Innate needs of humans

- We pursue happiness through four aspects of behaviour.
- Everyone is born with five genetically coded areas of need. The strength and importance of these needs varies between individuals and over time:
  - **survival/physiology**;
  - **love/belonging/connection**;
  - personal **power/significance/meaning**;
  - **freedom/autonomy/self-determination**;
  - **fun/enjoyment/learning/happiness**;
- Our brain functions as a **control system** to get us what we want – we balance our perceptions.
The source of most problems
THE EMOTIONAL BRAIN

All perceptions, meaning and learning have an emotional basis. We make a decision before we are aware an event has taken place. Emotions are processed 0.5 sec. before thought and conscious awareness.

APET: 1 activating agent; 2 pattern match; 3 emotion; 4 thought
We cannot control, only influence
Influence is due to the quality of the relationship
Conversations can change lives

These are all relationship-building behaviours; think of your best friends:

- Listen and don’t criticise
- Show concern but don’t collude with excuses
- Explore pitfalls but don’t threaten or punish
- Acknowledge but don’t reward to control
- Basically - help to face ‘reality’ - know oneself and what might be possible
The twenty minute break

- Every 1½ to 2 hours the brain hemispheres switch dominance
- There is a signal to rest
- Overriding this signal causes stress, fatigue and illness.
WDEP – self evaluation

- What did *you* want?
- What were *you* doing?
- Did it help *you*? Did it work?
- What will *you* plan to do instead?

Never use ‘why’? Get them to talk; watch and listen. Colombo: don’t answer for them. Role-play/rehearse realistic ideas!
Taking personal responsibility

- Do you want the situation to change?
- Whose behaviour can you control?
- If you do the same things will it change?
- What will each person do to improve the situation?

WDEP
## Relationships and our habits

<table>
<thead>
<tr>
<th>6 deadly habits</th>
<th>6 caring habits</th>
</tr>
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<tbody>
<tr>
<td>criticizing</td>
<td>respecting</td>
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<tr>
<td>blaming</td>
<td>encouraging</td>
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<tr>
<td>complaining</td>
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<td>threatening</td>
<td>supporting</td>
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<tr>
<td>punishing</td>
<td>listening</td>
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<tr>
<td>rewarding to control</td>
<td>negotiating differences</td>
</tr>
</tbody>
</table>
## Two theories about control

<table>
<thead>
<tr>
<th>EXTERNAL CONTROL</th>
<th>SELF CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ We are controlled by outside events – motivation is external (extrinsic)</td>
<td>■ We use information to meet our genetic needs – motivation is internal (intrinsic)</td>
</tr>
<tr>
<td>■ Rewards and punishments always ‘work’ – to produce behaviour others want – evaluation is by others</td>
<td>■ Rewards and punishments appear to ‘work’, but targets must match the things we want – self-evaluation</td>
</tr>
<tr>
<td>■ Others are responsible for what we do – blame is externalised – reality is denied</td>
<td>■ We take responsibility for the choices we make – no blame – we can face reality</td>
</tr>
</tbody>
</table>
Brain as a comparing place
(frontal orbital cortex – anterior cingulate)

what I’m getting

what I want

Emotional regulation: out of balance = pain!
A signal to behave
total behaviour

The four behaviours are a system – a change in any one produces changes in all the others.
Wants are individual

Needs are the same for all of us

The pursuit of 5 areas of need drives all behaviour
Quality World
Perceptual filters: ‘reality’ is a creation
Representation of Glasser’s Choice Theory – Wubbolding and Brickell (1990)
Ten Axioms of Choice Theory

1. The only person whose behaviour we can control is our own.
2. All we can give another person is information.
3. Long-lasting psychological problems are relationship problems.
4. The problem relationship is always part of our present life.
5. What happened in the past affects who we are today, but we can only satisfy our needs right now and plan to continue satisfying them in the future.
6. We can only satisfy our needs by satisfying the pictures in our Quality World.
7. All we do is behave.
8. All behaviour is Total Behaviour and is made up of four components: acting, thinking, feeling and physiology.
9. Total Behaviour is chosen: we have direct control over the acting and thinking components. We control our feeling and physiology indirectly through how we choose to act and think.
10. Total Behaviour is designated by verbs and named by the part that is the most recognizable.
Choice theory and schools

