these professionals have different responsibilities, training, and access to advice, training and multi-disciplinary working. Mroz and Hall (2003) examined training course curricula, and information gathered from 829 questionnaires to professionals and 50 interviews with professionals. They concluded that, overall, there was limited training in speech and language difficulties in initial training, low levels of post-qualification training, and that whilst staff recognise the need to identify children's communication

difficulties, 70% of questionnaire respondents felt that they needed training in this area.

The potential value and impact of specialist training is also apparent in the work of Law et al. (2006). Law et al. (2006) were commissioned to evaluate two specialist early years centres which had been developed by local statutory services and a charity, I CAN, to support children with speech, language and communication difficulties. These settings provided intensive multi-professional support, children were admitted for two and a half hours a day for six to ten weeks. Law et al. (2006) chose to compare the children who attended the early years centres with children of matched age and ability levels who received 'typical' provision in health service settings where they attended a mainstream school and were seen by a speech and language therapist in a health centre. They found that the children who attended the early years centres spent more hours with professionals, and had a more consistent package of intervention. Law et al. (2006) concluded that the children in the early years centres did make significantly greater improvements in language skills compared to those receiving support through a mainstream school and speech and language therapy in a clinic.

While one might expect the high level of specialist support in the early years centres to prove expensive, this was not found to be the case. Law et al. (2006) explain that this is likely to be because child care and specialist support was being provided by the same staff in these Centres. Law et al. (2006) report that a full cost-benefit analysis was difficult to conduct as:

- it is difficult to identify and value benefits for the individual and their family;
- it is difficult to know what would happen without the services; and
- it is difficult to include potential long-term benefits relating to issues such as education and employment.

As language difficulties persisted in children receiving each type of provision Law et al. (2006) conclude that a better evaluation might focus more on children's overall well-being and levels of inclusion than solely on language outcomes. It would also be useful to sample parental perspectives – Law et al. (2006) describe how the specialist settings they spent time in provided advice and regular group and individual parental support and counselling sessions. Alternatively, parents may find that their children are unsettled by the temporary change of environment, or may prefer their child to receive support in their local mainstream setting.

Markham and Dean (2006) also support the idea of considering broader issues and quality of life when evaluating provision for children experiencing speech, language and communication difficulties. They write that modern healthcare is increasingly recognising that two people will not experience the same illness and treatment in identical ways. Markham and Dean (2006) report that research into 'quality of life' had been used to improve care for children with cancer, spina-bifida, epilepsy and asthma. However, they note that this is more difficult for children with speech and language difficulties who might not be able to discuss, or even recognise, such issues in their current or future lives.

Due to the difficulties of communicating with children with speech and language difficulties Markham and Dean (2006) chose to conduct focus groups with parents and professionals to identify some specific issues and areas of concern regarding how children's 'quality of life' could be affected by speech, language and communication difficulties. This is valuable research, however the sample size was small with 11 parents, 12 speech and language therapists and 12 other professionals (including health visitors, educators and support/care staff). In addition, two-thirds of participants were professionals, who therefore have different experiences and perspectives to children and parents. The group of 'other professionals' may have been better split into professional groups to gain an idea of issues and experiences in different environments. The researchers are based at the University of Portsmouth, it is not clear whether their sample included any participants from outside of this area. I also feel that the views of children could be sought. Some children with speech and language difficulties could communicate sufficiently, also classmates and siblings might be better placed to identify issues that are important to children and young people than parents and professionals.

Markham and Dean (2006) identified a number of emergent themes that are relevant for consideration. These were

- inclusion;
- behaviour and reactions of others;
- the need for those who encounter children with speech and language difficulties to be educated and aware;

- friendships and family relations (difficulties caused with developing and maintaining relationships caused by individuals not being able to understand each other and becoming frustrated);
- schooling (relative benefits of mainstream and special educational provision);
- child's needs (anxiety, frustration, low self-esteem);
- dependence and independence;
- quality of care;
- choice and potential; and
- variability within and between children.

Markham and Dean (2006) conclude that these are similar themes to those found elsewhere in research into health related 'quality of life.' They recommend further research to establish whether a measure for children with speech and language difficulties should be constructed. Whilst a measure might appear useful, I would question the purpose and validity of such an instrument. The idea of quality of life fits with an interpretive perspective where the epistemological view is that knowledge is personal, subjective and unique, and has to be personally experienced (Cohen et al., 2006; Nesfield-Cookson, 1987). Norwich (1998) argues that it is best to give up the aims of seeking objectivity, causation and generality and instead focus on seeking the meaning of actions and describing the perspectives of those involved. Perhaps the themes identified by Markham and Dean (2006) are best used as prompts for consideration by those involved with a

particular case, giving potential for individuals to add further themes for consideration in relation to specific cases.

To summarise, two key themes have emerged as being important when evaluating provision for pupils with speech, language and communication difficulties. These relate to their access to specialist support/advice services, and their quality of life.

Key question 5: Does the pupil benefit from access to specialist support/advice?

Are all relevant support services involved? Is the pupil's progress and provision reviewed regularly by specialists? Do staff in school receive the training and support that they require to support the pupil effectively?

Key question 6: How is the pupil's quality of life viewed? Is consideration given to the pupil's well-being and participation?

Evaluating provision for pupils with speech, language and communication difficulties: Sahil / the role of the educational psychologist

Literature in this area indicates the value of taking a broad perspective on an individual's quality of life. Clearly this is more difficult when the pupil has difficulties with communication and interaction. The benefits of considering a range of aspects of the individual's life have been outlined.

Key question 5: Does the pupil benefit from access to specialist support/advice?

As discussed, Sahil is placed in a mainstream school. However, the staff have received a high level of support, advice and informal training from both the Speech and Language Therapist and the Complex Communication / Autistic Spectrum Disorders Team. By the time Sahil was in his fifth term in school staff felt confident that they were meeting his needs.

Key question 6: How is the pupil's quality of life viewed?

In beginning to consider Sahil's quality of life staff in school reported that they are confident that Sahil is happy in school. They feel that he has communicated this through his behaviour. Staff report that Sahil found the transition between nursery and reception difficult and unsettling and that these feelings were reflected in his behaviour at the time. They report he now appears calm, settled and content. Staff told me that Sahil's mother also noted a difference in his behaviour when he first transferred to the reception class but also reports that this has now settled and that he is happy in school.

Staff are also beginning to think about the range of opportunities available to Sahil. In class Sahil spends some focused time working 1:1 with the Learning Support Practitioner, but also has some time to play and explore the classroom, in the same way that other pupils of his age do.

Sahil's Learning Support Practitioner meets with his mother at the end of each school day. The Learning Support Practitioner feels that they have developed a

positive relationship and that Sahil's mother feels comfortable with her and is able to discuss things that she feels are, and are not, going well. For example, when she was concerned about Sahil's unsettled behaviour after starting reception, she was able to express these concerns. Currently, Sahil's mother reports that she is happy with the support that he is receiving. The only issue that she feels she is not being supported with relates to Sahil's sleep. She reports that he will currently only sleep for about two hours a night, and then gets up wakes his mother and leads her downstairs. Sahil's mother reports that a doctor has told her that they will be able to consider prescribing medication to help him sleep when he is five years old, and she is hoping that this will improve the situation.

Whilst the feedback that I received from staff in school suggests Sahil is currently happy and accessing a range of activities I do feel it would be useful to arrange a multi-agency review meeting where his quality of life can be reviewed more formally, the Special Educational Needs Co-ordinator agreed with this and is now planning to arrange such a meeting.

