The Manchester Motor Skills Intervention

Division of Educational and Child Psychology 2010

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Background 1 – initial development phase – school EP role

- A child with a statement for dyspraxia and attention difficulties in one primary school
- Interest in motor difficulties
- Lack of assessment and intervention materials for schools in this area
- Long wait for OT input
- Initial exploratory work with 2 TAs in a school
Background 2 – establishing a multi-agency group

- Link with a Manchester OT
- Interested colleagues within EP team
- Specialist teachers also developing materials in the area
- Voluntary working group convened
- 3 year research project
The Manchester Motor Skills Intervention

- Whole School approach comprising:
  - Primary school audit
  - Resources for classroom staff
- A targeted motor skills (Wave 2) programme comprising:
  - KS1 and KS2 assessment tools
  - A programme planning booklet
- Half day training for SENCo and TA pairs and follow on practitioners workshops
How can we assess children’s motor skills? (The Manchester Motor Skills Assessment)

- What do schools need? An assessment that focuses on relevant skills, is quick to complete and informs intervention and evaluation
- What form should an assessment of children’s motor skills take? Strongest evidence is for cognitive-motor approach to assessment of motor skills (Wilson, 2005)
  The best evidenced motor skill norms were used (Crawford et al 2001) where possible
- Tool developed and revised over a year with OTs, teachers and TAs
- Inter-rater reliability testing with 37 children in 11 schools found high levels of agreement between researchers and TAs

What does the MMSA look like now?

The process of drafting and re-drafting has lead to:

- Assessment tools focusing on functional skills relevant to the school context (gross, fine motor skills and organisational skills)
- Children are assessed individually on 10 tasks and each assessment takes approximately 15 minutes
- The assessment is designed to be done before the child takes part in a motor skills group and at the end
- For each item the child is rated on a four point scale, which follows a skill acquisition model
  - 0 = Not able to complete task
  - 1 = Early stage of skill acquisition
  - 2 = Becoming more competent
  - 3 = Fluent
- A DVD has been developed to support training
The Manchester Motor Skills Assessment

Training DVD example
The Manchester Motor Skills Wave 2/3 Programme

- After children are assessed they take part in a group for 20 mins daily for 8 weeks (or 3-4x per week for 12 weeks)
- Assessments are used to inform group selection and planning
- The programme is designed to be flexible within a prescribed daily structure

How effective is the MMSP?

Repeated measures design with 24 children assessed using the MMSA

Pre -------------- T2 ------- T3 -------------- T4

6months Intervention 6 months
Results (n=24)

Monthly progress rates

<table>
<thead>
<tr>
<th>Effect sizes</th>
<th>T1</th>
<th>T2</th>
<th>T3</th>
<th>T4</th>
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</table>

| Effect sizes | 0.010 | 0.603 | 0.023 |
Can the programme be successfully implemented in schools?

- Need for broader efficacy evaluations. Snow and Juel (2005), ‘the quality of the implementation of the program turns out to be much more important in explaining the outcomes than the nature of the program’ (p 514)
- Case Study evaluation (Bond, 2007, unpublished)
- Theory driven evaluation model developed
Implementation Model
Greenberg et al (2005), Corboy and McDonald (2007)

Planned implementation support
- External (technical, quality, materials)
- Internal (pre-planning, staff commitment, group leader characteristics, fit with school systems)

Planned collaborative partnerships
- Internal
- External/Internal

Actual collaborative partnerships

Planned intervention
- Programme model
- Quality of delivery
- Group selection
- Participant response

Actual implementation support

Actual intervention

Programme as implemented
Impact model

- Donaldson (2007) argues impact models need to include mediators (proximal outcomes) and moderators (factors influencing strength of relationships within the model)
- Impact model developed at a practitioner focus group following discussion of key factors contributing to impact
Impact Model

**Moderators**
- programme implementation factors
- group size
- group SEN level
- School SEN systems

**Mediators**
- TA confidence in delivering the programme
- TA skills
- Children’s confidence

**Moderators**
- Children’s attendance
- Teacher involvement

**Impact**
- progress scores
- programme impact
- children’s increased confidence and skill
- Improved school provision

Programme
Impact of the Programme

- School by school analysis was undertaken using the impact model. For each aspect of the revised impact model the school was categorised as small, medium, large and an overall predicted effect size calculated.
- Predicted effect size using the impact model was more accurate in predicting actual effect size than when using the implementation model alone.
- Conflicting results from 2 schools were used to suggest further refinements to the model.
Example – School C - medium effects

**Programme**

- Moderators
  - programme implementation
    - Medium impact
  - group size
    - High impact
  - group needs
    - High impact

**Mediators**

- TA confidence in delivering the programme
  - Low impact
- TA skills
  - Medium impact

**Impact**

- Children’s attendance
  - High impact

**Predicted ES**

- Perceived impact of prog
  - Medium
- Perceived child progress
  - Low
- Improved school provision
  - Med
Sustainability of the MMSP

- Programmes often difficult to sustain (Dartnow and Stringfield, 2000)
- Telephone survey of 19 schools two years after training – 9 continuing, 6 sustainability issues, 2 initial implementation issues, 2 no data
- Detailed interviews with 8 schools (4 continuing since 2006, 2 from 2006 no longer implementing and 2 delivering programme for first time)
- Patterns across whole group analysed and confirmed themes from the original implementation model. No new themes emerged although long-term strategic planning did appear particularly important as schools took ownership of the programme for themselves.
Follow up survey

- Development project finished in 2008. All 39 schools that had been part of project surveyed one year after with 59% response rate
- 60% continuing to deliver the motor skills intervention
- School level impact was variable
- External support from the team was rated highly
- More support requested re handwriting interventions
Future developments

- Training has been revised and is available to schools and trainers pack is in development.
- Feedback has lead to shift of focus to sustainability and whole school approach.
- Both the whole school and targeted elements are to be published as the Manchester Motor Skills Assessment and Intervention Package.
- Continued research is needed to build the evidence base in relation to the effectiveness of the intervention and to develop the assessment tool.
Implications for EPs

- There is increasing demand for schools to self-evaluate any targeted interventions.
- EPs can contribute by:
  - Supporting schools develop more sophisticated evaluation models.
  - Identifying/developing appropriate evaluation plans and tools with schools.
  - Running practitioners workshops to support staff implementing targeted programmes and increase sustainability.
  - Using TEP and EP R and D time to focus on school/LA research priorities.
Any questions?
References


References


Bexley Targeted Mental Health in Schools Project
2009-2011

Frederika Bradbury,
Ed.D. C.Psychol. AFBPsS
Project Lead,
Senior Educational Psychologist