- Pupils need to meet the basic needs of love and self-worth
- Success comes with giving and receiving love throughout one’s life
- Schools are responsible for helping students to fill these needs:
  - Schools provide a loving atmosphere
  - Knowledge and the ability to think are required to achieve the feeling of self worth
- These two needs must be met so that pupils can find an identity for themselves
- Pupils who fail to meet these needs, and thus not find their identity, will suffer, withdraw from society, be lonely and frustrated
Key Reality Therapist Statement

- “There is no guarantee that life is fair. The only guarantee is that your are the only person whom you know you can change. Complaining may feel good for a short time, but it is completely ineffective behavior. If complaining were effective, there would be a lot more happy people in the world.”
  Glasser (1998)

- Complaining, blaming & criticizing are self-defeating total behaviors which are most ineffective behaviours so not colluded with in reality therapy
Underlying problem for all clients

- They are either involved in a present unsatisfying relationship or lack what could even be called a relationship.
- If therapy is to be successful, the therapist must guide the client to a satisfying relationship as client learns to behave in more effective ways.
- Clients find out their problems are the way they chose to behave.
Impact: attainment and sustainability

- After working with teachers for two years, using internal control psychology approaches, Good found:
  - A 40% reduction in the number of discipline referrals.
  - A 20% increase in the grade point averages in the experimental group compared to the student population at large.

- Eleven years after the introduction of internal control psychology, there was a 62% decrease in referrals. This latter fact highlights that when the ideas of internal control psychology are fully integrated into the culture of a school, positive changes stand the test of time. Positive change was maintained because of ongoing staff development and a commitment to internal control psychology.

- Other studies have shown that gains are temporary if there is not continued staff development.

Impact: reduced disciplinary infractions

- 5 year study into the effects of training students and staff in aspects of internal control psychology.
- Teachers learned to use Choice Theory to manage minor disruptions in the classroom.
- “Flagrant incident referrals” decreased 90% from 287 to 26.

Sources of evidence

- published research and theory
- our personal experience
- our practice experience
- what clients tell us
- their responses to our work with them

Gilgun (2005)
References

love and belonging connection
power

significance, achievement, recognition
fun

Learn best through novelty, enjoyment
survival needs:

- shelter
- warmth
- food
- sleep
- exercise
- rest etc.
world of possibilities
CHILDREN’S FUTURES
CHILDREN’S FUTURES
Emotional brain and thinking brain

Cortex

Amygdala
The emotional brain
Representation of Glasser’s Choice Theory – Wubbolding and Brickell (1990)
Oh, Behave!
The complexity of human behaviour

- The word “behaviour” may be associated with the word “naughty” or “bad” because we may talk about behaviour when one person is having a problem getting on with another. This is usually when one person is trying to control another.

- All we do is behave: to a psychologist, behaviour is everything we do: eating behaviour; learning behaviour; social behaviour, etc.

- Choice Psychology uses the idea of Total Behaviour: for everything that we do, whether awake or asleep, there are four things going on at the same time:
  - **ACTING** – what we do and say, our posture and facial expressions
  - **THINKING** – self talk; images linked to all the senses
  - **FEELING** – emotional responses to what is going on
  - **PHYSIOLOGY** – the state of our body, e.g. breathing, heart rate

- Choice psychology helps people take personal control over total behaviour in a way that gives new freedom and helps them make better (more effective) choices.
**Reality Therapy**: cognitive-behavioural and solution-focused approach to psychotherapy and counselling developed since the mid-1960s by psychiatrist Dr. William Glasser

