

An Account of Four Professional Practice Reports

By

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Volume Two Professional Practice Reports, 2010 -2013

INTRODUCTION TO VOLUME TWO

Rachel Gately

The work contained within this volume forms the second of two volumes which combine to meet the written requirements for the doctoral course in educational psychology with the University of Birmingham. Volume Two comprises four Professional Practice Reports (PPRs) which were written between the period of 2011 to 2013, when this trainee educational psychologist (TEP) was employed on a bursary position by an Educational Psychology Service (EPS) in a Local Authority (LA) in the West Midlands. The setting of this LA is in a large and rural county, with a mixture of rural and urban areas. Two LAs operate in separate parts of the county and the EPS works for both LAs – LA ‘A’ and LA ‘B’. Areas of economic deprivation lie in close proximity to areas of substantial economic wealth. In addition to mainstream provision, there are a relatively high number of specialist provisions in both LAs. There is little ethnic diversity in the county, with only small conurbations of Pakistani and Indian communities in the more urban areas to the East of the county.

The four PPRs were completed during the TEP’s time working in this LA over the period of September 2011 to June 2013. The EPS was undergoing a period of radical change during the trainee’s time there, as the service moved from a time-allocation model to a partially-traded model.

The first PPR is an evaluation of a FRIENDS For Life intervention that was overseen by members of the EPS team and delivered by Learning Mentors in LA ‘B’. The second PPR is a write-up of a therapeutic case that was undertaken with a young person with anxiety. The third PPR concerns the evaluation of the EP contribution to a multi-disciplinary triage system

and telephone line that was set up by the LA. The fourth PPR is an evaluation of a specialist provision that was set up to meet the needs of a group of children with social, emotional and behavioural difficulties (SEBD) in LA 'A'.

The first PPR presents an account of an evaluation of the popular Friends For Life intervention (Barrett, 2004). The use of this intervention as a treatment for anxiety is supported by a growing body of evidence suggesting that CBT is effective for a wide range of childhood mental health disorders, including generalised anxiety disorders and depressive disorders (Stallard, 2002). 90 children were included in this study and the evaluation was carried out by means of statistical analyses and interviews with school staff. The interviews were evaluated using thematic analysis (Braun and Clarke, 2006). The results of the study suggested a statistically significant decrease in anxiety scores between pre and post-intervention stages, suggesting that the FRIENDS for Life programme is effective for reducing anxiety in children. It was found to be particularly effective for the nursery phase, suggesting that early intervention is crucial and should be a focused aim of local authorities.

PPR2 came about through a piece of therapeutic work I carried out with a Year 7 pupil with issues around anxiety and social skills. This write-up took the form of a critical autoethnographical approach and explored issues around power, discourse and inclusion. The piece of work was carried out over eight weeks. As Squires and Dunsmuir (2011) have identified, trainee educational psychologists are well placed to carry out specialist therapeutic interventions with children and young people, however, although such work may be on-going, there is still an unwillingness in the profession to make these accounts available in the public domain (Quicke, 2009). With this PPR, I strove to present an honest account of the real-life complexity of EP casework and the narrow parameters within which EPs operate. In this way,

I was attempting to increase the transparency of the work of trainee educational psychologists, in particular.

The third PPR arose from a request from the Principal Educational Psychologist for a research project to be carried out on the specific contribution that the EPS was making to the multi-disciplinary triage system and telephone line that was in operation in LA 'A'. This was set within the context of a recent move by the EPS to a partially traded model, whereby a lot of the income generation was managed through the telephone line. As the DfE (2012) has identified, educational psychologists are increasingly operating in a traded environment, in which schools and other providers can elect to purchase services from an educational psychology service. This change has been seen across the breadth of public services (Ball, 2009). This PPR presents an account of an evaluation of the data collected on the telephone line between November 2012 and January 2013. As the telephone line is operated as part of a multi-agency triage system, semi-structured interviews were also undertaken with three EPs to ascertain the perceptions of the EPs of the telephone line and the triage system. Some of the findings from this study suggested that the skills of EPs were being under-utilised within this context.

PPR4 arose from a project in a special school, which the EPS were asked to contribute to. The main contribution of the EPS was to provide input into the evaluation of a pilot intervention – the 'Links Group' - which was set up to address the needs of a small group of pupils with SEBD who were not responding to mainstream or special school class provision. As the SEN Code of Practice (2001) states, meeting the needs of children and young people with SEBD is a requirement for all schools, regardless of the type of provision that they are. The project evaluation was carried out by means of descriptive analyses using a range of standardised measures. Records of supervision sessions were also analysed to assess whether the principles

of attachment theory had generalised into the everyday practice of practitioners. Issues around the implementation of evidence-based interventions, collaborative working with schools and the implications of resourced provision for inclusion are explored.

This volume of PPRs has provided opportunity for reflection on a number of current issues that are relevant to the work of EPs, such as inclusion, traded services and the challenges of working with schools and other professionals. Overall, the PPRs represent a broad selection of work that is reflective of recent developments in the profession and of the direction the profession is taking in response to the needs of vulnerable children and young people in our communities.

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CHAPTER 2: PPR1

‘Evaluation of a FRIENDS For Life intervention in LA ‘B’

ABSTRACT

Anxiety disorders are becoming increasingly common in childhood and adolescence, with recent figures estimating a prevalence of between 5 and 18% (Soler et al., 2005). A popular intervention for children with anxiety is the FRIENDS For Life (Barrett, 2004) programme. The use of this intervention and other cognitive behaviour therapy (CBT) based interventions as a treatment for anxiety is supported by a growing body of evidence suggesting that CBT is effective for a wide range of childhood mental health disorders, including generalised anxiety disorders and depressive disorders (Stallard, 2002). The aim of this small-scale study was to evaluate the ‘FRIENDS For Life’ programme to investigate whether the programme led to a reduction in children’s anxiety across 13 schools in County A. 90 children were included in this study. This evaluation was carried out by means of statistical analyses and interviews with school staff. The interviews were evaluated using thematic analysis (Braun and Clarke, 2006). The results of the study suggested a statistically significant decrease in anxiety scores between pre and post intervention stages, suggesting that the FRIENDS for Life programme is effective for reducing anxiety in children. It was found to be particularly effective for the nursery phase, suggesting that early intervention is crucial and should be a focused aim of local authorities. Recommendations are made into extending this research to explore underlying processes and the use of control groups.

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INTRODUCTION

1.1 Overview

This evaluation is set within the context of the Targeted Mental Health in Schools (TaMHS) programme which has been delivered in County A since 2008. As part of this initiative, the Educational Psychology Service (EPS) became involved with delivering training and supervision on the FRIENDS For Life (Barrett, 2004; 2005) (referred to as FRIENDS from hereafter) programme to learning mentors. This is the third evaluation of the training; the first and second evaluations of the training were largely positive. The second evaluation was carried out over the period of March to July of 2011 when seven groups were run in six schools. Five of the groups showed a statistically significant reduction in the children's anxiety post intervention. The involvement of this researcher was requested to evaluate the intervention outcomes for the present cohort (Autumn 2011 to Spring 2012).

LITERATURE REVIEW

2.1 National Policy

Government guidance such as the statutory guidance published in 2009 on promoting the health and well-being of Looked After Children and the Children's National Standards Framework (NSF), (2004) suggests that the promotion of children's mental health and well-being is of increasing importance in today's society. The NSF clearly outlines the goals for all providers of UK services for children and young people, i.e. improvements in the mental health and well-being of children and young people in the UK. The NSF Standard 9 estimates that at least 10% of children and young people in the UK have a diagnosable mental health condition and the same number have emotional difficulties that should be addressed with targeted interventions.

This drive is also evidenced by recent government developments such as the establishment of the health and well-being boards (DH, 2012b), which have been set up to promote community health and well-being, but which have particular regard to supporting vulnerable children and young people. In addition, the government has recently committed to invest up to £22 million pounds in the Improving Access to Psychological Therapies (IAPT) programme for children and young people. This investment will be used to improve the provision of psychological therapies and provide training for staff in non-health settings such as schools (DH, 2012a). The emphasis is on early intervention and improving young people's life chances following the experience of mental health difficulties (DH, 2012a).

In addition, the rights of children and young people to have good emotional health and well-being are enshrined in the United Nations Convention on the Rights of the Child (UNCRC, 1989). For example, Article 6 which is the 'right to life and maximum survival and development' stresses that governments have a responsibility to ensure that children develop in a healthy manner (which includes emotional health and well-being).

Whilst the government does appear to recognise the importance of promoting children and young people's emotional health and well-being, a report by the DH (2008) acknowledged a lack of resources at the levels of Tier 1 and Tier 2 Services for mental health in comparison with Tier 3 and 4. When viewed in the context of the child and adolescent mental health services (CAMHS), Tier 1 services refer to those services provided by non mental health professionals (such as teachers and social workers) and Tier 2 services refer to the first stage of the CAMHS service, whereby professionals such as primary mental health workers are working independently with clients but not in specialist teams (Partridge et al., 2010) (see figure below).

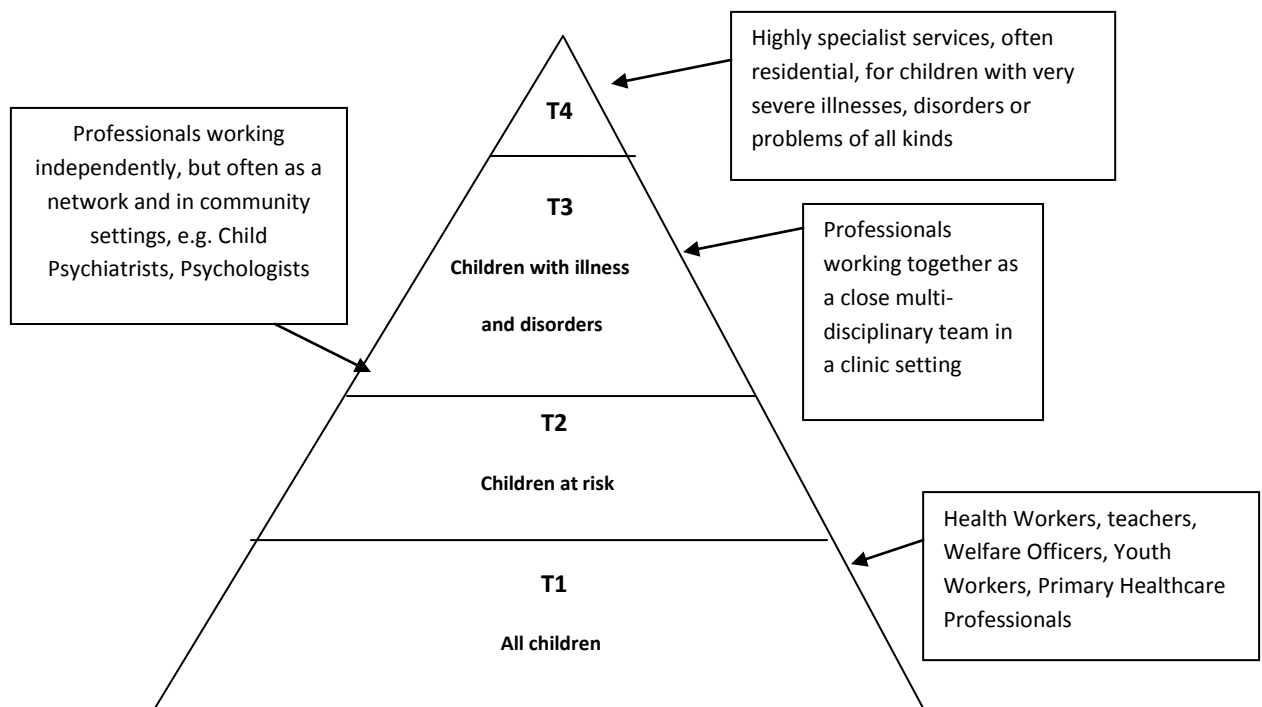


Figure 1: The 4-Tier structure of CAMHS (taken from CCL Health, 2004)

Given the emphasis on preventative services heralded by the present and previous governments (Centre for Social Justice, 2008), this lack of resourcing seems incongruent. For example, the report cites figures from the 'Help Sought By Children and Young People' Report (Green, 2004) which suggests that only small numbers of young people with conduct and emotional disorders are referred to a mental health specialist, despite the commonality of these types of disorders. There appears to be a need for more preventative mental health services which will address these early mental health difficulties before they become too entrenched.

Coming under the umbrella of preventative work, early intervention has also been identified as a priority of the present Government. Early intervention can be defined as the provision of policies which specifically support children's development through the age of birth to three years, but which also supports young people up to the age of 18 (Allen, 2011). The aim of

early intervention is to anticipate social problems which are likely to occur and to prevent the transfer of these problems to the next generation (Allen, 2011). The benefits for society are numerous in that early intervention is claimed to be cost-effective when compared to policies of late intervention (Allen, 2011). The evidence to support early intervention comes from research which has been carried out in the US, in particular the Nurse Family Partnership Programme. This is a parenting programme targeted at adolescent mothers. It aims to foster secure patterns of attachment and positive parenting behaviours in the young mothers. The programme is estimated to make financial savings up to 5 times what it costs to run the programme by the time the children are 15. The savings are made in terms of welfare and criminal spending and in emotional and physical well-being (Karoly et al., 2005).

For the purposes of this evaluation, the FRIENDS For Life intervention was considered to be a preventative approach in that the children (aged 4 – 12) were identified as presenting with anxiety and were then targeted for intervention. This is thought to be preventative when used in this manner (Kösters et al., 2012). This can be distinguished from an early intervention approach as these approaches typically focus on very young children, up until the age of 3 (Allen, 2011).

The Targeted Mental Health in Schools (TaMHS) programme is one such initiative which aims to provide Tier 1 and 2 preventative mental health services to children and young people across England. TaMHS was a 3 year project which was set up by the Labour government in 2008 to transform the way Tier 1 and 2 mental health services were delivered to children from the ages of 5 – 13. The focus was on providing well-evidenced, school-based preventative interventions which would form part of a Tier 1 service. These interventions were to be delivered to those pupils who were at risk of developing mental health problems and those

who had already developed them. Evaluation of the project suggests that the project did not have an effect on children with emotional difficulties, but did have a positive impact on children with behavioural difficulties (DfE, 2011).

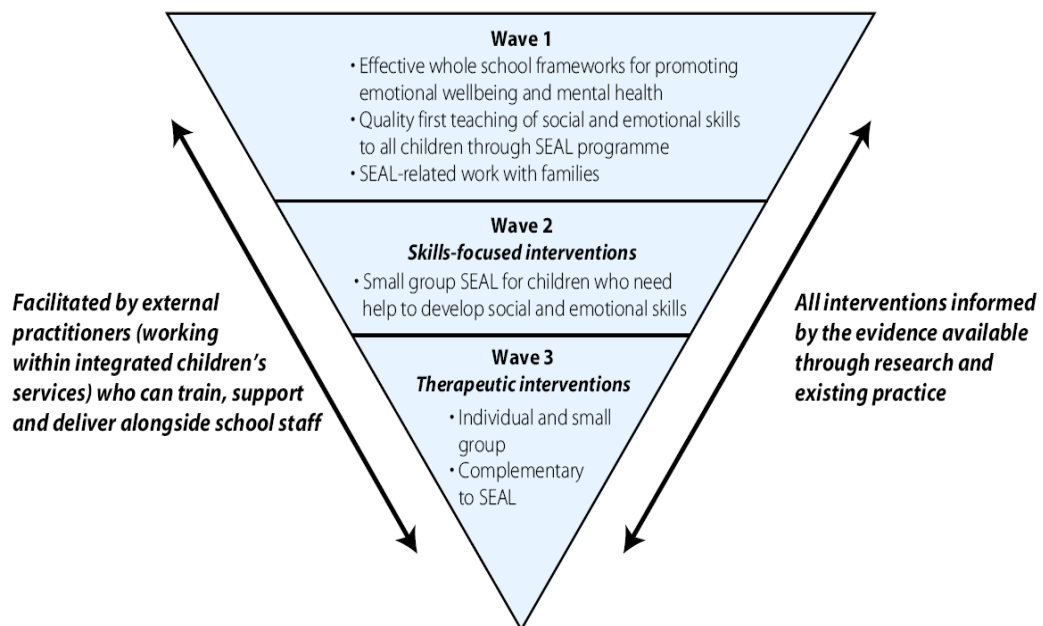


Figure 2: Three waves of mental health and emotional well-being support (taken from National Evaluation of TaMHS, 2008-2011)

2.2 Anxiety in Children

One of the most common mental health disorders in the UK is anxiety (DfE, 2011). Research indicates that anxiety disorders are the most common disorders found in childhood, with a suggested prevalence of 5 – 10% in the UK (Essau et al., 2000). This then rises to a prevalence of 20% over an individual's lifetime. Internationally the figures for childhood anxiety disorders range from 2 to 41%, as suggested by a recent meta-analysis (Cartwright-Hatton et al., 2006). This variation in prevalence rates is often attributed to the different

methodologies used in their calculation, which are inclined to reflect the reality at a particular point in time and which typically do not provide longitudinal data (Stirling Council, 2008). DH guidelines (2008) report that the majority of diagnosable mental health disorders experienced by children and young people are either emotional or conduct disorders. Anxiety and depression are classified as emotional disorders and the DH identifies that girls are more likely to experience emotional difficulties than boys (Green, 2004). They furthermore identify the consequences of impaired emotional health and well-being- if it is sustained- as poor academic outcomes, the development of psychopathology in later life and an increase in offending and anti-social behaviour (Knapp, 2002; Spence, 1998). As Kendall (1994) has identified, while a certain amount of anxiety is common in childhood development, when the anxiety is prolonged and significant it can have serious consequences for normal childhood development.

2.3 Cognitive Behaviour Therapy

One way of conceptualising disorders such as anxiety is to view them as resulting from faulty thinking processes for which therapy such as CBT is typically the recommended treatment of choice (NICE, 2004; 2005). CBT is based on the fundamental belief that there is a link between an individual's thoughts, feelings and behaviours and that each of these areas of functioning has an effect on the other areas (Stallard, 2002). Instead of focusing on the past, CBT promotes ways of improving an individual's current life situation (Stallard, 2002). It attempts to do this through focusing their attention on key components of the therapy such as coping mechanisms, the identification of core beliefs and automatic thought processes (Grieg, 2007). For example, core beliefs are schemas which are fundamental to the person's self-

concept (e.g. I am worthless) and which have an impact on the automatic thought processes and coping mechanisms which are then activated. If a person believes themselves to be worthless, when presented with a new challenge their automatic thoughts will be reflective of this core belief (Grieg, 2007). CBT ultimately aims to change a person's behaviour and feelings through changing their maladaptive thinking mechanisms (Beck, 1976).

There is a large body of evidence suggesting that CBT is an effective intervention for the treatment of anxiety in adults (NICE, 2005), however there have been fewer studies of the use of CBT with children, although evidence for its effectiveness is steadily mounting (Shortt et al., 2001). Cartwright-Hatton et al. (2004) carried out a meta-analysis of the available research and found that CBT was effective in reducing anxiety when compared to no-treatment controls. Ten studies using a randomised control design were included in this analysis. The Cochrane review found that CBT was effective when compared to wait-list controls (Soler, James and Weatherall, 2005). There was no difference found for the intervention whether delivered in a group or individual format. The benefits of using CBT in a group format are numerous and include increasing opportunities to learn from modelling in the group, and the normalisation of behaviours and feelings (Albano et al., 1995). Although group CBT treatments for anxiety have been in existence since the 1960s (Kondas, 1967), it has been a relatively recent development to evaluate these interventions using clinical trials (Shortt et al., 2001). One of the earlier examples of using a group-based CBT intervention to address anxiety in children was by Kendall (1994). Sixteen group sessions were carried out by the author with a small sample ($N = 47$) of 9 – 13 year olds. Kendall found that there were clinically significant outcomes for the participants in terms of anxiety reduction which were maintained at a twelve-month follow-up.

2.4 FRIENDS For Life

One programme which is based on cognitive-behavioural principles and which has a growing evidence base is the FRIENDS For Life programme (Barrett, 2004; 2005). FRIENDS is an internationally used programme which has been designed to reduce anxiety in children and young people. It was developed by Barrett in Australia and was based on work she had carried out previously on the Coping Koala programme (Barrett and May, 2007). In 1998, the Coping Koala programme was modified to fit more easily with a preventative approach and two age groups of children were identified: 7 – 11 (FRIENDS for children) and 12- 16 (FRIENDS for youth). Building on research feedback obtained from the first study carried out by Barrett in 1998, these 2 programmes were further modified into the FRIENDS for life programme in 2005 which is more suitable for universal use (i.e. can be used by teachers). In addition, a version for children aged 4-7 has been developed which is known as the 'Fun FRIENDS' programme (Barrett, 2007).

A growing body of evidence is supporting the efficacy of FRIENDS as an effective intervention for reducing anxiety in children (Barrett and Turner, 2001; Lock and Barrett, 2003; Lowry-Webster et al., 2003). In addition, these authors have examined the effectiveness of the FRIENDS programme at a post intervention stage and also up to a follow-up period of 6 years and have found the positive results to be maintained. It has also been shown to be effective for whole class delivery (Stallard et al., 2007) and when the delivery of the programme is by teachers and other staff members (Barrett and Turner, 2001).

The most recent evaluation of the programme which has been carried out in the UK is by Stirling EPS in Scotland. These researchers used a wait-list design and found that there was a significant improvement across all four measures of self-esteem, anxiety and feelings of well-being for the children concerned. These improvements were maintained at a follow-up point of four months. Limitations of the study included a relatively small sample size and a sample that was not randomly chosen, although subsequent allocation to groups was randomised. There was also a higher level of attrition in the secondary pupils which meant that the sample was skewed in favour of primary aged pupils (Stirling Council, 2008). It is hoped that the present evaluation will contribute to the already strong body of evidence suggesting that FRIENDS is an effective intervention for reducing anxiety levels in children.

METHOD

3.1 Research Design and Epistemology

This study used a mixed methods approach to evaluate the effectiveness of the FRIENDS programme. The evaluation of the intervention was carried out using a pre and post measure. The measure used was the Spence Children's Anxiety Scale (SCAS) (Spence, 1994) which collects quantitative data. In addition to this, a number of semi-structured interviews were carried out with staff. The use of a mixed methods approach is increasingly popular in educational research (Gorard and Symonds, 2010). The approach refers to the use of a number of different qualitative and quantitative methods and concepts united in one research design (Gorard and Symonds, 2010). The benefit of adopting such an approach is thought to lie in the concept of triangulation (Webb et al., 1966) whereby various sources of information are drawn upon to provide a clearer picture of the data and increase validity. The epistemology of a mixed methods approach is derived from pragmatism. A pragmatic outlook assumes that

researchers are not inhibited by a priori assumptions about their ability to communicate with each other but rather the emphasis is on developing shared lines of communication, i.e. to what extent can two researchers be confident that they can communicate their findings to each other in ways that are useful to the research community? (Morgan, 2007).

Ten weekly sessions were carried out with the groups and lasted for approximately one hour. In addition, monthly supervision sessions were carried out to which all learning mentors were invited to attend. At these sessions, learning mentors could raise queries they had in a supportive environment and plan their upcoming sessions.

Opt-in consent letters together with an information sheet outlining the purpose of the research and the aims of the FRIENDS programme were initially sent out to parents. The information and consent letters also provided details of the researcher so that parents would have the opportunity to discuss the research in more detail if they desired. This is particularly important in case concerns arise as the research progresses (BPS, 2009). If, at this point, consent was not gained from the parent, then the pupil was not involved in the research. Participation in the programme was therefore voluntary. This is consistent with BERA Ethical Guidelines (2011) which recommend that participants are not placed under duress to participate in research at any point. Confidentiality was addressed through the consent letters which were sent out which assured parents that children's data would be kept confidential through assigning children an ID number which they would be known by from then on. Parents were also informed that the data would be preserved and accessible for a period of 10 years following the completion of the research, in accordance with University of Birmingham research guidelines (UoB, 2011). Consent from children was not obtained in this study although this is an important consideration for any further research that is conducted, which should be conducted in accordance with the United Nations Convention on the Rights of the

Child guidance (1989).

3.2 Sample

13 schools signed up to attend the FRIENDS training from A County. The schools then sent a Learning Mentor to attend the training and to receive accreditation as a FRIENDS practitioner. In this way, the sample was not randomly selected nor were participants randomly allocated to groups. The schools involved in the project were from a mixture of urban and rural areas. County A is a large county in England with a population of 293,000 and is predominantly rural with only four towns in the county with populations over 10,000 (Herbert, 2010). The schools which were selected to attend the training were from a mix of urban and rural areas and were considered to be largely representative of the schools in County A. 2 infant schools were included in the study in addition to 10 primary schools and 1 secondary school. The 2 infant schools ran the Fun FRIENDS programme and the 11 primary and secondary schools ran the FRIENDS programme. There were 13 groups in total with between 5 and 8 children in each group. A number of children moved out of the schools throughout the period of the intervention and for this reason it was not possible to include their scores. The final number of children who completed the pre and post intervention measures was 90. 5 pupils were included in the secondary analysis, 67 pupils in the primary analysis and 18 in the nursery analysis. The age range of these pupils was from 4 to 12 years old.