Parental involvement

Glogowska and Campbell (2000) report that speech and language therapists are now seeking greater parental involvement, they report that there are two key benefits of this. Firstly the transfer of knowledge and skills enables parents to deliver therapy in the home. The value of this is also highlighted by Kellett (2000) who found that the positive effects of an Intensive Interaction programme that had

been carried out in school dipped during the school holidays. Secondly they report that the National Health Service is, in general, giving more recognition to clients' perceptions of treatment, as client and parental attitudes are likely to affect co-operation and consequently outcomes.

Glogowska and Campbell (2000) interviewed the parents of 16 pre-school children who had received speech and language therapy in order to evaluate the provision. The parents were selected to represent a range of circumstances, for example socio-economic status, age of child, severity of difficulties etc. On the whole these parents gave positive accounts of the therapy, however, they also expressed fears about referral, disillusionment with the therapy and concerns about what will happen after treatment. Clearly there was a small sample in this study, and differences in reported views confirm that all parents do not have the same views of their experiences, consequently findings can not be generalised. However, it is clear that parents are likely to have particular concerns that they would value a therapist taking the time to discuss and address.

Melhuish et al. (2007) were involved in a national evaluation of Sure Start programmes. The researchers visited a sample of 15 Sure Starts and interviewed some staff, observed some sessions, and, where possible, asked individual parents for their views. They concluded that parents benefited from an increased understanding of how children learn language and pre-literacy skills. However the research is limited as it relates to the views of parents and professionals but does not cite evidence of any progress, did not sample parents' views in a structured or

systematic way, and does not sample views of parents who were unable, or felt unable, to access the support.

The social and cultural values of a family are also relevant. As reported, Komulainen (2005) argues that language and communication can not be separated from social and cultural values. Marshall (2000) also writes about the significance of cultural influences on the identification and habilitation of children with speech and language difficulties. Marshall (2000) reports that there is evidence of differences in language acquisition and use, including:

- differences in early vocabulary – For example, Japanese and Korean children learn many verbs, and Italian children learn fewer nouns than English children;
- differences in story telling style – For example, African American children have been found to link several episodes thematically to tell ‘topic associating’ narratives, this is not the dominant style of the North American culture, and therefore may be devalued by teachers;
- differences in language socialisation – This relates to the need to study a child’s language input, not just their output. For example, there are different social rules relating to the type of vocabulary that it is acceptable to use, and different cultures have different views about when a child can be a conversational partner – some communities address children directly from birth, while other children are more likely to be quiet ‘overhearers’ of language;

- differences in adult-child interaction – This relates to beliefs about the role of the caregiver. Some cultures see the role as being that of providing a safe environment, others see the role as involving more interaction and play activities;
- differences in the use of play – Some cultures use play as a tool for learning, while others view it as a distraction for children; and
- expectations for child – For example, some cultures expect children to understand instructions and run errands from the age of one.

In addition to these differences Marshall (2000) notes that parents' perceptions of difficulties with language and communication are also affected by culture. This might include the type of issues that they identify as difficulties, the level at which they would seek support for difficulties, and their attitude towards community or home-based programmes. Parents' expectations and priorities may be different to those of speech and language therapists. Marshall (2000) also reports that there is evidence of different or reduced use of services by people from non-mainstream backgrounds. When making assessments of need and recommendations for support professionals need to consider what sense the child's family will make of it.

However, obtaining the relevant knowledge and skills is time consuming and expensive for professionals. Marshall (2000) notes that many inter- and intra-cultural differences are subtle and that it can therefore be difficult for professionals to acquire knowledge about the cultural values of different groups. She adds that

most research on speech and language disorders has been conducted with monolingual children, and that even where language of bilingual children is assessed it is difficult to make judgements about their social use of their first language.

This leads to an interesting debate about how far professionals should adapt their advice to a specific culture, and how far that culture should adapt to the expectations of the professionals – teachers are expected to work to particular targets for development and achievement that are set by schools and the government regardless of the culture of their pupils.

Key question 7: How do the pupil's family view the support? Are the pupils' parents happy with the level and type of support that their child receives, the needs identified and recommendations made? Do parents have the opportunity to meet specialists and develop their own knowledge and skills to support them in meeting their child's needs at home?

Parental involvement: Sahil / the role of the educational psychologist

Key question 7: How do the pupil's family view the support?

The Local Authority in which I am employed delivers educational psychology services within a multi-agency team. Inclusion Support comprises Educational Psychologists, Special Educational Needs Advisory Teachers for Learning,

Behaviour, Specific Learning Difficulties and Complex Communication / Autistic Spectrum Disorders, a Clinical Psychologist, Anti-bullying Strategy Manager, a Speech and Language Therapist, and Specialist Learning Support Practitioners for pupils with Complex Communication / Autistic Spectrum Disorders and pupils at risk of exclusion. Every pupil who is referred to Inclusion Support is assigned a key worker. Sahil's key worker works within the Complex Communication / Autistic Spectrum Disorders Team, consequently she has met with Sahil's mother, but I have not.

I understand that Sahil's mother meets with the Learning Support Practitioner who supports Sahil each day in school. However I am unclear about the level of contact that she has, or wants to have, with the range of professionals who are working to support Sahil. The statutory assessment process has recently been initiated, this process will give me a clear purpose for meeting with Sahil's mother, and also the opportunity for us to discuss his needs and progress. This could lead to us each obtaining valuable information about effective support for Sahil.

Summary and conclusions

In working to support a pupil from the Early Years with communication and interaction difficulties I was keen to find a role for the educational psychologist which would enable me to add value to a case where I was working alongside a number of professionals who specialise in supporting those with communication and interaction difficulties: Sahil's Speech and Language Therapist, and the

Advisory Teacher and Specialist Learning Support Practitioner from the Local Authority's Complex Communication / Autistic Spectrum Disorders Team.

A review of literature in this area enabled me to identify key themes that need to be explored when working with pupils with communication and interaction difficulties. Detailed discussion of research in these areas lead me to identify key questions, which I was then able to refer to when visiting school to support the staff working with Sahil. The questions identified were as follows:

Key question 1: How have the pupil's needs been assessed? Have any objective measures been utilised? Have the pupils' speech, language and communication skills been explored in a range of environments (home, school, with family, with peers etc.)?

Key question 2: How is the pupil's progress being assessed? Does ongoing assessment and monitoring consider the language skills the pupil is using in a range of contexts (home, school, with family, with peers etc.)?

Key question 3: Have the pupil's needs been clearly identified? Have contextual issues been explored fully? Do school staff understand the difficulties that have been identified? Do school staff understand how they can support the pupil, both through the development of their speech, language and communication skills, and by minimising the impact their difficulties have on their ability to access a range of activities in school?

Key question 4: Has appropriate support for the pupil been clearly identified? Have professionals identified ways of supporting the pupil which can be used effectively

and unambiguously in a range of contexts? Are school staff confident that they can deliver the strategies advised by specialists? Is the practice of school staff monitored by specialists? Has the learning environment been designed/developed to support the pupil's needs?

Key question 5: Does the pupil benefit from access to specialist support/advice?

Are all relevant support services involved? Is the pupil's progress and provision reviewed regularly by specialists? Do staff in school receive the training and support that they require to support the pupil effectively?

Key question 6: How is the pupil's quality of life viewed? Is consideration given to the pupil's well-being and participation?

Key question 7: How do the pupil's family view the support? Are the pupils' parents happy with the level and type of support that their child receives, the needs identified and recommendations made? Do parents have the opportunity to meet specialists and develop their own knowledge and skills to support them in meeting their child's needs at home?