John Greenhalf,
MA.MSc.
Senior Educational Psychologist
National Project Objectives

The TaMHS project is intended to bring schools and support services together in order to:

- help children learn better and achieve more,
- help schools develop their knowledge, systems and practice on mental health issues and
- help parents feel more confident in supporting the emotional health and well-being of children and young people
Community

Listening to you, working for you

www.bexley.gov.uk

Emotional Wellbeing: SEAL

Mental Health: CAMHS

1

SCHOOL

FAMILY

3
Existing Practice in Bexley (2005-2009)

- Therapeutic Play in Schools
  - Certificated Programme (PTUK)
  - Serial Drawing Workshops
  - Sand Play Workshops
  - Training on Attachment

- Screening: SDQ (Teacher, Parent)

- Supervision: (CAMHS, EPS)
TaMHS as a Research Opportunity

- That child-led therapeutic interventions will result in reductions in overall stress and...
- That this decrease will lead to changes in the core beliefs that teachers hold about the mental health needs of children in their classrooms.
Proposal for TaMHS (January 2009)

- Specific selection criteria
- Specific year groups
- Two levels of screening to identify children at risk for mild mental health concerns
Cluster Schools and Criteria

- Aimed to include a wide variety of schools across Bexley
- From each of 5 clusters: 1 secondary and 2 primaries selected on highest of free school meals, rates of absence.
- Each school needed to have some involvement with SEAL
- Year 4 and Year 7 selected for universal screening
Our Project Goal

- To establish a coherent, integrated approach to promoting the emotional wellbeing of children and young people …
- while building the capacity of the school to support children identified as being at risk for mental health needs.
Bexley Objectives

- To building on existing good practice
- To develop and test out new ways of working
- To build capacity in schools to provide early intervention to meet mental health needs
- To provide new opportunities for multiagency partnership working
Measurable Outcomes

- Improvements in attendance
- Improvements in attainments
- Reductions in exclusions
In Partnership with CAMHS

- An increase in the number of appropriate referrals to specialist CAMHS.
- A reduction in overall number of referrals to specialist CAMHS. (There may be an initial increase as awareness is increased).
- An improvement in the relationships between schools and specialist CAMH staff.
School Support

- Raising awareness of mental health issues during twilight sessions by mental health practitioners
- Universal and targeted support offered within the resources of the school
- A local evaluation to measure the impact of the interventions
Developing Understanding

- Joined up twilight sessions (Young Minds, Educational Psychologists, Psychotherapists)
- Development of mental health/brain development/resilience led by Young Minds
- Introduction to Therapeutic Play
- Brochures for parents and teachers on Therapeutic Play
- Self-selected training for Schools
Targeted Parent Support

- Involvement through initial interviews and review sessions held during the course of the intervention
- Individual and/or group support sessions during the course of the intervention
- Parental evaluation

Listening to you, working for you
Parental Involvement

- Parent Assistant recruited from the Voluntary Sector
- Support offered once every two weeks while the intervention is being carried out
- Objectives for involvement set up with parent and evaluated at the end of the intervention
The Intervention

- Unique In-House Training Programme for Support Assistants led by Educational Psychologists and Psychotherapists (5 days of training with follow up Conferences for networking and support)
- Non- Directive Therapeutic Play (using Story, Drawings, and Sand)
- A systematic programme of intervention using pre-post assessments and regular supervision from Clinical Supervisors and Educational Psychologists
## SDQ Teacher Screening Results – Year 3 (Summer Term 2009)

<table>
<thead>
<tr>
<th>Pop 360</th>
<th># met Crit.</th>
<th>Em (1SD)</th>
<th>Beh (2SD)</th>
<th>Hyp (1SD)</th>
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<th>Pro Soc</th>
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<tr>
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<td>2.2</td>
<td>6</td>
<td>2.1</td>
<td>6.1</td>
</tr>
</tbody>
</table>
How the programme works:

- An average of two (6 week) blocks of Therapeutic Play
- Initial Interview, Interim Reviews, and Final Interview with Parents
- Pre-Post Screening using at least two of the three SDQs (Parent/Teacher for Primary and Parent/Self-Report for Secondary)
- Consultation with CaMHS Psychotherapists as needed
- One hour of Supervision every two weeks during the first year- once every three weeks thereafter.
The Therapeutic Play Continuum

- Play
- Play Work
- Therapeutic Play
- Filial Therapy
- Play Therapy
- Child Psychotherapy / Psychiatry
Non-Directed Child’s play

‘Play under the control of the player gives to the child his first and most crucial opportunity to think, to talk and perhaps to be himself’ (Jerome Bruner, 1983 The Functions of Play)
The therapeutic aim

- To provide an emotionally containing relationship within which the troubled child can find themselves and repair damage through play.
The ability to play begins with attachment:

The experience of emotional holding or containment by the mother or caregiver enables the baby in turn to be a container of feelings—able to hold onto feelings and to think about them—leading to a securely attached and resilient child.
To provide an emotionally containing relationship the helper must provide a secure base:

- the holding environment within which the child feels secure,
- the attunement, or inner mental space, in which to think about the feelings that the child is communicating and
- essential warmth, acceptance and empathy, while avoiding collusive rescue, placating or retaliation.
Who needs play help?

- Children who have too much happening in their lives: separations, losses, abuse, repeated disruptions, changes of family membership and abode, changes of caretakers and attachment figures, disability, illness, and stays in hospital.
Why Therapeutic Play Works


- ‘The Developing Mind – How Relationships and the Brain Interact to Shape Who We are’ Daniel J. Siegel ((the Guilford Press – 1999)
Symbol Systems
- Denotation
- Exemplification
- Metaphorical Exemplification
Denotation

- Anything can denote anything e.g. word and object
  - Line on a map and a road
  - A pen can be mother

- Denoting symbols can be ‘read’ by an individual or built into a socially recognised system
Exemplification

- Any object can exemplify properties which it possesses

- What an object exemplifies depends on context or individual interests
  e.g. a tree might exemplify a source of wood, a provider of shade, a home for birds, etc.