3.3 Child Self-report Measure

The Spence Children's Anxiety Scale (SCAS) (Spence, 1994) was used. This is a self-report tool which measures a child's level of anxiety. It specifically explores symptoms which are related to separation anxiety, fears around injury, obsessive-compulsive disorder and generalised anxiety (Spence, 1998). It contains 44 items and uses a 4 point Likert scale from

‘Never’ to ‘Always’. The SCAS has high internal consistency for both the total score and also for the subscales and its test-retest reliability is moderate ($r = .60$; Spence, 1998). It also has reasonable convergent validity; SCAS correlated .71 with the Revised Children’s Manifest Anxiety Scale (Reynolds and Richmond, 1978). A copy of the scale is included in the appendices. The scale is intended for use with children between the ages of 8 and 15 years and has been standardised for this particular age group.

The questionnaires were filled out by the children themselves however depending on their age, cognitive level and language ability, they were assisted to a greater or lesser extent by a learning mentor. The Spence scale was adapted to meet the needs of younger children through adult administration of the scale, however even then, it is likely that it was not an appropriate measure for the younger age groups. A measure more suited to younger age groups should be sought for the future. Neither written nor verbal consent from children was expressly sought. In addition, children were screened differently for inclusion in the groups at the school’s discretion. For example, a number of the learning mentors used the Spence scale to select pupils for inclusion in the group, whereas other schools preferred to identify pupils based on prior knowledge of pupils and then used the tool with them. This is a disparity which is acknowledged in the discussion.

RESULTS

4.1 Quantitative Data

Statistical analysis of the data was conducted using a paired sample *t*-test. The *t*-test is commonly used to measure data sets before and after an intervention (Howitt and Kramer, 2005). The difference between the means of the pre and post measures was found to be

statistically significant $t(90) = 8.28, p < .001$, from pre- ($M = 52.04, SD = 13.17$) to post-treatment ($M = 36.36, SD = 16.44$). These effect analyses indicate a significant reduction in anxiety scores from pre to post intervention.

Further effect analyses were carried out on the nursery, secondary and primary groups separately. Two schools were included in the nursery analysis and ten schools were included in the primary analysis. One school was included in the secondary analysis. The difference between the means of the nursery groups was found to be significant $t(18) = 10.79, p < .001$, from pre- ($M = 51.17, SD = 12.92$) to post-treatment ($M = 23.94, SD = 10.90$). In addition, the difference between the means of the primary groups was also found to be significant $t(67) = 6.24, p < .001$, from pre- ($M = 52.80, SD = 13.34$) to post-treatment ($M = 38.90, SD = 16.34$). The reduction in anxiety scores was shown to be greatest in the younger age groups (Nursery groups) with a smaller but still significant decrease observed in the data obtained from the primary schools. The difference between the mean scores for the secondary group was not significant $t(5) = -.352, p = .743$, from pre- ($M = 45, SD = 11.67$) to post-treatment ($M = 47, SD = 12.69$). As complete data was not available on the gender or year groups of the participants, it was not possible to carry out analyses by these categories, although this would be a useful avenue to explore for the future. The scores suggest that the intervention did have an effect on lowering anxiety in children from the pre intervention to post intervention stage, and was effective in particular for the nursery phase. Further information can be found in Appendix 2.

4.2 Qualitative Data

Three semi-structured interviews were conducted with staff. Staff members were identified by the lead Educational Psychologist involved in running the programme and were then approached via telephone by the author. Four staff members (all learning mentors) in total were identified. Three agreed to participate. The interview questions were devised through conducting a literature search on FRIENDS and identifying possible causal factors for the efficacy of the programme through this search. The questions were thus focused on these areas but also included some general questions on how the delivery of the programme could be improved for the next cohort of schools. See Appendix 3 for a copy of the interview schedule.

The interviews were then analysed using thematic analysis (Braun and Clarke, 2006). Thematic analysis (TA) was chosen as it allows for data to be analysed and general themes to emerge from the literature. With TA, the researcher is charged with identifying a finite number of themes but which are still an adequate reflection of the data. While there is dispute in the literature about the precise way TA should be carried out, Braun and Clarke have devised a series of 6 steps which are commonly followed. A further explanation of these steps can be found in Appendix 6. These were followed as much as possible in this study.

Familiarisation with the data is a key concept in TA and is crucial to achieving a good understanding of the underlying themes (Howitt and Kramer, 2010). For this reason I chose to carry out the interviews myself. I recorded the interviews using a tape recorder and I then transcribed the data. A sample interview transcript can be seen in Appendix 4. The data consisted of three semi-structured interviews of 20 minutes duration each. This gave a total of 60 minutes of data to be transcribed. The interviews were semi-structured in that specific

questions were asked but participants were allowed to expand on their answers if they chose to do so (Whiting, 2008).

The next stage in analysing the data was to code it. This allowed for the data to be divided into smaller chunks. With TA, as the researcher progresses through the coding process, the analysis is constantly modified as new data is coded. This is to ensure as close a fit to the data as possible. The data was coded using abbreviations, for example 'E + R' stood for enhanced relationships and 'CBT' stood for cognitive behavioural elements. After all the data had been coded, the next step was to identify distinct themes which were reflective of the information gathered. A sample of a 'theme table' is included in Appendix 5 to illustrate this process. According to Howitt and Kramer (2010), the researcher needs to identify examples of each theme to illustrate what the analysis has achieved. The main themes which emerged from the data are shown in the figure below.

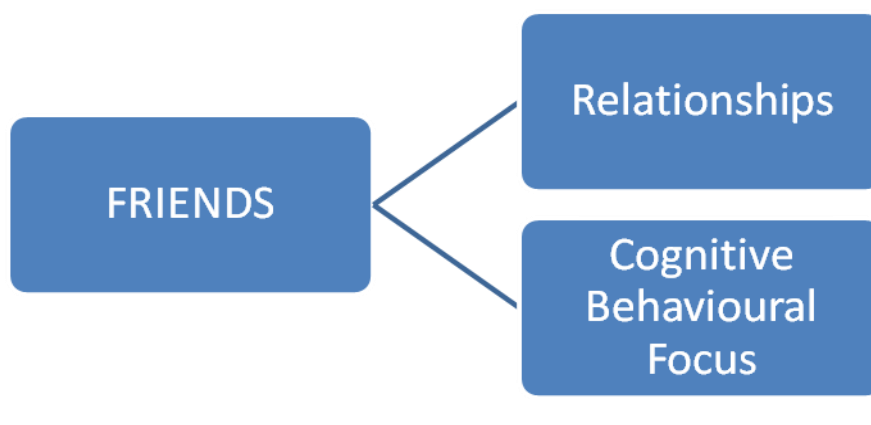


Figure 3: Prominent themes

4.3 Cognitive Behavioural Focus

The training programme that was delivered in County A was slightly different from the standard FRIENDS training in that an extra session was included on the cognitive-behavioural elements of the training as it was felt by the EPS that this element was not prevalent enough in the original training materials. This thematic analysis would suggest that this was a helpful addition from the perspective of the learning mentors who appreciated having an enhanced understanding of the theoretical basis of the programme. Although it is not possible to precisely unpick what aspects of the programme are responsible for its success without further studies, information gathered from the learning mentors thematically would suggest that it was the cognitive-behavioural aspect to the programme which was one of the key elements responsible for the decreased anxiety scores. For example, when asked what were the elements of the programme that were crucial to the programme's success, one of the learning mentors reported that '*it was the red and green thoughts that made the difference*' and that the benefits would be maintained '*as long as the children are prompted about red and green thoughts*'.

Two of the learning mentors interviewed mentioned that the concept of the Red and Green Thoughts had permeated into the school environment and into other areas of working in their role as a learning mentor and that they were finding them very useful in their work with parents. This reflects a key element of the FRIENDS programme which places a strong emphasis on generalising and maintaining skills learnt outside of the group sessions (for staff it would appear, as well as for pupils) (Barrett, 2004). In addition, all the learning mentors reported feeling an increased sense of competence and confidence in their skills as practitioners following the CBT training.

4.4 Relational Factors

A second theme to emerge from the research was that of strengthened relationships as a result of the programme. All three learning mentors identified that the intervention had a positive impact on their relationship with the children in the group and that they were still seeing the children from the group on an informal ‘catch-up’ basis since the termination of the group. One mentor identified that the intervention had *‘strengthened my relationships with the children from what they had previously been’* and another identified that the best thing about the intervention had been the *‘positive relationship I now have with the children’*. This suggests that relational factors may play a part in determining whether an intervention is effective or not. Research to support this conclusion comes from Weisz, McCarty and Valeri (2006), who conducted a meta-analysis of studies using different interventions (such as CBT) and concluded that young people benefitted similarly well from the different interventions, suggesting that often overlooked process factors such as the relationship between client and therapist could be implicated in effecting change.

DISCUSSION

5.1 Overview

Addressing anxiety in the school population is of increasing importance (Greig, 2007). Preventative interventions in the school setting such as FRIENDS have been shown to be beneficial to children and young people and are effective in lowering anxiety and raising self-esteem (Stirling Council, 2008). The results obtained in this study would appear to indicate that the FRIENDS intervention had a significant impact on reducing anxiety levels amongst the children in the groups. These findings are in contrast with the findings of the national

TaMHS evaluation which found no significant decrease in anxiety levels for children in primary or secondary schools following preventive interventions. However this may be because the number of FRIENDS groups included in the TaMHS study was not sufficient to have made an impact when added to the overall evaluation (DfE, 2011).

The results obtained would suggest that this is a particularly effective intervention for children in the nursery phase and provides support for the present government's focus on early intervention as part of a primary prevention approach (Allen, 2011). One of the learning mentors who ran the Fun FRIENDS group reported being apprehensive that the cognitive behavioural element to the programme would be too advanced for the children in their groups but reported *'being pleasantly surprised with their knowledge and understanding. The children soon grasped the 'red' and 'green' thoughts and they all embraced this'*. This is similar to the findings by Monga et al. (2009) who rose to the challenge presented in the Cartwright-Hatton review (2004) of providing evidence that very young children could benefit from CBT based interventions. These authors found that the children in their study were able to follow the cognitive behavioural elements of the programme and experienced positive outcomes following the conclusion of the programme.

A further theme to emerge was the strengthened relationships between the learning mentors and the children in their groups. Research into this area has found that the client-therapist relationship is of the utmost importance to the success of the intervention or therapy and furthermore is highly dependent on the personal characteristics of the therapist (Ackerman and Hilsenroth, 2003). Ablon and Marci (2004) investigated the processes which were ongoing during a number of different therapeutic interventions. They suggested that it was the

client-therapist relationship which was the key factor in the various programmes' success. A meta-analysis carried out by Weisz et al. (2006) on different therapeutic interventions for young people found that they found them all to be of equal benefit and that it may be relational or other processes which are of importance but which are not necessarily measured by typical outcome measures. This is relevant to this study as it suggests that it may be the warm and trusting relationship that the member of staff has formed with the children in the group that may make the difference as opposed to any particular element of the programme itself.

Although the data from the secondary group indicated an increase in anxiety scores as opposed to a decrease, the sample ($N = 5$) was realistically too small for differences to be identified. Qualitative data from this school indicated that although the anxiety scores appeared to go up, the learning mentor who ran the group reported that for a number of the children in this group, there were significant home concerns which were ongoing throughout the duration of the group and which were likely to have had an impact on the effectiveness of the intervention. The suitability of the intervention for this age group is unlikely to have been a concern as FRIENDS is routinely run with adolescents and is, in fact, cited by the World Health Organisation (WHO) as an appropriate intervention for children up to the age of 16 (2004).

One of the overall recommendations from the TaMHS (2011) evaluation report was that schools should adopt more structured manual-based approaches to mental health (such as the FRIENDS intervention), for which there is a stronger evidence base than adhering to a programme without maintaining a strict programme fidelity. This study appears to support that recommendation. It is often assumed that programme fidelity is not such an important

concept when practitioners are skilled and experienced (such as forensic psychologists working in forensic settings for example), however it is thought to be more important when the individuals delivering the programme are not particularly skilled in the delivery of psychotherapeutic interventions (such as school staff) (Pugh, 2010). However Cook (2003) has argued that it is not possible to assume fidelity when an intervention programme is implemented in a school setting. This is due to the complex nature of schools, and indeed when different intervention models are implemented in the same school, there is typically greater variation between schools running the same model than between different models in one setting (Stebbins et al., 1978). A suggestion for future research is thus to further explore the underlying processes which are causally linked to a programme such as FRIENDS' success. For example, research by Weisz et al. (2006) indicates that it is not the particular characteristics of a programme which are important but rather the underlying processes such as levels of motivation for example. This was already an issue which had emerged during the interviews as two members of staff had alluded to modifying the programme slightly to suit the needs of their own groups. Given the results of the present study, it would appear that this did not have an adverse effect on the programme outcomes however further research would need to assess programme fidelity in greater depth for a clearer understanding of the issues.

5.2 EP Contribution

The recent explosion in the provision of psychologically-based therapies in schools is reflective of general developments within the psychological profession which have led to an emphasis on evidence-based practice (Pugh, 2010). However there is a debate at present over the extent to which educational psychologists should become involved with the provision of

these therapies. Do they, as was the case here, become involved in the training and supervision of school staff or do they become involved at a more strategic level? There is a danger that EPs may potentially become de-skilled when delivering basic training on interventions as they are frequently asked to do (Pugh, 2010) however the results from this evaluation would suggest that it was the CBT input which the EPS were able to provide to this training which was one of the key factors in the programme's success. This would indicate that this was an effective use of EP time and that where relatively complex psychological concepts are being transmitted through training to professionals without a prior knowledge of psychology, that psychologists retain this important role (Pugh, 2010).

5.3 Limitations

There are a number of limitations which may have impacted on the results from this evaluation. Firstly, no control groups were used. The benefit of a control group in a wait-list design for example is that the researcher is controlling for variation and they can be more confident that the outcomes obtained are as a result of their intervention (Pugh, 2010). The use of a control group is also strongly recommended for evaluating interventions by the American Psychological Association (APA) (1995). This is particularly the case where outcomes are being measured.

A further limitation is that the participants were selected on the basis of having anxiety, however there was no consistency or rigour in how children were selected. For an intervention to be properly evaluated, it is recommended that a set of exclusionary criteria are applied so that an intervention can be evaluated against a specific population (Weisz et al., 2006).

Also it must be acknowledged that only one self-report measure was used to evaluate the efficacy of the intervention. Self-report measures are not always reliable (Cohen et al., 2000)

and in future should be supplemented by teacher and parent reporting and by structured observations. In the evaluation conducted by Stirling EPS (2008), 4 measures were used and these measures were supplemented by teacher and parent data. It may be useful in future to include measures such as these in future as this will allow for greater triangulation of data (Gorard and Symonds, 2010). In addition, the Spence scale which was used was only standardised for use with the age group 8 to 15 and therefore was not an appropriate tool to use with children younger than this. This was acknowledged by the learning mentors in the interviews who referred to experiencing difficulty with using the scale with younger children. A final limitation of this research was that consent from children was not expressly sought, as recommended by the Declaration of Helsinki (WHO, 2000) which states that where a child is in a position to provide consent, then their consent must be sought.

CONCLUSION

This study has evaluated the FRIENDS programme which was carried out in County A as part of the TaMHS intervention. This study provides evidence for the effectiveness of the FRIENDS intervention as it is run in County A and adds weight to the growing body of international evidence suggesting that this is an efficacious intervention for reducing anxiety in children (MacDonald and Rees, 2008). There was a significant decrease observed in anxiety scores from the pre to post intervention stage. Furthermore, reports from the staff who ran the programme suggested that this programme was effective for the majority of the children in the groups and that, in their view, the key element appeared to be the cognitive behavioural element which was key to the programme. In addition, this study provides support for the present Government's social policy of early intervention (Allen, 2011) as it was the two nursery groups which made the most substantial improvements.

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Appendix One: FRIENDS for Life Programme Outline

Core elements of the FRIENDS programme include the use of Red and Green Thoughts (positive and negative thoughts), relaxation activities, the use of peer support and the Coping Step Plan. Another key feature of the programme is its emphasis on the generalisation of skills learnt through joint working with parents and the use of homework tasks. Parental cooperation is promoted heavily and the 10 week sessions end with a celebration evening whereby parents are invited into school to celebrate their children's achievements. These authors suggest that this is likely to be important as factors such as anxiety in parents themselves, parents having control and parents' reinforcement of negative or unhelpful coping mechanisms in their children can lead to increases in levels of child anxiety. The programme is flexible in that it can be delivered in three ways. It can be delivered as a universal programme which does not overtly identify children as having anxiety, it can be used as a preventative programme targeted at a group of children who have been screened as presenting with mild levels of anxiety or it can be delivered as a targeted treatment for children with clinically high levels of anxiety (Barrett, 2004; 2005).

FRIENDS is an acronym for the strategies taught in the group:

FRIENDS Acronym (taken from Shortt et al., 2001)

<i>F</i>	Feeling Worried?
<i>R</i>	Relax and feel good
<i>I</i>	Inner thoughts
<i>E</i>	Explore plans
<i>N</i>	Nice work so reward yourself
<i>D</i>	Don't forget to practice
<i>S</i>	Stay calm, you know how to cope now

Appendix Two: Comparison of mean pre- and post- FRIENDS SCAS anxiety scores

N = 90	Complete Data set N = 90	Primary Data N = 67	Nursery Data N = 18	Secondary Data N = 5
<u>Pre-Programme Scores</u>				
Mean Scores	52.04	52.80	51.17	45
Standard Deviation	13.17	13.34	12.92	11.67
<u>Post-Programme Scores</u>				
Mean Scores	36.36	38.90	23.94	47
Standard Deviation	16.44	16.34	10.90	12.69
<u>T-Test Results</u>				
	T = 8.28	T = 6.24	T = 10.79	T = -.352
	Significant:	Significant:	Significant:	Not Significant:
Significant at:	P < .001	P = < .001	P < .001	P = .743

Appendix Three: Questionnaire

PURPOSE – To elicit learning mentors’ opinions on effectiveness of FRIENDS For Life and Fun Friends intervention

Please use the following rating scale in your response to the following questions, where 1 represents ‘Strongly Disagree’ and 5 represents ‘Strongly Agree’.

1	2	3	4	5
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree

- 1) How effective did you feel the intervention to be on a scale of 1-5?
- 2) How enjoyable did you find carrying out the intervention to be on a scale of 1-5?
- 3) Would you recommend this intervention to other learning mentors?

Opinion questions

- 4) Did you feel that the intervention had an impact on your relationship with the children in your group? If so, in what way?
- 5) What was the best thing about the intervention?
- 6) What could have improved the intervention?
- 7) What do you predict will be the follow-up to this program?
- 8) Will you run this programme again in the future?
- 9) What were the elements of the programme that were crucial to its success/failure in your opinion?

Appendix Four: Sample interview transcript

<u>Question</u>	<u>Response</u>	<u>Code</u>
<i>How effective did you feel the intervention to be?</i>	Yeh, very effective. The children loved it, found it really enjoyable, really got into it.	
<i>How enjoyable did you find carrying out the intervention to be on a scale of 1-5?</i>	Once I saw how the children got into it, that made me enjoy it more... one day we even made superhero costumes!	
<i>Would you recommend this intervention to other learning mentors?</i>	Yeh, definitely. <i>I found bits such as the milkshake breathing, the nurturing part, relaxation part... all really useful... also it was useful in the self-esteem parts.</i>	CBT
<i>Did you feel that the intervention had an impact on your relationship with the children in your group? If so, in what way?</i>	Definitely, they are much more likely to talk to me now than they were before... come up and say hello. We sit on cushions now and talk.	E + R
<i>What was the best thing about the intervention?</i>	The positive relationship I got with the children. <i>Their opportunity to unburden themselves of child protection issues using the light sabres [drawing on FRIENDS work on Red Thoughts]</i>	E + R CBT
<i>What could have improved the intervention?</i>	Our own books instead of [having to follow] the workbooks, the coping step plan is too long, 5 steps would be better. The Spence scale.. [was] very diagnostic, lots of questions, could be shorter and some of questions need rephrasing. [For	

	example, the question] Are you scared of the dark, some of them just aren't applicable to little ones who are all scared of the dark.	
<i>What do you predict will be the follow-up to this program?</i>	Continuing positive impact on the children and staff.	
<i>Will you run this programme again in the future?</i>	Yes with the Year 2 group.	
<i>What were the elements of the programme that were crucial to its success/failure in your opinion?</i>	<i>Recognising Red and Green thoughts – you get more out of red and green thoughts.</i> [Re: failure] The Coping Step Plan – difficult to manage, very long, maybe bit too old for this age group. Homework as well – [not effective] you know who is going to do it and who isn't. It's not important.	CBT

Appendix Five: Sample ‘theme table’

<u>Subtheme</u>	<u>Code Description</u>	<u>Code</u>	<u>Extract</u>
Positive Elements			
	Enhanced Relationships	E + R	Definitely, they are much more likely to talk to me now than they were before.. come up and say hello.
	Enhanced Relationships	E + R	The positive relationship I got with the children.
	Enhanced Relationships	E + R	[The intervention had] strengthened my relationships with the children from what they had previously been.
	Enhanced Relationships	E + R	[The best thing about the intervention had been the] positive relationship I now have with the children.

Appendix Six: Six Steps in Thematic Analysis (Braun and Clarke, 2006)

<i>Phase 1</i>	Familiarising yourself with your data
<i>Phase 2</i>	Generating initial codes
<i>Phase 3</i>	Searching for themes
<i>Phase 4</i>	Reviewing themes
<i>Phase 5</i>	Defining and naming themes
<i>Phase 6</i>	Producing the report

Appendix Seven: Spence Children's Anxiety Scale

SPENCE CHILDREN'S ANXIETY SCALE

Your Name:

Date:

PLEASE PUT A CIRCLE AROUND THE WORD THAT SHOWS HOW OFTEN EACH OF THESE THINGS HAPPEN TO YOU. THERE ARE NO RIGHT OR WRONG ANSWERS.

1. I worry about things.....	Never	Sometimes	Often	Always
2. I am scared of the dark.....	Never	Sometimes	Often	Always
3. When I have a problem, I get a funny feeling in my stomach.....	Never	Sometimes	Often	Always
4. I feel afraid.....	Never	Sometimes	Often	Always
5. I would feel afraid of being on my own at home.....	Never	Sometimes	Often	Always
6. I feel scared when I have to take a test.....	Never	Sometimes	Often	Always
7. I feel afraid if I have to use public toilets or bathrooms.....	Never	Sometimes	Often	Always
8. I worry about being away from my parents.....	Never	Sometimes	Often	Always
9. I feel afraid that I will make a fool of myself in front of people.....	Never	Sometimes	Often	Always
10. I worry that I will do badly at my school work.....	Never	Sometimes	Often	Always
11. I am popular amongst other kids my own age.....	Never	Sometimes	Often	Always
12. I worry that something awful will happen to someone in my family.....	Never	Sometimes	Often	Always
13. I suddenly feel as if I can't breathe when there is no reason for this.....	Never	Sometimes	Often	Always
14. I have to keep checking that I have done things right (like the switch is off, or the door is locked).....	Never	Sometimes	Often	Always
15. I feel scared if I have to sleep on my own.....	Never	Sometimes	Often	Always
16. I have trouble going to school in the mornings because I feel nervous or afraid.....	Never	Sometimes	Often	Always
17. I am good at sports.....	Never	Sometimes	Often	Always
18. I am scared of dogs.....	Never	Sometimes	Often	Always
19. I can't seem to get bad or silly thoughts out of my head.....	Never	Sometimes	Often	Always
20. When I have a problem, my heart beats really fast.....	Never	Sometimes	Often	Always
21. I suddenly start to tremble or shake when there is no reason for this...	Never	Sometimes	Often	Always
22. I worry that something bad will happen to me.....	Never	Sometimes	Often	Always
23. I am scared of going to the doctors or dentists.....	Never	Sometimes	Often	Always
24. When I have a problem, I feel shaky.....	Never	Sometimes	Often	Always
25. I am scared of being in high places or lifts (elevators).....	Never	Sometimes	Often	Always

26. I am a good person.....	Never	Sometimes	Often	Always
27. I have to think of special thoughts to stop bad things from happening (like numbers or words).....	Never	Sometimes	Often	Always
28. I feel scared if I have to travel in the car, or on a Bus or a train.....	Never	Sometimes	Often	Always
29. I worry what other people think of me.....	Never	Sometimes	Often	Always
30. I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds).....	Never	Sometimes	Often	Always
31. I feel happy.....	Never	Sometimes	Often	Always
32. All of a sudden I feel really scared for no reason at all.....	Never	Sometimes	Often	Always
33. I am scared of insects or spiders.....	Never	Sometimes	Often	Always
34. I suddenly become dizzy or faint when there is no reason for this.....	Never	Sometimes	Often	Always
35. I feel afraid if I have to talk in front of my class.....	Never	Sometimes	Often	Always
36. My heart suddenly starts to beat too quickly for no reason.....	Never	Sometimes	Often	Always
37. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of.....	Never	Sometimes	Often	Always
38. I like myself.....	Never	Sometimes	Often	Always
39. I am afraid of being in small closed places, like tunnels or small rooms.	Never	Sometimes	Often	Always
40. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order).....	Never	Sometimes	Often	Always
41. I get bothered by bad or silly thoughts or pictures in my mind.....	Never	Sometimes	Often	Always
42. I have to do some things in just the right way to stop bad things happening.....	Never	Sometimes	Often	Always
43. I am proud of my school work.....	Never	Sometimes	Often	Always
44. I would feel scared if I had to stay away from home overnight.....	Never	Sometimes	Often	Always
45. Is there something else that you are really afraid of?.....	YES	NO		
Please write down what it is _____				

How often are you afraid of this thing?.....	Never	Sometimes	Often	Always

CHAPTER 3: PPR2

‘An exploration of the issues raised of power, discourse and inclusion using a critical autoethnographic approach through the implementation of a therapeutic intervention with a Year 7 pupil’.