**Choice Theory**: behaviour is central to our existence and is driven by five genetic needs:

- **Survival** (food, clothing, shelter, rest, exercise, dreaming, personal safety, etc.)
- **Belonging/connecting/love**
- **Power/significance**
- **Freedom/autonomy/responsibility**
- **Fun/learning**
William Glasser 1925-

- Bachelors Degree-Chemical Engineering-Case Western Reserve-Cleveland Ohio
- MA Clinical Psychology 1948
- MD Psychiatry 1957-Board Certified 1961
- Created Reality Therapy by 1962; essence: we are all responsible for what we choose to do
- By 1998-2000 changed to Choice Theory which is now part of Reality Therapy
We do not satisfy needs directly

- In our Brain is our Quality World
- People we are closest to & enjoy most
- People we imagine it would be good to be with
- Things we own or would like to own
- Beautiful things in nature important to us e.g. mountains, flora, fauna.
- Systems of beliefs that give us pleasure, religious, political, personal
Art of Reality Therapy

- Therapist must be a person client would consider putting in quality world
- It is from this relationship with therapist that client begins to learn how to get close to the people they need
- People who enter therapy typically have no people in their *quality world*
Reality Therapy concept of behaviour

- Behaviour is purposeful because it is destined to close the gap between what we want and what we perceive we are getting.
- All behavior has four components:
  - Acting
  - Thinking
  - Feeling
  - Physiology
Reasons why people choose to suffer

1. If in a frustrating relationship it is normal to choose anger. From angering it is easy to lash out and hurt someone. Depressing & other symptoms can immobilize to restrain anger.

2. Depressing is a common way people use to ask for help without begging. When we suffer people reach out to us.

3. Depressing and all other forms of what are called mental illness allow us to avoid doing what we are afraid to do for fear of the possible negative consequences involved.
Key Reality Therapist statement

- “There is no guarantee that life is fair. The only guarantee is that your are the only person whom you know you can change. Complaining may feel good for a short time, but it is completely ineffective behavior. If complaining were effective, there would be a lot more happy people in the world.” Glasser (1998).

- Complaining, blaming & criticizing are self-defeating total behaviors which are most ineffective behaviors so not listened to in reality therapy.
Reality Therapy basic beliefs

- Emphasis is on responsibility
- Rejection of Transference-welcome responsible involvement with clients
- Therapist’s function is to keep therapy focused on the present
- Avoid focusing on symptoms
- We often mistakenly choose misery in our best attempt to meet our needs
- We act responsibly when we meet our needs without keeping others from meeting their needs
Goals in Reality Therapy

- Help clients to get connected or reconnected with people they have chosen to place in their quality world
- To teach clients choice theory
- Help people extremely resistant to therapy to get involved-disconnected pleasure seeking people—goal is to get therapist connected with these people
Therapist’s function & role

- Assist client in dealing with present
- “Are the total behaviors you are choosing getting you what you need? Is this choice realistic? Is it getting you closer to people you need or want to get to know?”
- Establish satisfying therapist/client relationship
- Be role model of a human who knows what life is all about & successful in dealing with life & not afraid to discuss any subject with their clients
Client’s experience in Reality Therapy

- See reality therapy as safe
- Gently, but firmly, confronting
- Sense of urgency-no need for long drawn out process-this session could be the last!
- “I can use what we talk about today in my life”
- “My present experiences are focused on and I am not allowed to escape facts”
- Sees therapist as strong, active, positive force
Relationship between therapist & client

- Therapy is a mentoring process - therapist teacher & client student
- Therapists capable of relating to wide range of people most of whom would not have normally been a part of their lives
- Sense of paradox
- Ability to reframe the reality
- Ability to communicate hope
- Ability to define problem in solvable terms
- Ability to use metaphors
- Being ethical and culturally sensitive
Reality Therapy cycle of counseling

1. Creating the counseling environment
2. Implementing specific procedures that lead to changes in behaviors
3. Clients led to evaluate their lives & decide to move in more effective directions-make plans to change
4. Following up on how well clients are doing & offering further consultation
The counseling environment