- We recognise objects by what they exemplify: its shape, colour, texture, use, etc.
Metaphorical Exemplification

- A denoting symbol can take on metaphorically the properties exemplified by the object denoted. E.g. a symbolised ‘lion’ denotes a particular animal or type of cat but the use of the symbol can metaphorically draw on the properties which the animal denoted possesses, strength, hunting prowess, etc.
Toys as Symbols

- Denoting objects can be and refer to anything
- They may be ‘read’ as specific objects because of exemplification of particular properties, e.g. shape
- And can metaphorically exemplify the properties of the object the child has chosen to denote depending on the context of the play or the interests of the child

  e.g. the toy object whose shape is ‘read’ as a lion can exemplify metaphorically the property of paternal/maternal strength, if the child wants protection, or ferocity if the child is dealing with fear, and it can be controlled by the child
The Richness of Toys

- Anything can be anything
- Toys can denote properties in real objects which the child needs to represent, integrate, cope with or understand
- The child can control the toys
- Toys let the imagination free to create new, alternative worlds under the child’s control
Memory

- Memory is more than what we consciously recall about events in the past.
- **Memory is the way past events affect future function**
- Memory is the way the brain is affected by experience and then subsequently alters future ways of responding.
- The brain is an ‘anticipation machine’ constantly scanning the environment and trying to determine what will come next by checking against the pre-existing memories.
- Our earliest experiences shape our ways of behaving, including patterns of relating to others, without our ability to recall consciously when these first experiences occurred.
Explicit Memory

- Requires a maturing brain and consists of:
  - Semantic Memory: facts
  - Episodic Memory: autobiographical
  - ‘I am recalling something’
Implicit Memory

- Implicit memory relies on brain structures that are intact at birth and remain available to us throughout life.
- These are generalised into ‘mental models’ which help the baby to interpret their experiences and anticipate future experiences.
- ‘Mental models’ are the basic components of implicit memory.
- The brain is an ‘anticipation machine’ constantly scanning the environment and trying to determine what will come next by checking against the pre-existing ‘mental models’.
The Amygdala

- The amygdala is where fear learned from past experience is stored
- The amygdala processes and determines the emotional value of simple sensory data: complex multisensory perceptions: and complex cognitive abstractions
Implicit Memory and Secure Attachment

- Secure attachment produces secure, organised ‘mental models’ of emotional relationships – the baby’s implicit memory anticipates that the future will continue to be safe.

- Faced with new situations, the child has the confidence to take risks because he/she is secure.
Secure Attachment

Develops:
- Attunement with carer
- Self-esteem/confidence
- Resilience
- Emotional security
- Socially assuredness
- Willingness to accept risks/challenges with learning
Implicit Memory and Insecure Attachment

- A baby with insecure attachment has had a less predictable, emotionally distant or frightening relationship with his/her carer.
- These experiences will also have become encoded implicitly.
- The baby’s ‘mental models’ will reflect uncertainty, distance and fear, creating a very unpleasant, disorganising and frightening internal world for the baby/child/adult.
- Faced with challenge ----- there is no security to save you.
Insecure Attachment

- **Neglect – Avoidant Attachment**
  - Lack of autobiographical memory
  - Emotional distance
  - Low self-esteem

- **Parental drug/alcohol abuse/mental health problems – Ambivalent Attachment**
  - Attention seeking
  - Low self esteem
  - Lack of self-confidence/fear of challenge

- **Early Trauma/domestic violence/abuse – Disorganised Attachment**
  - Hypervigilance/Dissociative behaviour
  - Need for control
  - Intense fear of change/challenge
Trauma, Stress and Memory

- Trauma leads to the release of stress hormones
- Stress hormones have an inhibiting effect on the hippocampus
- Explicit memory may be blocked at the time of the experience
- **The memory may not be integrated into episodic memory**
- Implicit memory of the event is intact, including impulses to flee, emotional reactions, bodily sensations and intrusive images relating to the trauma
Theory and Practice

- REM (Rapid Eye Movement) sleep
  - Left prefrontal cortex – encoding episodic memory
  - Right prefrontal cortex – episodic/autobiographical retrieval
  - Eye movement is moving encoded memory into autobiographical memory

- EMDR (Eye movement desensitization and reprocessing)
  - Client attends to the disturbing memory while simultaneously focusing on a dual attention stimulus (e.g. therapist directed lateral eye movement, alternate hand-tapping or bilateral auditory tones)
Hemispheric Connections

- Vertical – From limbic areas (implicit memory) to cortex (explicit memory)

- Lateral – moving from right brain (understanding of other people) to left brain (awareness of self-states) and visa versa

- Dorsal-ventral – bringing together sensori-motor systems in order to predict what will happen next (in the world of the imagination?)
Hemispheric Laterality

- Left brain tries to create explanations for the information it receives
- Right brain processes the overall gist of a scene and creates a context rich representational ‘understanding’
- The right brain specialises in perceiving the mental states of others and to represent others’ minds
- The left brain processes internal mental and emotional states
Avoidant Attachment and the Right Brain

If the experiences necessary are not given, then the right brain’s function of recognising the mental and emotional states of others will be inhibited.

The left brain’s awareness of personal internal states will dominate.
Ambivalent Attachment and the Brain

- Again, left brain and personal mental states will dominate but the recognition of the mental and emotional states of others will be confused
Disorganised Attachment

Fear of the mental and emotional states of others may dominate (Right Brain) and the personal states will be inhibited
**Vertical Integration**

- Non-verbal, seeing as a whole and giving opportunity to think through feeling may give access to implicit memory which can then be expressed through talk about pictures and sand tray.
Dorsal-ventral Integration

- The use of visual and motor co-ordination in a creative process will lead to integration with emotional states and allow control over what comes next, giving security
Lateral Integration

- Sharing mental states with another, right brain to right brain, left-brain to left brain, and lateral connection to lateral connection may create integration
Integration and Attunement

- Attunement produces a therapeutic effect by linking perception of the other with perception of the self through a shared focus on the activity.
Activating Children’s Thinking Skills (ACTS)

Evidence of effectiveness of an Infusion approach teaching thinking in Primary schools

Dr. Jessica Dewey
Objectives

- To outline current thinking skills approaches
- To detail a research project evaluating the ACTS methodology
- To examine evidence of effectiveness
- To discuss the implications of this for Child and Educational Psychology
Approaches to Teaching Thinking

1. General Approaches e.g. Somerset Thinking Skills (Blagg, 1991), Philosophy for Children (Lipman et al., 1980)

2. Subject Specific Approaches e.g. CASE (Adey & Shayer, 1993), Learning through Geography (Leat, 1998)

3. Infusion e.g. ACTS (McGuinness et al., 1997)
Research Issues
(DfEE, 1999; Higgins et al., 2004; Watkins et al., 2001; McGuinness, 2005)

• Limitations of research design re variables, size and scope of studies
• Issues of transfer and practicalities of programmes not addressed
• Unanswered questions relating to age, time and approach used
• Need for empirical evidence “as evaluation studies are inconclusive” (Wilson, 2000)
Rationale for ACTS Research

- Thinking skills matched directly within the curriculum to support transfer
- Curriculum content invigorated to develop student understanding and thinking
- Classroom time used optimally