ABSTRACT

Trainee educational psychologists (TEPs) are well placed to carry out specialist therapeutic interventions with children and young people (Squires and Dunsmuir, 2011) and the practice is becoming increasingly common as training courses incorporate further training on therapeutic techniques into their curricula. However as Quicke (2009) has identified, although such work may be on-going, there is still an unwillingness in the profession to make these accounts available in the public domain. The following is an exploration of some critical issues, relevant to the practice of the educational psychologist, which were raised through carrying out therapeutic work with a Year 7 pupil. The therapeutic intervention is used as a vehicle in this study to address arguments around discourse, power and inclusion. The account is written from a critical autoethnographic perspective grounded in discursive psychology. It is offered as a way of increasing the transparency of the work of trainee educational psychologists in particular, and of offering an insight into the inherently ‘messy’ nature of the work of the educational psychologist (Quicke, 2009). Limitations of the intervention are discussed along with suggestions for further exploration of the autoethnographic style of research in educational psychology.

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INTRODUCTION

This intervention is presented here as a critical autoethnographical account (Quicke, 2009) with a particular focus on discourse. Discursive psychology (Billig, 2000) is hence the theoretical backdrop to this piece of work which is written in the form of a reflective account of practice. The researcher considers herself to be a reflective practitioner who increasingly is working from a particular moral perspective which is grounded in individualism (Lukes, 1973). This intervention was set within the context of a medium sized secondary school in a town in a large rural county. The school was applying to become an academy at the time of the intervention. 'M' was an 11 year pupil who had just started in Year 7. The presenting problems were a history of non-attendance and being the victim of bullying in his last two primary schools. Extreme aggressive behaviours at home were cited as a concern. It was decided at a feedback meeting following a statutory assessment of special educational needs for M that a possible outcome to explore would be a series of therapeutic sessions to address underlying issues around anxiety, coping strategies and appropriate social skills. Further information about the intervention can be found in Appendices 1 and 2.

LITERATURE REVIEW

Therapeutic interventions using cognitive behavioural therapy (CBT) and other types of therapy with children are a common feature of many EPs' work (Farrell et al., 2006). However there is a paucity of case study and ethnographic style research accounts in the published literature in this field which detail these interventions. Journals which are specifically dedicated to the profession of educational psychology still tend to favour research which is more aligned with a positivist paradigm (Quicke, 2009). For example, a literature search of the three main British educational psychology journals (from the period 2003 to

2013) failed to bring up a single article with its title pertaining to ethnographical research. This account of a therapeutic intervention is presented in an autoethnographic style (see Quicke, 2009) with reference to dominant discourses within educational psychology and within the wider field of education around special education and implications for EP practice.

1.1 Research Rationale

The rationale for adopting such an approach was derived from Quicke (2009) who argues that such an approach allows the ‘critical EP’ to reflect on the work they do and permits ‘insights into the ambiguity, self-doubt, contradictions, dilemmas and real messiness of [the EP’s] position and experiences within [the] work context’ (p. V). The account of the therapeutic intervention or ‘story’ in the current case is a vehicle through which issues of power, special needs, inclusion and discourse can be addressed. This follows in the tradition of authors such as Billington (2000) who have presented ‘stories’ or accounts of EP intervention in this manner. Hence the focus is more on the issues which arise for EPs through carrying out therapeutic work of this nature than the actual intervention itself. The work of EPs is by nature ‘messy’ and traditional accounts of therapeutic work often do not take into account the competing agendas or power struggles which are essential to human interactions. Because the present study wanted to address these issues, a different format which would permit further exploration of these issues was required.

Although this account is presented in an autoethnographic style, I was not conscious that this was how I would report this piece of work at the time and so this did not in any way drive the way in which I carried out the intervention. This account is written following the style of Quicke (2009) who presented a series of essays about his work as an educational psychologist (EP) using a critical autoethnographical style. As Reed-Danahay (1997) has identified, this

type of research allows the personal to meet the cultural in that it situates the researcher very much as an active participant in the context of the research. It also removes them from accusations of ‘silent authorship’ and challenges positivist assumptions about research which are dominant in educational research (Quicke, 2009). This is however not a common form of writing and research within educational psychology and Quicke (2009) has argued that further research of this kind is important for opening up a dialogue within the profession about such issues as the purpose of interventions and the nature of inclusion. This is perhaps increasingly important in view of the fact that inclusion as a government-driven policy appears to be increasingly superseded by discourses around academies and the decreased role of local government in education (Salice, 2012).

One way educational psychology services can respond to this challenge is through more open discourse in the research literature. One reason why such ethnographies or ‘stories’ have not been published more often is possibly because in a difficult financial climate, publishing stories which highlight the failings as well as successes of a profession may be seen as detrimental to a profession which is already struggling to survive (Quicke, 2009). As Goldacre (2008) has identified, this bias in academia to publish ‘successful’ work is not only prevalent in education but also in the field of medicine where there can be detrimental results for particular drug users.

Another reason why I chose this style of writing up the intervention was because it gave me the opportunity to address some of the power issues which are specific to the experience of a trainee educational psychologist. TEPs are in a difficult position because they are still learning and honing not just their therapeutic skills but also their interactional skills with young people, parents and schools. Particularly where the work is traded or is part of a time allocation model, there is considerable pressure upon trainees to deliver work within a certain

time limit and within specific boundaries (Squires and Dunsmuir, 2011). I wanted to raise such issues and to consider how TEPs could be facilitated to cope with the pressures attendant on delivering therapeutic interventions in an increasingly privatised LA setting.

For these reasons, a critical autoethnographic style was deemed appropriate to document this piece of therapeutic work and the issues it raised.

1.2 Discursive Psychology

Discursive psychology is a branch of psychology that attempts to address psychological concerns through looking at language (Billig, 2009). It considers language to be a constitutive domain in which a person's reality is constructed (Billig, 2009). Discursive researchers are not interested in what the objective 'truth' is but rather in the process of how people construct their version of 'truth' (Wetherell et al., 2001). This is an epistemological stance which is grounded in post modernism. From this perspective, discourse is viewed as 'social action' which repudiates the notion that language is a passive vehicle for interaction. Instead proponents of discourse analysis argue that interactions such as conversations and interviews (a large part of the work of a psychologist for example) are complex and constructive events which help to create reality or 'truth' for those involved. Billington (2000) raises the question of the common narratives that professionals use about children with special needs and how these narratives can actually contribute to shaping the identity of the children (e.g. autistic, EBD, ADHD). Wetherell et al. (2001) further argue that the meaning of language is culturally constructed, and what language emerges in one place may not have the same meaning in another location because of the differing social and cultural expectations. The intervention will hence be analysed from the perspective of discursive psychology.

1.3 Ethnographic Research

This account is related as a personal narrative written in the first person and embedded with critical reflections on my own practice. It is written in the style of a critical ethnography (Quicke, 2009). Ethnographic research has a long history of use in education and its literal meaning is ‘to study people’ (Newby, 2010). It is a versatile approach which allows for underlying processes and structures to be uncovered and can be used to explore factors such as classroom cultures, staff values, and organisational processes. The principle method of data collection associated with this methodology is participant observation, in which researchers spend protracted periods of time in the field (Hoey, 2012). Interviews are also commonly used. It originated within the field of cultural anthropology and is situated within the interpretist tradition (Hoey, 2012). The ethnographer attempts to uncover ‘the insider’s view’ and to explain how events come to represent what are commonly referred to in ethnographic research as ‘webs of meaning’ (Hoey, 2012). It aligns neatly with a discursive approach in that ethnographers hold that, through portraying the insider’s or ‘emic’ perspective, the researcher becomes part of the action themselves and is referred to, both as a researcher and as a participant. This draws to mind the famous quote from Aristotle who said that:

‘We exist through activity; and the maker of the work exists, in a sense, through his [sic] activity’ (Aristotle, 1976, p. 210).

An approach such as ethnography would therefore seem to align theoretically with an analytic discourse approach, which contends that through discourse, perspectives on reality are created (Wetherell et al., 2001). Furthermore, there are ‘ethnographers of communication’ (Gumperz, 1999) who strive to investigate diversity in discourse across contexts. This is the role I considered myself to have adopted in this piece of work. Through my involvement in the case

(using discourse and writing to communicate), I contributed to the discourse that was used and the reality that was created for the young person and his family.

1.4 Political and Moral Orientation

There is often an assumption that professionals should be somehow ideologically neutral but this researcher would argue that this is not possible and in fact, it is unavoidable that professionals adhere to a certain set of values and beliefs (Quicke, 2009). Although not explicitly aware of all of the underlying political and moral perspectives I held prior to this research, I have since come to the conclusion that I hold views which are aligned to that of an individualistic moral perspective as conceptualised by philosophers such as Lukes (1973). Individualism in this context is taken as a celebration of individual difference and is related to political ideas about equality and liberty. It is not opposed to a social model of disability when considered in these terms (Quicke, 2009). Following on from an individualist philosophy is the concept of a democratic learning society (Carr and Hartnett, 2006). This notion is based on 'classical' democratic principles which hold that every citizen has the right to equal opportunities to learn within society. This is commensurate with the current notion of inclusion, which suggests that every student should have the opportunity to participate fully in a learning community (not necessarily a mainstream one) and be able to fulfil their potential.

1.5 Inclusion

Inclusion is widely considered to have its origins in the Warnock Committee report (1978) (cited in Hartley, 2010). Warnock had argued in 1978 that distinguishing between handicapped and non-handicapped children was no longer acceptable, yet then went on to give numerous examples of how children with special educational needs (SEN) could be identified (20% of the population would have learning difficulties). The policy that Warnock

promoted was the co-location of these pupils on mainstream sites with pupils who did not have SEN and was known as integration. The very fact that a section of the population was singled out as having needs beyond the 'norm' necessarily separated them from the rest of the population and the notion of the 20% with needs remains influential in education to this day (Hartley, 2010).

EPs contribute to this process by virtue of the fact that they typically work with children who have been or are soon to be identified as having SEN. Hartley (2010) argues that inclusion has now come to refer to how children are educated and not where they are educated and applauds the Coalition government's (2010) policy which rejects full inclusion (i.e. all children should be educated in mainstream schools) in favour of holding on to an improved understanding of inclusion with a focus on the quality of education that a child receives. The inclusion agenda is constantly changing but Hartley (2010) argues that the tacit understanding that most professionals in education have of inclusion is that the focus should be on the quality of education that children receive and how they can achieve to the fullest extent of their potential. This is the inclusion agenda that is referred to below.

1.6 Conflict between Standards and Inclusion Agendas

The 'standards agenda' has been in existence since the 1980s when it was introduced by the Conservatives. It refers to the primacy that educational testing has as the means of ensuring that standards are met in schools (Ainscow et al., 2006). Although school inspections were in existence before this agenda became common-place, the two have since been linked in the mind of educationalists. The conflict between the two agendas has become increasingly apparent over recent years. While ostensibly heralded by government as compatible agendas, the reality is that these two agendas can never be fully compatible (MacBeath et al., 2005).

Many schools are feeling under immense pressure from Ofsted and the government to raise standards and in many cases convert to academies. Where schools are feeling these pressures, pupils who prove difficult to manage and require extra resources and staff time are more likely to be excluded. These developments are reflective of the rise in neo-liberalism over the past 25 years which promotes free markets and trade and results in lower rates of public expenditure (Martinez and Garcia, 2012). These policies are in contrast to the notion of a democratic learning society as conceptualised by Carr and Hartnett (1996) and what inclusion was originally predicated on (MacBeath et al., 2005) but are likely to continue given the current economic climate, particularly considering that the Conservative Party manifesto (2010) made explicit reference to ‘remov[ing] the bias towards the inclusion of children with special needs in mainstream schools’ (p. 53). Although their rejection of ‘full inclusion’ as a policy is welcome, it is uncertain in which direction the inclusion pendulum will next swing.

1.7 Evidence-based Practice

Even within the profession of educational psychology, Quicke (2009) argues that there are differing conceptions of what constitutes good professional practice. He maintains that managerial speak increasingly has percolated down into dominant EP discourse where EPs are now involved in evaluating interventions for the local authority (LA) employing a primarily positivist framework for research. Phrases such as ‘value-added’, ‘outcome measurement’ and ‘evidence-based practice’ are in common usage and a reliance on this kind of research is likely to limit other conceptions of good practice such as promoting inclusion. As Hammersley (2004) has identified, there is a danger that professional expertise as a type of evidence is designated to be of less importance than that of research evidence, the implication being that expertise which draws upon particular cases is subjective, biased and lacking in rigour. Indeed, this is already the case as the hierarchy of evidence demonstrates (NICE,

2005). Multiple randomised control trials are followed by single randomised control trials, then quasi experimental studies, followed by case studies and lastly expert opinion. A consequence of the current emphasis on evidence-based practice is that educational professionals such as EPs may feel their expertise which has been acquired through case-work is not as valuable a form of evidence and therefore is less likely to be published in journals (Hammersley, 2004). To reflect the issues which were considered to be of interest in the current study such as power and discourse, the following research questions were addressed:

- How does the TEP in a relatively powerless position attempt to negotiate the varying and at times competing agendas of the key stakeholders in the intervention?
- What are the implications for TEPs when working in these situations?

DISCUSSION

2.1 How does the TEP manage the competing agendas?

TEPs are in a difficult position in that they are not yet fully qualified psychologists but are still expected to carry out complex therapeutic work to a high standard (Squires and Dunsmuir, 2011). The TEPs surveyed in the study by Squires and Dunsmuir (2011) reported encountering significant challenges when it came to delivering therapeutic work such as practical and ethical considerations. Mention was also made of the challenges of managing the expectations of school staff. Some of the ways in which TEPs can manage the various and competing agendas which are in play are to have an awareness of the prominent discourses being used and also to have theoretical frameworks to draw upon with which to frame their understanding of complex situations. Discussed below are some of the prevalent discourses

that I encountered in this intervention and also an explanation of some family systemic principles which I used to frame my thinking about this particular case.

2.11 School discourse

The dominant discourses of the key stakeholders in this intervention were largely centred around specific differences as being intrinsic to the child versus a discourse which situated all children on a continuum of difference. Billington (2000) has identified that the fact that ‘whether we celebrate, tolerate or remediate differences are issues which present themselves as a stream of dilemmas throughout our working lives with children’ (p.1). These differences were reflected by the language used by the school and by M’s mother. I believe that the discourse that the school in particular was using to refer to M had a distinct impact on the way that he was being viewed by staff and also by me (Wetherell et al., 2001). However variation in discourses over the course of the intervention was also seen. For example, the language that staff were using to refer to M had changed dramatically within a week from a discourse grounded in a child-centred approach which accepted that M was struggling with and needed ‘*support*’ to a negative and critical discourse which was now situating M as a ‘*problem*’ who was wilfully disrupting the status quo and to paraphrase Billington (2000), whose differences were becoming ‘unacceptable’ to the school. The school were no longer disposed to think of the function behind M’s difficult behaviours which they had been doing previously and the impetus had quickly moved to the need to ‘*do something quickly*’. This highlights, I feel, the power of language to affect the decision-making process in a school context. The school had moved from an inclusive position to one where exclusion was a likely outcome of the situation. Through situating M in such a way, they were creating a reality in which certain actions would need to be followed (e.g. exclusion or emergency TAC meeting). Billington (2000) claims that in these instances, young people are essentially being victimised for ‘being

different' and the impact of a forced move may have long-lasting effects on the young person, even if it is deemed to be in their best interests at the time. This does not reflect inclusive practice as conceptualised by Hartley (2000) for example. As research indicates, the outcomes for children who have been permanently excluded from school are notoriously poor (Parsons et al., 2001). The rhetoric in these instances – although not always explicitly acknowledged – is often that '*schools have standards*'. The child has fallen below its standards of what is acceptable behaviour and '*something must be done*'.

This is a conflicting discourse with the inclusion agenda that is echoed in the rhetoric also employed by schools. However, as has been discussed previously, schools are in a difficult position in that they must strive to adhere to both agendas which is why the discourses they employ are often conflicting as they aim to include and also achieve academically. The TEP must be cognisant of these competing demands from the school and from the child and family and how they negotiate these demands and challenges to inclusive practice is at the heart of their practice.

2.12 TEP contribution

My contribution in this instance was to attempt to challenge this view of M through continuing to use more moderate language which promoted a more inclusive understanding of M's needs. The implication from the senior management team I felt had been that the therapeutic intervention '*should have fixed him*' by now. This is a common misconception that school staff appear to hold of EPs which is centred around the notion of disability and SEN as being something internal to the child which can be '*fixed*' by a psychologist. This motivation to pathologise the child is one we must struggle against as ethical practitioners, even though it may be difficult and challenging (Billington, 2000).

2.13 Parental discourse

The pressure to pathologise the child was also encountered in conversations with M's mother. As I was able to build a relationship with M's mother, I attempted to challenge some views she held which I did not feel were constructive to helping M, particularly around seeking a diagnosis for him of Asperger's syndrome for which I had seen no evidence. As Norwich (1993) has identified, a diagnosis when it does come can have a negative impact on outcomes for the child in that it reinforces a reductionist and simplistic view of the child's disorder as inherent to the child and parents and schools often feel absolved from having to modify their own behaviour. M's mother was determined to view M as having a '*problem*' and as '*different to my other children*' and it was very difficult to reframe her thinking in this area. By concluding that he had '*Asperger's*', she was situating him in a particular way. Billington (2000) warns that the professional in such cases must also be cautious in that the language they use does not position a child in a negative way that may lead to instances of separation and exclusion. For example, although I baulked at the idea that M was on the autistic spectrum, I did not hesitate to use the term '*learning difficulties*' in connection with M. The use of this term placed M in a specific category and affected how others viewed him. I recall one specific instance in which I referred to M as having '*significant processing difficulties*' to which M's mother replied '*Oh I love the way you put things sometimes!*' I recall that I had deliberately chosen to use these words as my intent was to impress upon her the import of the difficulties with learning that M was facing and how these were impacting on his understanding of the content we were attempting to cover in the sessions. In this instance, I consciously chose to use language which would situate me as a professional with authority. This is an example of stake inoculation (Potter, 1997) in which the author of the discourse adopts language which limits personal liability. For example, it is possible that I was

emphasising M's verbal and non-verbal reasoning difficulties because I did not want to be held responsible if the therapeutic input was deemed not to have made a positive impact. However it is only upon reflection that I am able to articulate such views, I was not fully conscious that this is what I was doing at the time.

2.14 Discourse of victimisation

To further illustrate the power of discourse, from the very beginning, M's mother had adopted a discourse which situated her and particularly her son as '*victims*'. Discourse analysis would suggest that through using the language of victimisation, M and his mother were constructing a reality in which they became victims- of their own destiny it could be argued (Wetherell et al., 2001). The school resented this apparent subversion of the '*truth*' as they saw it and looked to counter with a discourse that focused on parental blame and child culpability. This reflects the relative powerlessness of M and his mother when compared to the powerful position the school was in and how both sides used discourse as a way to achieve their aims. M's mother could have opted for multiple other discourses but she did not. This leads us to question why people choose certain discourses over others? This is a key concern of discourse analysts. Wetherell et al. (2001) report that it is impossible ever to know precisely what drives people towards certain discourses. This is one of the key limitations of discursive psychology and why multiple interpretations of discourse are possible.

2.2 Family therapy principles

One further way in which TEPs can negotiate such agendas is through having knowledge of a theoretical framework such as family therapy. For example, knowledge of the principles of structural family therapy (Cottrell and Boston, 2002) added to my understanding in this case which involved working with M's brother and mother as well. Developed by Minuchin (1974)

amongst others, structural family therapy is an approach that holds that individual difficulties arise from the experience of dysfunctional family systems. Although this was not specifically a family intervention, I was conscious that home factors were likely to be impacting on the child's presentation in school. Circular causality is a useful principle which states that 'blame' should not be attributed to a particular member in a system. It is not helpful to single out individuals in the group but rather to think about how the behaviour is affecting the functioning of the entire system as a whole and how the system is contributing to the behaviour (Dowling and Osborne, 2003). I used this principle to frame my discussions with school and with M's mother, particularly in the information-gathering stages of the intervention.

Secondary gain is another principle which encourages the therapist to consider what possible gains from the behaviour there are to the system which may mean it is difficult to change the behaviour and which may not be apparent as gains (Beaver, 2003). I hypothesised that the system as a whole (the family) all contributed to the behaviour exhibited by the child in complex ways which I could only guess at. Secondary gain was hypothesised to occur specifically for the child's mother who was lonely and liked the company of her children at home which is why she did not pressure them into attending school. I was then able to explain to school what my hypotheses were about M and M's family which guided school towards a greater understanding of the difficulties which we were experiencing in attempting to influence M's behaviour at school. As Beaver (2003) has identified, EPs are often placed in situations where there are multiple and conflicting agendas and possessing knowledge of a systemic framework such as structural family therapy can often be of use in untangling some of the complexity of what we are asked to do. Squires and Dunsmuir (2011) have identified

the importance of working with both families and schools using such a systemic-oriented approach when TEPs are carrying out this type of therapeutic work.

2.3 Implications for TEP practice

This case has many implications for how TEPs practice, only some of which can be discussed here. Unlike other situations which I have been involved in where the school seems to have decided already on a particular course of action and the EP or TEP becomes involved in the situation at too late a stage to otherwise influence this decision (as identified by Billington (2000) as constituting ‘punitive acts of authority’ (p. 2)), this was a situation in which there was initially an expectation that things would progress well. This is why it was so disappointing from my point of view when the situation escalated to the point where M received a fixed-term exclusion in week six and I felt that the situation had changed to the one described above (i.e. the school had already decided on a course of action which was exclusion).

As Billington (2000) describes, the route to access EP services is often after many other approaches have been trialled with the pupil and the next step is exclusion or a change in provision. When this is the case, there is pressure placed upon the professional to act in accordance with the school’s wishes. Billington (2000) refers to this culture as a ‘blaming culture’ and raises interesting questions about the impact of working in such cultures and what impact that can have - not only on the child or young person - but also on the professionals who work with these young people. The implications for TEPs who find themselves in such a situation are numerous. Firstly, they must be cognisant of the underlying assumptions of their role which are held by key stakeholders such as parents and the school. In many instances, this entails the assumption that the psychologist can ‘fix’ the child.

Secondly, they must be prepared for the emotional impact of such work on TEPs, particularly when there is a mismatch between client and TEP expectations. There is a further difficulty in that it is often very difficult to establish just who is the actual client (Ashton and Roberts, 2006)? Is it the child, the school, the parent, the LA or all of them? The challenge then arises in trying to manage the differing expectations of each of them (MacKay, 2002). What are the implications then for inclusion? Where inclusion is conceptualised as consisting of the quality of education that a child receives, then in some instances, it may be appropriate to sanction the move of a child from one school to another. However as Billington (2000) identifies, the move is often made with no prior evidence that it will work. The role of the EP has traditionally been as a ‘critical friend’ to schools to support them in keeping children they may otherwise have sought to exclude.

2.4 Supervision

Another related complication which arises is when there are apparent differences in how different staff members view the role of the TEP, as was the case in this instance. The Deputy Head had a very different conceptualisation of what the TEP’s role entailed (i.e. that of ‘fixing’ the child) compared to the SENCo and the power imbalance between the two staff members led to M being excluded by the 7th week of the intervention. As Squires and Dunsmuir (2011) have identified, TEPs are in a strong position, particularly when it comes to implementing therapeutic work however they are rendered vulnerable by a lack of experience and their low power status as a trainee. Seeking supervision is key to managing the conflict inherent in such situations (Squires and Dunsmuir, 2011). In the current situation, I sought clinical supervision following a difficult meeting with the Deputy Headteacher in the 6th week which helped me to address the anxiety and uncertainty in my own ability which had been provoked by this interaction. The elements of the supervision which were most helpful to me

were in fact non-specific to the actual therapeutic techniques used but were concerned with the processes of relating to other stakeholders for example.

2.5 Changing Nature of System

Although there had been an escalation in disruptive behaviour, when I went in to see M again the following week to my surprise, the situation had improved. School were trying out a new behaviour management strategy with M consisting of a simple reward chart and staff were speaking more positively about him. An emergency TAC meeting had been arranged with a LA SEN Officer the previous week to take place as soon as possible and various professionals (including myself) had been invited. By the time this meeting happened two weeks later, the school reported that they were pleased with how M was behaving in school, his mother reported that he was happier at home and there was no indication that an alternative placement was being sought for him. This is an indication, I believe, of the unpredictable nature of our work and a warning perhaps not to blame or credit ourselves unduly for changes that occur in a situation. Human behaviours are complex and subject to influence from numerous sources and trainees need to be prepared for this. It is possible that a small shift in the pupil's thinking was made through the intervention which affected his willingness to engage in other opportunities but it is also possible that the intervention had no effect and that external factors contributed to a change in the situation.