It became apparent to me that an educational psychologist is well placed to take a holistic perspective and consider the pupil's needs, and the support they are receiving in context. In practice needs are often identified, and interventions designed, in a clinical setting, I was able to observe Sahil and the staff supporting him in a natural environment. This meant that we were able to consider how to make recommendations practical, and, as his skills develop, will be able to consider how to include Sahil further in school life, and how to involve his peers. I

feel that this reflects the social model which was introduced at the start of this paper (Billington, 2006; Tew, 2005), and has been returned to throughout.

By the time that Sahil had reached his fifth term in school staff had developed confidence in their ability to meet his needs. They had received support and advice from outside agencies and were pleased with the progress that Sahil was making. The Educational Psychology Service in which I work does not operate a time allocation model so I was able to visit Sahil regularly. If there was a time allocation model, I am not sure whether staff would have identified Sahil as a priority case for me as they were already receiving support from other professionals and were pleased with the progress he was making. However, my involvement at this time enabled us to identify three further areas for development, which we are now planning to explore:

- the issue of how to monitor/assess Sahil's progress without the use of standardised tests;
- the issue of Sahil's 'quality of life'. We are initiating a multi-agency meeting to discuss Sahil's communication and interaction skills alongside broader issues of opportunities and well-being; and
- with the initiation of a statutory assessment I hope to develop a positive relationship with Sahil's mother, and to support her in communicating her views about the support that he is receiving.

I feel that I have developed a valuable role as a Trainee Educational Psychologist working within a team of specialised professionals in supporting the progress and

development of an early years pupil with communication and interaction difficulties.

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RESEARCHING THE VIEWS OF CHILDREN AND YOUNG PEOPLE

Abstract

This paper explores the practice of conducting research with children and young people. It is now widely accepted that children and young people have the right to express their views. This paper explores some of the benefits of this and highlights the barriers towards such participation in society and education. A key focus of current research is on developing ways of supporting children and young people to express their views. Ethical and methodological considerations are explored in this paper and used to inform the development of a research project in which focus group sessions were designed to explore the views of Year 7 pupils in one secondary school.

Introduction

In this paper I aim to explore the practice of conducting research with children and young people. The scope of this investigation has been influenced by an ecosystemic approach. Ecosystemic approaches to psychology propose that every individual belongs to a unique set of systems, and that their development is the product of interactions within and between these systems (Shaffer, 1999; Garner and Gains, 1996). In this paper research with children and young people will be explored at three levels:

- Societal: What value is given to the views of children and young people in society (cultural and political context, social values and attitudes)?
- Educational: What value is given to the views of children and young people in education?
- Individual: What ethical and methodological considerations are required when research is conducted with children and young people?

In my role as a Trainee Educational Psychologist I was asked to design a research study to explore the views of Year 7 pupils in one secondary school in relation to their experience of transition from primary to secondary school, and their emotional health and well-being in school. In this paper I will describe how the literature described here as relating to the level of the individual – giving consideration to ethical and methodological aspects of conducting research with children and young people - was used to inform the design of this project.

What value is given to the views of children and young people in society (cultural and political context, social values and attitudes)?

The rights of children and young people

Hart (2002) describes how ‘the rights of children’ evolved from being a minimally and unevenly valued concept to a near universal commitment during the last half of the 20th century. Ruddock and Flutter (2000) describe how the 1989 United Nations’ Convention on the Rights of the Child gave children and young people the

formal right to talk about their experiences and express their views about actions that might be taken in relation to them:

‘Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.’

- The UN Convention on the Rights of the Child, 1989.

Lundy (2007) reports that while Article 12 of the UN Convention was met with some controversy - due to the perceived potential to undermine adult authority - it was embraced unambiguously by the Government of the United Kingdom.

Partridge (2005) observes that there has been a move by the UK Government to increase the participation of children in service and policy development. For example, in 2003 the UK Government launched Every Child Matters, a national framework that aims to improve the lives of children, young people and their families. The Every Child Matters Green Paper (HM Government, 2003) was the result of consultation with children, young people and their families who, it was reported, wanted a positive vision of what we, as a society, want for our children. A consultation process was then launched with responses collated from over 4,500 individuals, including over 3,000 responses from children and young people. This resulted in Every Child Matters: Change for Children (HM Government, 2004) which details the five key outcomes that were identified as being most important to children and young people, along with 25 specific aims.

The UN Convention on the Rights of the Child (1989) makes it clear that children and young people have the right to express their views on matters that affect them. Brownlie et al. (2006) observe that the participation of children and young

people in research relating to policy or practice is now accepted as a good thing. Brownlie et al. (2006) also note how changes in the nature of research relating to children and young people's views are reflected in a linguistic shift from 'research on children' to 'research with children', and is now developing even further to include 'research by children'.

Benefits of researching children and young people's views

Researchers have identified a range of benefits associated with involving children and young people with research. Key benefits are identified by Partridge (2005) through her work as a Children's Fund Programme Manager in Oxfordshire.

Partridge (2005) describes how the Children's Fund Programme includes a panel of children and young people who are supported to make decisions about funding for children's projects. Partridge (2005) identifies three key benefits of working with children and young people in this way:

1. services can improve as a consequence of an improved understanding of the needs of children and young people. Grover (2005) explains that children and young people should be considered to be the experts on what it is like to be a child or young person in their society;
2. involving children and young people promotes citizenship and social inclusion, which are critical features of a healthy society; and
3. involving children and young people supports their social development, and can result in increased confidence and resilience.

Barriers to researching children and young people's views

Partridge (2005) identifies that significant changes may need to be made to organisations in order to develop practice that encourages the participation of children and young people, noting that changes to existing attitudes, procedures and styles of working may be required.

Ruddock and Flutter (2000) identify a significant barrier to the participation of children and young people as being the public perception, and social construction, of childhood. Childhood is considered a time of dependency, a child is not considered a full participant in society; this is illustrated by the definition of child which is given in the Compact Oxford English Dictionary:

‘Child: noun (pl. children) 1 a young human being below the age of full physical development. 2 a son or daughter of any age. 3 derogatory an immature or irresponsible person. 4 (children) archaic the descendants of a family or people.’

- Compact Oxford English Dictionary

What value is given to the views of children and young people in education?

Researchers have also explored the practice of seeking the views of children and young people in education. Lundy (2007) notes that a group of international experts commissioned by the United Nations to monitor children's rights produced a report in 2002 which criticised the UK's education system, stating that children were not systematically consulted about provision for them.

Wood (2003), Professor of Education at the University of Exeter, reports that the views of pupils are less visible than the perspectives of other stakeholders in education. She suggests that this indicates their relative powerlessness, both as witnesses and as potential agents of change. Lewis et al. (2007) report that a number of recent commentators have noted the temptation of inviting views but ultimately ignoring, and failing to act upon, them.

I will now describe some of the advantages associated with seeking the views of children and young people in education, as well as some of the barriers that such practice faces.

Benefits of researching the views of children and young people in education

McIntyre et al. (2005) state that not only do pupils have the right to be consulted and have their voices listened to, but that consulting pupils also offers schools a very important means towards their own improvement. The potential value of obtaining the views of pupils has been recognised by Ofsted who now seek pupils' views as part of the inspection process (Hopkins, 2008).

McIntyre et al. (2005) report evidence from research which indicates that when pupils are given the opportunity to express their views about teaching and learning they do tend to make sensible suggestions. For example, McIntyre et al. (2005) developed a project with six teachers from three different secondary schools. Each teacher selected a target class, and six pupils from that class were interviewed to

elicit information about how they felt teaching and learning in this class could be improved. McIntyre et al. (2005) found that the pupils responded well, providing concrete ideas and clear examples of how learning experiences could be enhanced, and did not use the interviews as an opportunity for 'moaning' about the teacher or wider aspects of school life.