- Majority of large scale evaluations occurred in subject-specific or generic approaches
- No longitudinal evaluation of ACTS (McGuinness, 2005)
- Exclusive focus on Secondary settings in the UK (McKinstery & Topping, 2003)
Research Design

- 2 year intervention evaluation study
- 404 students aged between 7–9 years old from a cross section of schools
- Schools divided into experimental and waiting list control groups
- Quantitative and qualitative evaluation
- Ongoing staff training and workshops
Quantitative and Qualitative Measures

- Cognitive reasoning
  (Cognitive Ability Tests 3, Lohman et al., 2001)
- Self perceptions
  (Myself as a Learner Scale, Burden, 1998)
- Social behaviour
  (Taxonomy of Problematic Social Situations, Dodge et al., 1985)
- Pupil and staff questionnaires
Impact on Pupils’ Cognitive Development

- Quantitative data demonstrated greater gains made by experimental group on Cognitive Ability Tests
- Minimum of 2 years intervention needed
- Parallel project made similar findings (McGuinness, 2005; 2006)
- Qualitative data indicated explicit use of discrete thinking skills and transfer
  “If I’m stuck in a lesson I think about my thinking skills and it helps”
  “The thing I enjoy about thinking skills lessons is that I get to use my brain more than I usually do”
  “It improves children’s thinking and their ability to tackle different problems”
  “children transfer new skills to wider world”
Impact on Pupils’ Social and Emotional Development

- No significant effect measured on quantitative devices
- Qualitative data revealed:
  - Increased self esteem
    “The less able have gained more self-esteem and social awareness”
  - Increased confidence in contributing
    “They speak, write, think and interact better – all as a result of their new growing confidence”
  - Enhanced listening and turn-taking skills
    “all children have learned to value each other’s contribution and have mutual respect for each other”
Impact on Teachers

• Changes to beliefs and attitudes
  “I am now a great believer in actually teaching thinking skills whereas before I thought that developing thinking was a natural developmental stage”
  “I see myself less as a giver of facts and decision maker, more as an encourager and a giver of opportunities”

• Increased self reflection and evaluation
  “all staff now know what it is to be an effective teacher and what it means to be a reflective practitioner”

• Similar findings in research (Blagg, 1991; Munro, 1999; McGuinness, 2006)
Key Mechanisms of Change

- Role of social interaction in thinking groups (Adey et al., 2002; Higgins et al., 2004; Joiner et al., 2000; Mercer et al., 1999)

- Development of language for thinking (Dawes et al., 2000; Light & Littleton, 1999; Mercer et al., 2004; Trickey, 2004)

- Increased metacognitive awareness (Blank, 2000; Doheer et al., 2005; McGuinness, 2006)
Next Steps for Educational and Child Psychology

“New signs and developments in cognitive theory”
(McGuinness, 1999)

“There is a clear need for more comparative studies between different types of intervention, and between thinking skills approaches”
(Higgins et al., 2004)
the future of behaviour-rating booklets?
– a new type of consultation meeting

a study about a new school-based consultation meeting format used for behaviour referrals to the Ed Psych and other professionals

www.thefordwheel.co.uk
introduction

This slide show was presented to the psychologists at the 2010 DECP conference in Bournemouth. The slideshow presents a new type of consultation meeting. The workshop covered the following aspects:

- Some theoretical background about meetings in school where the purpose is to discuss a child’s behaviour.

- A case example of how I trialled this new method of consultation involving parents and staff at school.

- Some results of the first pilot, which involved 20 cases using the consultation method.

- An application of Structured Judgement Methods (Clarke, 1992), which permitted the results of the first pilot to be examined to evaluate, *ex post facto*, EP impact in influencing case development in referrals relating to children’s behaviour.
meetings in school can be difficult

Please say what is in your mind

What does ADHD mean?

I guess it is time to come clean

I want to go home

Hmm. This has nothing to do with £££ - we’ll keep it brief

I hope she doesn’t talk about…

Hmm. Should I talk about..?
however, holding a meeting

- can sometimes help
- is an expected form of 'early intervention',
- is recommended & 'within budget'

also the meeting can

- secure funding
- measure 'problem size'
- help find out 'what's really going on?'

but sometimes

- the meeting is a ruse to enact another agenda
- such as confirm that the child is 'mad, bad or sad'
quotes supporting this new type of meeting

“Parents have told us that good, honest and open communication is one of the important components of building confidence and good relationships.” (Lamb enquiry, 2009)

“Successful intervention is, therefore, always focused on creating the circumstances in which .. attachments and connections can be safely made.” (Cooper, 1999)

“(EPs) should expand and develop their activities in different areas .. to greater effect .. e.g. group and individual therapy..” (Farrell, et al, 2006)
school-based work can be difficult for the EP

- You’re damned if you do and you’re damned if you don’t!

<table>
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<tr>
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<th>Status</th>
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<td>setting targets for the pupil</td>
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<tr>
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<td>⚠️</td>
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<tr>
<td>consideration of resources</td>
<td>⚠️</td>
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<tr>
<td>improving staff skills</td>
<td>✔️</td>
</tr>
<tr>
<td>how assessment of pupil helped the school</td>
<td>⚠️</td>
</tr>
<tr>
<td>engagement of parents</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Matthews (2002)
a case study: ‘Darren’ age 13

• referred by high school Head of Year (HoY)
• sudden, violent behaviour
• struck a teacher in Keswick
• school did not know what to do
• we agreed to meet, HoY, ETA, Dad
• one-hour meeting
• half-hour follow-up 1 month later
the new type of meeting

- I sent out letters in advance
- kept the meeting business-like
- ensured introductions were made
- used a rating booklet to facilitate discussion
- at end we set simple targets
- I collected up the rating booklets
- I waited a month before reconvening
- & got peer supervision in the meantime

nb there are more details of the meeting format on the website
Compliant

A compliant child does as he or she is told.

It is a good thing for a child to learn the skill of compliance. The compliant child tends to do as he or she is told by the adult who is looking after them. This allows the child to benefit from the routines of school, by sitting down when told, staying in their seat, starting and stopping work when asked, sharing, co-operating and learning skills.

**Compliant - how does the child usually express this skill?**

| usually compliant & pleasant | no problems noticed or the skill is largely unexpressed | the child is sometimes non-compliant, sometimes challenging | often non-compliant, often disobedient | always pursuing their own agenda, cannot be instructed |
problems with behaviour rating tools

• they can promote a within-child pathology

• the question items may distort in the light of day:
  - “I act too young for my age” (Achenbach YASR)
  - “he lies without compunction” (Bristol SAG)
  - “he keeps a suspicious distance” (Bristol SAG)
  - “I belong here” (PASS) (one pupil asked me: ‘Do I?’)