2.6 Implications for Future Research

The research implication for TEPs and EPs for the future is, I believe, to engage in further analyses of their typical, day-to-day work in such a way as to increase the profession's ability to reflect on the reality of educational psychologists' work and also their transparency as a professional group. This is perhaps increasingly relevant in the current economic climate in

which EP services are increasingly moving to becoming fully or partially traded organisations (DfE, 2012). It has been argued that part of the reason why EPs as a professional group have remained on the fringes of policy development in the UK is their difficulty in properly describing what they do (Stobie, 2002). Perhaps the time has come to be more transparent about the intricate nature of the work that we do and the contribution that we can make to delivering therapeutic support to vulnerable pupils and TEPs are uniquely placed to be able to do this.

2.7 Limitations

2.7.1 Adherence to theoretical model

There are several limitations to this intervention which it is important to acknowledge. Firstly, I did not consider Prochaska and DiClemente's Model of Stages of Change (1982) in enough depth. See figure below.

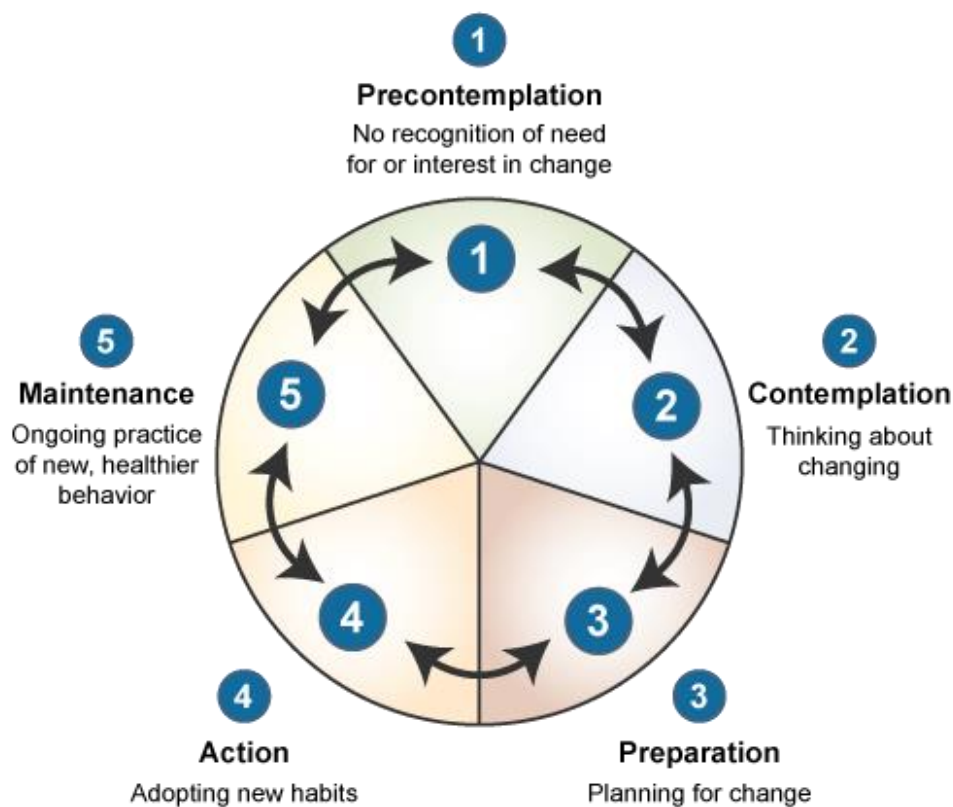


Figure 1: Prochaska and DiClemente's Model of Stages of Change (1982) (taken from Office of Behavioral & Social Sciences Research (2012))

Although M indicated in the first session that he did want to change, he may not have had the internal resources to be able to or was perhaps too constrained by the system surrounding him to be able to do so. As and DiClemente and Velasquez (2002) have identified, the closer a person is to stage three of the model (preparation for change) the more likely they are to change.

2.72 Collusion

A further limitation which must be acknowledged is that I may have colluded too much with the school. Given that the LA I work in is following a model of service delivery where EPs are constantly expected to go into new schools to undertake pieces of work, it is rare to get the

opportunity to undertake casework that allows for repeated visits to the same school and for a rapport to be built with staff over a period of time. As a result, I was unwilling to ruin this rapport I had built up with the SENCo through challenging her assumptions. As Salmon and Faris (2006) have identified, it is only when professionals are able to engage in genuine debate and challenge each other's assumptions that 'negotiated meanings' can be achieved. The SENCo was inclined to adopt a within-child conception of difficulties and although I strove to alert her to more social environmental explanations through reframing some of her thinking, I am not confident I was successful in this objective. As Quicke (2009) has identified, schools are often looking for a reductionist and deterministic view of a child's behaviour – if a child has a '*disorder*' then the problem is a within child one and the school is absolved from responsibility. However an equally problematic conception can be that of the child as an individual agent who is seen to be '*manipulative*' and wilfully naughty. The EP often treads a fine line in their conversations with staff between portraying the child as vulnerable versus an active agent (Quicke, 2009).

2.73 Systemic nature of work

A third limitation is that the systemic aspect of the case was limited. As Squires and Dunsmuir (2011) have identified, TEPs find it challenging to engage in this type of work due to the number of constraining factors which exist such as service expectations and time allocation models. This has necessary implications for the nature and extent of work that is carried out. In this particular instance, after 6 sessions had been carried out, a decision was made by a senior member of the EPS team to curtail the intervention following a seventh session as funding constraints meant that further (unpaid-for) sessions could not be delivered as the school had not purchased any more hours. Given the previous hypotheses outlined concerning M's family, the reader might rightfully ask why I did not consider focusing my

intervention on the family context instead of on the child when I suspected so many of the concerns were to do with family issues. However even though I attempted this to a certain extent in that I involved the mother in the intervention as much as possible and I also saw M's brother for one session, funding constraints meant that the scope of the work was curtailed. Systemic family therapy is not an approach which is typically used by EPs but - as highlighted by Dowling and Osborne (2003) - should not be beyond the scope of an EP's skill-set. However, given the present financial considerations I had to suggest to M's mother that she seek such an intervention from CAMHS, as our service was not in a position to offer this. This is one of the current frustrations of the job and again leaves the EP as an ethical practitioner in a quandary and is an issue which has been highlighted in the literature a number of times (Quicke, 2009; Farrell et al., 2006).

CONCLUSION

According to Burman et al. (1996), theory is practice. I think that, upon reflection, the gap between theory and practice in my own practice is more evident to me now than it was at the time. This is a common feature of what is known as 'knowing in action' (Schutz, 1971). Schutz held that the daily practice of a person in their work is not free from errors or inconsistencies but that this is a part of the human condition. What TEPs and EPs can do to counteract this misalignment is to accept that errors will be made but to be reflective practitioners and learn from their experiences. In future, I will continue to be a reflective practitioner and attempt to use theory to drive my practice. Whilst outcomes were reported to have improved for the child and a move to another provision was averted, this case illustrated clearly to me the disempowered position that both professionals such as EPs and parents and children are in when confronted with a school which has a competing agenda to that of other key stakeholders. It was also illuminating to analyse the interactions through the lens of

discursive psychology and particularly how professionals contribute to the constitutive process of using language. In such cases as that discussed above, there is a role for the EP to act as an advocate for inclusion and as a negotiator of competing agendas but this important role is increasingly being diminished as more EPS' move to a traded model of service. EPs should be encouraged to use their knowledge of frameworks such as family therapy and discursive psychology to help them to negotiate such complex situations. Furthermore, it is incumbent upon EPs (Quicke, 2009) to look to qualitative research such as ethnographies and case studies to provide 'real' accounts of the messiness and complexity of the work we do in schools and hopefully, of the value that we have, not as gate-keepers but rather as critical friends to schools to support them in deploying their inclusive policies in a truly democratic manner.

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Appendix One: Clinical Case Formulation

(adapted from Page and Stritzke, 2006)

The following sources were used to inform the formulation.

- Discussion with mother and school staff
- Consultation of school held records
- Meeting and individual assessment with M

Background information

The initial statutory assessment took place as M was starting into his first term at secondary school. Although information from the secondary school was minimal due to the limited contact they had had with the pupil, the school did feel that it was worth pursuing a statutory assessment of M's special educational needs. Consultation of records provided by M's previous setting suggested that M had had a difficult school history characterised by periods of bullying, non-attendance and behavioural incidents. He had been excluded several times from his previous schools. Although the secondary school had not as of yet witnessed any such outbursts, M had only started there two weeks previously and so the school did not feel they knew him well enough to comment on his behavioural difficulties. M's mother spoke about the previous school in terms which suggested the home-school relationship had been strained and that she did not find them supportive. She was hopeful that the current school would be a better environment for M where he could make a '*fresh start*'. She was very keen for therapeutic input from the EPS, particularly around coping strategies around high levels of anxiety. It was apparent that M struggled with social skills as well and to make and keep friends. M's mother also reported that M was inclined to '*withdraw into himself*' or to '*blow up*' when experiencing high levels of anxiety and was reported to have a tense relationship with his siblings.

Problem list

- Challenging behaviour at home, including physical aggression, swearing, shouting
- Absenteeism

- Leaving school and running home
- Difficulties establishing and maintaining peer relationships

Predisposing factors

- Difficult home situation, including strained sibling relationships
- Mild learning difficulties
- Family as a whole relatively isolated from extended family
- Low socioeconomic status
- History of being bullied

Precipitating factors

- Being asked to complete work M perceived as challenging, social situations which are unsupervised (e.g. playground)

Perpetuating factors

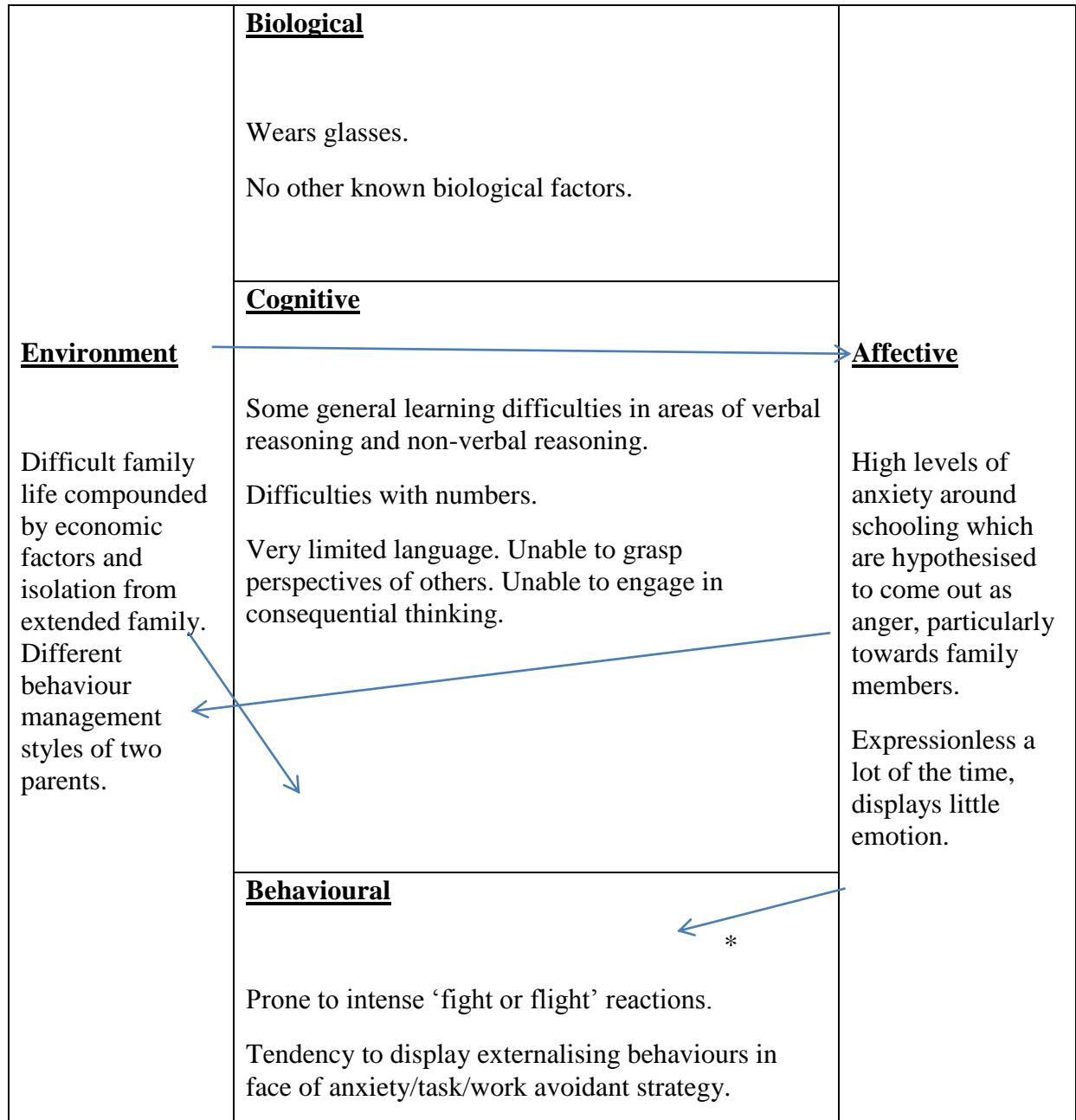
- Parental reaction to situation, reinforcement of M's behaviour as a result
- M's poor social understanding

Provisional conceptualisation

Following an initial meeting with staff and M's mother and from working individually with the pupil using personal construct psychology before beginning the intervention, it was felt that M was experiencing difficulties in identifying and expressing his emotions appropriately. This was hypothesised to lead to outbursts of aggressive behaviour in the home which were upsetting for his family to witness. It was also hypothesised that his difficulties in reading the emotions of others meant that he found it difficult to establish meaningful peer relationships, often through misattribution of intent which had led to conflict situations in his previous schools. It is hypothesised that if M's low levels of social understanding and maladaptive coping strategies are addressed in the therapeutic context, he will be enabled to use coping

strategies which are productive, which allow him to take responsibility for his behaviour and which allow him to develop more appropriate social skills.

Interactive Factors Framework (Frederickson and Cline, 2002)



*The arrows reflect the hypothesised relationships between problem dimensions.

Appendix Two: Sessions outline

Session 1

Content covered was rapport building activities using Personal Construct Psychology (PCP). Techniques used included warm-up activities and 'Drawing the Ideal Self'.

Session 2

Session 2 entailed the conclusion of the 'Drawing the Ideal Self' activity which had had to take place over two sessions. A scaling activity was also completed with the young person. M identified that he wanted to work on his 'anger'. On a scale of 1 to 10 for where he would like to be, M identified that he was between a 3 and 5 before the sessions.

Session 3

In the third session, I used the PCP 'Portrait Gallery' with M. Through using these PCP techniques, we were able to explore things that were important to M. Money and having friends repeatedly came up as important themes. M found it very difficult to think about what other people would say about him (so thinking from someone else's perspective) which may have affected how he responded to others and why he behaved as he did at times.

Session 4

In session 3, I began to introduce some basic elements of cognitive-behavioural therapy into the session. We discussed emotions and body language and how we would identify these emotions in others. This was to prove difficult for M and was a recurring theme of the intervention. I provided practical activities to illustrate the concepts I was exploring with the young person and introduced some homework tasks for the first time. I used a mix of resources from both Think Good, Feel Good (Stallard, 2002) and the FRIENDS workbook (Barrett, 2004).

Session 5

In the next session, I felt the concept of red and green thoughts from the FRIENDS materials would be helpful to use with M and so had brought in red and green stickers to encourage him to think along these lines. I read a story to M from the FRIENDS book which encouraged M

to think about other people's emotions and how we might understand these. I also gave out more homework in the form of a 'Thoughts Diary' from Think Good, Feel Good.

Session 6

We looked at the Magic Triangle in this session. I explained the link between thoughts, feelings and behaviours and tried to illustrate this with real life examples. We played a scenario game with some matching cards where the child had to identify appropriate behaviours, thoughts and feelings for particular scenarios.

Session 7

The purpose of the last session was to summarise all that we had discussed over the previous weeks for M's benefit. I also incorporated some relaxation activities in this last session. I asked M how he had felt the sessions had been and he said he had enjoyed them and found them '*a bit*' helpful. We looked again at the scale that we had used in the first session and I asked M to rate where he now felt he was on the scale. He placed himself between a 9 and 10 following the sessions which is a positive sign compared to where he had previously placed himself (i.e. between a 3 and 4). Furthermore, M identified that he was '*not as angry, I'm more calm now*' following the sessions.

Summary

I found M to be relatively engaged in our sessions. He needed encouragement to identify examples from his own life which illustrated the concepts I was trying to explain and I think some of the concepts may have been too complex for him. Despite this, he tried hard at the homework and M's mother reported to me that he wanted to discuss what he had done in the sessions when he went home in the evening which I took to be an encouraging sign.

CHAPTER 4: PPR3

‘An evaluation of the specific contribution of EPs to the multi-disciplinary LA telephone line and triage system’

ABSTRACT

Educational psychologists (EPs) are increasingly operating in a traded environment whereby schools and other providers can elect to purchase services from an educational psychology service (EPS) (DfE, 2012). This change has been seen across the breadth of public services and not just in education (Ball, 2009). This move to traded services has been expedited by the Schools White Paper (DfE, 2010) and more recently by the Children and Families Bill (DfE, 2013), both of which have advocated for increased autonomy and ‘purchasing power’ of schools. In light of these developments, EP services are having to evaluate the cost of their services so that they can compete in the present competitive economic climate, sometimes with similar services such as specialist teachers (Ashton and Roberts, 2007). One innovation in some EP services in response to these changes has been the introduction of a telephone line which provides a consultation and advice line to the public. The following is an account of an evaluation of the data collected on the EPS telephone line in one Local Authority between November 2012 and January 2013. As the telephone line is operated as part of a multi-agency triage system, semi-structured interviews were undertaken with three EPs to ascertain the perceptions of the EPs of the telephone line and the triage system. Limitations of the evaluation are discussed along with suggestions for further exploration of the data gathered from the triage system.

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INTRODUCTION

1.1 Research Overview

This evaluation was set within the context of an EPS operating across a large rural county in the West Midlands. There are two local authorities (LAs) within the county and the EPS currently operates a 'joint arrangements' system with both local authorities whereby one LA pays a percentage of the costs of the EPS to the other LA for the use of the service. This is an antiquated system which has been in operation for a number of years and is currently under review. As part of the on-going review, the EPS has been examined as a possible social enterprise which would entail leaving the LA control and generating income for social profit. As the DfE (2012) have identified, this is an increasingly likely avenue for EPS' as services increasingly move to being commissioned by external providers. To prove the viability or otherwise of such a venture, local commissioners have costed out the value of the different aspects of EP work such as the cost of providing statutory advices for statements of special educational needs, early years provision, children in care work and the cost of the telephone line, amongst other aspects of EP work. An interim report from the commissioners concluded that the duty line was not a cost-effective use of EP time in view of the fact that the commissioners saw the role of the EP as being more effectively deployed in carrying out traded work than on the telephone however a more detailed analysis of the telephone line data was then requested by the Principal Educational Psychologist (PEP). This project aimed to analyse the data that was collected over a three month period to ascertain the type of calls received and what functions the telephone line was serving. As the telephone line service is embedded within a multi-disciplinary triage system, it was considered of relevance to investigate what the perceptions of the EPs who had had involvement with the triage line were about this service, as well as the telephone line. Therefore in addition to the quantitative data,

qualitative data was gathered through conducting semi-structured interviews with EPs. The research questions which were explored were as follows: what are the perceptions of EPs of the triage system to date? What are their perceptions of the telephone line? And what does the data gathered over a 3 month period from the EP telephone line demonstrate?

1.2 How it works

The triage system is based upon the principles of co-location and improved systems of information-sharing and safeguarding (Council A, 2011) in which representative professionals from the LA and the National Health Service (NHS) such as educational psychology, social workers, the police, youth offending and CAMHS are timetabled to sit in a designated triage area for part of a week. There are telephone lines set up for each professional and telephone advisors direct calls from the public through to the appropriate service. If a professional receives a call about a child for which there has been no prior involvement and they require advice from other professionals in the triage team, an email is sent to the professionals on duty who are then invited to a triage meeting to discuss the case in greater detail. These meetings are scheduled to occur twice a day and together with the telephone line, constitute the main contribution of the EPs to the triage process (see Appendix One for further detail about how the triage system operates). The EP telephone line is operated from the triage area and provides a consultation and advice service to schools, families and other providers. The telephone line is available in term time five days a week from the hours of 8:30 to 16:30 and is staffed by an educational psychologist. It has been in existence since 2011 however it was only recently amalgamated into the triage system.

LITERATURE REVIEW

2.1 EPS Models of Service Delivery

In recent years, the ways in which EPS' have been structured has been affected by a number of crucial developments. These have included the imposition of public spending cuts by local government, changes to how public services are delivered and to the constitution of schools with the introduction of academies and free schools (AEP, 2011). These changes have had direct implications for how educational psychology services are delivered. The AEP (2011) has identified three overarching models of service delivery. These are shown below:

Types of service delivery model	Details
Traditional Local Authority Model (Fully core funded)	Whole of budget continues to be funded directly by LA
Local Authority Plus Model (Semi-traded)	Core/statutory functions are funded directly by LA and trading with schools and other organisations allows for previous levels of activity to be maintained.
Other models (Fully traded/commissioned)	Services are stand-alone organisations which generate all their income through trading operations.

Table 1: Models of service delivery (AEP, 2011)

These new models of service delivery reflect the current economic climate. Historically however, EP services have been structured in very different ways. It is useful to have an

understanding of prior models of service delivery so that change over time can be analysed. A short account follows of what were historically the most typical models of service (Leadbetter, 2002). Leadbetter surveyed 90 EP services and found that the models of service delivery could be divided into the following: time allocation, models built upon service level agreements (SLAs), consultation, locally negotiated models, multi-agency working and 'other'. The variation across services may be accounted for by the variation in local and historical contexts in the United Kingdom. According to Leadbetter (2002), time allocation has been the most predominant model of service delivery. Time allocation is a model in which complex mathematical models are used to calculate how much time an individual school would receive from their link EP per term or per year and which are typically based upon factors such as the size of school and the number of children eligible for free school meals. Another common model of service delivery was that built upon service level agreements. These are written agreements which are drawn up between services and schools in which the school specifies the work they want from the EPS. Leadbetter notes that models built upon SLAs are indicative of the move to a traded environment where EP services are increasingly being held to account for the work they deliver to LAs. Locally negotiated models were another model of service delivery which was identified by the research and reflect more individualised ways of working in which EPs negotiated almost on a school by school basis how they preferred to work, in accordance with the needs of the setting. This way of working is reminiscent of earlier times in the history of educational psychology and is unlikely to be a viable model of service delivery in the current financial climate.

Consultation is the final model of service delivery which shall be addressed. Consultation has become increasingly popular over the past two decades and has played a prominent role in EP work since the publication of Wagner's guidance for EPs on consultation (1995). Defined as

‘... an indirect problem-solving process between a [consultant] and one or more [consultees] to address concerns presented by a client...’ (Sheridan et al., 1996, p. 341), consultation is an important facet of many professions. Consultation can be offered face to face or through the telephone.

2.2 Triage

In the current climate of austerity, LAs are under huge pressure to make financial savings and no sector is free from the threat of budget cuts (AEP, 2011). One way that LAs have attempted to save money is through streamlining services through a triage system. Triage is primarily a medical term but has been adopted by local authorities to refer to a system of sorting referrals in terms of priority. Through providing the public with immediate and easy access to professionals through a telephone line, financial savings can theoretically be made. However a large impetus behind triage systems is also to promote multi-agency working and improve safeguarding procedures (Council A, 2011). According to this LA, the theoretical underpinning behind the triage system is to:

‘Enable fair and equitable access to services, support and advice across the Borough to ensure that the right services are delivered at the right time at the right place’ (Council A, 2011, p. 5).

A report by Carlile (2012) into safeguarding procedures across England has also recommended that triage systems be set up in all LAs to prevent incidents such as that of the Edlington case re-occurring. Carlile (2012) reports that greater collaboration between professionals ought to result in improved access to services for service users. He recommends a triage system to be adopted by all LAs which is characterised by ‘fast and profoundly cooperative interdisciplinary co-working, excellent written and electronic document trails, and a demonstrable ability to respond to urgent situations efficiently (p. 10)’. The triage system is

also set against the backdrop of the Troubled Families programme (Coalition Government, 2012) and Munro (2011) Report. The Troubled Families programme is based on a cost-saving analysis which suggests that a ‘troubled family’ costs the taxpayer on average £75,000 per year in terms of support and benefits, 85% of which is issued on a reactive basis (Coalition Government, 2012). The majority of the spending is in the youth justice system. The aim of the Troubled Families programme is therefore to help these families through a package of support which incorporates elements such as a dedicated key-worker, and increased information sharing between agencies- the latter is thought to be provided by a triage system (Carlile, 2012).

The Munro Report (2011) also makes it clear that early intervention and increased multi-agency working is a priority if LAs are to avoid cases such as ‘Baby P’ happening again. Munro concludes that early intervention is the best way forward to prevent situations escalating to critical levels. She also recommends increased multi-agency working to prevent the duplication of records and involvement with families. Such recommendations can be addressed, at least partially, through the use of a triage system because of the increased collaborative working between professionals.