- Coercion free – neither client or therapist coerces or controls the other
- Clients free to be creative & try new behaviors or renew past successful ones
- Confronting yet always noncriticizing, nonblaming, noncomplaining, caring environment which leads to create new satisfying environments that lead to successful relationships
Procedures that lead to change

- Identification of major unsatisfying relationship in life of client-root of problem
- In that relationship: “Whose behavior can you control?”
- Once it is accepted we can only change ourselves, focus on how client can make better choices
- Explore tenets of Choice Theory model
  - Identify basic needs
  - Discover client’s quality world
  - Help client understand they choose total behaviors that are their symptoms
The “WDEP” system: promoting change

- **W  Wants**: What do you want to be and do? Your “picture album”
- **D  Doing and Direction**: What are you doing? Where do you want to go?
- **E  Evaluation**: Does your present behavior have a reasonable chance of getting you what you want?
- **P  Planning** – “SAMIC”
Planning for change-SAMIC

- **S**  *Simple*: Easy to understand, specific and concrete
- **A**  *Attainable*: Within the capacities and motivation of the client
- **M**  *Measurable*: Are the changes observable and helpful?
- **I**  *Immediate & Involved*: What can be done today? What can you do?
- **C**  *Chosen/Controlled*: Can you do this by yourself or will you be dependent on others?
Qualities of a good change plan

- Flexible & open to modification
- Stated positively in terms client willing to do
- Plan capable of being done independent of others help or assistance
- Repetitive & performed daily
- Carried out as soon as possible
- Plans contain process-centered activities
- Evaluate plan if realistic & attainable & if relates to what client needs & wants
- Firm plan up in writing to help client commit to it
Total behavior: our best attempt to satisfy our needs

- **DOING** ~ active behaviors
- **THINKING** ~ thoughts, self-statements
- **FEELINGS** ~ anger, joy, pain, anxiety
- **PHYSIOLOGY** ~ bodily reactions

3 Key Assertions

- The psychological well-being of children and young people is a key social and political issue
- The need for psychological services in this area will increase
- Educational psychology has the potential to be at the heart of the social and political agenda for the well-being of children and young people

Tommy MacKay  DECP Annual Conference,
Glasgow, 5 January 2007
Emotional ill-health has symptoms of:

- exclusion
- bullying
- racism
- sexism
- etc
Total Behavior: Our Best Attempt to Satisfy Our Needs

- **DOING** ~ active behaviors
- **THINKING** ~ thoughts, self-statements
- **FEELINGS** ~ anger, joy, pain, anxiety
- **PHYSIOLOGY** ~ bodily reactions
a) Good quality = good relationships
b) Calm = effective
c) Assertive > aggressive
1. We cannot control, only influence
2. Influence is due to the quality of the relationship
3. Conversations can change lives
Two theories about control

EXTERNAL CONTROL
• People are controlled by outside events
• Rewards and punishments are effective
• Responsibility is external

SELF CONTROL
• People are free to choose how they use information to meet their genetic needs
• They are motivated internally, resisting external control as they exert self control
• They are responsible for what they do
Parents self-help support

- *Peer support in friendly atmosphere.
- *Informal: no forms-no fuss.
- *Understand motivation and behaviour.
- *Learn strategies to keep you calm, keep you sane.
- *Free tea/coffee and biscuits thrown in!
- Managing behaviour
- Responsibility training
- Emotional health
- Workload and stress
- Raising attainment
- Challenging behaviour
The only effective discipline is self-discipline
1. solution focused problem-solving
2. self-evaluation of work and behaviour - Kohn, Clarke
3. strategies from human givens
4. accelerated learning - learning styles, thinking skills, brain gym, emotional intelligence
Requirement: change theory driving our behaviour

- From external control
- To internal control
- ‘Choice theory’
- ‘Perception control theory’
The Impact of Adult Support Staff on Pupils and Mainstream Schools