• they are based on standardized behaviour-related items that might not apply to this child

• who is doing the rating and why? – locus of control

• is the purpose to help us understand the child or is it to help us decide what to do about the child?

• what else could you be doing that would be better than rating the child’s behaviour?
however, my reasons for using a new type of rating booklet were:

• I wanted to cover all the bases
• I wanted to control the contribution of the participants
• I wanted to facilitate the emergence of any ‘epic truth’, which ‘explained’ the problem behaviour
• I wanted to have a rough measure of how serious the referral was for all parties
• I wanted to recognize the child’s strengths as much as we recognized his difficulties
• I wanted to gather information on the referred child, his behaviour, his context at home and at school and on the key adults who were central to his life
• I wanted to let people think I had done enough for a first meeting without actually doing anything much at all
this is how people at the meeting rated Darren on the first four pages of the rating booklet (3=quite severe; 4=severe):

<table>
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<th>Head of Year</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance</td>
<td>3.7</td>
<td>3</td>
</tr>
<tr>
<td>Seeks attention</td>
<td>3.7</td>
<td>5</td>
</tr>
<tr>
<td>Verbal style</td>
<td>3.4</td>
<td>3</td>
</tr>
<tr>
<td>Interpersonal contact</td>
<td>3.2</td>
<td>2</td>
</tr>
</tbody>
</table>

the ‘key’ rating came later from the ETA, who saw anxiety in Darren (a rating of 2.9 where 1=absence of problem; 2=a neutral rating)

<table>
<thead>
<tr>
<th></th>
<th>Head of Year</th>
<th>Father</th>
<th>ETA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>1</td>
<td>1</td>
<td>2.9</td>
</tr>
</tbody>
</table>
at the case follow-up one month later I had surprisingly little to do..

Dad said:
“"I have sorted it – I control his access to his mother and I give him a bit more time.""

HoY said:
“I have allocated him a specialist support worker – that seems to have done the trick.”

Support worker said:
“I have helped him – we talk daily – occasionally I give him some advice.”
so I devised an ‘experiment’

which began as:
‘what ingredients make the best meeting?’

and ended up:
‘did I need to do anything at all to support a good case outcome?’
I diverted 4% of my caseload to the experiment

I controlled some things:
- attendance
- rating activity
- other people’s agendas
- time = 60 mins
- aspects of the discussion
- myself

I did not control other things:
- what people said
- what people heard
- what people understood
- body language clues
- promise of a good outcome
general results
(which took 4 years to gather)

• twenty cases in four years
• various stages of Code of Practice
• 40% cases closed quickly
• 60% of cases continued
• there were some ‘positives’
• not many ‘negatives’
• and masses of results !
what did parents say?
(qualitative, incidental, in response to the question: ‘Did you like the method of discussing your child?’)

• “It was very nice to feel listened to.”
• “I found it hard to rate my son.”
• “I don’t remember the method.”
• “I can see my son’s problems are small.”
• “I want to go home now.”
• “It was fascinating.”
• “It was very helpful.”
• “Can we now look at my son’s SATs results?”
what did teachers say?
(37.5% return on postal questionnaire sent in 2008)

- “Yes, I remember the meeting.” (73%)
- “Yes, it was worth attending.” (60%)
- “Yes, the meeting did worry me.” (20%)
- “Yes, you led the meeting well.” (60%)
- “Yes, I was able to express my views.” (67%)
- “Yes, I felt listened to.” (67%)
- “Yes, the meeting helped the child.” (20%)
- “No, the meeting did not help the child.” (20%)
Parents avoided making some ratings
(1.8% of a possible 1162 ratings made were avoided)

- Emotional Resilience: 10%
- Identity: 8%
- Grief & loss: 3%
- Adapt & learn: 3%
- Under stress: 2%
- Social models: 2%
- Anxiety: 2%
anxiety & anger: male vs female raters
- shows a male vs female difference in rating activity

Pearson’s $r = 0.68$, sig 0.004, $N=16$ male raters

Pearson’s $r = 0.24$, sig 0.12, $N=51$ female raters
adapted from Clarke 1992, structured judgement methods (SJM)

<table>
<thead>
<tr>
<th>Case Features</th>
<th>Explanation</th>
<th>Action Taken</th>
<th>Long-Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Case</td>
<td>a = a practitioner e.g. an EP, gaining case experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b = a researcher conducting a large-scale study</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c = a practitioner/researcher using SJM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Cases</td>
<td>I ran the method for 20 cases then retrospectively looked at the link between the initial case features, action agreed and long-term outcomes, i.e. path 'c'</td>
<td></td>
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</tr>
</tbody>
</table>
the most severe case

‘Nina’ was a 9 year-old girl who had experienced emotional abuse earlier in life and was showing behaviour difficulties in what must be described as a very settled primary school...

<table>
<thead>
<tr>
<th>Ratings made by 3 adult raters in respect of 'Ni'</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complia</td>
</tr>
<tr>
<td>attention</td>
</tr>
<tr>
<td>Teacher</td>
</tr>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Senco</td>
</tr>
</tbody>
</table>

Mean rating over all ratings made 3.8
This first slide shows Nina’s mean rating score of 3.87, which was the highest mean rating score of the 20 cases. This table shows that the key features discussed at the meeting were emotional abuse and Nina’s difficult behaviour in school. Nina was at School Action Plus before the meeting.

The action that was taken following the meeting was a request for a Statutory Assessment of and Nina receiving a Statement of special educational needs. However, a new head teacher took over the running of the school and arranged for Nina to go to the Primary Pupil Referral Unit (PRU) to help manage her behaviour. The PRU intervention helped Nina because she liked the break from the school and she built good relationships with supportive staff there. Nina has now transferred to high school and has not been referred to the EP since.

<table>
<thead>
<tr>
<th>Name</th>
<th>Mean Score</th>
<th>Features discussed</th>
<th>Start</th>
<th>Action</th>
<th>Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ni</td>
<td>3.87</td>
<td>abuse, behaviour</td>
<td>SA+</td>
<td>EP, PRU</td>
<td>Statement</td>
</tr>
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<tr>
<td>Jo</td>
<td>3.43</td>
<td>intrinsic</td>
<td>SA+</td>
<td>EP</td>
<td>Statement</td>
</tr>
</tbody>
</table>
These are the first five ‘most serious’ cases (by definition of achieving the highest mean rating by key adults). They have the following features in common in terms of early case presentation:

- behaviour problems
- intrinsic, within-child issues, including emotional suffering
- all pupils are located within the Code of Practice for SEN

There was a lot of EP involvement and other agency involvement and the case outcomes were receiving a Statement and/ or a move of school
The two cases shown at the bottom of the page achieved relatively low mean ratings in the initial meeting and it quickly became apparent in the meetings that a preliminary discussion would suffice and that no further external agency involvement would be required. Neither case showed any additional agency involvement in the follow-up review carried out four years later.