Gersch (1996) suggests that seeking pupils' views has the potential to increase the effectiveness of interventions and improve pupils' confidence and self-image. In investigating pupils' attitudes towards an interactive model of record keeping which involved both teachers and pupils Brennan (1988) found that pupils enjoyed feeling involved, reported feeling more motivated and more responsible for their own progress, and also took greater pride in their achievements.

Despite the identification of significant benefits of involving pupils in research and decision making in education McIntyre, Pedder and Ruddock (2005), who wrote as two Professors of Education, and one lecturer in education at the University of Cambridge, report that their experience indicates that consulting with pupils is not normal practice in British schools. I will now explore some of the barriers that limit the opportunities that children and young people are given to express their views, particularly in education.

Barriers to Researching the Views of Children and Young People in Education

Within education there is evidence that the outcomes of research involving children and young people can be met with some suspicion. Hopkins (2008) cites a report published by the National Association of Schoolmasters Union of Women Teachers which recognises the value of pupil voice, but warns against surveying pupils in a way that disempowers and deprofessionalises teachers, stating that pupils should have a voice but that the final word should remain with the teacher.

A paper by Lundy (2007) who specialises in education and law, includes details of a large scale study that she contributed to in Northern Ireland. This study included interviews with 350 policy makers, professionals, practitioners and volunteers who represented a range of child and youth-related organisations and agencies. Lundy (2007) reports on some of the barriers to researching the views of children and young people that were identified in this study, stating that some adults worry:

- about the ability of children and young people to make a meaningful input into decision making;
- that giving pupils more control will undermine authority and destabilise the school environment; and
- that involving pupils in this way will require too much effort, and that this effort would be better spent on education itself.

McIntyre et al. (2005) identify a need for teachers to be responsive to pupils' suggestions, and motivated to spend time and energy on pupil consultation.

Fielding (2004) suggests that the curriculum and examinations which are central to the current education system result in teachers feeling pressured to deliver information rather than engage in dialogue and thinking. When McIntyre et al. (2005) consulted with pupils to identify ways in which their teachers could develop the teaching and learning opportunities that they offered, they found that, despite some defensive and suspicious tones, the teachers generally reacted positively to their pupils' comments and agreed that they were sensible and constructive ideas. Two of the six teachers who were involved were positive about the pupils' suggestions but found that while they could use the ideas to develop successful end-of-term activities, they did not lead to effective teaching that would meet official requirements associated with the national curriculum and assessment practices.

Lundy (2007) identifies a need to raise awareness that respecting children's views is not just a model of good pedagogical practice but is actually a legally binding obligation. Ravet (2007) notes that, as the pupils have had little involvement in the mechanisms of change within school settings, one can question whether researchers are really liberating and including pupils, or simply engaging them in new forms of subjugation and regulation dressed up in the language of rights. Woolner et al. (2007) emphasise the need to examine whether pupils are experiencing true participation, or whether their involvement is cursory, or something of a 'box-ticking exercise'.

Lundy (2007) suggests that one potential strategy to raise the profile, and impact, of pupils' views would be to offer further prescription to communication channels. For example, Lundy (2007) cites details of research that she conducted with Kilkelly et al. (2005) in which pupils who were a part of school council complained that they were often only able to discuss issues that were pre-selected by teachers. Whether or not suggestions made by the school council were followed up in school also depended on teachers. Lundy (2007) suggests that minutes from school council meetings could be communicated directly to school governors to ensure a wider audience for pupils' unedited views. A further suggestion made by Lundy (2007) that might encourage children and young people's views to be acted upon would be to ensure that they are told what has become of their views, and what impact they have had.

Fielding (2004) identifies two potential models for research in schools. The first positions students as co-researchers; the enquiry is lead by a teacher but requires the engagement of students. The second positions students as researchers; the students identify areas for investigation and are trained in research skills and supported by teachers. A similar distinction is made by Lewis et al. (2008) in their description of research involving disabled people. Lewis et al. (2008) describe 'strong' research as that where disabled people are viewed as essential co-researchers, and 'weak' research as being where disabled people are centrally and genuinely involved, but are not full and equal researchers on the project.

While critics may argue that the 'weak' version of research does not challenge the status quo of research production, Lewis et al. (2008) argue that more involvement in 'weak' research may lead to the provision of greater opportunities for disabled people to become co-researchers. Research involving children and young people could be viewed in a similar manner.

Fielding (2004) argues that there is greater potential for change when research requires students and teachers to work in partnership, and that active engagement of both groups could prove powerful. Hopkins (2008) notes that this would require the development of trusting and respectful relationships, and the establishment of continuing conversation about teaching and learning. McIntyre et al. (2005) conclude that teachers need to feel confident with their pupils if they are to take on the challenge of developing structures where pupils and teachers can talk sensibly and constructively about teaching and learning. However, Fielding (2004) suggests that this relationship may be difficult to develop as currently there is nowhere in schools which allows students and teachers to meet as equals or genuine partners.

What ethical and practical considerations are required when research is conducted with children and young people?

In the next sections I will explore some of the considerations of conducting research with children and young people at the level of the individual – what

ethical and methodological challenges are created by working with individuals who are children or young people?

The British Psychological Society (2006) published a Code of Ethics and Conduct which consists of four identified key ethical principles: respect, competence, responsibility and integrity. Children and young people are only mentioned specifically twice in this Code. However, additional guidance has been produced by the Division of Educational and Child Psychology (Professional Practice Guidelines, 2002). Literature published in this area suggests that there are numerous additional factors to be considered when research is conducted with children or young people rather than adults.

Helseth and Slettebo (2004) write from a nursing perspective, stating that there is now consensus that it is important to include children in research concerning their health and well-being, and that the key question being explored currently is how such research can be designed in order to minimise threats and risks.

In the following sections I will also demonstrate how the design of my own research study was informed by these factors. As described earlier, in my role as a Trainee Educational Psychologist I was commissioned to explore the views of Year 7 pupils in one secondary school relating to their transition from primary to secondary school, and their emotional health and well-being in school. This piece of research was positioned within the interpretive paradigm and focus groups were

identified as an appropriate methodology. Full details of this study are presented in Merriman (2009).

Ethical Considerations

Thomas and O’Kane (1998) work for the International Centre for Childhood Studies at the University of Wales. They suggest that whilst most of the ethical and methodological issues that arise in work with children and young people are present in work with adults, there are important differences. Thomas and O’Kane (1998) identify these differences as relating predominantly to the different power relationships that exist when adults conduct research with children and young people, and as also relating to children and young people’s understanding and experience of the world, and differences in the ways they communicate. Indeed, power imbalance is identified as a key issue for Educational and Child Psychologists (DECP, 2002), particularly as their work is often problem-centred and can lead to them being entrusted with private information which may leave the client vulnerable, and as clients lack professional knowledge, and sometimes other skills and resources.

In this section of the paper I will outline how some of the key ethical principles that are widely accepted by researchers as requiring special attention when research is being planned to involve children and young people.

Informed consent

Researchers need to ensure that children are given details of research in a way which they understand so that they can make autonomous decisions about participation (Helseth and Slettebo, 2004). There is a need to ensure that children understand the purpose and likely form of involvement (DECP, 2002), alongside the possible outcomes and consequences.

Helseth and Slettebo (2004) suggest giving information both orally and in written format, if the child's literacy skills will enable them to access this. Helseth and Slettebo (2004) planned initial meetings with the children whom they hoped would participate in their study. They used this meeting to begin to get to know the children and to share information about the study, including details of the purpose, procedures and what would happen to the data. Helseth and Slettebo (2004) encouraged children to comment, ask questions, and repeat details in their own words in order to help them assess whether the children had understood what was being asked of them. They also asked pupils to sign a form giving their consent to being part of the project, as they felt that this gave a feeling of the significance of the situation.