Peter Farrell, Alison Alborz, Diana Pearson and Andy Howes – School of Education, University of Manchester
Email: peter.farrell@manchester.ac.uk
Presentation to the DECP conference
Manchester, January 2009
Rationale for the Review

• 1st EPPI review (Howes et al 2003)
• Additional publications since then
• Continued rise in the numbers of TA in mainstream schools (now approx 170,000)
• Improved training opportunities and career pathways
• Workforce remodelling
• Anecdotal literature generally positive re the impact of TAs
Review questions –
(First Page of Handout)

• What is the impact of adult support staff on the participation and learning of pupils in mainstream schools?
  – What are the support processes that lead to impacts on pupils?

• What is the impact of support staff on mainstream schools?
  – What are the processes that lead to these school outcomes?
Defining Paid Adult Support

- TA Equivalent (TA, LSA (SEN pupils), nursery nurse, therapist, *language assistant* )
- Pupil Welfare (Connexions personal advisor, education welfare officer, home-school liaison officer, learning mentor, nurse, welfare assistant and *midday assistant/supervisor*)
- Technical and Specialist Staff (ICT network manager, ICT technician, librarian, science technician and technology technician)

All studies in final syntheses referred to the impact of TAs (or equivalents)
Academic outcomes include:

- Literacy, numeracy, language and communication, national curriculum subjects
Social and emotional adjustment outcomes include

- self esteem (confidence, aspirations)
- relationships (successful group membership, rejection of bully/victim identities) and
- psycho-social factors (withdrawal, hyperactivity, aggression)
Participation includes: -

- ‘Paying attention’, task engagement, on task behaviour.
- Engaging in social interaction with peers and teachers
- Joining in with general class and extra-curricula activities.
Impact on mainstream schools includes:

- teaching (curriculum, teaching methods and assessment),
- teachers (role, workload, stress and job satisfaction),
- leadership (senior teachers including head teachers – roles, workload, stress and job satisfaction), and
- school climate (ethos, well-being, cohesion, school status, parent/community engagement).
Procedure for carrying out the review (Table 1)

It was systematic, following the EPPI-Centre guidelines and comprised the following stages:

- General literature searching and identification of key sources;
- Selection of literature in accordance with inclusion criteria;
- Mapping and quality evaluation of identified publications;
- Data extraction; and
- Final synthesis.
Date Extraction and Final synthesis of studies

- Total of 39 studies
- 20 USA, 15 UK, 4 ‘other’
- Methodologies – 14 quantitative, 5 qualitative, 20 mixed
- 30 address the impact of TAs on ‘SEN’ children, 9 addressed the impact on all children in a class or school
Focus of the included studies
(Note: some studies focussed on more than one area)

Pupils
- Academic outcomes - 19 studies
- Participation - 17 studies
- Social and emotional adjustment - 6 studies

Schools
- Teaching – 9 studies
- Teachers – 8 studies
- Climate – 6 studies
- Leadership - 0 studies
Impact of Support Staff on Academic Progress (19 studies)
Table 2

Divided into

- Targeted intervention studies (pupils with ‘SEN’) – measured impact (a test of some kind).
- Non-targeted intervention studies (all children) measured impact (a test of some kind).
- Targeted intervention studies (pupils with ‘SEN’) – perceived impact – (e.g. teachers’ parents’ or pupils’ views.)
- Non-targeted intervention studies (all children) - perceived impact – (e.g. teachers’ parents’ or pupils’ views.)
Targeted intervention studies – measured impact

What have we found?

• Studies are high quality, all but one have control or comparison groups
• Most focus on reading
• All TAs received training and support
• There were fidelity checks on the quality of the interventions
• Generally very positive findings
• In two studies with negative or mixed findings pupils were not withdrawn and length of intervention was shorter
• Only three studies compare TAs with qualified staff (teachers or SLTs) – and pupils in the TA groups perform just as well as those taught by ‘qualified staff’
Non-targeted intervention studies – measured impact

What have we found?