Triage working has been introduced by a number of LAs across the country since the previous government was in power (LSGCCB, 2010). At that time it was driven by a number of factors such as the newly introduced Common Assessment Framework (CAF) agenda, an increased focus on early intervention and preventative work and the increase in multi-agency working as promoted by the Every Child Matters Green Paper (LSGCB, 2010). The DCSF recognised the vital role that co-location of professionals could play in the sharing of information and risk between services and the Coalition Government (2011) have carried forward this drive.

2.3 Telephone consultation

The use of the telephone in offering psychological consultation has not been widely explored within the profession of educational psychology. For example, a search of the available literature on telephone consultation and educational psychology returned no results, however an online search of LA EPS websites found a number of EP services where telephone consultation is mentioned as one of the available services. An online perusal of EP services therefore suggests that many services are operating a telephone line similar to that operated by this service but that there is no published literature on the impact of this service as of yet.

Providing a consultation and advice service over the telephone appears to be much more common in the voluntary sector, in clinical psychology and in medicine than it is in the field of education. For example, in the field of medicine, initiatives such as telephone consultation have been considered to improve access to care for patients for a number of years (Campbell et al., 2013). Most of the research in the area of medicine has been in the field of nursing. The cost effectiveness research on telephone consultation in the field of medicine however is not straightforward. For example there is evidence to suggest that NHS nurse triage practices are more cost effective than practice nurse responses (Richards et al. 2004), however other evidence appears to suggest that this depends on the time of day the service is delivered (Thompson et al., 1999). Patient experience of telephone triage is also important to take into consideration. From the limited research that is available, most studies report no significant difference in patient satisfaction outcomes between face-to-face and telephone consultation but Brown and Armstrong (1995) in fact found that some patients used the telephone consultation in favour of face-to-face contact.

The closest comparison to educational psychology that is available is the use of the telephone to deliver therapeutic support as part of the Improved Access to Psychological Therapies (IAPT) initiative (DH, 2012). The IAPT initiative has heralded a revolution in primary care in the United Kingdom (Hague, 2008). Rolled out as a cost-saving initiative in 2007 following a report by Lord Layard (2005), IAPT delivers supposedly cost-effective psychological therapy to the public. Referred to as '*an established, safe method*' (Hague, 2008), teletherapy is offered as one of the lower rungs of care on the stepped IAPT system. As Bee et al. (2010) have identified, the telephone is increasingly becoming an instrument through which remote psychotherapy can be delivered. Randomised control trials have also been carried out testifying to the efficacy of telephone based CBT in treating depression (Mohr et al., 2005). Research by Bee et al. (2010) suggests that when consumers are faced with prioritising the availability of a service over previously held constructs of what primary care should entail, they are able to see the value in a tele-based service. This suggests that telephone services – although unusual in the provision of psychological support and advice – may be a useful avenue to explore for educational psychology.

METHOD

3.1 Research Design and Epistemology

A mixed methods approach to evaluating the duty line and EP contribution to the triage system was undertaken. Mixed methods approaches are increasingly common in social sciences research (Gorard and Symonds, 2010) and allow trends to be identified from an amalgamation of the data from both sources (Leadbetter, 2000). As Ercikan and Roth (2006) recommend, the research questions which were chosen drove the research methods which were employed. Ercikan and Roth (2006) have identified three types of research question:

‘What is happening?’ ‘Is there a systematic effect?’ and ‘Why or how is it happening?’ (p. 21). The current research aims to answer research questions of the first category i.e. what is happening? through a mixed methods approach. Mixed methods approaches are reflective of a pragmatic epistemology. Pragmatists advocate the use of multiple methods to answer the research questions under investigation. For these researchers, truth is conceptualised as ‘what works’ (Robson, 2002). Pragmatism in research has a history going back to American philosophers such as James and Dewey (Robson, 2002) and is underpinned by the following beliefs:

Beliefs
Enquiry is value-laden;
Facts are theory-laden;
Reality is multiple, complex, constructed and stratified; and
There are multiple theories to explain any one set of data.

Table 2: Underpinning beliefs of Pragmatism (Reichardt and Rallis, 1994, p. 5)

Hence, this researcher has adopted a pragmatic outlook to investigating the following research questions:

1. What are the perceptions of EPs regarding the triage system and EP telephone line?
2. What general trends does the data collected from the telephone line demonstrate?
3. What are the implications for the future delivery of the service?

These questions drove the selection of the multiple research methods which are described further on.

3.2 Sample

Sampling refers to the process of selecting the participants who are to take part in the research (Robson, 2002). Purposive sampling was used in this study. This means that the sample was not representative of the wider population but was chosen to address a specific query. In this instance, participants were approached as they were educational psychologists who had had experience of the triage system in a particular LA. An email was sent to the EPs in the service asking for volunteers who had had experience of the triage system to participate in a short semi-structured interview. Three EPs responded. The three EPs who were interviewed held a variety of roles in the service. Two were Specialist Senior EPs and one was a main grade EP. Two participants had been part of the triage meeting on multiple occasions and the third participant had attended one meeting.

3.3 Procedure

Qualitative data was gathered using semi-structured interviews. Semi-structured interviews were selected for a number of reasons. Firstly, they allow the questions to be devised ahead of time but they also allow for a more in-depth investigation of the issues to be pursued, should the need arise (Whiting, 2008). They are a flexible method in this respect (Newby, 2010). Open questions were used as they allow for further exploration of any unexpected answers (Cohen et al., 2007). This was an important aspect of the interviews to account for as there is no published literature to this researcher's knowledge on EPs' perspectives of a telephone line or triage system (see Appendix Two for a copy of the interview schedule).

3.4 Details

Participants were interviewed at a time and location of their choosing. Before commencing the interviews, participants were given the opportunity to ask questions. The interviews lasted

20 minutes each and were recorded using a digital voice recorder. Consent for the interviews to be recorded was given prior to the interviews. Participants were informed that they would receive an anonymised summary report detailing the findings of the study following the conclusion of the research and were assured that the data would be confidential and kept securely on local authority premises.

3.5 Qualitative Data Analysis

The interview data was transcribed and coded using thematic analysis (Braun and Clarke, 2006). Thematic analysis (TA) was used as it allows themes to emerge from the data gradually. Thematic analyses “move beyond counting explicit words and phrases and focuses on identifying and describing both implicit and explicit ideas within the data” (Guest, 2012, p.10). The role of the researcher is to identify a limited number of themes which accurately reflect the data. The following 6 steps were followed:

<i>Phase</i>	<i>Step</i>
<i>Phase 1</i>	Researcher familiarising themselves with data
<i>Phase 2</i>	Generating initial codes
<i>Phase 3</i>	Searching for themes
<i>Phase 4</i>	Reviewing themes
<i>Phase 5</i>	Defining and naming themes
<i>Phase 6</i>	Producing the report

Table 3: Six steps of Thematic Analysis (Braun and Clarke, 2006)

A key component of the TA process is familiarisation with the data. This is essential to arriving at an in-depth understanding of the underlying themes (Howitt and Kramer, 2010). This process takes place over a number of days as the data is transcribed and coded. After this process has been completed, themes are identified which reflect the information which has

been gathered so far. See Appendix Three for a sample interview transcript with the emerging themes highlighted.

3.6 Quantitative Data Analysis

In addition to data gathered from semi-structured interviews, quantitative data was gathered from the telephone line. Specifically, data were collated regarding the frequency, origin and nature of calls received on the duty line over a three month period. The data collected from the telephone line was analysed using descriptive statistics. This was done by transferring the information that was held on a central database to an Excel spread sheet where it was analysed. Descriptive statistics are used to describe data at a basic level (Robson, 2002). Measures of central tendency such as the mean and mode were used (Robson, 2002).

RESULTS

4.1 Qualitative Data

The inductive analysis of the data revealed four overarching themes (advantages and disadvantages of triage system and telephone line) within which several main themes were then identified. Several of the themes were both advantages and disadvantages. See the diagram below for further details.

Overarching Theme	Main Themes
Overarching Theme 1: Advantages of telephone line	Within this theme, several main themes emerged. These were: <ul style="list-style-type: none">• Equity of access• Freeing up of resources
Overarching Theme 2: Disadvantages of telephone line	Within this theme, several main themes emerged. These were: <ul style="list-style-type: none">• Equity of access• Use of time

Overarching Theme 3: Advantages of triage system	<p>Within this theme, several main themes emerged. These were:</p> <ul style="list-style-type: none"> • Multi-agency working • Contribution of EPs
Overarching theme 4: Disadvantages of triage system	<p>Within this theme, several main themes emerged. These were:</p> <ul style="list-style-type: none"> • Contribution of EPs • Multi-agency working • Evidence base

Table 4: Overarching and main themes from inductive analysis

Further detail about the overarching themes, main themes and subthemes and initial coding ideas is provided in Appendices Four and Five. An example of an analysis grid with coding is provided in Appendix Six.

Evidence in data to support overarching themes 1 and 2: Advantages and disadvantages of telephone line:

When asked about how the telephone line had influenced the development of the service, three EPs commented on the following advantages of the line:

“We were taken off patches because not having a patch system gave back to the service quite a lot of time... at a time when we were reducing resources” (P2)

“If you’re wanting to cut EPs and still maintain public access then the telephone line is a way of doing that” (P1)

“In some ways [the telephone line] has guaranteed schools can access an EP, talk to an EP free of charge at the point of delivery” (P1)

“Personally I believe the telephone line has made us more accessible at a time when... um... we’ve been taken out of the frame, as free at the point of delivery in school” (P1)

“[The telephone line] was a way of providing direct advice to people in the same way as NHS Direct provides advice but without you ever actually going to do something so you are providing verbal advice” (P2)

The following disadvantages were also raised:

“Before the telephone line, we had a patch. And you’d have your patch of schools, they’d ring you in... You’d have developed a regular visiting pattern with that school you’d be discussing and reviewing and monitoring young people that they might want to put forward for your involvement... and yeh... they would ring you up but they knew who to ring up and

if they didn't get you they would leave a message with admin. It just was easy!" (P2)

"If we're talking about the telephone line being a way of accepting referrals and assessing whether the referral is appropriate then you don't necessarily need an EP to be doing that.. It could be an administrative role..." (P1)

"That's a constraint around the consultation really, there's only so much you can do on the telephone, and I'm very much a believer that a lot of our role when we're going into tricky situations is problem-solving... and problem solving is often related to several different agendas depending on who we're talking to... [...] and by actually visiting and talking to as many people as possible you get a better picture from which you can make a better hypothesis about what's happening, particularly for the child. If you're only talking to one person on the telephone, eh... you're giving consultation around information that is possibly limited" (P1)

"It can increase demand... but for example, sometimes on the helpline, you can be a bit of an agony aunt for somebody. You know, I wonder how expensive that is to have an EP acting in that way when what the parent wants is really somebody to offload onto..." (P1)

"I don't think it's a fantastic use of our time I think we could do it in a lot shorter time. Another disadvantage that's come out of it... I feel like I'm doing a lot less negotiating [about] what we're doing and we're just being passed pieces of work and being told 'off you go' " (P3)

Figure 1: Evidence from interviews to support overarching themes 1 and 2

Evidence in data to support overarching themes 3 and 4: Advantages and disadvantages of the triage system:

When asked about their experience of the triage processes, three EPs commented on the advantages of the triage system:

"I've had the opportunity to sit on three triage meetings...um... all of which... um... were useful and helpful to the authority in terms of the contribution I was able to make" (P1)

"The triage asked me to find out if the child was known to the EPS as the child was currently attending a PRU and I was able to contact the lead teacher at the PRU and contact them about the individual in terms of his social and emotional wellbeing... um... and his behaviour... and that information was very helpful when fed back into the triage... um... around the next actions to take in terms of supporting that individual" (P1)

"I think the system... the meaning behind what they're trying to do is very worthwhile... getting all professionals to meet and joint problem solve and share but I don't think it needs to be all of those professionals for all of the day" (P2)

The participants also raised the following disadvantages of the triage line:

"I'd like to have some... um... hard and fast research into what impact it does have on reducing the number of inappropriate requests that go through to social workers because if it

is working and that early intervention is effective then yes, it's a model that should operate but if it's not working and possibly having the opposite effect, then how helpful is the model?" (P1)

"I think that if there was a better access to the service and schools [in LA 'A'] could access us, then there wouldn't really be the need to be up there [on triage floor]... cos I don't know... maybe I've just seen a particular skew of the cases that have been put forward for triage... I didn't see a role for us in any of the ones I've been to" (P2)

"It was clear that something needed to happen in the home environment... that support needed to go into the home... a parental issue or something... [so] unless our role very drastically changes..." (P2)

"It was quite obvious it was a social services and social care intervention and they would be more appropriate to be placed immediately cos it looked like... so there was a social worker and three other members of the triage team and the case was presented and decisions were made quite quickly and it seemed to be quite obvious really... I don't quite understand... why we all had to sit in that meeting... I don't know why that decision couldn't have been made..." (P3)

Figure 2: Evidence from interviews to support overarching themes 2 and 3

4.2 Quantitative Data

This data demonstrates that over a three month period, 109 telephone calls were received. 61% of calls came from the commissioning LA, 37% came from the first LA and 1% came from out-of county. The majority of calls came from schools followed by parents and the nature of the call was overwhelmingly to do with a process query (e.g. how do we access the EPS?, can we purchase a service from the EPS?, is an EP able to attend this annual review?). Some of the key data is presented in the graphs below.

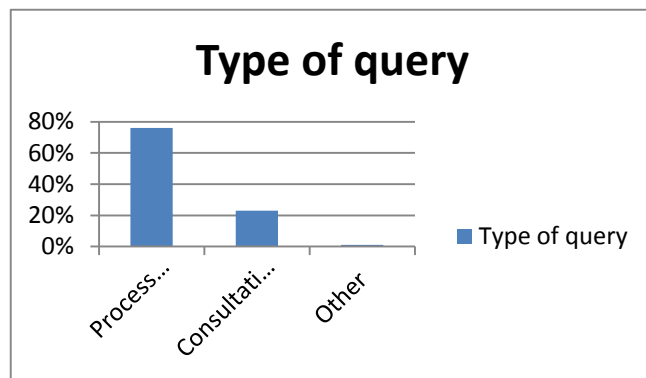


Figure 3: Type of queries received over three month period

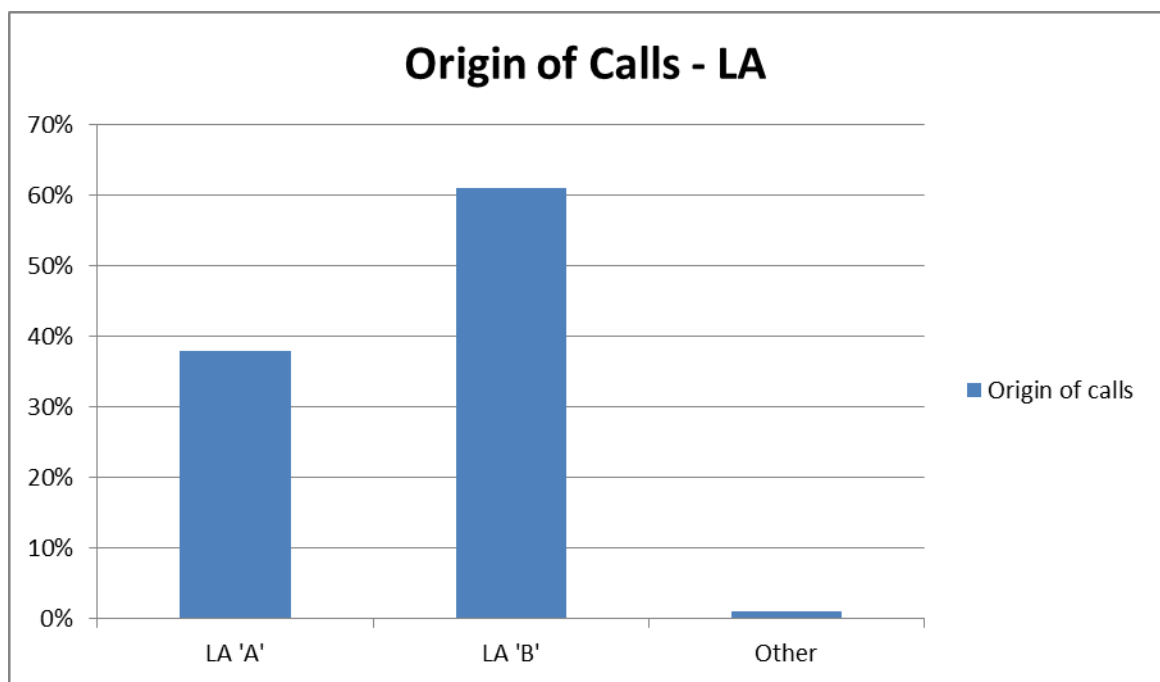


Figure 4: Percentage of calls received over three month period according to local authority

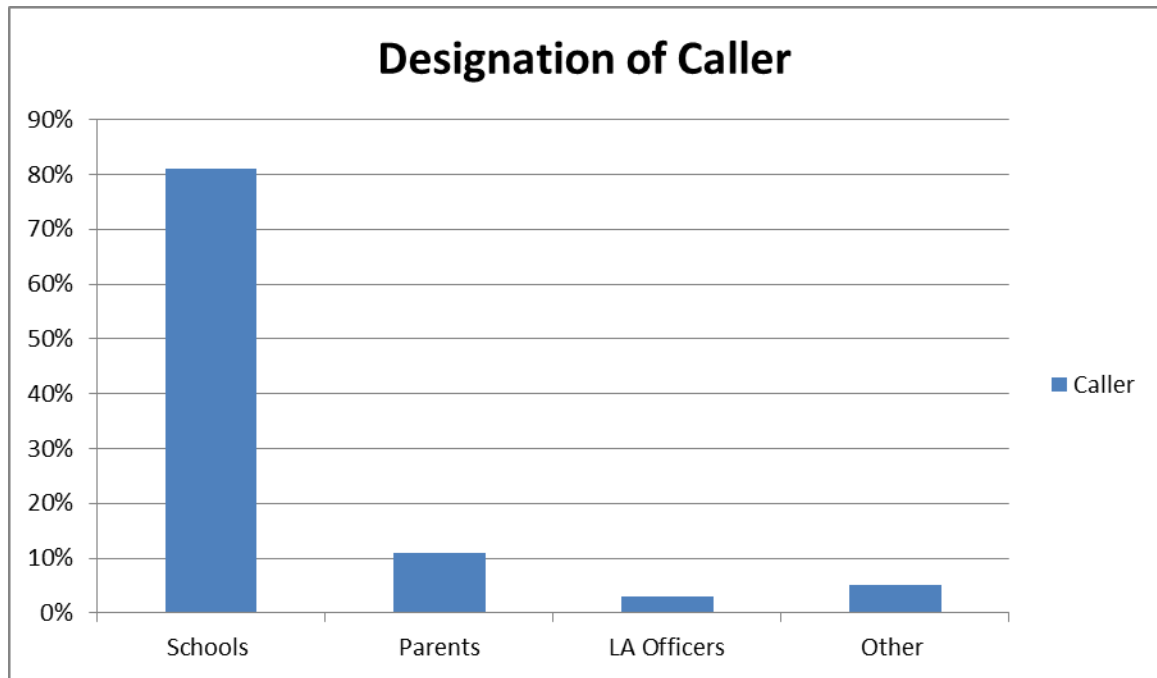


Figure 5: Percentage of calls received over three month period according to designation

Number of calls received in period November 2012 to January 2013	109
Most frequent time of day	10:30am to 12:30pm
Most frequent day	Tuesday
Mean length of call	11 minutes

Table 5: Telephone Data gathered

DISCUSSION

In this section, the findings from the three interviews are discussed in greater depth and where relevant links are made with the literature reviewed in the earlier sections of this report. The

results from the analysis of the telephone data are also discussed and where appropriate, links are made with the interview data.

5.1 Quantitative Findings

The data obtained from the evaluation of the duty line over a three month period indicates that the presence of an EP on the telephone line 5 days a week is not a productive use of an EP's time. It does not seem to be serving a consultative function as originally intended and its function is now largely an administrative one. This is evidenced by the fact that only a small percentage of calls received over the three month period could be considered to serve a consultative purpose and that the remainder of the calls (72.5%) were concerned with process issues and could in theory have been handled by an administrative assistant. Although service work is negotiated through the telephone line, this does not necessitate a psychologist's input, provided a clear set of criteria establishing what is core and what is traded work is available. Again national guidance on what constitutes core work would be helpful in facilitating this (DfE, 2012).

Furthermore, where a telephone line is set up so that issues can be dealt with at an early stage (in a transparent attempt to cut costs) (Council A, 2011), this must be weighed against the cost of providing a qualified psychologist to staff the telephone line 5 days a week. Whilst there appears to be a recognised inverse correlation between early intervention and costly statutory work (Allen, 2011), the evidence from this analysis would suggest that the telephone service is not being routinely used in this manner by early years practitioners. Only 3% of calls were recorded as coming from early years settings. The implication is that –if the service is supposed to target early intervention- then early years settings must be marketed to, to ensure

that they are aware of the service and how to access it. This is important data in the light of the current policy emphasis on early intervention and prevention (CSJ, 2011).

The data further indicates that the further education sector does not appear to use the service either. If – as recommended by the Children and Families Bill (2013), EPs are required to work with young people aged 19 to 25, then further marketing of the service is required to this sector. As the DfE (2012) has identified, this is an important development in the role of the EP and one that will need to be carefully planned for.

5.2 Thematic analysis

The thematic analysis carried out on the semi-structured interviews uncovered 4 overarching themes and several main themes within each which will be explored in greater depth below.

5.21 Telephone line - Advantages

The first of the main themes under the overarching theme of the advantages of the telephone line was the increased time of the EPS that was freed up and the theoretical parity of access for schools and parents to the EPS. Participants alluded to the fact that the EPS had previously operated a patch system whereby EPs were allocated a number of schools and then allowed to negotiate their own working hours with that school on an individual basis. As Leadbetter (2002) had identified, locally negotiated models such as these are no longer as feasible in the current economic climate and this was recognised by the council in 2011. Due to dwindling financial resources at the time, a decision was taken to switch to an open referral model of service delivery to which access was gained via a telephone line. This is a model which allowed the EPS to become partially traded – a LA Plus model (AEP, 2011) which was an advantage over the previous system in that EPs were now freed up to engage in traded work. As the DfE (2011) has identified, LA services are increasingly moving to traded or partially

traded models in response to current market forces. Now that schools have increased purchasing power (DfE, 2010), it is incumbent upon EP services to respond to these market changes.

A second advantage of the telephone line was that it allowed telephone access to the EPS where previously this access would have to have been negotiated through the patch EP; in particular it theoretically allowed greater access to parents in that they could now access a free consultation service. However the data indicates that the take-up of this service has been extremely low. Previous research on the use of telephone consultation would suggest that psychological advice can be effectively dispensed over the telephone (Mohr et al., 2005), however the problem may lie in the fact that the service has only been marketed to schools. Further consultation is necessary with parents to determine if and how they wish to use the service in the future. This is particularly important in light of the personalised budgets for parents recommended in the Children and Families Bill (2013).

5.22 Telephone line - Disadvantages

A disadvantage to the telephone line is the ethical concerns it raises about access. The move to an open referral model allowed the EPS to trade in one LA but not in the other LA. Even if schools did want to purchase EPS services in Council A, unless the work is designated as core work then the service cannot be accessed. As the DfE (2011) have argued, there is huge national variation in what is considered core work and this was a matter of dispute even between these two LAs. Hence there is not equal access to services across both LAs. This is an example of where the espoused theory of the LA (i.e. as a cooperative council) does not match the theory-in-use (i.e. fair and equitable services at the point of contact are not provided). The risk of this is that vulnerable children who are at school action and school

action plus stages in Council A and who do not meet criteria for core work involvement do not receive the required support. This is a situation which has been on-going for more than a year and is ethically questionable. As the DfE (2011) identified, locally negotiated mechanisms must be set up to support these non-sponsored children.

A second disadvantage to the telephone line is that its function has changed from what it was originally intended to do to an administrative one. Instead of providing consultation, EPs are typically answering queries about accessing the service and traded packages. The fact that the telephone line could be staffed by an administrative assistant was mentioned several times. Comparisons were drawn with NHS Direct- the medical advice helpline- in that it provides surface advice but does not necessarily mean that further involvement is required. One participant made the comparison by saying that the quality of consultation that can be offered over the telephone is limited in the same way that medical advice is. Further research is required to unpick whether the consultation that is offered over the telephone is found by customers to be useful as it has been found to be in the IAPT programme (Bee et al, 2010). Furthermore, if a caller is ringing NHS Direct, the likelihood is that they do need medical assistance, in which case they will need follow up support. Research by Byrne et al. (2007) found that the majority of callers to an NHS Direct line did require further medical treatment and only a small percentage were able to self-care. The analogy with the EP telephone line is that if schools or parents are ringing up about a particular child, the likelihood is that further intervention is required and that if it is not, then it is most likely a process concern which could be dealt with by an administrative assistant.