Consent of significant others

Helseth and Slettebo (2004) suggest that parental consent can act as a safeguard to protect children's interests and integrity, this idea is based on the assumption that parents will act in their child's best interests.

When Stalker (1998) conducted research with adults with learning difficulties she approached community care teams and asked them to meet with potential participants to explain her purposes and gain consent. While this meant that the individuals who were involved in the research did make the final decision about whether they would be involved, it also meant that the professionals had the opportunity to block access to potential participants if they chose. This indicates that vulnerable people may be denied the opportunity to have their voices heard as a result of professionals' views.

In conducting research with children and young people with language difficulties and/or cognitive impairments Morris (2003) found that the attitudes of significant adults, such as parents and school staff, could result in opportunities offered to them being limited. For example, Morris (2003) reports that adults often told her that 'you won't get anything out of him,' or 'he can't communicate.' Once Morris (2003) was able to get beyond these initial comments she was able to develop research which sought and obtained the views of these children and young people.

Thomas and O'Kane (1998) also describe adults acting as gatekeepers and report on the necessity of researchers obtaining the trust and confidence of these individuals. Morris (2003) reports that many young disabled people have little control over their own lives, relying on others for access to the resources required for communication (phone, stamps, e-mail) and transportation. She also notes that many of these young people have a schedule planned for them and may not be given the opportunity to organise time to participate in research projects. Morris (2003) identifies the need for researchers to engage with key adults as a communication channel, rather than as decision makers.

To summarise, while gaining the consent of significant others may act as a safeguard for vulnerable individuals, and may even be necessary if the practical arrangements required for participation are to be made, it is important to ensure that these significant others do not, perhaps unwittingly, limit opportunities for those that they care for to have their voices heard.

Right to withdraw

Informed consent should be seen as an ongoing process rather than a single event, this may be additionally significant when research is conducted with children and young people as their understanding of the study is likely to increase as the research progresses. Participants in a research study should have the right to withdraw at any stage, without being required to give a reason (Helseth and Slettebo, 2004).

Helseth and Slettebo (2004) suggest that children can be very loyal to the authority of an adult researcher and consequently reluctant to withdraw from a study. They suggest that the researcher therefore has some responsibility to look at other signs that might indicate that the child feels uncomfortable, such as behaviour and body language. Helseth and Slettebo (2004) also recognise that it might be difficult for a child to stop an interview that is in progress; they developed a system based on the red and yellow cards that are used in football to provide an easier way for children to stop interviews – pupils were asked to show a red card if they wanted to stop, and a yellow card if they felt uncomfortable with the particular question asked. Helseth and Slettebo (2004) report that none of the children they interviewed actually showed a red card but some did show a yellow card indicating that they were close to the limits of what they wanted to discuss . Morris (2003) attempted to give the children and young people she worked with the confidence to stop the interview by rehearsing this with them prior to starting the interview. Morris (2003) does not report whether any of the children or young people that she has interviewed have actually stopped an interview following this rehearsal.

Ravet (2007) warns that even when informed consent appears to have been obtained, and children and young people appear to understand their right to withdraw, it is impossible to know how free they truly feel, particularly when they have experienced years of being expected to conform in the classroom.

Power

Helseth and Slettebo (2004) highlight the significance of power differentials in the adult-child relationship and suggest that children may be more likely to comply with the authority of adult researchers. Norwich and Kelly (2004) suggest that while all research can be affected by issues relating to participants pleasing the interviewer and attempting to present their ideal self, these issues are likely to be even greater with children and young people as they are in a situation with an even greater power differential.

With regard to power, Stalker (1998) argues that when working with potentially vulnerable participants, care needs to be taken to ensure that the researcher is empowering the participants (if they choose to be empowered). Stalker (1998) suggests that there is a danger that the participants may be being used to empower the researchers, through the gaining of grants or publications.

Fielding (2004) states that there is undoubtedly a need for researchers to take some responsibility and support those who are marginalised or excluded, but warns that the practice of speaking for, or on behalf, of less privileged people has often resulted in oppression of the group being reinforced.

Ravet (2007) identifies some ways in which researchers can work in an effort to minimise the impact of power differentials. She recommends building a trusting relationship over time, and emphasises the need to avoid taking an expert stance.

She suggests that researchers need to make it clear that they value and respect all contributions that are made. Ravet (2007) also notes that children and young people will need to be reminded that a researcher is not looking for a 'correct' answer as they are unlikely to be used to this being the case, especially when research is conducted in schools (Ravet, 2007).

Outcomes for children and young people

Helseth and Slettebo (2004) report that researchers should consider whether there is any potential benefit for the children and young people who are involved in a research study. For example, in one piece of research Helseth and Slettebo (2004) interviewed children aged between 7 and 12 about their experiences of having a parent with cancer. They felt that simply having the opportunity to talk about their experiences could be a benefit for the children, but were also aware that such conversations could evoke emotions and a negative focus if they were not carefully planned and managed.

Fielding (2004) and Ruddock and Flutter (2000) emphasise the importance of ensuring that research that explores the thoughts and feelings of children and young people in schools is not simply used as an attempt to develop their commitment and motivation, in order to serve the narrow ends of a grades-obsessed society.

Stalker (1998) identifies the need to plan how the relationship between researcher and participants will be ended. Stalker (1998) was concerned by the possibility that the adults with learning difficulties that she conducted research with may have held expectations of ongoing friendship. When she met with the participants' care workers they suggested that this would not be an issue as these individuals were used to people 'coming in and out of their lives'. In the event, Stalker (1998) has maintained some contact with the individuals involved, though she notes that this would not always be possible, and could become extremely time consuming for researchers who are involved in a number of projects.

Confidentiality and privacy

As with adult participants, children and young people who participate in research should have their identity protected. Guidance from the DECP (2002) recommends that data is stored in a non-personalised form whenever possible.

The British Psychological Society's Code of Ethics and Conduct (2006) makes specific reference to children in respect of confidentiality, stating that breaches of confidentiality may be appropriate when there is sufficient evidence to raise serious concerns about the health, welfare or safety of a child. Thomas and O'Kane (1998) suggest a contradiction between the duty to pass information on and researcher credibility, and also identify that confidentiality can be threatened by adults who expect to know details of the lives and thoughts of the children that they are responsible for. In their study Thomas and O'Kane (1998) assured

children that nothing that they said would be passed on to others, they decided that if someone revealed something to them that caused them to be concerned for their welfare they would take responsibility for supporting them to speak to someone who was in a position to do something about it, with the child's consent.

Interpretation of findings

All researchers need to consider how far their interpretation of findings reflects what the participants contributed to the research. This may be particularly important when the participants are children and young people who may use language differently to the researchers. Fielding (2004) describes a piece of research in which focus groups were conducted, the data obtained was then interpreted separately by students and by adults. The researchers found that the adults sometimes translated the data into adults' words, which did not always have the same meaning as the students' words.

Ravet (2007) also highlights the need for researchers to be reflective, and aware of any assumptions that they might make, in order to minimise the risk of misunderstanding, misinterpreting, or exaggerating things that pupils have said. In order to achieve this Ravet (2007) suggests analysing findings in ways which minimise researcher interpretation and distortion, and ensuring that the researcher's authorial voice remains as transparent as possible in the presentation of findings.