<table>
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<td>Statement</td>
</tr>
<tr>
<td>Aaron</td>
<td>3.32</td>
<td>undiagnosed autism</td>
<td>statement</td>
<td>PASO</td>
<td>Move School</td>
</tr>
<tr>
<td>Lu</td>
<td>3.31</td>
<td>behaviour, parental</td>
<td>SA+</td>
<td>EP, PRU</td>
<td>Stat/MovSch</td>
</tr>
<tr>
<td>Ca</td>
<td>3.25</td>
<td>behaviour, parental</td>
<td>statement</td>
<td>EP</td>
<td>Move Sch</td>
</tr>
<tr>
<td>Li</td>
<td>2.17</td>
<td>mistake</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pa</td>
<td>2.11</td>
<td>mistake</td>
<td></td>
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</tbody>
</table>
and an examination of the ‘bottom five’ cases reveals a continuation of the pattern, i.e. less-serious cases close quickly and lead to little or no subsequent external agency involvement.

<table>
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<td>Lu</td>
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</tr>
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<td>statement</td>
<td>EP</td>
<td>MoveSch</td>
</tr>
</tbody>
</table>

<p>| Ky   | 2.53       | parental                    | SA+    | PASO    |
| Darren| 2.5        | parental                    |        |         |
| St   | 2.35       | parental                    | SA+    | PASO    |
| Li   | 2.17       | mistake                     |        |         |
| Pa   | 2.11       | mistake                     |        |         |</p>
<table>
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<tr>
<td>Ka</td>
<td>3.14</td>
<td>behaviour, parental</td>
<td>SA+</td>
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<td>Stat/MovS</td>
</tr>
<tr>
<td>Le</td>
<td>3.11</td>
<td>intrinsic, parental</td>
<td>statement</td>
<td>EP</td>
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<tr>
<td>Lm</td>
<td>2.66</td>
<td>parental</td>
<td></td>
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<tr>
<td>Us</td>
<td>2.66</td>
<td>parental</td>
<td></td>
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</tr>
<tr>
<td>Ky</td>
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<td>parental</td>
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<td>PASO</td>
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<td>mistake</td>
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</tbody>
</table>
The abbreviated table of the ‘top seven’ and ‘bottom seven’ cases identifies initial case features, agency involvement (i.e. Action) and case outcome (i.e. Finish). Admittedly the table is a simplistic application of Structured Judgement Methods. However, it reveals a bifurcation: i.e. cases where the initial discussion reveals ‘serious’ concerns (i.e. high mean ratings at the initial discussion meeting) tend to access continued agency involvement, the granting of Statements and moves of school. Cases that are seen as ‘less serious’ tend to close quite quickly. In the first pilot 40% of cases closed quickly. A fellow EP recently asked me: ‘How do you not know that your method of initial inquiry (i.e. the consultation meeting) actually promoted case generation in serious cases?’- an interesting point. Other observations include:

- cases where the features are intrinsic-within-child and involving significant behaviour concerns tend to lead to Statements
- in such cases the EP is not the only external agency involved
- the EP (or this EP !) is not necessarily influential in shaping or managing the generation of serious case ‘countermeasures’
- less serious cases often have a ‘parental’ feature discussed
problems with the experiment

- the child is not present but is being discussed
- some parents cannot read well
- using a rating booklet is threatening for parents
- and smarts of ‘within-child’ or ‘within-family’ problems
- EP selected cases for the consultation approach
- some constructs used in the rating booklet are of poor value
- this type of meeting precludes that type of meeting
- this approach (and other approaches!) may accelerate a ‘within-child’ problem agenda and solution – need to address this
- not enough case information collected, views of parents, etc.
positives of using this approach

- suitable for the professional for ‘first case contact’
- you can respond to a referral quickly
- an easy meeting to prepare for
- it is an expected or accepted strategy
- it is ‘within budget’
- little unexpected happens
- you can control hidden agendas or one person dominating the meeting
- no need to commit yourself to a course of action
- the graphs of ratings made facilitate peer supervision
- 40% of cases close quickly
- the professional can evaluate data across many cases
next steps

• improve methodology for the Pilot 2 study
• identify research questions in advance of hosting meetings
• get other professionals to use the tool
• suggest criteria for selecting cases
• locally, prepare the Service and schools for Pilot 2
• reduce booklet to 10 pages
• improve meeting preamble, allow longer for adults to settle
• use picture-prompt cards to support booklet
• devise improved case analysis and follow-up Qs
• use structured judgement methods
• include supervision in the study
• publish results of Pilot 2
a possible research question

“which features in a prescribed type of meeting (like this one) lead to logical decisions and post-meeting actions, that can:

(i) be clearly attributed to plans made during the meeting?
(ii) be clearly attributed to interventions that follow?
(ii) lead to better, long-term outcomes for the client?”
The future of behaviour-rating booklets? – a new type of consultation meeting
by Pete Forde at DECP Bournemouth, 2010

References cited or used in this presentation:

- Lamb Enquiry (2009) Special educational needs and parental confidence. DCSF Publications.
Promoting Educational and Personal Resilience in Children in Public Care
DECP Conference 2010
Vivian Hill
www.ioe.ac.uk
What follows is an intervention that aims to:

Specifically target the educational and psycho-social needs of the care population in schools;

Link psychological theory and practice to address legislative requirements.

A mixed methodology and an interactionist perspective based on an ecological-transactional and eco-systemic perspective was used to reflect and acknowledge the many influences affecting the functioning of children in care. This presentation will provide insight into the experience of the intervention for both children and their teachers and evidence of the project’s impact on both educational attainments and personal resilience.
Why should we be concerned?

ONS data indicates that in March 2008:

- There were 44,700 children who had been in public care in the UK for 12 months. Around 90,000 spend some time in care each year. Of these the DCSF report:
  - 57% of them leave school without qualifications.
  - 43% leave with one GCSE compared to 97% of all children.
  - 27% leave with 5 A-G GCSE compared with 89% of all children.
  - 12% left school with five or more GCSE’s A* - C (7% in 2000) compared with 59% of all children.
  - They are 80 times more likely to be excluded from school than those living with their family.
Why should we be concerned?