- Findings are mixed
- Two (Blatchford and Gerber) are large scale across several schools
- Anecdotal qualitative evidence in all studies was more positive
Targeted and non–targeted intervention studies
(Perceived impact)
Tables 4 and 5

What have we found?
• Only 5 studies
• Findings are positive
• Broer is one of the few where perceived impact data comes for young people with ‘SEN’
• These findings are in line with countless anecdotal accounts
Conclusion: Impact on academic outcomes

- Overall conclusion suggests that when TAs are well trained and supported and where intervention is targeted, this has a positive impact on pupil academic outcomes.
Impact of Support Staff on Social and Emotional Development (6 studies)

Table 6

What have we found?

- Methodology draws on perceptions of key stakeholder (4 studies), one also includes classroom observations and one a teacher rating scale

- Findings mostly positive – teachers, in particular think that TAs make a positive contribution in this area

- Young people in the Broer study have conflicting memories

- TAs in Vader Kolk’s study was the only one to focus on supporting children with ‘EBD’ – findings are mixed
Impact of Support Staff on Pupil Participation (19 studies)
Table 7

What have we found?
• The majority of studies combined surveys, interviews and focus group data with structured or unstructured observation.
• Two exclusively focussed current or former pupils’ views
• Four studies adopted experimental methods where aspects of pupil participation were ‘measured’ — e.g. on task behaviour, social interaction
• Close proximity between TAs and pupils with SEN can adversely affect pupil participation with peers and teachers, especially when teachers perceive the role of the TA as working with the child.
Impact of Support Staff on Pupil Participation (19 studies)

- This negative impact is reduced when TAs and teachers collaborate well together and where TAs are well trained and supported.
- Some evidence that if TAs are actively encouraged to help pupils with SEN to interact, this can have positive benefits.
- TAs can enhance ‘on task’ behaviour at the expense of increased social interaction.
- In some cases pupil/teacher interaction increases when TAs leave the class.
- Close proximity of the TA to the children they support can have a negative impact on social interaction.
Some Conclusions

- Trained and supported TAs can make a positive difference to children with identified problems in learning. It probably won’t happen by chance!
- They may be just as effective as teachers and other ‘qualified’ staff.
- TAs’ impact in raising the attainments of all children is less certain
- TAs can help pupils with SEN to participate in academic tasks
- This may be at the expense of social interaction with peers and teachers
Some implications

For teachers, - pre-service training; CPD
For school leaders/managers
For TAs - training and support
For Local Authorities
For EPs
  - CPD for TAs
  - Supporting teamwork between teachers and TAs
  - Advising schools on working with TAs
  - Being clear and realistic about the aims of ‘inclusive’ placements
Do we have to be in the Manchester Room?

Phil Stringer Hampshire
Educational Psychology Service
The further Reduced Burt Company presents 25 years of Educational & Child Psychology

Dr Phil Stringer, Hampshire Educational Psychology Service
(with backing vocals from Professor Andy Miller, University of Nottingham)
DECP Annual Course 2009
Or…Twenty-five years of Educational and Child Psychology as an opportunity to reflect upon EP writing

Phil Stringer Hampshire Educational Psychology Service
Writing:

- Culture
- Burt on writing
- Context
- Community
- Not so hard facts
- Celebrating 25 years

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Educational Psychology Service
Culture

• What do you write?
• Who do you write it for?
• How often do you write?
• Have you written for publication?
• How do you feel about the different kinds of writing that you do?
Culture: Themes from E & CP

Consider the themes from E & CP:
• To what extent do you recognise these themes as applicable to what you do?
• Thinking of the main EP publications, to what extent do the published articles reflect what you/colleagues do?

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A Burt interlude

Sir Cyril and writing…

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Burt and context

A visit to our comrades: the AEP Journal and Newsletter

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Your context

• What do the E &CP themes tell you about professional context (history, influences, trends)?
• What’s your professional context?
• What do you think has influenced the profession?
• How well do we respond to these influences?