Stalker (1998) indicates that researchers will need to choose whether to report individuals' responses word for word, or whether to join words or sentences in order to develop ideas. Stalker (1998) suggests that if responses are not to be reported word for word then a respondent validation exercise can be useful – researchers can outline what they plan to report and ask participants to check whether they are happy with their plans. Thomas and O'Kane (1998) also suggest returning to participants to share interpretations and provide them with the opportunity to review, challenge and refine these. When Maxwell (2007) developed a research project that involved asking primary aged pupils with special educational needs about their school life and education he returned to meet with each participant on a second occasion to give them the opportunity to review, refine, and even change, their contributions.

Fielding (2004) also suggests involving children and young people in data analysis. Thomas and O'Kane (1998) did this by asking a sample of their participants (looked after children, aged 8-12) to examine the data gathered from interviews and make an audio tape of comments that they considered to be key.

Application to practice

I will now outline how these ethical considerations influenced the design of a research project which I was commissioned to undertake. In my role as a Trainee Educational Psychologist I was commissioned to undertake a piece of research in a secondary school. The research project was negotiated with the school's Head

Teacher and a working group that he had convened within the school to explore the process of transfer from primary to secondary school. I employed focus group methodology to explore the perspectives of groups of Year 7 pupils who staff perceived to have had successful and difficult transitions. Activities were planned to support the pupils in talking retrospectively about their experiences of the transfer process, and also to explore their perspectives on provision for their emotional health and well-being in school.

Details of the outcomes of this study are beyond the scope of this paper, they are reported in 'How does a secondary school support the emotional health and well-being of its pupils during, and following, transfer from primary school?' (Merriman, 2009). For clarity of presentation the details of the design of the study that was influenced by ethical considerations will be presented here in a table, the table consists of three columns:

1. ethical considerations – these are the headings identified from the literature review presented above;
2. design features – information presented in this column details features of the design of my study which were influenced by the literature reviewed above; and
3. reflections – this column contains details of additional reflections and concerns related to the ethical consideration that remain despite careful thought being given to the design of the study. Issues in this area did not arise in relation to all aspects of the ethical considerations so some of the boxes in this column do not contain a comment.

Table 1: The influence of ethical considerations on the design of a focus group study conducted with Year 7 pupils in one secondary school.

Ethical Considerations	Design Features	Reflections
Informed consent	<ul style="list-style-type: none"> ▪ Oral and written information about the research project was given to participants. ▪ Details of purpose, procedure, right to withdraw, and confidentiality were provided. ▪ Participants had the opportunity to ask questions about the study. ▪ Information was given in an initial meeting with participants which took place at least one week before their focus group session, this gave them time to think of additional questions, or change their minds about participation. ▪ Participants were asked to sign a form to give their consent. 	<ul style="list-style-type: none"> ▪ All pupils gave their consent, some asked additional questions (particularly relating to issues of confidentiality). I am not certain that they would have felt able to withdraw their consent if they were unhappy with the details given.
Consent of significant others	<ul style="list-style-type: none"> ▪ The project was negotiated with the school's Head Teacher and Head of Year 7. ▪ Letters were sent to parents, explaining details of the project and asking for their consent. 	<ul style="list-style-type: none"> ▪ While all pupils gave their consent, they did not all return consent forms from their parents and so a number were unable to participate. This was a particular issue for a group of boys who school staff had identified as having had a difficult transition from primary school. Anecdotal evidence (from the pupils concerned and the Head of Year 7) suggests that forms were not returned because pupils lost them (and the second copies that were provided), rather than because their parents objected to

		the study.
Right to withdraw	<ul style="list-style-type: none"> ▪ I met with potential participants one week before the focus group sessions began, during this initial meeting I explained to the pupils that they did not have to participate in the focus group sessions if they did not want to, and also informed them of their right to withdraw at any time before or during the group sessions. I reminded pupils of this position at the start of each focus group session. 	<ul style="list-style-type: none"> ▪ No participants chose to withdraw from the study. I can not be certain whether pupils had the confidence to withdraw, however, having group sessions meant that they did have the option to remain quiet within the group.
Power	<ul style="list-style-type: none"> ▪ The focus groups were conducted in a meeting room in school which is not used for teaching. ▪ No members of school staff were present in the focus group sessions. ▪ I attempted to distance myself from the school, and a teacher role. I used my first name, I attempted to create a relaxed atmosphere, I did not set rules or 'tell pupils off'. I told pupils that I was training to be an educational psychologist and explained that I had not been to their school before. 	<ul style="list-style-type: none"> ▪ Whilst I believe participants in my study understood that I was not part of their school, this position would not have been obtainable if I was conducting research in one of the schools which I am the named educational psychologist for, and visit regularly.
Outcomes for children and young people	<ul style="list-style-type: none"> ▪ The research project was commissioned by the school's Head Teacher and Head of Year 7 who intended to attempt to make changes to practice in their school on the basis of the outcomes of the study. 	<ul style="list-style-type: none"> ▪ While school staff were enthusiastic when the project began, a number of changes (the Head of Year 7 had left, and the school had been identified by the Local Authority as requiring additional support due to poor GCSE results) contributed to a reduced level of interest when details of the outcomes of the study were reported approximately six months later.
Confidentiality /	<ul style="list-style-type: none"> ▪ Confidentiality was discussed during the initial meeting and 	

privacy	<p>at the start of the focus group sessions. Participants were assured that I would be the only person who had access to the tape recordings of the sessions, and that all comments would be anonymised when I transcribed them.</p> <ul style="list-style-type: none"> ▪Participants were informed that as the study involved group sessions they also had a responsibility for confidentiality. I planned to act immediately if there was any suggestion during the sessions that the discussions would not remain confidential. I also asked participants to contact myself or a member of school staff immediately if they felt that their right to confidentiality was being breached by another participant. ▪I did explain to pupils that if they revealed something during the sessions that resulted in me being concerned about their welfare, or the welfare of another pupil, I would need to discuss this with them and report it to school staff. 	
Interpretation of findings	<ul style="list-style-type: none"> ▪This study was designed to be semi-structured in order to encourage open communication. This enabled me to ask participants to clarify points that they made during the discussions. ▪During each focus group session I made notes during the discussion. At the end of each session I used these notes to summarise key messages to the participants, I asked them whether they felt these were an accurate reflection of the discussion. ▪In reporting the outcomes of the study, direct quotes from participants were used where possible. ▪A session is planned in which findings from the study will be shared with participants. They will be asked to confirm whether the findings I present reflect their feelings and will be given the opportunity to request changes or additions. 	

In summary, I gave careful consideration to the ethical principles that had been identified in the review of literature relating to the practice of conducting research with children and young people when designing my research study. It became clear that it is necessary for relevant issues to be raised with potential participants prior to the start of the study. In this case I met with the pupils at least one week before their focus group session and also prepared written information for pupils and their parents. Consent from school staff was obtained through the detailed process of negotiating, and sharing plans for, the project. Three key ethical concerns remain despite the careful consideration given in this area. These are as follows:

- issues related to whether pupils fully understand their right to withhold consent or withdraw from the research study: In this case every pupil said that they wanted to participate and no one withdrew consent. The concern remains that children and young people may simply participate because they feel obliged to, or loyal to, the adult researcher (Ravet, 2007; Helseth and Slettebo, 2004);
- issues related to parental consent: While the Year 7 pupils who were asked to participate in my study all gave their consent, some pupils, most notably a group of boys who had been identified as having had a difficult transition, failed to return their parental consent forms. Anecdotal evidence indicates that this was the result of the pupils finding it difficult to organise themselves, rather than a result of parents deliberately withholding consent. If the volume of research conducted with pupils in schools is to increase

consideration needs to be given to the issue of how to gain parental consent without limiting the participation of some groups; and

- issues related to outcomes for children and young people who are involved in research: The research reported here was commissioned by the school's Head Teacher. Having reported details of the outcomes of the study to the Head Teacher I see no initial evidence of the school making any changes to practice. While I was the researcher and feel responsible for ensuring that there are benefits for the children and young people who were involved in the research, I am not in a position to ensure that this is the case. This reinforces to me the value of having co-researchers within a school, co-researchers could be either staff or pupils, and could prove to be well-placed to sustain interest on the research within the school and develop practice as a result of this.