2005 ONS data explains that:
• They are three times more likely to be a teenage parent
• 2.5 times as likely to have criminal record and
• 45% of those aged 5-17 have mental health needs

Post 16 DSCF 2007 reports
• 30% are not in education, employment or training compared with
• 13% of all children;
• A further 11% cannot be contacted;
• 59% were in education, employment or training
“A child who comes into care, at any age, for whatever length of time, is at risk of educational failure...the probability of falling behind at school is significantly greater than for a child from a similar socio-economic background who does not come into care”

Jackson (1994)
Risk Factors

Five key factors have consistently been found to influence their poor educational outcomes:

• pre-care experiences;
• disrupted schooling;
• low expectations;
• low self esteem;
• lack of continuity.
The Educational Profile: Accelerating Underachievement

• The educational underachievement of this group accelerates throughout their schooling. By secondary phase their attainments:
  “seldom reach standards commensurate with their ability”
  
  Social Services Inspectorate & Ofsted (1995)

• In 2003 only 16% of children in public care progressed to Further Education compared with 68% of all 16 year olds.
The Educational Profile: Accelerating Underachievement

• 56% not achieving expected levels at KS1
• 53% not achieving expected levels at KS2
• 70% not achieving expected levels at KS3
• 88% not achieving expected levels at KS4
• 72% of all children in care are underachieving

DCSF 2007
Factors influencing Educational outcomes

Aldgate, Colton, Ghate & Heath (1995) report that even those CLA settled into long term foster homes had lower achievement and poorer outcomes than matched peers living at home. They attribute this to:

- low teacher expectations
- traumatic pre-care experiences
- subsequent low self esteem and
- emotional vulnerability.
School Exclusion
Social Exclusion Unit report 2002

- Children in public care represent less than 1% of the secondary school population yet in one year they accounted for 23% of exclusions.
- Research consistently suggests that approaching a third of secondary aged pupils in public care are not attending school.
- A survey of children in public care found that 37% had experienced a period of exclusion in the previous 12 months and 51% of those young people felt with more support this could have been avoided.
Exclusion and Social Exclusion

- It costs four times as much to provide alternative education for children looked after who are excluded from school as to provide mainstream education even though the children receive on average only 10% of the full educational entitlement.

- When receiving such limited educational input young people are left with plenty of unfilled time placing them at greater risk of exposure to criminal and sexual activity.
- DSCF 2009 report 12% of CLA missed 25 days of schooling and 0.5 were permanently excluded compared to 0.1 of their peers.
- SEU 2003 report that many of the days of missed school days reflects failure to secure a placement and Jackson 2006 reports that many of the girls that have time out of school do so due to pregnancy.
- Looked after children are 66% more likely to have children taken into care.
Longer term social impact

• Whilst government figures suggest an annual cost of £40,000 pa for each child in care and a budget for looked after children nationally of £2.4 billion the LSE in 2006 suggested that the figure was more like £10 billion per annum when the impact of poor educational and life outcomes are factored in.

• Jackson and Simon 2006 argue that the cost of properly supporting the education of these children would significantly reduce the longer term societal costs and reduce the risk of further and more costly features of social exclusion.
Fragmentation

SEU 2002 survey of children in care reports that in spite of the Quality Protects initiative which has emphasised the importance of education and attempted to ensure minimal disruption to schooling found that of the 2000 children in their study:

- 16% had one change of school,
- 12% had two,
- 9% had three and
- 15% had four changes of school that were mainly due to change of carer.
Special Educational Needs

• In 2008 ONS data reports that 28% of CLA have SEN compared to 3% of all children.
• Meltzer 2003 notes that only one third of those with SEN has access to the specialist support they need
• The SEU 2003 report that CLA are more likely to be placed in special education than children living at home.
• A very large number of children in public care with special needs transfer to special education at the end of the primary phase of education.
Age of transfer from mainstream to special school

- Nursery Age
- Primary Age
- Secondary Age
Breakdown of type of school attended by phase

- Primary M/S
- Primary Special
- Secondary M/S
- Secondary Special
Type of school attended

- DEL
- PRU
- ITC
- SLD
- M/S
- EBD
- MLD
Poor Corporate Parenting influencing poor outcomes for children in care?

- Berridge 2007 challenges the negative view of the care system, which is often considered to further exacerbate poor outcomes through fragmentation and disruption, stating that low educational attainment is more attributable to socio-economic risk factors and parental maltreatment. Those from unskilled backgrounds have an 80% risk of not achieving 5 A-C GCSEs compared with 31% risk for those from managerial and professional backgrounds and this risk persists over successive generations.

- Poor outcomes for those in care are internationally recognised despite longer term foster experiences with more affluent and educated carers - challenging the view that care can compensate poor early life experiences.
Wider factors influencing poor outcomes for children in care.

- Veltman and Browne 2001 reviewed 92 studies and found that there was a strong relationship between parental maltreatment and a child’s cognitive and language development, and later educational outcomes, even when socioeconomic factors were controlled.

- This risks a within child explanation of poor outcomes—perhaps the issue is ‘can care be restorative and protective? And what needs to change to make it so?’
We need a wider and more systemic understanding of the outcomes for children in care

• Simon and Owen 2006 question the data collected about CLA as it focuses on a narrow range of evidence. They feel that reported statistics may reflect ‘reductions in inadequacy rather than actual progress’.

• Hill and Wilson 2008 noted that despite identified learning and mental health needs few of the CLA access the necessary support in a timely manner - they are not prioritised and the system is geared to crisis management - a case of too little too late

• Jackson, Robinson and Torrance 2006 note the continued difficulties for CSs and LAs in collecting reliable and accurate data about their children.
Successful care leavers profile

Jackson & Martin (1998)
An investigation of successful care leavers found the following profile significant:

• stability and continuity of schooling and care setting,
• learning to read early,
• having a parent or carer who valued education,
• having friends outside of the care system who were educationally motivated,
• developing out of school hobbies,
• access to a significant adult and
• regular school attendance.
Contexts Can support Resilience:

Gilligan (2000) describes how multiple adversity factors can act as stressors and will impact on children’s ability to learn. He advocates the use of school based and after school interventions to relieve some of these negative factors.

For vulnerable children a positive sense of identity within school can enhance self esteem and motivation and help to protect against risk factors.
The White Paper Care Matters: Time for change (2007)
Set out proposals to improve the quality of corporate parenting, strengthening the voice of the child and the role of the local authority. The Department for Children, Schools and Families has now published Care Matters: Time to deliver for children in care, an implementation plan.
Local Authorities must:

Secure improved and sustainable outcomes for children in care and their families.

If children do come into the care system, four key principles should apply:

- excellent corporate parenting,
- taking time to listen to the voice of the child,
- developing stable relationships and
- having high aspirations for them.

The key theme is the need for extensive ownership of the corporate parenting role, across not just local authorities but a wide range of other organisations.
A Role for Educational Psychologists?