5.23 Triage - Advantages and Disadvantages

One of the main espoused advantages of a triage system is that of increased multi-agency working (Carlile, 2012). Although there are examples of EPs working successfully in this way (DfE, 2012), the evidence from the thematic analysis would suggest that with the way the triage is set up, the opportunities to engage in multi-agency working are not extensive. Participants report that the team members in the triage area and in the triage meetings constantly change so that it is difficult to establish a sense of team membership. As Gaskell and Leadbetter (2009) have identified, whether EPs have a choice in whether they join a team is crucial in establishing a sense of commitment to that team. This was not the case in this instance and may account for some of the disillusionment experienced by EPs with the triage system. Of particular concern to two of the EPs was whether they should be attending the meetings when the issues raised could clearly be addressed by other professionals. This is a reflection of one of the key challenges of multi-agency working and early intervention – that of rigid and overly prescribed procedures and systems (CSJ, 2011). However it may be, as one EP suggested, that sometimes what is required from the EP is not their psychological knowledge of development but their knowledge of specialist settings and this can make a distinct contribution to the triage meeting. As Farrell et al. (2006) identified, this is one of the aspects of EPs working in multi-agency teams that is most valued by other professionals. It may also be that working in this multi-agency environment is a positive experience for some EPs in that it allows them to clarify and further develop their contribution in multi-agency settings and to feel a greater sense of professional identity (Gaskell and Leadbetter, 2009). Hence in this instance, the ability of the EP to contribute to the triage meetings was seen as both an advantage and a disadvantage.

A further disadvantage to the triage system that was raised was the lack of theory and evidence behind its setup. The data from the interviews suggests that the rationale behind why the triage system was set up in this particular way was not made explicit to the professionals who staff it. This is not untypical of local government practice whereby policies are often rolled out which have little if any research to back them up (CSJ, 2011). Allen (2011) and Field (2010) both recommend early intervention programmes be rolled out only when they have been robustly evaluated. As Haynes et al. (2012) have identified, it is even more important in the current straitened times that LAs can evidence expensive policies which are publicly funded. To this researcher's knowledge, this small-scale project is the only evaluation that has been carried out on any aspect of the triage system to date.

5.3 Limitations

The limitations of this research are numerous. Firstly, only a limited number of stakeholders were able to be interviewed (i.e. 3 EPs). Originally it had been intended that professionals who had had contact with the EPs through the triage system would be interviewed to determine what contribution they considered the EP to have made. When the Triage Manager was approached however, permission was not granted to interview members of other teams on the grounds that a safeguarding review was being undertaken at the same time as the present research.

Another limitation is that there is no concrete information available on what the service was like prior to the setting up of the telephone line. EPs can of course be interviewed retrospectively and this is what happened in this research however it must be acknowledged that such retrospective techniques are subject to memory bias (Manzoni et al., 2010).

CONCLUSION

6.1 Research Questions

The aim of this research was to answer the following questions:

What does the data gathered on the telephone line over a three month period demonstrate, what are the implications of this data for the future if the EPS moves to a business model and what are the perceptions of EPs of the telephone line and triage system?

In summary, the data gathered from the telephone line appears to indicate that the service is being under-utilised, particularly by Council A who are financing the line and that the service is not equitable in that it provides different services to both local authorities. This raises ethical concerns for the psychologists in this team. The data further indicates that the majority of calls taken within the specified period were concerned with process issues and could have been answered by an administrative assistant. The implication here is that this is not a cost-effective use of time for EPs.

The perceptions of the three EPs interviewed about the telephone line and the triage system appear to indicate that they feel that the telephone line is an expensive and under-utilised service which has moved from its original function of providing a consultative service to an administrative one. If the EPS moves to a fully traded model, it would be difficult to justify the provision of such a service in the light of this evidence. Their perceptions of the triage system appear to be that its goals are worthwhile but not clearly enough defined nor sufficiently evidence-based.

Given the changing climate in which the profession finds itself, it is incumbent upon EP services to look to the future and plan for a time when the majority of EP services will be

commissioned by LAs, schools, parents and other organisations (DfE, 2012). The pattern of employment which EPs have to undertake therefore is changing. Set against this context, it seems unlikely that a traded operation could finance a telephone service which was under-utilised to such an extent. There is also a dilemma about who is accessing the service. Given the results which this study has found, it would appear that EPs are being required to engage in largely administrative and costly exercises which are limiting their independence and capacity. Perhaps the time has come for EP services to stop ‘striving against the pressure of privatisation’ (Ball, 2009) and make the transition to a fully traded service. As one participant put it ‘I think it’s better that people are out there seeing children and doing stuff personally. When resources are limited, I think it’s better that we are out on the ground’.

Although it is impossible to say with certainty what the future will bring for the profession of educational psychology, national indicators would appear to indicate that the privatisation of education is imminent (Ball, 2009) and with the Children and Families Bill (2013), it is likely that a period of ‘Disruptive Innovation’ (Gersch, 2009) is upon the profession. EPs must be prepared for change which is likely to be in the form of a move to partially or fully commissioned services (AEP, 2011). It remains to be seen whether the profession can adapt and respond to these pressures or whether it will flounder under the relentless pressure of the privatisation movement.

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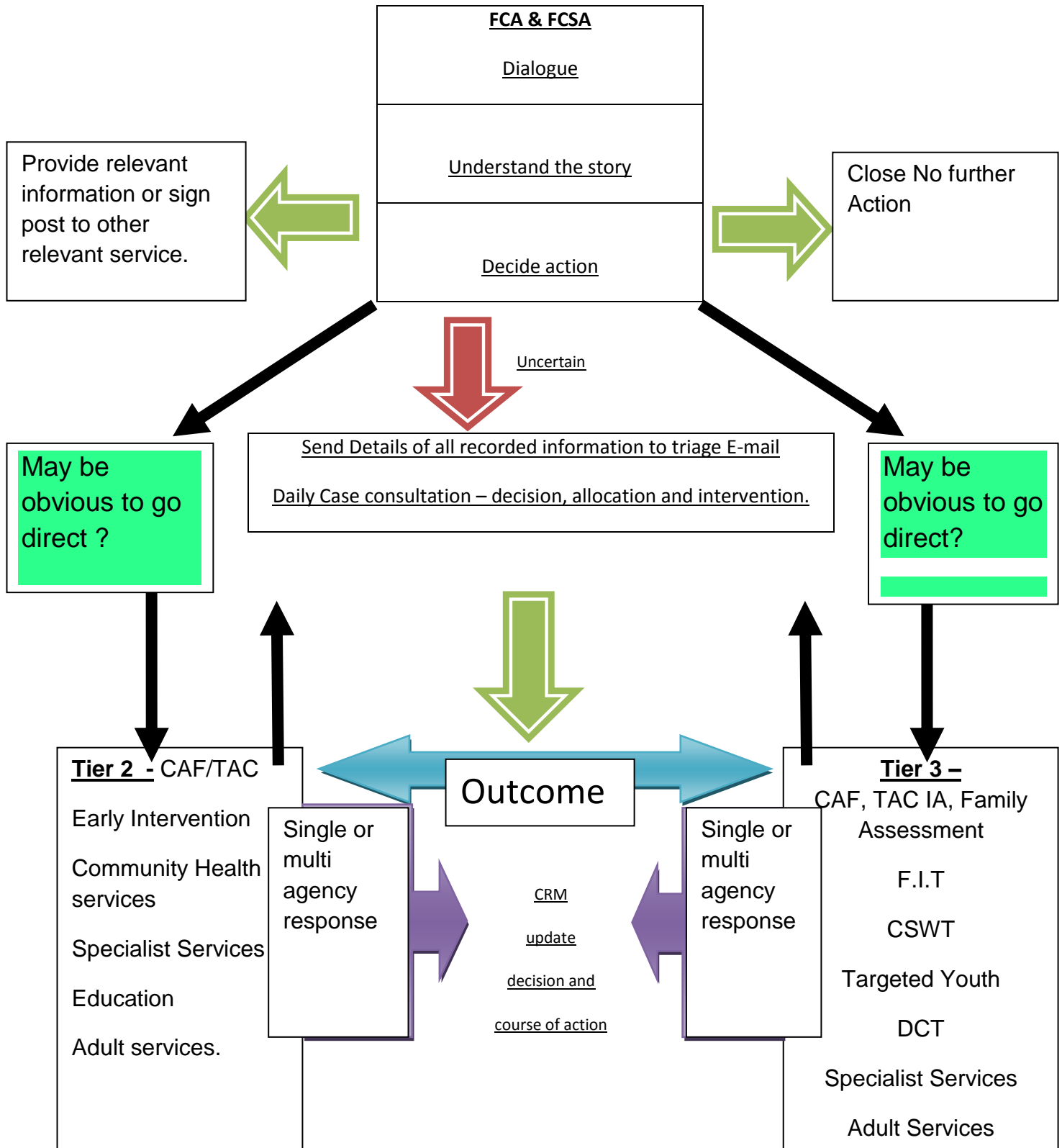
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Appendix One: Triage Process Flowchart

Request for advice / Support about a child / Young Person / Family



Appendix Two: Interview Schedule

What has your experience been of the triage system so far?

[Prompt if not specifically alluded to]

What difference did your contribution as an EP make to the process?

What difference has the telephone line made to how EPs work in this service?

[Prompt if not specifically alluded to] What was it like before?

What are the main advantages and disadvantages of the telephone line?

Appendix Three: Part of Sample Transcript with Emerging Themes Highlighted

What has your experience of the triage system been so far? Can you tell me a bit about that?

Yes I've had the opportunity to sit on three triage meetings, um, all of which, um, were useful and helpful to the authority in terms of the contribution I was able to make. The first triage, there were, concerns about a young person who was self-harming, um, there were all sorts of other issues as well around the family etc. however my personal contribution was to talk to the lead of the triage about STORM training, what that was and how that could be helpful in terms of an assessment, um, around the seriousness of the child's self-harm and the concern around potential suicide.

Ok very good.

The second case was um around a family who were, it was around a child, a particular individual, a young adult who was expressing concern about being... em... physically held by his father information from that meeting, additional information from that meeting of the family, and I can't remember exactly my comments at the time but I did speak up around it was more about the age of the child and the educational context in which that child would be at that time, and I was able to give some information around that which I think was helpful. And the third case was a child who was in custody at the police station um who'd fallen out with his mother. And again a lot of information about the background was discussed at the time. Um and the triage asked me to find out if the child was known to the EPS as the child was currently attending the PRU and I was able to contact the lead teacher at the Pru and contact them about the individual in terms of his social and emotional wellbeing um and his

behaviour and that information was very helpful when fed back into the triage um around the next actions to take in terms of supporting that individual.

Ok that's good... do you think other people could have contributed similar information at that meeting?

Quite probably yes other people could have contributed yes, em, but who's to say what their knowledge base would be around things like self-harm and suicide? Yeh and what was available...

Yes.

Did you have any feedback from your contributions following that meeting?

No.

Ok... em. So we're going to talk a bit more about the telephone line now.

That's fine.

So what difference do you think having the telephone line since its inception has made to how EPs are working in this service, if any?

Well.. personally I believe the telephone line has made us more accessible at a time when um we've been taken out of the frame, as free at the point of delivery in school, at school action plus so the telephone line I suppose in some ways has guaranteed schools can access an EP, talk to an EP free of charge at the point of delivery.

Appendix Four: Initial code ideas

Models of Service delivery e.g. Time allocation system, open referral etc.

EP contribution

Traded services

Multi-agency working

Changing economic LA landscape

Safeguarding

Consultation

Problem-solving

Increasing/decreasing service capacity

NHS comparisons

Access to service

Ethical concerns

Administrative function of telephone line

Cost cutting

Co-location

Evidence-based practice

Role demands – how to manage them

Relationships with schools

Changing nature of EP work

Distinctive views of different professionals in a multi-agency team

Effectiveness of multi-agency teams

Appendix Five: Overarching themes and main themes

<p>Overarching Theme 1: Advantages of telephone line</p>	<p>Within this theme, several main themes emerged. These were:</p> <ul style="list-style-type: none"> • Equity of access • Freeing up of resources 	<p>Within these main themes, subthemes emerged. These were discussed where appropriate under the headings of the main themes.</p> <ul style="list-style-type: none"> • Models of service delivery • Cost cutting • Current economic and LA climate
<p>Overarching Theme 2: Disadvantages of telephone line</p>	<p>Within this theme, several main themes emerged. These were:</p> <ul style="list-style-type: none"> • Equity of access • Use of time 	<p>Within these main themes, subthemes emerged. These were discussed where appropriate under the headings of the main themes.</p> <ul style="list-style-type: none"> • Ethical concerns • Professional considerations • Administrative functions
<p>Overarching Theme 3: Advantages of triage system</p>	<p>Within this theme, several main themes emerged. These were:</p> <ul style="list-style-type: none"> • Multi-agency working • Contribution of EPs 	<p>Within these main themes, subthemes emerged. These were discussed where appropriate under the headings of the main themes.</p> <ul style="list-style-type: none"> • Contribution of EPs – problem-solving, knowledge of settings,

		<p>to multi-agency teams</p> <ul style="list-style-type: none"> • Distinctive views of different professionals in a multi-agency team, effectiveness of multi-agency teams
<p>Overarching theme 4: Disadvantages of triage system</p>	<p>Within this theme, several main themes emerged. These were:</p> <ul style="list-style-type: none"> • Contribution of EPs • Multi-agency working • Evidence base 	<p>Within these main themes, subthemes emerged. These were discussed where appropriate under the headings of the main themes.</p> <ul style="list-style-type: none"> • Differing perspectives of professionals, evidence-based practice/informed interventions • Contribution of EPs in light of Farrell report suggesting other professionals can often fulfil roles carried out by EPs.

Appendix Six: Example of Analysis Grid with coding

Overarching Theme 1: Advantages of the telephone line

Main theme and subthemes	Extract	Extract location
Equity of access – models of service delivery	<i>‘We changed the model of service delivery um... yes it was open access to schools’</i>	Participant no. 2 p. 3
	<i>‘Personally I believe the telephone line has made us more accessible at a time when um we’ve been taken out of the frame, as free at the point of delivery in school, at school action plus so the telephone line I suppose in some ways has guaranteed schools can access an EP, talk to an EP free of charge at the point of delivery’.</i>	Participant no. 1 p. 3
Freeing up of resources - models of service delivery and current economic and LA climate	<i>‘So on a positive side as somebody who had a large geographical area with 35 schools I think it was that took a lot of headspace to organise it and to manage and to have planning meetings and trying to keep systems in place to make sure each school had a fair crack at what they were allowed if you like. So on a positive note the phone line has freed that up’</i>	Participant no. 3 p. 1
	<i>‘Well then we had the phone line and that wasn’t too bad actually I think people were anxious about doing the EP connect phone line and that was set up because we were taken off patches because not having a patch</i>	Participant no. 2 p. 3

	<i>system gave back to the service quite a lot of time.. at a time when we were reducing resources’.</i>	
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Overarching Theme 2: Disadvantages of the telephone line

Main theme and subthemes	Extract	Extract location
Equity of access – ethical concerns	<i>‘So sometimes calls are being directed that could be dealt with by other people. I think when we were on the second floor taking calls I do sometimes feel it’s a bit difficult... having calls from Council ‘B’ when you’re in a room that’s staffed by Council ‘A’ employees and you’re talking about a child from Council ‘B’ and a Council ‘B’ school.. I think there may be some confidentiality issues...’</i>	Participant no. 3 p.3
Use of time - administrative functions	<i>‘If I’m absolutely honest we’ve got fabulous admin people out there who can just take messages and EPs can get back to them. If I were devolving resources I’m not sure I’d have an EP sitting on the end of a phone’.</i>	Participant no. 2 p.4

CHAPTER 5: PPR4

‘An evaluation of a specialist provision for a group of children with complex and severe social, emotional and behavioural difficulties in LA ‘A’’

ABSTRACT

Meeting the needs of children and young people with social, emotional and behavioural difficulties (SEBD) is a requirement for all schools, regardless of the type of provision that they are (SEN Code of practice, 2001). The aim of this study was to provide input into the implementation and evaluation of a pilot intervention – the ‘Links Group’ - which was set up to address the needs of a small group of pupils with SEBD who were not responding to mainstream or special school class provision. The project evaluation was carried out by means of descriptive analyses using a range of standardised measures. Records of supervision sessions were also analysed to assess whether the principles of attachment theory had generalised into the everyday practice of practitioners. The analysis of the results suggested a decrease in anxiety scores, a decrease in the levels of emotional disturbance and behavioural difficulties and an increase in the levels of some basic skills between pre and post intervention stages, suggesting that the Links intervention is likely to be effective for improving outcomes for children with complex emotional and behavioural needs. One of the five children was successfully re-integrated back into the mainstream setting on a full-time basis. The content analysis of the supervision sessions reveals that the attachment training which was delivered to the Links staff was partially generalised into this setting. Recommendations are made into extending this research to explore underlying explanatory processes which may explain how and why the group is a success and into clearly defining entry and exit group criteria.

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INTRODUCTION

1.1 Research overview

There is considerable variance in how and where children with social, emotional and behavioural difficulties (SEBD) are educated in the United Kingdom (UK) (Taylor, 2012). SEBD is a contested term which refers to difficulties that impact upon learning and engagement with the schooling experience. Although there are other ways of conceptualising challenging behaviour, this definition is from the SEN Code of Practice (2001) which is the most recent government guidance published which addresses the complex issue of how to define SEBD. In the Local Authority (LA) context where this research took place, many children with SEBD whose needs are deemed too severe to allow them to function in mainstream settings are educated in expensive private resourced provisions or in special schools, often after having been permanently excluded from mainstream school (Young Minds, 2012). However over the past decade, there has been a drive from central government to include these pupils in mainstream schools (Pillay *et al.*, 2013). Educating pupils with SEBD in mainstream provision raises questions about behaviour management, exclusion versus inclusion and the increasing drive to improve standards (EPPI, 2003). It also needs to be set against the backdrop of the current economic climate in which local authorities are having to make stringent cuts to budgets, including education budgets (Ball, 2009). In the light of these cuts and in a climate of increased accountability, LAs are looking to implement school-based interventions that are evidence-based but are also cost-effective.

1.2 Local context

The Links project is situated within the context of a changing LA landscape where schools are becoming increasingly autonomous in the procurement of services and where budget cuts have meant that there is an increased emphasis on making financial savings (LGA, 2013). There is currently limited provision in County A for children with SEBD, particularly at

primary level (Cole and Visser, 2000). There is one pupil referral unit (PRU) which provides short-term placements but no specific specialist provision for children with SEBD in the primary phase. The County is currently undergoing a restructuring of its specialist provisions under the threat of budgetary cuts and following an application from the school for funding for a new specialist unit, the LA supplied funding for it. The research questions which this study aimed to address are presented in the table below:

Q1.	Is the Links Group an effective provision for children in terms of improving levels of basic attainment?
Q2.	Is the Links Group an effective provision for children in terms of supporting emotional well-being?
Q3.	Did the nurturing principles transcend the attachment training which was delivered to staff?
Q4.	What are the implications for the future development of the project?
Q5.	What are the implications for the work of EPs?

Table 1: Research Questions

The present setting was initially set up as a special primary school catering for pupils with moderate learning difficulties (MLD), but has since widened its inclusion criteria to admit pupils whose primary need is behaviour. This is reflective of developments generally in the field of special needs as pupils with SEBD are increasingly included in schools which cater for pupils with MLD (Kelly and Norwich, 2013) and the numbers of pupils identified with social, emotional and behavioural difficulties increases (EPPI, 2009).

The current project originated from discussions that were held in the LA in 2012 about how to best support a number of pupils in School A who were presenting with extremely challenging behaviours and who were not responding to the teaching of staff in the school.

Three pupils in particular were on the verge of being permanently excluded and would have had to be moved to a resourced provision out-of-county if the current intervention had not been considered. In fact, a recommendation was made in 2000 in a report commissioned by this LA and in conjunction with the University of Birmingham into policy and provision for children with SEBD in County A. One of the recommendations made was that more ‘in-school’ centres be developed to meet the needs of pupils with SEBD (Cole and Visser, 2000). This recommendation was not followed up by the LA in the intervening years and in the light of the present budgetary restraints, the need to address the provision for children with SEBD in the county arose again. The intervention was set up ostensibly as a nurture group, but no nurture group training was received by staff prior to its set-up. The EPS became involved following the establishment of the group, as did the other agencies involved. In addition to the EPS, other professionals who became involved at various stages throughout the intervention included CAMHS, Social Services, and the Behaviour Support Team. The school staffing was such that 7 new members of staff were employed in September 2012 to run the group (one class-teacher and 6 support staff members). The staffing levels changed throughout the year and the levels of staff sickness were high compared to the general school staff. In addition, several members of staff left and were replaced.

The involvement of this researcher was requested to input into discrete aspects of the implementation and evaluation of the project which was initially envisaged as running as a 5 term project with a nurturing focus for 6 children. Thirty sessions were initially agreed to cover the involvement of the EPS over the course of the project, only some of which were to be delivered by this researcher and the remainder by colleagues from the EPS. Various proposals were made to the school in the initial stages of the trainee educational psychologist’s (TEP’s) involvement around evaluation models. Finally, it was decided that due to the nature of the intervention which the TEP had understood to be a nurture provision,

measures of emotional wellbeing such as the Spence Children's Anxiety Scale (SCAS, Spence, 1994) and Strengths and Difficulties Questionnaire (SDQ, Goodman, 2001) would be appropriate to evaluate the impact of the intervention on the children's emotional wellbeing. Throughout the involvement of the TEP with this project, there were barriers to a productive and collaborative model of working with the school and with other agencies. There were also a number of other issues which arose which meant that the execution of the intervention did not align with initial expectations. The implementation phase of the project was fraught with difficulties as a result. These will be discussed in greater depth in the Discussion section.

LITERATURE REVIEW

2.1 Definition of SEBD

SEBD is an umbrella term, which encapsulates a range of difficulties which extend from mild social and emotional difficulties which impair adaptation in social circumstances to extreme and challenging difficulties which manifest as severe emotional and behavioural disturbance (SEBDA, 2006). Described as the 'frightened, wounded, damaged and inadequate' by Wills (1968, p. 76), these CYP are considered to have difficulties which place them at risk of social exclusion. The term has also been used to refer to those who are described as 'disaffected', 'disengaged' or 'at risk of exclusion' (Cole and Visser, 2000, p. 6). There is considerable overlap with the term 'mental health difficulties' and researchers have struggled to draw distinctions between these terms and others such as ADHD. The difficulty with the term SEBD is also exacerbated by the fact that different organisations use the term to mean different things so there is also a lack of consensus amongst professionals as to the meaning (Ewen and Topping, 2012). SEBD are considered to be persistent in nature and to constitute a form of learning difficulties (SEBDA, 2006). They can manifest themselves through both externalising and internalising behaviours and so identification of SEBD in the form of

internalising difficulties remains a challenge for educators (DfEE, 1994). There is also considerable overlap reported between the externalising and internalising behaviours associated with SEBD (Wilhite and Bullock, 2012).

SEBD is more common in males than females with a ratio typically of 3.5:1 (Oswald *et al.*, 2006). The most recent figures estimate that for the year 2011 to 2012, 18.6% of primary need at school action plus or statementing level in primary schools was recorded as being due to SEBD and 29% of children at secondary level has SEBD as their primary need at school action plus and at the level of statementing (DfE, 2012). The negative effects of SEBD are high rates of school dropout, increased risk of permanent exclusion and negative and rejecting relationships with peers and adults (Meier *et al.*, 2006).

Unsurprisingly, evidence from the mental health charity Young Minds (2012) has reported that many children with SEBD will also have problems with mental health difficulties. The link between emotional disturbance and mental health problems is very strong (WHO, 2004) and mental health difficulties experienced during childhood can be a precursor to more severe adult disorders. While historically there was a distinction drawn between SEBD and more severe mental health difficulties, which were thought to require intervention from mental health professionals, the government in 2001 suggested that there was an overlap in presenting difficulties between the two groups (EPPI, 2009).

Those children who experience SEBD and learning difficulties together are even more vulnerable. According to the Department of Health (DH, 2008), over a third of children with identifiable learning difficulties have diagnosable mental health difficulties, as do nearly 70% of children living in residential care. The role of schools in the early identification of mental health difficulties is therefore crucial. Indeed Steer (2009) identified a clear association is made between behaviour, mental health and school effectiveness. We cannot ignore the fact

that the mental health relationship between schools and pupils is a two-way process as children with mental health difficulties are more likely to underachieve and to have behavioural difficulties that impact both on their own performance, and on that of their classmates.

2.2 Causes of SEBD

As would be expected, the causes of SEBD are multiple and complex. Environmental and social factors are likely to be implicated, together with psychological factors and individual differences (EPPI, 2009). The origins of SEBD have however been contentiously debated for many years with researchers in recent years arguing for a more context-based approach to understanding SEBD. The ecosystemic framework such as that employed by Bronfenbrenner (1979) is useful here as an approach for understanding SEBD. For example, some researchers argue that SEBD is likely to be a result of conflict between cultural values which children learn in the home and community and the values of schools. For example, boys and children from minority backgrounds are more likely to have a label of SEBD than girls and children who are not from a minority background (Daniels *et al.*, 1999). One of the strengths of the ecosystemic approach is that it does not attribute blame to any one part of the system but acknowledges that the most productive way forward is through a collaborative model of working between pupils, staff, parents and external professionals (Hart, 2010).