Some of the practical ways of working towards these key ethical principles have been outlined above. However the themes are also reflected in issues relating to research design. These will be considered in the next section of this paper.

Methodological considerations

Grover (2005) states that adults have a responsibility to create opportunities for children and young people to express their views. Norwich and Kelly (2004) report that it is now widely recognised that varying approaches are required to enable children and young people to contribute to, and participate in, decisions about their

education. Ravet (2007) explains that pupils may require support to make sense of the researchers' questions, find their voice and express their thoughts. The level of support required will vary between individuals and may be affected by the individual's previous experiences, including their home circumstances and social influences.

Morris (2003) reports that even experienced researchers will benefit from careful planning and preparation, particularly when developing strategies for maximising the communication of children and young people who experience difficulties in this area.

Reference groups

Lewis et al. (2008) report on the benefits of using a reference group when planning research. A reference group is a group of people who share characteristics with the participants of the study, such as age or disability. The reference group can feed directly into the research design and impact on research decisions. Lewis et al. (2008) identify the need to set clear aims for the reference group, to consider how the reference group will operate, what the reference group will gain from the research, how established groups could be drawn upon when developing the reference group, and how the group might be thanked or rewarded for their time.

Thomas and O'Kane (1998) established a reference group to support the research project that they conducted with looked after children. They called the group a

Research Advisory Group. The group included young people who had had experience of the care system. They used the group to support the planning of their research, the development of questions and activities to be used, and to contribute to decisions relating to methodological and ethical issues.

Surrounding / setting

Lundy (2007) emphasises the need for research to take place in a setting where children and young people feel safe, with no fear of rebuke or reprisal. If research is to be conducted in schools, the ethos of the school will be relevant - an environment in which pupils are used to being shouted at will not be conducive to allowing them to express their views. Maxwell (2007) also identifies the need to consider the impact of the researcher on the process, suggesting that researchers may acquire a similar status to that of a teacher when they visit a school.

Norwich and Kelly (2004) highlight the importance of considering the impact of the interviewer's characteristics. The DECP (2002) recommends working to develop a climate of open communication. When research is conducted in schools, Norwich and Kelly (2004) suggest that pupils may feel that they are not in a setting in which they can communicate openly. Indeed Kelly (2004) suggests that the researcher may sometimes be part of a problem for participants. For example, in my own study that has been referred to here (Merriman, 2009) I aimed to elicit pupils' views about the ways in which their school did, and could further, support their emotional health and well-being during, and following, transfer from primary

school. Some pupils identified difficulties with teacher-pupil relationships, they may not have highlighted these issues if one of these teachers had been present in the focus group sessions.

For researchers who want to elicit the views of children and young people the school environment may appear limiting due to difficulties with open communication, and the adult-child power imbalance. Bloor et al. (2001) identify additional practical difficulties faced by researchers in schools, including problems finding a room where the research process will not be interrupted, and timing activities so that they do not run into break times. However, Bloor et al. (2001) identify a significant benefit of research being conducted in school as being the availability of the children and young people: parents are more likely to consent to their participation when they know the school is supporting the research, and it removes the difficulties associated with finding a suitable time and location to meet outside of school.

It is clear that choosing and designing a setting for research requires careful consideration. If research is to be conducted in a school it is clear that a number of issues will need to be explained to, and explored with, staff to ensure that they also understand the issues detailed above.

Time

Reporting on the practice of conducting research with adults with learning difficulties, Stalker (1998) identifies that additional time needs to be invested in such projects, when researchers are both planning and conducting their research. The literature reviewed in this paper suggests that additional time will also be required when research involves children and young people. Stalker (1998) acknowledges that this can be difficult to manage when researchers are under pressure to complete commissioned research as quickly as possible.

Communication / presentation

Lundy (2007) highlights the need to ensure that all children and young people are included, not just those that are articulate and literate. This means that researchers will need to give careful thought to the way in which they communicate with children and young people. When Morris (2003) conducted research with children and young people who had communication and/or cognitive impairments she found that it was difficult to obtain information about the potential participants' communication skills. Morris (2003) reports that she was not always able to meet with someone who knew the child or young person's skills and needs. As a consequence, Morris (2003) recommends making an initial visit to meet the child during the planning stages of the study.

Stalker (1998) also suggests spending time with participants prior to conducting research conversations in order to gather information about communication styles that might be most effective. Hopkins (2008) recommends a pilot study to support researchers in arriving at appropriate wording.

Ravet (2007) indicates that researchers will need to give careful thought to the language that they use with children and young people to ensure that it does not confuse them, or influence their responses, and goes on to recommend keeping questions as concrete as possible. Hopkins (2008) states that all questions should be meaningful to pupils. Grover (2005) states that sufficient time should be allowed, so that researchers are able to rephrase questions where necessary. Children and young people should not be rushed to give responses, and answers should not be restricted to the question asked. Any written information or documentation will also need to be presented in a child friendly manner (Lundy, 2007).

In terms of the responses that are made by children and young people. Ravet (2007) suggests that researchers should pursue clarification and elaboration, and should explore perceptions from different angles in order to triangulate data. A range of activities can be used to support children and young people in expressing themselves; these will be explored further in the following section. Lundy (2007) suggests that researchers will also need to pay attention to what children and young people may be communicating through their behaviour and body language.

When Morris (2003) explored the views of children and young people with communication and/or cognitive impairments, a small number of participants were unable to engage with the questions or activities that she had prepared. In these cases Morris (2003) reports that information about their experiences could be gathered through observing the individual in a range of settings, and by joining in activities with them in these settings. Such practice would, however, need to be given careful consideration in light of issues related to the reliability of observations, the validity of data interpretation and the difficulty of obtaining informed consent.

Research design

Helseth and Slettebo (2004) found that it was useful to have some information about the children whom they were to interview before planning questions and activities. Morris (2003) suggests that an initial meeting with participants can be a good opportunity to ask them what they find difficult and seek their views about aspects of research design that might support them.

Ravet (2007) suggests that semi-structured interviews can be a useful tool for fostering elaboration as they allow the researcher to generate data that had not been anticipated, and can be conducted in an informal, private and neutral space. A number of authors have designed activities in order to engage children and young people, and to support them in sharing their perspectives. For example, Ravet (2007) spent one year working with ten pupils from one primary school who

were displaying recurring disengaged behaviour and underachievement. Ravet (2007) observed that these pupils had limited experience of interviews, with one pupil in particular giving only monosyllabic responses. However, all of the pupils were reported to respond well to the visual activities that Ravet (2007) had developed.

Thomas and O’Kane (1998) suggest that activities can have the added benefit of allowing the child or young person to maintain some control over the agenda, as they are able to choose what to talk about while they undertake the activity. A further benefit of activities is that children and young people are less likely to perceive the need to give a ‘correct’ answer when responding, and are more likely to interact freely than in a formal environment where they may feel unable to ask questions or interrupt (Krueger and Casey, 2000). Participating in activities with a child or young person can also reduce the power imbalance (Thomas and O’Kane, 1998).