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Community

- A community of writers
- The narrative of the profession
Being in a community of writers: A psychological sense of community

“When writing your essays, I encourage you to think for yourselves while you express what I’d most agree with.”

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Educational Psychology Service
What does ‘community’ mean to a psychologist?

- Sarason (1974)
- ‘Psychological sense of community’
- It ‘is one of the major bases for self-definition’
What does ‘community’ mean to a psychologist?

Sense of community (McMillan & Charvis - four elements (1986):

• Membership (boundaries, belonging, emotional safety...)
• Influence (and power)
• Integration and fulfilment of needs (values and value)
• Shared emotional connection (contact, quality, shared events...)
What does ‘community’ mean to a psychologist?

Sense of community
*(McMillan & Charvis, 1986)*

1 Membership
- Boundaries,
- Emotional safety
- Belonging and identification
- Personal investment
- Common symbol system

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Sense of community 2

Influence
• Influence = attraction
• Conformity → consensual validation (closeness) and cohesiveness
• Power and influence

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Sense of community 3

Integration and fulfillment of needs (i.e., reinforcement)

- Status
- Competence
- Shared values

‘A strong community is able to fit people together so that people meet each other’s needs while they meet their own.’

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Sense of community 4

Shared emotional connection
• Shared history
• Contact hypothesis
• Quality of interaction
• Closure to events
• Shared valent event hypothesis
• Investment
• Effect of honour and humiliation
• Spiritual bond

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Being in a community of writers

In what ways do you experience being in a community of writers:
• Membership
• Influence
• Fulfillment of needs
• Shared emotional connection

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Your narrative of the profession

What’s the story about EP practice in the late 2000s that you would tell Burt about?

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Twenty-five years of E & CP

• A three EP panel
• Four articles from sets of three volumes 1984 (1) to 2007 (24)
• One representative article
• A justification

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## How much writing in E & CP?

A work in progress

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*Vol.6 (1), Vol 7 (4), Vol 25 (4) excluded

With acknowledgement to David Hart and Anne Taylor (1979)

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# How many EPs?

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*AEP formed

Phil Stringer Hampshire
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By author

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Phil Stringer Hampshire
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What are you now thinking about writing?

Getting Started

Writing On-line  The First Draft
Documenting Sources  Focusing, Connecting Ideas
Using Sources  Analysis, Argument
Punctuation  General Editing
Sentence Structure  Peer Editing

Editing for Clarity, Style

Phil Stringer Hampshire
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That’s all folks

Phil Stringer Hampshire
Educational Psychology Service
Cultures and Contexts in Children’s Services

Dr Harriet Martin
Dr Naomi Hartnell
Our journey so far

- How it began
- What we know already – organisational and social psychology
- Current thinking - CWDC/DCSF information and guidance
- Collaborative working – cultural shifts
- Promoting reflective practice
- Where next?
The Beginning

• A request to provide training on the Common Assessment Framework (CAF) and Lead Professional
• Top down information for compliance – nobody to be able to say that they were not given the opportunity to be told what they should be doing
• A recognition that this training in itself would not achieve ‘integrated working’ but no guidance on local understanding of this or further planning on what more to do until a new organisational structure was agreed
Responses to the Training

- Some resistance and objections
- Belief in a single solution – the magic answer
- Unrealistic expectations of other practitioners
- Protection of own professional groups
- Concern about engaging with children and families
- Requests for further skills training
...it’s always more complicated

- Professionals are people too
- Not everyone is as much a reflective practitioner as you might think
- Always a need for reminders about good communication.
- Professional groups are anxious that another ‘is taking over’
- Fear of responsibility – I’ve done my bit and/or I don’t want to be left with the problem
What psychological knowledge and understanding might help?