In addition, there appears to be a strong socioeconomic aspect to the identification of SEBD. A report for Barnardo's has found that pupils from the lowest socioeconomic backgrounds are more likely to be permanently excluded than their peers, to have special educational needs (SEN) and specifically are more likely to have SEBD on their statement of SEN (Evans, 2011). SEBD therefore is perhaps best considered not as a within-child label, but as coming from a contextual approach whereby behaviour is seen as a rational response to

challenging environmental circumstances (EPPI, 2003). This is the most recent conception of SEBD as reflected in recent policy but the extent to which such a view has permeated school culture is still in question. Bowers (1996) has argued that the emphasis on SEBD should not solely be on treating the behaviour, but rather on the underlying emotional disturbance. This is a view that has been promoted by educational psychologists for many years (Frederickson and Cline, 2009).

Another approach to understanding SEBD is through psychoanalytic approaches such as attachment theory. Psychodynamic approaches emphasise the importance of the carer infant relationship in establishing a secure pattern of attachment which can be replicated through later attachment bonds (Bomber, 2007). Indeed, Goldberg (2000) has argued that this is currently the primary approach to understanding emotional and behavioural difficulties. Hart (2010) argues that the psychoanalytic perspective of behavioural difficulties does not conflict with a systemic view but rather aligns neatly with it in that it allows for interplays between the various levels such as empowering parents, working with school and looking at situational factors as well in order to affect positive change for the child or young person.

2.3 What can be done?

There are a number of interventions which can be implemented with CYP with SEBD. A common intervention recommended for children with SEBD is the nurture group (NG), but provision has also come in the form of learning support units (LSUs), pupil referral units (PRUs) and private and voluntary third sector interventions (Evans, 2010). Considerable attention has been given to school-based interventions in this literature review.

2.31 EBD Schools

Emotional and behavioural difficulties (EBD) schools are special schools set up specifically to address the needs of children and young people (CYP) with emotional and behavioural difficulties. A number of the principles of effective EBD practice in these schools are transferable to other types of provision for this particular group of CYP and reference should be made to these principles when setting up targeted provision. These include the consideration of:

- How to recruit and retain skilled staff;
- How to support the emotional well-being of staff;
- How to provide a broad and balanced curriculum;
- How to further develop the skills of staff and;
- How to coordinate support from social and health providers into the setting.

(Cole and Visser, 2000)

There is currently one EBD secondary school in County A and no primary EBD schools.

2.32 EBD Units

EBD units which are set up on the site of mainstream schools were one approach to managing children with EBD which was identified by review of provision in County A undertaken by Cole and Visser (2000). Similarly to the national picture, Cole and Visser concluded that these units had a ‘chequered history’ (p. 34) in both LAs. These units may be considered a forerunner to the present intervention under investigation. They report that the success of these units is typically related to the quality of the staff and the relationships between other school staff and the staff in these units. Concerns at this stage were raised about the tendency to place similarly aged pupils with similar difficulties in the units at the same time and also of introducing pupils to the group at a later stage as this tended to disrupt the group dynamics. Comparisons with NGs can be drawn here in that NGs are also highly dependent on the

quality of relationships between staff and pupils (NGN, 2012). The EBD units tend to be historical and have largely been replaced by on-site Learning Support Units and off-site PRUs.

2.33 LSUs

Another intervention which is commonly used in County A is the on-site Learning Support Unit (LSU). Similar to a nurture group or EBD unit, the LSU is a support unit run on school premises which caters for pupils in need of learning or emotional support. Cole and Visser (2000) found that the favoured model in the primary sector in County A was a model which was complementary to the overall ethos of the school, and which was not considered to be a “sin-bin”, in line with DfEE guidance (1999). Some of the units were reported to be offering ‘nurturing/compensatory experiences not usually available in ordinary lessons’ (p. 36). This is where a direct comparison with nurture groups can again be drawn, showing the overlap in provisions which are available for children with emotional and behavioural difficulties. However there is also a risk with LSUs that a punitive function is served. At times, this is in addition in serving a formative function (Cole and Visser, 2000) which sends a contradictory message to staff and pupils.

2.34 PRUs

PRUs, NGs and LSUs are all set up with the intention of providing short-term support to children with the intention of returning them to mainstream classes after the intervention (Pillay *et al.*, 2013). PRUs are typically located on separate sites from mainstream schools whereas nurture groups and LSUs are located on the same site as schools. Concerns have been raised about the inclusiveness of PRUs considering their location away from schools and the fact that young people do not have access to the educational opportunities that they would have at mainstream school i.e. GCSE options (Pillay *et al.*, 2013). Pillay *et al.* (2013)

emphasise the importance of alternative provision promoting a mainstream curriculum for young people with SEBD as much as possible to enable them to access further learning opportunities in the future. PRUs can be considered a form of alternative provision (AP) and current decision regarding staffing levels and organisation of the PRU now lie with the management committee as opposed to the LA. This change in legislation has been in force since April 2013 (DfE, 2013a).

2.35 NGs

Nurture groups (NGs) are based on attachment theory which was developed by Bowlby (1965; 1969). The central tenet of attachment theory is that the human infant needs to experience a secure attachment with a parent or other significant adult in order to be able to develop effective relationships with others as a child, and later on as an adult (Hopkins *et al.*, 2005). The nurture group is envisaged as compensating for the deficient early experiences that the child may have had, prior to starting school. The theoretical perspective of attachment theory underpins the nurture group and is reflected in its daily practices, discourse and assessment tools (Bennathan and Boxall, 1996). Nurture groups are founded upon six key principles:

Children's learning is to be understood developmentally
The classroom offers a safe base
The importance of nurture for the development of self-esteem
Language as a vital means of communication
All behaviour is communication
The importance of transition in children's lives

Table 2: The 6 Principles of Nurture Groups (taken from Lucas *et al.*, 2006)

Groups which adhere to these key principles are referred to as classic nurture groups. The classic nurture group typically has between 6 and 10 children and is staffed by 2 adults (NGN, 2012). Children remain on roll in their regular class and return after no more than 4 terms on a full-time basis. As Scott and Lee (2009) have identified, even when children are attending a group which does not adhere fully to the principles of nurture groups as advocated by the NGN, benefits in terms of behaviour and emotional wellbeing can still be seen. The current ‘Links’ intervention may be considered a variant on the traditional nurture group format in that one key worker is assigned to each child (as opposed to two staff per six children) and children are based in the group for the entirety of the school week. However it is similar in other respects. Good working relationships between adults are modelled to the children and attempts are made to make the children feel safe in the group. Elements of the PRU and LSU are also present in the group. See Table 3 below for a comparison of the Links Group and other group interventions such as the PRU, typical NG and LSU.

Type	¹Typical PRU	²Typical LSU	³Typical Primary Nurture Group	‘Links’ Group
Staffing	1-2 members of staff per 8 children (although numbers vary according to setting)	1-2 members of staff per group of children	2 members of staff per 6 children	1 member of staff per child plus a full-time class-teacher (equating to 6 full-time staff members)
Meal-times	Eat meals with staff in dining room	Eat meals in LSU at lunch and break-times. Sometimes breakfast provided	Eat meals in nurture group as a whole group	Eat meals as a whole group
Key emphasis	Emphasis is on behaviour management so successful reintegration	Emphasis is on individual pupils and managing behaviour so successful	Staff model positive relationships. Focus on language	Staff model positive relationships however high level of staffing means that effective

¹ Data taken from Pillay *et al.*, 2013

² Data taken from Pillay *et al.*, 2013

³ Data taken from Lucas *et al.*, 2006

	into mainstream school can happen	reintegration into class can happen. Some focus on emotional needs		modelling can be obscured by too many adults in room. Focus on behaviour, no explicit focus on language
<i>Theoretical orientation</i>	Behavioural theoretical orientation	Theoretical orientation often unclear – behavioural?	Attachment principles at the heart of the group	Attachment training delivered to staff post set-up of group. Attachment principles appear to be somewhat generalised to group despite behavioural approach to children.
<i>Entry and exit criteria</i>	Variable entry and exit criteria. Designed to be short-term placement with mandatory reintegration	Variable entry and exit criteria. Designed to be short-term placement with mandatory reintegration	Clear entry and exit criteria	No clear entry and exit criteria
<i>Evaluation measures</i>	Variable	Variable	Typically evaluated using Boxall Profile and SDQs	Evaluated using a range of measures including SDQs
<i>Weekly hours</i>	Children are expected to spend the minimum government requirement of 25 hours in the week	Variable	Children only spend part of the week in the NG	Children spend the full week in the Links Group
<i>Timetable</i>	Individualised timetables	Individualised timetables	Clear and explicit visual timetable for group	Individualised timetables

Table 3: Table depicting the key characteristics of PRUs, LSUs, NGs and the Links Group

There is a growing body of evidence to support the effectiveness of nurture groups and other attachment-based interventions for children with SEBD. For example, a comprehensive study into the effectiveness of nurture groups was conducted by Cooper and Whitebread in 2007.

The sample contained 546 pupils from 34 schools. Overall, they found outcomes were greatest for younger children, that the most effective groups had been in existence for more than two years and that the largest improvements were seen within the first two terms, suggesting that a placement in a nurture group of more than two terms must be carefully considered, if it is to be in the child's best interests.

More recently, two published studies which have reported positive outcomes for children in NGs are from Reynolds *et al.* (2009) and Scott and Lee (2009). Both of these studies sought to address previous flaws in the nurture group research such as the lack of control groups previously referred to Reynolds *et al.* (2009) in particular were careful to match their control group to their intervention group through the precise matching of schools and through the use of the Boxall Profile. Although it would appear that there is a growing body of research available to suggest that NGs can improve outcomes for children with SEBD, most of the studies that exist have been hampered by small sample sizes and poor matching of control groups to intervention groups (Cooper and Whitebread, 2007). There has also been little attempt made to follow up the children once they have exited the groups to see if positive effects have been maintained over time.

2.4 Summary

The current 'Links' project was undertaken on the understanding that it was a fixed-term intervention designed to address the needs of a small group of pupils with complex SEBD in the local authority. Elements of all the previous interventions discussed have been incorporated into this intervention although it was intended that the intervention originally had an attachment focus. A review of the relevant SEBD literature would suggest that the

following key factors are essential to successful implementation of a school-based intervention:

- Selection of appropriately-trained staff;
- Consideration of how to support the emotional well-being of staff;
- Provision of an appropriately challenging academic curriculum;
- Adherence to a particular theoretical model (e.g. nurture group);
- Explicit rules and boundaries;
- Baseline and continuous formative assessment;
- Clearly defined entry and exit criteria.

METHOD

3.1 Epistemology

This study used a mixed methods approach to evaluating the impact of the intervention on the children's emotional well-being and academic achievement. Given the 'real world' setting for this research (Reichardt and Rallis, 1994), it was deemed appropriate to use methods which were derived from both quantitative and qualitative research paradigms. These were employed at different points throughout the research. Mixed methods approaches are becoming increasingly widespread in educational research (Gorard and Symonds, 2010). The epistemology of a mixed methods approach is derived from pragmatism. In this instance the study had a paradigmatic emphasis on quantitative methods of data collection, which was complemented by the collection of data from 3 supervision sessions to gather further evidence. As Robson (2002) has identified, the use of these two kinds of methods allows for information about both outcomes and processes to be found.

3.2 Quantitative measures

Pre and post-test quantitative measures were taken at 6 monthly intervals (at Time 1 and Time 2). The evaluation of discrete aspects of the intervention was carried out using a number of pre and post measures. The measures used were the Spence Children's Anxiety Scale (SCAS) (Spence, 1994), the York Assessment of Reading for Comprehension (YARC) (University of York, 2011), the British Ability Scales Third Edition (BAS3) (Elliott and Smith, 2011) Achievement scales: Numeracy and Spelling and the Strengths and Difficulties Questionnaire (SDQ), (Goodman, 2001). Please see Table 4 below for further details about the measures used.

Types of Measure	Measure	Rationale for Use	Detail	Standardised?
<i>Emotional scales</i>	<i>Spence Children's Anxiety Scale (SCAS), (Spence, 1994)</i>	Measures of emotional well-being were selected as emotional problems were	Version used was a self-report measure to be used with boys between the ages of 8 and 11.	Yes
	<i>Strengths and Difficulties Questionnaire (Goodman, 2005)</i>	considered to be correlated with the conduct difficulties displayed by the young people in this sample.	Two versions used. First version was a child self-report version consisting of and second version was a teacher version consisting of 25 questions.	Yes
<i>Achievement scales</i>	<i>YARC Reading (University of York, 2011)</i>	Achievement measures were selected as it was considered of interest to assess whether inclusion in the Links group had a positive effect on basic attainment as measured by reading, spelling and numeracy. Because the pupils	YARC assesses three areas of reading: rate, accuracy and comprehension. YARC has two versions for purpose of reassessment: 'A' and 'B' versions. 'A' version was administered at Time 1 and 'B' version was administered at Time 2 to avoid practice effects.	Yes
	<i>British Ability Scales 3rd Edition (BAS 3) (Elliott and Smith, 2011) Spelling and Number Skills subtests</i>	were due to be reintegrated into class, it was considered important to retain a focus on basic skills.	Spelling and Number Skills subtests from BAS 3 administered. Administration guidelines adhered to. BAS 3 is suitable for administration to children and young people aged from 3 to 17 year olds.	Yes

Table 4: Details of measures used

The intervention was run over 5 terms, however due to a lack of clarity surrounding the project and delayed entry for some of the pupils, it was decided not to undertake the

evaluation using the achievement and anxiety measures until the second term of the project (Time 1). The researcher undertook all of the self-report evaluation measures with pupils herself. The rationale behind the achievement measures and emotional measures were that a pre and post comparison of the pupils' functioning on the dimensions of basic skills, anxiety and social difficulties such as conduct problems was thought to be useful in determining what effects that intervention had on the pupils. There was initially pressure from the school to use behavioural measures to evaluate the intervention but at a steering group meeting of key stakeholders, it was agreed that the Behavioural Support Advisory Service would conduct some baselining using behavioural measures. There was a constant process of negotiation which was undertaken between the EPS and the school and other agency members to determine the outcome of issues such as that described above.

3.3 Qualitative data

Three one hour supervision sessions were carried out over the course of the six months by senior members of the EPS. The content of the sessions was analysed to ascertain whether the attachment principles had transcended the training delivered to staff into everyday practice, as evidenced by the records of the contents of the supervision sessions.

3.4 Sample

5 pupils were included in the sample. All of the pupils were male reflecting the predominance of SEBD in boys over girls (Oswald *et al.*, 2006). They varied in age from 8 to 11 years and all had had a history of challenging home lives (2 of the children were in care). Further risk factors which were identified included a history of challenging behaviour, multiple school exclusions and involvement with the Team Around the Child (TAC) process. All of the

children had statements of special educational needs. 4 out of the 5 pupils had learning difficulties. 3 of the pupils had previously been enrolled in a special school and 2 had come directly from mainstream school.

3.5 Assessment with pupils

I met with the pupils in either a small room in the Links with a key worker present or in the Head teacher's office. This was at the request of the Head teacher who was anxious that I have another adult present at all times for the duration of my assessments with the pupils. Overall the pupils were difficult to assess in that they were unaccustomed to working for prolonged periods on academic work and high levels of encouragement and tangible rewards was required to ensure high levels of cooperation with the assessment process. It was not possible to assess Child A fully in May 2013 although attempts were made on four separate occasions to work with this pupil due to the very high levels of challenging behaviour displayed by this pupil.

3.6 Description of Links physical space

The Links was set up as a large classroom with 3 smaller rooms leading off it. The smaller rooms were for allowing the children individual space to work and for withdrawing the children into when they were displaying challenging behaviour. A table was set up in one corner of the room for the children to eat their lunch at and two small work tables were set up at other ends of the room. The room had a light and airy feel and there were colourful drawings and posters on the walls. In this respect, it closely resembled a nurture group.

3.7 Staffing

The children were each assigned a key-worker and there was a class-teacher to oversee the group. This meant that there were 6 adults to 5 children. However due to the nature of the challenging behaviour that was displayed by the children towards the key-workers in terms of daily incidences of aggression and physical violence, staff numbers reduced as staff went out sick and had to be replaced by temporary and agency staff. A further complication was introduced in that half-way into the project, the school was directed by the LA to take a pupil with no option but to accede to the request. The arrival of this pupil upset the dynamic of the group which had settled quite well in the intervening period. It also had staffing implications in that this pupil required 2 adults to supervise him on his own in one of the adjoining rooms. This disrupted the key worker relationships which staff had established already with children. Following a serious incident, this child was permanently excluded and a residential setting sought for him. He has not been included in this analysis as a result.

RESULTS

4.1 Quantitative results

An analysis of the data was conducted using descriptive statistics. Due to the small number of pupils in the group ($N = 5$), it was not considered appropriate to use inferential statistical analysis to analyse the data. A range of measures was administered to pupils at Time 1 and again at Time 2 with a time lapse of 6 months between the two time points. The data shows that small overall improvements were seen in terms of reading accuracy, comprehension, spelling and number skills. Anxiety scores and scores measuring emotional and behavioural difficulties as measured by the SCAS (Spence, 1994) and SDQ (Goodman, 2001) show

marginal decreases in levels of reported difficulties between Time 1 and Time 2. The data in terms of age equivalent scores for the attainment measures and symptom and T-scores for the emotional measures is presented in the tables and figures below, together with an explanation of the various types of score.

Achievement Measures				
Measure	Time 1 mean age equivalent score	Time 2 mean age equivalent score	Type of score used	Details
				A typical pupil would be expected to make an average of six months progress in six months in terms of basic skills (University of York, 2011), however age equivalent scores need to be interpreted with caution as they are not as statistically reliable as standard scores (Brooks, 2007). They are used in this study as only a small sample was used which did not permit for inferential statistical analyses to be carried out and age equivalent scores do allow for simple comparison of progress over time.
YARC Accuracy (N = 4)	7:03	7:09	Age equivalent scores	
YARC Rate (N = 2)	8:07	8:11		
YARC Comprehension (N = 4)	7:07	8:08		
BAS Spelling (N = 5)	6:07	6:10		
BAS Number Skills (N = 5)	7:11	8:11		
Social and Emotional Measures				
Measure	Time 1 standardised score	Time 2 standardised score	Type of score used	Details
SDQ Child (self-report) (N = 4)	20.75 ⁴	19.5	Symptom scores	With respect to the scores provided for the SDQ and SCAS measures, a

⁴ These scores are standardised. For further information about the standardisation procedure for the SDQ, see Appendix 2.

SDQ Teacher (N = 5)	22.4	22.2		decrease in scores indicates a decrease in anxiety and emotional and behavioural difficulties. The SDQ provides symptom scores which are not standard scores but rather devised for the purpose of this assessment and which allow comparison to be made between populations and the SCAS provides T-scores which are standardised scores. See Appendices 1-4 for further details about the measures.
Spence Children's Anxiety Scale (self-report) (N = 5)	55.4 ⁵	47	<i>T-scores</i>	

Table 5: Means scores of emotional and attainment measures in tabular format

These results are represented graphically in the figures below.

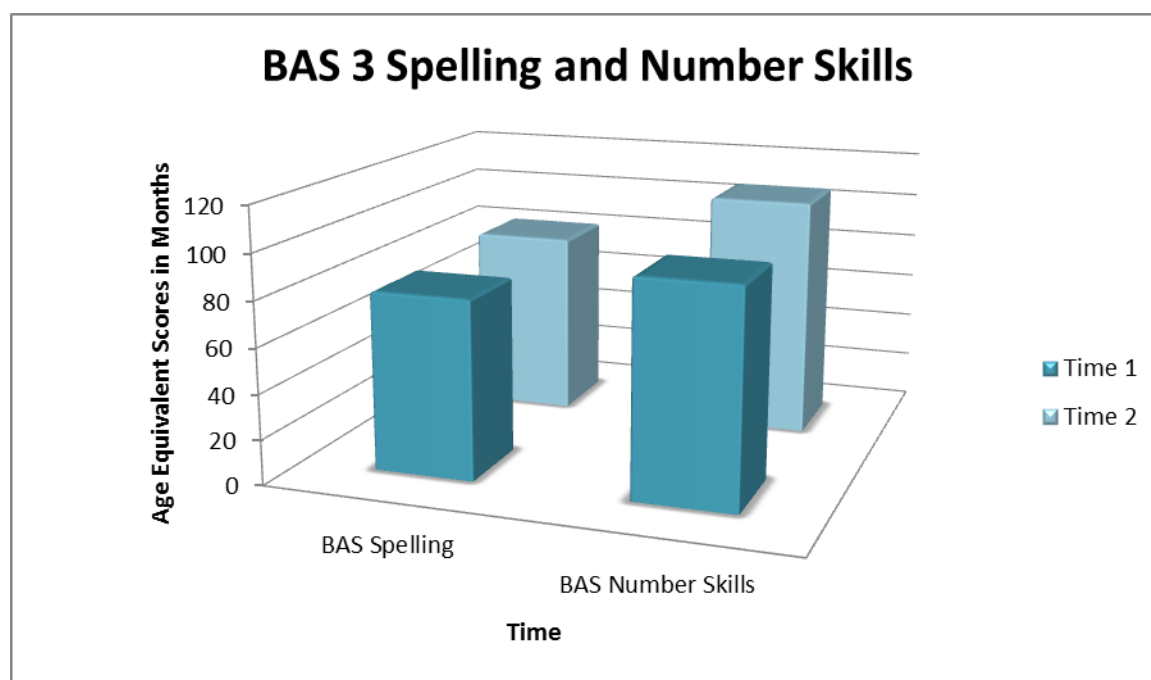


Figure 1: BAS 3 Spelling and Number Skills mean age equivalent scores (in months)

⁵ These scores are standardised. For further information about the standardisation procedure for the SCAS, see Appendix 1.