Examples of activities that are recommended for use with children and young people include:

- pictures, photos, videos, sounds and smells acting as stimuli for discussion (Ravet, 2007; Penrose et al., 2001);
- question and answer sessions (Penrose et al., 2001);
- drawing activities (Ravet, 2007; Penrose et al., 2001; Thomas and O’Kane, 1998);
- describing activities (Penrose et al., 2001);

- discussions about focus materials (Penrose et al., 2001);
- story formats (Ravet, 2007);
- sentence completion activities (Ravet, 2007);
- time line creation (Thomas and O’Kane, 1998);
- listing activities (Thomas and O’Kane, 1998);
- voting activities (Thomas and O’Kane, 1998);
- creating decision making charts (Thomas and O’Kane, 1998); and
- smiley faces being used to indicate feelings (Helseth and Slettebo, 2004).

Penrose et al. (2001) describe how activities can be selected and adapted to allow children with a range of special educational needs to participate; for example, children with a visual impairment were asked to describe, rather than draw, their school.

Publication and dissemination

The potential value of including children and young people in data analysis processes was discussed earlier. Fielding (2004) builds on this by emphasising the importance of reporting outcomes of the research to the children and young people who were involved. He writes about a ‘Students as Researchers’ project which he was involved with in one school, where students conducted a project about the role of trainee teachers. Fielding and colleagues attempted to share suggestions that had come from this group with the universities responsible for the trainee teachers. Unfortunately, however, the universities were not interested in

the suggestions. Fielding (2004) reports that the students who had participated in the group were disappointed that Fielding and his colleagues had not involved them in the university negotiations, or at least kept them informed about the process.

Stalker (1998) suggests that research conducted with individuals with learning difficulties will require different kinds of publication and dissemination than the traditional written report alone if the participants are to access it. Researchers might consider giving verbal feedback, and feedback which includes pictures, diagrams, photos and videos. Feedback may need to be given in an informal manner, possibly with small groups, giving participants the opportunity to interact, ask questions, and clarify statements.

Application to practice

I will now outline how these methodological considerations influenced the design of the research project which I was commissioned to undertake and which has been outlined previously in this paper (Merriman, 2009). For clarity of presentation these details will be presented in a table, the table consists of three columns:

1. methodological considerations – these are the headings identified from the literature review presented above;
2. design features – information presented in this column details features of the design of my study which were influenced by the literature reviewed above; and

3. reflections – this column contains details of additional reflections and concerns related to the methodological considerations that remain despite careful thought being given to the design of the study. Issues did not arise in relation to all aspects of the methodological considerations so some of the boxes in this column do not contain a comment.

Table 2: The influence of methodological considerations on the design of a focus group study conducted with Year 7 pupils in one secondary school.

Methodological Considerations	Design Features	Reflections
Reference groups	<ul style="list-style-type: none"> ▪ I did not use a reference group in my study. I did not consider this necessary as I had experience of conducting similar pieces of work with other pupils of the same age in similar settings (mainstream secondary schools). I also had support from two supervisors who have experience of conducting similar studies. 	
Surrounding / setting	<ul style="list-style-type: none"> ▪ The study was conducted in a school; this enabled easy access to participants, and meant that they did not need to give up free time or make special arrangements to take part in the study. ▪ An informal environment was created to support open discussion. A meeting room was used in preference to a classroom, where seating was arranged informally. ▪ A setting was selected in which the group would not be interrupted. ▪ As discussed in relation to ethics, I attempted to minimise power differentials by distancing myself from the school and teacher role. ▪ Pupils who shared similar characteristics were grouped together (age, gender, positive/negative transition experience). 	
Time	<ul style="list-style-type: none"> ▪ I had time to design and conduct the study through my role as a Trainee Educational Psychologist. ▪ The school viewed my involvement as an 'extra' as I am not their named educational psychologist; they did not set any deadlines or make other demands on my time. 	<ul style="list-style-type: none"> ▪ As schools receive a limited amount of input from Educational Psychology Services I am uncertain whether they would prioritise a research project such as that reported here, over casework.
Communication / presentation	<ul style="list-style-type: none"> ▪ I asked the Head of Year 7 whether any of the participants had any significant difficulties with communication or literacy. ▪ I met with the participants before conducting the focus group sessions. 	

	<ul style="list-style-type: none"> ▪In designing the focus group sessions I used knowledge based on my previous experiences of working with Year 7 pupils, and also consulted with my two supervisors who each have experience in this area. ▪Focus group sessions were conducted with four groups; minor changes were made to the wording of one activity after the first session, in order to support pupils' comprehension. 	
Research design	<ul style="list-style-type: none"> ▪Three activities were planned to support the participants in expressing their views (a rating activity, list making activity and sorting activity). 	
Publication and dissemination	<ul style="list-style-type: none"> ▪A meeting is to be arranged for me to feedback key findings from the study to the participants. ▪During the meeting I will provide participants with a letter for them to take away outlining the key findings. 	<ul style="list-style-type: none"> ▪Whilst the children and young people who participated in this study were positioned as participants, I do believe the study could have been strengthened if they had been positioned as co-researchers. Co-researchers may have influenced the design of the research, and could also have worked with the findings in school to support possible changes to practice.

I believe that the details related to methodological considerations outlined in Table 2 reinforce the importance of careful and detailed planning being conducted prior to data collection that was noted earlier in relation to ethical considerations. The main challenge here is likely to relate to the time required to fulfil these requirements:

- the researcher's time;
- if research is to be conducted within a school - the time of staff in the school; and
- the time between research being commissioned and findings being presented.

Conclusion

Through the review of literature that has been presented here it is apparent that it is now recognised and widely accepted that children and young people have the right to express their views. Indeed, the focus of current research is on developing ways of supporting children and young people to express their views.

Benefits of listening to the views of children and young people have been outlined. Their views can improve services, particularly as research indicates that children and young people do tend to give sensible views and suggestions when they are asked. In addition, involvement in this manner can have a positive impact on children and young people's social development and attitudes towards citizenship. However, a number of barriers towards the participation of children and young

people have also been identified. These include the need for organisations to change, the need for adults to change the way in which they view childhood and the ability of children and young people to contribute meaningfully, difficulties associated with teachers feeling disempowered, and the fact that the practice of eliciting views is time consuming.

The review of literature in this area indicates that practitioners in education are beginning to work towards eliciting the views of children and young people. Researchers are also now considering ways of engaging children and young people as co-researchers or researchers. However, the literature does indicate that there is a need to look at ways in which the views of children and young people are used to make changes in education.

There are significant ethical and methodological considerations to be made when any research is conducted, even more so when the research involves children and young people. These issues were fundamental to the design of the research study that I was commissioned to undertake in my role as a Trainee Educational Psychologist, details of which have been reported here. This analysis has supported me in identifying a number of issues for consideration which I feel add to the body of literature which has been reviewed in this paper. Issues which appear particularly pertinent and relevant for further consideration in my practice include:

- Do children and young people fully understand that they have the right to withhold consent or withdraw from a study, and if so do they feel able to act upon this right?
- When research is conducted in schools, how can informed parental consent be obtained efficiently?
- How can a researcher who works on a project that has been commissioned by a school ensure that there are outcomes for the children and young people who were involved in the study, and that the project has an influence on practice within school?
- Planning and conducting ethically and methodologically sound research is extremely time consuming, how can a researcher who is the named educational psychologist for a school make the time for such a project if schools prioritise individual casework?
- How can an educational psychologist who is named to a school, and consequently associated with the school by pupils, work to minimise adult-child power differentials?

With research involving children and young people becoming a growing area it is essential that issues such as those identified throughout this paper are considered and explored in order to support the development of a strong and influential body of research.

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