• Analysis of organisational culture: integration, differentiation or fragmentation perspective (Martin, 1992)
• Importance of different narratives (Booker, 2005)
• Relations between groups at work – inter-group conflict and interventions to reduce this
• Social identity (Tajfel, 1978)
• Communities of practice (Wenger)
The challenge of multi-disciplinary working

‘It is not just about changing how services are structured. It’s about changing the way we think, operating in a way that’s much more about partnership and working towards a shared goal’ (p.9)

Children’s Workforce Development Council (2007)
The challenge of multi-disciplinary working

- Recent research (e.g. Robinson et al. 2008) comments on the huge variety of models of integrated working, and the many different levels and types of integration between services that exist.
- Furthermore, in asking whether integrated working is leading to better outcomes, researchers conclude that gains are often situation specific and that evidence about outcomes is not always conclusive.
Multi-disciplinary working-positive outcomes

- Improved access/ increased engagement for children and families especially the ‘hard to reach’
- Increased ability to offer preventative work/early interventions
- Increased range of services/ swifter access to services, better efficiency
- Improved interagency relationships and a better understanding of issues under-pinning integrated working and better communication
Multi-disciplinary working – overview of pitfalls and advantages

- Possible areas of conflict: team aims, expectations, methods, roles, priorities, financing, objectives, commitment and culture.
- Advantages: fixed beliefs and discourses questioned, new methods and interventions developed, creative problem solving using a range of skills, responsive to a range of problems, more responsive to the needs of clients.
Individual model

- Problems are located with child/family
- Can inadvertently lead to a blame culture
- Blame can be mirrored throughout the multi-agency system
- Provides a block to integrated/collaborative working
Collaborative systems model

• Behaviour problems as well as resilience and well being develop through relationships
• No one is to blame – every one has the resources to make a positive difference
• A culture of collaboration and collective responsibility is developed
• Collaboration is mirrored throughout the multi-agency system
Collaborative working

Think of a piece of collaborative work you have experienced that went well

• What were the circumstances that contributed to this?
• What did others’ do which contributed?
• What did you do which contributed?
• Anything else important which contributed to the successful outcomes?
Underlying difficulties with M-D working – cultures in conflict

• Each individual and each profession has a tendency to different emotional motivation within their work context and culture

• For team members, the personal meaning of their work can be vested in the ideals underlying the choice of working methods

• Questioning this when working with other professionals can therefore be very anxiety making

• This can lead to conflict and anxiety about how to further the team’s primary task
Facilitating positive working – cultural shifts

• It is important not to allow team members to become polarized about which methods are right or wrong
• Increased contact between different professionals enhances understanding
• Teams need space to reflect on what is the most appropriate working approaches for whom and in which circumstances
• The end product becomes increased flexibility and creative approaches to problem solving
Professionals are people too

- Recognise own personal thoughts and feelings
- Be aware of own professional group’s needs and those of others
- Understand the difference between interests and positions
There is an answer

Have you worked out what are the right behaviours to encourage and develop across the children’s workforce?

Have you worked out where integrated working practices will enhance services for children?

The One Children’s Workforce tool CWDC 2008
There is probably not one answer

• A good enough plan
• Maintaining flexibility
• The role of containment and ‘being noticed’
• Working in partnership with parents
Effective group processes

• Clarity of purpose - developing clear goals that all team members have a commitment to

• Understanding /respecting the roles and responsibilities of other agencies, their constraints and realistic expectations

• Time to develop cultural and attitudinal shifts leading to a common narrative and shared goals
Effective group processes

• Relationships / trust between team members
• Good information sharing, listening and communication skills, incl. negotiation and conflict resolution, flexibility, trust
• A reflective team, able to assess its own effectiveness and share skills
How do we know its worked?

• The Children’s Workforce Development Council’s (CWDC’s) the One Children’s Workforce

• “In the end it is the practice that produces results, not the process. Thus creating communication links between people to negotiate situations is sometimes more useful than establishing a fixed process” (E. Wenger, 1996)
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