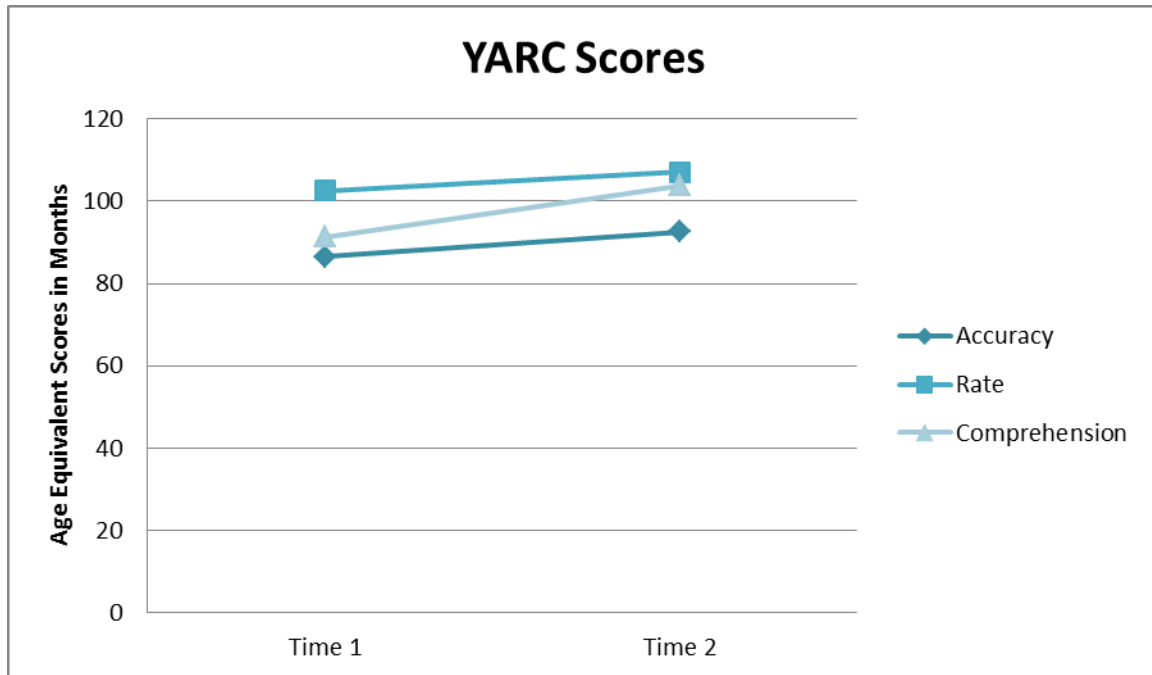


Figure 2: YARC Accuracy, Rate and Comprehension mean scores

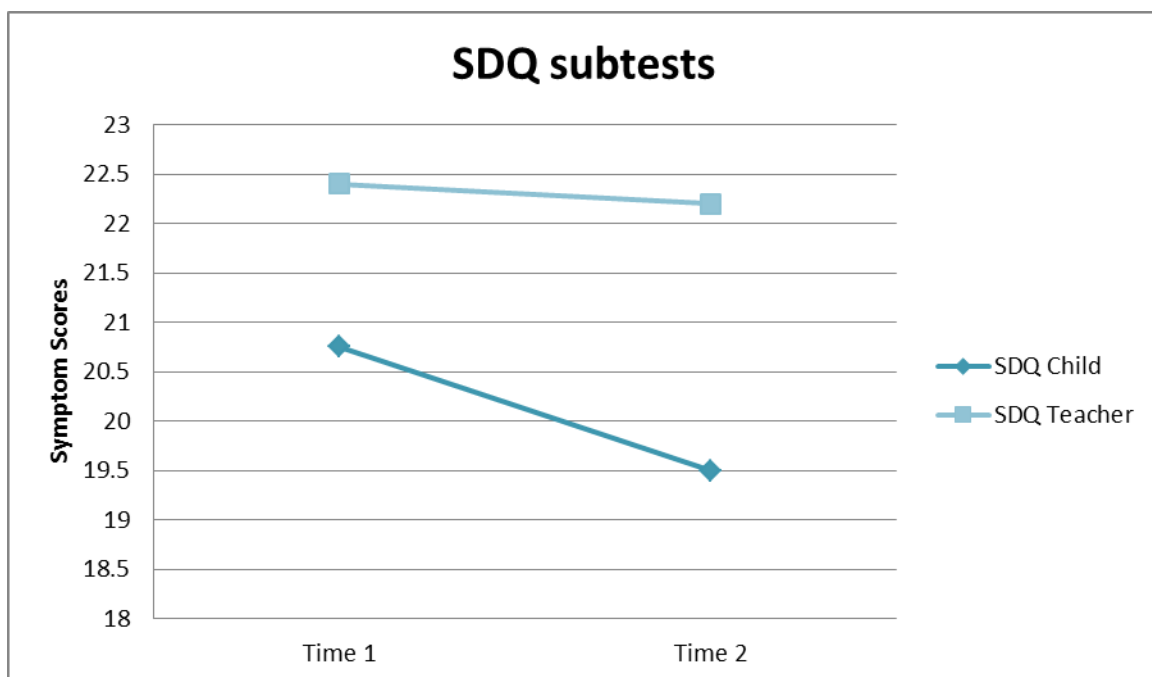


Figure 3: Overall composite of means for SDQ – Teacher and Child Versions in terms of Symptom Scores

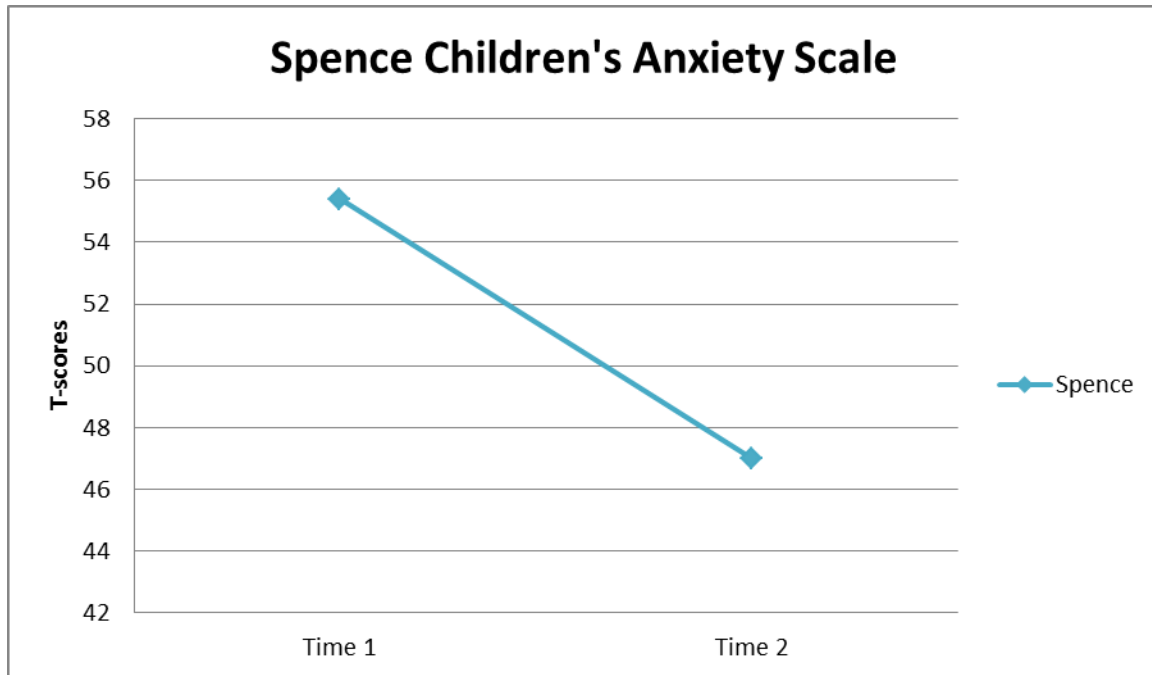


Figure 4: Overall composite of means for SCAS in terms of T-scores

4.2 Qualitative results

Analyses of the records from three supervision sessions were also collated in an attempt to determine the extent to which the principles of attachment had been generalised to the Links setting. See Appendix 5 for a sample of the content covered in the supervision sessions. The sessions were carried out by two Senior EPs who provided the write-ups of the sessions to the TEP who compared the records with the attachment training materials which had been delivered to Links staff in December 2012. The purpose of this was to evaluate the extent to which the attachment principles which had been delivered to staff had transcended training into practice. The following key elements were identified from the Level 1 and 2 Attachment Training sessions which were delivered to Links staff and the table below indicates the elements which were alluded to throughout the supervision sessions. Three one hour supervision sessions were carried out with staff. Of the 12 key elements which were introduced in the sessions, 5 out of 12 were addressed through the supervision sessions which

suggests that the attachment principles were somewhat generalised into the practice of practitioners in the Links Group.

Supervision Sessions	
Key Elements from Attachment Training	Raised and discussed further in supervision?
Key worker	Yes
Think about behaviour from an attachment perspective – what is behaviour communicating?	No
Support the key worker through supervision etc.	Yes
Mirroring, commenting aloud, holding them in ‘mind’	No
Importance of building self-esteem	No
Importance of fixed routine and firm boundaries	No
Importance of transitions	Yes
Supportive Scaffolding	No
Differentiation of language	Yes
Transitional objects	No
Concrete, mechanical and rhythmical activities to encourage left-brain thinking	Yes
‘Safe’ place, safety routines	No

Table 6: Comparison between attachment training and supervision sessions

DISCUSSION

5.1 Research questions

This evaluation aimed to address the following research questions:

1. Is the Links an effective provision for children in terms of improving their levels of basic attainment?
2. Is the Links an effective provision for children in terms of supporting their emotional well-being?
3. Did the nurturing principles transcend the attachment training which was delivered to staff?
4. What are the implications for the future development of the project?
5. What are the implications for EPs?

With respect to the first two research questions, the results from the evaluation of this project would suggest that a small decrease was seen in the levels of anxiety as self-reported by the children and in the levels of emotional and behavioural difficulties as reported by both the teachers and the children. Performance on achievement scales as measured by spelling, reading and numeracy improved slightly. With respect to the third research question, the analysis of the supervision sessions indicates that the attachment principles which were delivered to staff through the medium of the attachment training were partially generalised to the practice of the staff and then further reinforced through the three hourly supervision sessions.

With respect to the fourth research question, the implications for the future roll-out of the project are numerous, for example, the low academic attainment and the high anxiety levels

of the majority of the children on entering the group have implications for training and support of staff. The unsuitability of one of the children for the group in terms of starting academic attainment levels also reflects the need for clear entry and exit criteria. The confusion around the theoretical orientation of the group (i.e. is it a nurture group or is it a behavioural provision?) contributed to a lack of direction in the leadership of the group. This reflects the difficulty with setting up interventions without sufficient investment in the planning stage and collaboration with other agencies (Timmins *et al.*, 2010).

The fifth research question concerning the implications for EPs is related to the previous question. The implications are numerous: for example, at what point should EPs become involved in the development of interventions and to what extent should they be involved in the actual running of these types of groups? These research questions are further explored in the discussion below.

5.11 Q1: Measures of attainment

With respect to the first research question, it would appear that minor improvements were seen between Time 1 and Time 2 with respect to the attainment measures. Although improvements were seen in the area of attainment, particularly with respect to reading comprehension and numeracy, the children's low attainment in this area, particularly at Time 1, is not surprising given the previous research on the attainment of children with SEBD (Osher *et al.*, 2007; Ewen and Topping, 2012). For example, statistics from the DfE (2011) on children with SEBD in alternative provision indicate that only 1% of this group achieved 5 A*-C grades at GCSE level. These children remain at the margin of society and education and are an extremely vulnerable group (Ewen and Topping, 2012). What is perhaps surprising is the small level of progress that was made across the time span between Time 1

and Time 2 given the reported intensity of the 1:1 input that was provided to each pupil. This may reflect the lack of priority given to academic work in the Links group in the light of the pupils' admittedly very challenging behaviours. As the supervision notes highlighted, the staff struggled to get the children engaged with writing activities in particular. Although staff did request input on Precision Teaching partway through the year, there was no evidence that this training had generalised into daily practice. This may reflect a general sense of a lack of confidence amongst the staff with academic teaching approaches as well. As one TA reported to this researcher, he felt he did not have time to deliver the Precision Teaching programme given that the pupil he was supporting – Pupil D - was largely re-integrated back into his previous class in the special school. This reflects a misconception of the particular needs of this pupil who required intensive and individualised support for basic skills. As Taylor (2012) has identified, the academic needs of pupils in settings such as this one are often overlooked in favour of the promotion of behavioural targets.

5.12 Q2: Measures of emotional wellbeing

There are some very positive findings in this study, for example, the results from the self-report anxiety measure – the SCAS (Spence, 1994) demonstrates a decrease in levels of self-reported anxiety (mean decrease from 55.4 to 47). However, it is of concern that some of the pupils were scoring so highly on the SCAS (Spence, 1994) and SDQ (Goodman, 2001) measures prior to the intervention. The SDQ (Goodman, 2001) provides a breakdown of conduct scores and emotional problems, amongst other areas. For example one pupil, Pupil A, scored within the 'abnormal' range for levels of self-reported anxiety at Time 1 on the SCAS (Spence, 1994) and also within the 'abnormal' range with respect to overall difficulties on the self-report and teachers SDQs and for the subscales of emotional and conduct

problems on both versions. This information was reported back to the school. As Kovacs *et al.*, 1988 have identified, there is a strong link between depression and disruptive behaviour. The two pupils with the most extreme disruptive behaviours as reported by staff scored the highest on the SCAS (Spence, 1994). Although depressive symptoms were not explicitly measured, symptoms of anxiety were and the link between anxiety and depression is very well documented (Klenk *et al.*, 2011). Measures of depression may therefore be worth including in any future evaluation of the intervention.

If this is the case, there are implications for future staff training in that staff need to be made aware of the potential for children in PRUs and school-based provisions to be experiencing symptoms of childhood depression concurrently with disruptive and challenging behaviour. This is in addition to staff needing to be skilled in academic schooling and in behaviour management. As Pillay *et al.*, (2013) have identified, ‘providing inclusive education to learners with behavioural, emotional and social difficulties is a challenge!’ (p. 1).

5.13 Q3: Effectiveness of attachment training

The analysis of the supervision sessions would suggest that the nurturing principles only partially transcended the training sessions on attachment which were delivered to staff. This could be for a number of reasons. For example, cultural factors and the relationship between staff and the EPS may have impacted on the extent to which the training was generalised into everyday practice. Schein (1992) illustrates the power of cultural factors to impact on the successful running of initiatives and particularly on the relationship between the researcher and key stakeholders. There were examples of this throughout the evaluation phase of the project. For example, the behaviour management style of staff on the occasions in which

members of the EPS team observed the group was determined by the overall behavioural ethos of the school and attempts on the part of the EPS to influence this ethos (i.e. through training) was resisted to a certain extent. The RADIO (Knight and Timmins, 1995) approach is a useful framework with which to reflect on this particular aspect of the project as it encourages a focus on how the culture of an organisation can affect initiatives. The RADIO approach identifies how change can be seen as threatening by professionals in that it threatens their core beliefs and their 'accepted way of doing things'. The attempt on the part of the TEP and the EPS overall to work from an attachment perspective was largely in reaction to the heavy emphasis on behaviourism which permeated the attitudes of the Links staff. From informal discussions which were held with staff throughout the year, it was apparent that a strong focus on behaviourist approaches was retained throughout the course of the intervention. Another influencing factor may be that because the intervention was never explicitly set up as a nurture group, staff could have had difficulty seeing the relevance of attachment theory to their work in what they may have perceived to be a behavioural unit. As Cole and Visser (2000) identified, the challenge of behavioural-based interventions is to retain a focus on supporting the emotional development of children in addition to the more observable behavioural needs.

5.14 Q4: Future implications for the project

From having reviewed the evaluation literature, it is apparent that evaluations of initiatives appear to be most effective and organisations appear to take on the recommendations most when stakeholders are involved themselves in the evaluation of the initiative and work collaboratively with external researchers (Timmins *et al.*, 2010). It may be useful in future to

adopt a framework such as ‘Co-operative Enquiry’ in which staff are engaged as joint researchers in the project. In the current project, there was a sense that staff perceived the evaluation as something that was being imposed on them and in which they did not have an active role in. Further research in this area could also address the perspectives of staff as to how the overall school ethos of behaviourism was impacting on their approach to children in the Links Group and the extent to which they had found the input on attachment principles to be valuable. Furthermore, the low levels of attainment displayed by the pupils upon entry to the group and also at the post evaluation stage indicate that attainment should continue to be a key priority for this intervention. A focus on basic skills is essential for facilitating reintegration into a mainstream setting. As Pillay *et al.* (2013) have identified, projects such as PRUs cannot be considered to be contributing to an inclusive ethos if they do not provide pupils with opportunities to engage at an appropriate level with the national curriculum.

5.15 Q5: Implications for EPs

The implications for EPs becoming involved in pilot interventions of this nature are numerous. It is recommended that, in future, EPs become involved in the initial stages of planning research so that collaborative understanding can be developed and joint processes of working specified (Timmins *et al.*, 2010). Adopting an approach such as the RADIO (Timmins *et al.*, 2010) model of organisational change or Realistic Evaluation may help to facilitate this process. In this project, the greatest challenge for the EPS was managing the differing expectations held by the school around the contribution of the EPS to the evaluation of the project and clearly delineating their role. Furthermore, with the current government and policy focus on attachment, there is an impetus for EPs to become more involved with

attachment-based interventions as EPs are one of the key groups with knowledge of attachment theory and attachment-based interventions. As Fitzer (2010) identified, it is important to support attachment interventions with appropriate support and supervision. There is a key role for EPs in delivering supervision that serves a dual purpose of reassuring staff that they are implementing the strategies correctly and acting as a further way of reinforcing the attachment principles (as was seen in the current project).

Another implication for EPs relates to the proposed changes in the draft Children and Families Bill (DfE, 2013b). Children with SEBD are in an increasingly vulnerable position in that the new SEN funding changes mean that schools will be less willing to take on children they perceive to be challenging and more likely to exclude such children. The new changes will discourage inclusion and encourage a revival of specialist provisions. There is a role for EPs in advocating for these children in the face of a possible increase in exclusions and managed moves.

As has occurred historically in County A with PRU provision, EPs have had a key role in providing input into decisions about whether a child should attend a PRU or not. It is a key finding of this evaluation that a child is only placed in the Links programme if it is on the recommendation of an educational psychologist. This is building on good practice in the LA and more nationally as well (Cole and Visser, 2000).

5.2 Critique

A critique of the intervention is crucial to facilitating the development of the intervention for the future. This critique covers issues such as ethical concerns, design limitations and the implications of mainstream reintegration for inclusion.

5.21 Design limitations

One of the key advantages to a mixed methods design is that a more textured analysis of the data is permitted (Johnson and Onwuegbuzie, 2004), however whilst this is undoubtedly a factor in favour of a mixed methodology, this study is also hampered by a number of limitations. The evaluation is limited in that no assumptions about causality can be drawn as a simple pre and post design was used which this does not permit for causation to be assumed (Gorard, 2007). According to Cohen *et al.* (2007), this renders the study methodologically flawed. Generalisation is another important consideration. Because there were only 5 students in the sample, and pupils were not randomly selected for inclusion in the group, the results cannot be generalised to the wider population. Also because no attempt was made to control for extraneous factors such as the input children were receiving at home from parents and carers, the relevance of the study for generalising to other alternative provisions is questionable.

Furthermore, despite the improvement in attainment and emotional wellbeing scores, there are a number of concerns about how the project was set up and implemented which would need to be addressed if a similar project was to be set up again. For example, there was no opportunity for the EPS to become involved with the initial planning and setup of the project. As the RADIO (Timmins *et al.*, 2010) model outlines, the initial planning stages in an intervention are crucial to its success. For example, the first contact that the TEP had with the school was in the second week of the intervention's term after the children had started in the setting.

5.22 Ethical concerns

Some of the ethical concerns that arose with the implementation of this project are referred to below. For example, there was no parental contribution made to the evaluation process. Initially discussions had been held with the school about whether to include a parental SDQ (Goodman, 2001) measure and SDQs were initially sent home to parents at Time 1 however as only one was returned, it was decided not to include this measure in the final evaluation. A lack of parental involvement with the overall project was noticeable and is an area for further development if the project is to be continued in the future. As Pillay *et al.* (2013) has highlighted, a crucial element in the successful implementation of any project is the close collaboration of parents and schools. They recommend developing initiatives for working alongside parents, positive liaison between home and school and implementing parenting groups.

A further consideration is the question of whether it is ethical to include extremely vulnerable children in a pilot project such as the one under discussion. As Hartley (2009) has identified, LAs must be open and transparent about the funding that is available to support the children with the most complex needs in the LA. The 5 children in this group were arguably the children with the most complex behavioural needs in the LA. If the LA is not able to finance specialist residential placements for these children, then ethical questions are necessarily raised about including these vulnerable children in a pilot intervention in this manner. Although authors such as Hammersley (2004) would perhaps argue that policy in education has long been determined in this fashion, this does not mean that it is good practice. In this researcher's view, implementing interventions with no sound evidence base amounts to

unethical practice and do not contribute to the ‘virtuous circle of practice’ recommended by Snowling and Hulme (2011, p. 2). This is not to say that research is infallible or that the opinion of staff who have worked with these children previously should not be considered a valid type of evidence in itself but that these types of evidence should be considered in conjunction with research-informed evidence.

5.23 Reintegration into mainstream schooling

The project can be considered to be only partially successful in that the overall aim of reintegrating the children back into the mainstream or special school class on a full-time basis has been achieved for only one of the pupils – Pupil C. Pupil D is also spending the majority of his week in a class in the attached special school but is still based in the Links Group. From a broad perspective, the project can be considered to be partially successful when analysed in these terms. As Pillay *et al.* (2013) have found, reintegrating children with SEBD back into their mainstream classes is extremely challenging and unless accompanied by a specific reintegration programme is prone to failure. As the objective of many of these interventions is to modify ‘poor-to-fit behaviour’ (Pillay *et al.*, 2013, p. 2), their emphasis is necessarily behavioural and they often do not address the underlying causes of the behaviour such as anxiety and relational difficulties. Establishing such links between the two settings is considered good practice in reintegrating children with SEBD back into the mainstream environment (Pillay *et al.*, 2012). The implications of this project for inclusion are numerous. For example, the intervention was set up with the intention of returning the children to mainstream or special school class teaching which was partially successful. Critics of inclusion argue that simply co-locating pupils on site with other pupils with whom they have

limited or no interaction does not qualify as inclusion (Avramidis and Norwich, 2002) but rather that inclusion should be concerned:

‘... with all children and young people in schools; [inclusion] ... is focussed on presence, participation and achievement; inclusion and exclusion are linked together such that inclusion involves the active combating of exclusion; and inclusion is seen as a never-ending process. Thus an inclusive school is one that is on the move, rather than one that has reached a perfect state’ (Ainscow *et al.*, 2006, p. 25).

Taking this perspective into account, the Links Group itself can be considered to be an inclusive intervention in that it is ‘on the move’ in that it is constantly in a state of positive flux in response to the children’s needs and to advice from outside agencies. It maintains strong links with the special and mainstream schools it is located on site with and although progress still needs to be made with respect to the remaining three children who do not attend class outside of the Links Group, these children are still included fully in this group and can be considered to be active participants in the group.

CONCLUSION

The results from this study would appear to indicate that this targeted intervention is likely to be effective in improving the emotional wellbeing and attainment of children with SEBD who have previously struggled to cope at mainstream school. This is indicated by quantitative data which was collected on measures of the children’s attainment levels and emotional wellbeing at 6 monthly intervals. The analysis of the supervision sessions would suggest that the attachment principles have permeated the language and behaviour of the Links staff in a positive way. The findings support the importance of reinforcing training through additional supervision.

It is anticipated that this small-scale project evaluation will be used as evidence by the LA to support the future development of this intervention. The cost savings implications of this type of intervention are enormous. It is likely that such 'local' options will be increasingly appealing to LAs who are in the position of having to drastically cut education budgets.

Given the current economic climate and the resulting pressures on schools and AP to become academies (DfE, 2013a), it would seem that there is a continuing and important role for EPs to play in advocating for the needs of vulnerable children and young people with emotional difficulties who are 'at risk of school and wider social exclusion' (SEBDA, 2006, p. 1). It may be through contributing to an assimilationist process whereby children are successfully reintegrated back into mainstream settings or it may be through supporting staff to manage the complex behavioural and emotional problems which these CYP present with.

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Appendix One: Details of Spence Children's Anxiety Scale (SCAS) (adapted from

http://www.scaswebsite.com/1_1_.html)

The Spence Children's Anxiety Scale (SCAS) (Spence, 1994) was used. This is a self-report tool which measures a child's level of anxiety. It specifically explores symptoms which are related to separation anxiety, fears around injury, obsessive-compulsive disorder and generalised anxiety (Spence, 1998). It contains 44 items and uses a 4 point Likert scale from 'Never' to 'Always'. The SCAS has high internal consistency for both the total score and also for the subscales and its test-retest reliability is moderate ($r = .60$; Spence, 1998). It also has reasonable convergent validity; SCAS correlated .71 with the Revised Children's Manifest Anxiety Scale (Reynolds and Richmond, 1978). A copy of the scale is included in the appendices. The scale is intended for use with children between the ages of 8 and 15 years and has been standardised for this particular age group.

Appendix Two: Details of Strengths and Difficulties Questionnaire (adapted from
www.sdqscore.net)

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. Each version includes between one and three of the following components:

A) 25 items on psychological attributes.

All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:

- 1) emotional symptoms (5 items)
- 2) conduct problems (5 items)
- 3) hyperactivity/inattention (5 items)
- 4) peer relationship problems (5 items)
- 5) prosocial behaviour (5 items)

1-4 add together to generate a total difficulties score (based on 20 items).

The same 25 items are included in questionnaires for completion by the parents or teachers of 4-16 year olds (Goodman,1997). Questionnaires for self-completion by adolescents ask about the same 25 traits, though the wording is slightly different (Goodman et al,1998). This self-report version is suitable for young people aged around 11-16, depending on their level of understanding and literacy. It has been standardised for use with children and young people from 4 to 16 years of age. SDQs were used in a large national survey of child and adolescent mental health carried out by National Statistics in funded by the Department of Health. This representative British sample included 10,438 individuals aged between 5 and 15. Complete SDQ information was obtained from 10,298 parents (99% of sample), 8,208 teachers (79% of sample) and 4,228 11-15 year olds (93% of this age band). The sample is described in more detail in: Meltzer, H., Gatward, R., Goodman, R., and Ford, F. (2000) *Mental health of children and adolescents in Great Britain*. London: The Stationery Office.

Appendix Three: Details of British Ability Scales Third Edition (BAS 3) (adapted from Elliott and Smith, 2011)

This tool assesses a range of cognitive abilities, and provides a diagnostically helpful separate assessment of verbal reasoning, non-verbal reasoning and spatial ability. The BAS 3 was developed to assess the different aspects of children's cognitive abilities and their basic educational progress. It is a battery of individually administered tests for use with children from 3:00 to 17:11.

The Core and Achievement Scales have been re-standardised to ensure that the scores obtained are valid, reliable and based on up-to-date comparisons. The standardisation project was undertaken at the University of Cambridge.

The BAS 3 norms are derived from a validation sample representative of the UK population of children. A stratified sampling plan was used to ensure that representative proportions of children from each demographic group would be included. The sample was divided by:

- 12 levels of geographic region
- 2 levels of gender
- Four levels of race/ethnic group
- Five levels of educational level of parents

1,480 children (51.4% female) were included in the standardisation sample. In all, 162 schools and colleges participated in the study. No special schools were included in the sample. The sample was drawn from state and private schools, as well as both faith and non-faith schools.

Appendix Four: Details of York Assessment of Reading for Comprehension (YARC)

(University of York, 2011)

The York Assessment of Reading for Comprehension (YARC) offers teachers and other educational professionals a reliable way of assessing their pupils' emerging and developing skills in reading and reading comprehension from age 4 to 16. It is an individually administered test designed to evaluate the accuracy, rate and comprehension of oral reading in primary school children.

Standard scores, percentile ranks and reading ages for accuracy, rate and comprehension are obtained. Norms, constructed from a 4:06 to 12:04 representative standardisation sample, cover the age range 5:00 to 11:11.

Standardisation took place in UK schools during the Summer term 2008. The standardisation sample was drawn from 10 regional centres that were distributed across the UK. The overall project was managed by researchers in the Centre for Reading and Language at the University of York. In total, 34 schools took part in the standardisation. A total of 1376 pupils participated in the standardisation project.

Further details about the standardisation sample is available from the University of York (2011).

Appendix Five: Sample Supervision Record