The training and expertise of educational psychologists makes the profession well placed to lead on these initiatives and to help the corporate parent develop a clear conceptualisation of the many interacting factors influencing outcomes for children looked after and develop effective systemic interventions to support improvements in outcomes across the ECM 5 outcomes;

It is essential that all school EPs prioritise work with looked after children as the school context is of significance in enhancing resilience and helping others develop a psychological understanding of CLA, which can lead to changes in their ability to work effectively with these children;

EPs should work at the earliest stages to help provide positive responses to risk factors and work at a systemic level to help the school and corporate parent systems understand and work within an interactionist perspective to support these children in securing better outcomes.
What is resilience?

Think of a child that you have been involved with who has shown resilience.

• How would you describe them?
• How did they manage difficulties in their life?
• How did they interact with others?
• What are their beliefs?
Resilience

We are all born with an innate capacity for resilience, by which we are able to develop social competence, problem-solving skills, a critical consciousness, autonomy and sense of purpose.

Social competence: Responsiveness, eliciting positive responses from others, flexibility, empathy, communication skills;
Resilience

Problem Solving: The ability to plan, resourcefulness, critical and creative thinking skills, being reflective.

Critical Self Consciousness: A reflective awareness of the factors influencing their experiences of life (alcoholic parent, insensitive school, racist community) and developing strategies to overcome these.
Resilience

**Autonomy:** Sense of own identity and ability to act independently to exert control over one’s environment (internal locus of control and self efficacy). The development of resistance (refusing to accept negative messages about one’s self) and detachment (distancing ones self from dysfunction).

**Sense of purpose:** Belief in a bright future, goals, educational aspirations, achievement motivation, persistence, hopefulness, optimism and spiritual connectedness.
Bf(P, S)
Resilience

Can understanding resilience and applying this concept in our work with CLA in school help to reduce their exclusion and promote both their educational achievement and personal resilience? We need to ensure a broader conceptualisation of resilience to be most effective.
What is resilience?

• Relative resistance to environmental risk experiences
  Or
• the overcoming of stress or adversity
  Or
• A relatively good outcome despite risk experiences

It isn’t just social competence or positive mental health
What is resilience?

The phenomenon of resilience is both real and important. It’s existence provides hope and promise, but we need to be both realistic and humble in recognising that we are just beginning to understand how to make use of resilience findings in prevention and intervention.

- Michael Rutter 2009
What is resilience?

Resilience starts with recognition of the huge individual variation in people’s responses to the same experiences, and considers outcomes with the assumption that the understanding of the mechanisms underlying the variation will cast light on the causal processes and by so doing, will have implications for intervention strategies with respect to both prevention and treatment.

Michael Rutter 2009
Resilience is...

• An interactive concept that can only be studied through thorough review of both risk and protective factors.
• It is not a trait and it is not a single quality, children may be resilient to some situations or experiences but not yet to others. They may be resilient to some outcomes and not others. Context is crucial, people maybe resilient at one point in time and not at other times. It is a dynamic process, and new experiences are built on top of older ones - providing learning opportunities.
What is resilience?

• There is huge variation in individual responses to all kinds of environmental hazard and

• Evidence of ‘steeling effects’ in which successful coping with stress or adversity can lead to improved functioning and increased resistance to stress and adversity

• Steeling effects include - psychological adaptation, psychological habituation, sense of self efficacy, acquiring effective coping strategies and cognitive redefinition of the situation
Fostering Protective Qualities

a) Good scholastic achievement
b) Secure selective attachments
c) Multiple harmonious relationships
d) Sense of self efficacy
e) Range of social problem solving skills
f) Positive social interactive style
g) Flexible, adaptive approach to new situations
Provision of a range of adaptive experiences

a) Opportunities to cope successfully with challenges/stresses within the individual’s capacity
b) Opportunities to succeed in a range of settings and circumstances
c) Carers, teachers, schools, peers and community settings can all provide these types of experience.
Promoting resilience at a time of stress

- May dilute the impact of stress
- Provide alternative sources of support / relationships
- Foster social problem solving
- Fostering positive adaptive cognitive map
- Avoid damaging coping strategies - anger, destructive behaviour, giving up

TURNING POINT OPPORTUNITIES

- New ways of managing a situation that are different from past negative patterns
- Different cognition and understanding of the situation
- Try new coping strategies
An ecological-transactional model Cicchetti et al 2000

MACROSYSTEM
Attitudes and Ideologies of the Culture

EXOSYSTEM
Extended Family
Friends of Family Neighbours

MESOSYSTEM
CHILD CHILD
Family School

MICROSYSTEM
CHILD
Sex Age
Health etc

Vulnerabilities and challenges
Protective factors and buffers

Protective factors and buffers

Vulnerabilities and challenges

Bronfenbrenner’s Eco-systemic Model
Resilience

Resilience and school effectiveness research suggests: Three characteristics of schools, communities and families have been identified that may provide “protective processes” that may alter and even reverse expected negative outcomes for young people at risk:

1) Caring and supportive relationships;
2) Positive and high expectations;
3) Opportunities for meaningful participation.
Resilience

1) Caring and supportive relationships;

Werner & Smith (1989) longitudinal research over forty years indicates that outside of families and carers the most frequently sited positive role models were teachers.

Creating a school wide ethos of caring embracing: compassion, understanding, respect and interest, promotes support networks amongst fellow students and teachers.
Resilience

2) Positive and high expectations;
Schools with high expectations for all students, and back this up with the necessary support, have the highest rates of academic success, lower truancy and lower teenage pregnancy rates, less drug misuse and fewer behavioural problems. Rutter (1979)

Through relationships that convey high expectations, students learn to believe in themselves and their futures, developing the critical resilience traits of self esteem, self efficacy, autonomy and optimism.
Resilience

Schools communicate expectations in the way they are structured and organised:

- **Curriculum**: Thematic, experiential, inclusive.
- **Instruction**: Embraces different learning styles.
- **Groupings**: Heterogeneous and inclusive.
- **Evaluation**: Embraces a wide conceptualisation of achievement and fosters reflection.
Resilience

3) Opportunities for Participation:
Schools that provide all youth, even the most challenging, with opportunities for meaningful involvement and responsibility nurture a basic human need for involvement, care and respect. Without this possibility schools become alienating places (Sarason 1990). Participation is promoted through the questions teachers ask to prompt thinking, involving pupils in planning the curriculum, using participatory evaluation, involving pupils in developing classroom rules and promoting co-operative learning.
Resilience

Schools that foster resilience are built on these three characteristics. Research shows that schools where basic human needs for support, respect and belonging are met will promote motivation and learning. In this way school can provide a ‘protective shield’ for children at risk.