

Addressing the needs of young people identified to be  
experiencing behavioural, emotional and social difficulties: A study  
of 'in-city' support and multi-agency working

**Submitted by Jodie Wilkinson, to the University of Exeter as a thesis for the  
degree of Doctor of Educational Psychology in Educational, Child and  
Community Psychology, May 2012.**

**This thesis is available for Library use on the understanding that it is  
copyright material and that no quotation from the thesis may be published  
without proper acknowledgement.**

**I certify that all material in this thesis which is not my own work has been  
identified and that no material has previously been submitted and approved  
for the award of the degree by this or any other University**

.....

## **Overview**

Young people who are identified on the Special Educational Needs (SEN) Register as experiencing behavioural, emotional and social difficulties (BESD) are acknowledged as being the most difficult to support and teach, with most requiring skilful and attentive management (Ofsted, 1999). The complications of establishing effective interventions and models of support for these young people have been repeatedly recognised (Farrell & Tsakalidou, 1999; Farrell & Polat, 2003). Currently, a wide range of services and models of provision are offered for young people with identified BESD, with varying degrees of effectiveness (Lloyd & O'Regan, 1999).

There is a continued move, within our society, towards supporting children and young people through multi-agency service delivery, and this is reflected in recent government documentation (DfE, 2011). Models of multi-agency working and factors for facilitating these are, however, diverse. The effectiveness of multi-agency services for specific groups of young people, i.e. those reported to be experiencing BESD, is still not clear, and there is no one model of multi-agency working that is consistently acknowledged to be the most valuable.

The aims of this research were to undertake a mixed methodology evaluation of a Service established to support young people with BESD, and to explore the impacts of multi-agency working.

Paper one consists of an evaluation of the service that is currently provided; looking specifically at what is offered, and what the outcomes are for service users, their families and the local authority. There is also a consideration of whether the Service differs from, and/or is additional to, other provisions acknowledged as supporting young people with BESD, as documented in relevant literature. Participants include ten young people, six caregivers and ten members of Service staff. Data is collected through questionnaires with young people and their caregivers; interviews with staff; completion of the Strength and Difficulties Questionnaire (SDQ); and a review of records on the CareFirst system and young people's files.

The results from Paper one indicate multi-agency, holistic (meeting a range of psychological, social and biological needs) services help to create positive outcomes for young people recognised as experiencing BESD. These include reductions in emotional, social and mental health difficulties; as well as young person and caregiver satisfaction with services. A 'model of service delivery', reflecting the findings of this research, is proposed.

Paper two looks at the experiences of staff in relation to the multi-agency setting they work in. This includes an exploration of staff perceptions of multi-agency working; the factors that facilitate multi-agency working; and the benefits experienced for service users and staff. Ten members of staff participated and data is collected through semi-structured interviews, and a questionnaire identifying facilitating factors for multi-agency working (Watson, 2006). The semi-structured interviews are analysed using thematic analysis.

The results from Paper two indicate a number of key factors for facilitating multi-agency working, which are reflective of previous literature. Benefits of multi-agency working are identified, including holistic assessment and support; increased opportunities for multi-professional problem solving; and personal development.. Difficulties relating to professional identity and communication are explored; and a consideration of how to minimise these difficulties is made.

Government policy is moving further towards delivering multi-agency services nationwide (DfES, 2011), and it is acknowledged throughout the research that multi-agency working appears to bring benefits for services, service providers and service users. There is a need, however, to identify how a continued development in multi-agency services will occur when there are a growing number of local authority budgetary cuts, and a growth in traded and privatised services (Rowland, 2002).

## **References**

- DfE. (2011). *Support and aspiration: A new approach to special educational needs and disability - A consultation*. London: Department for Education.
- Farrell, P., & Polat, F. (2003). The long-term impact of residential provision for pupils with emotional and behavioural difficulties. *European Journal of Special Needs Education, 18*(3), 277-292.
- Farrell, P., & Tsakalidou, K. (1999). Recent Trends in the Re-Integration of Pupils with Emotional and Behavioural Difficulties in the United Kingdom. *School Psychology International, 20*(4), 323-337.
- Lloyd, G., & O'Regan, A. (1999). Education for social exclusion? Issues to do with effectiveness of educational provision for young women with social, emotional and behavioural difficulties. *Emotional and Behavioural Difficulties, 4*(2), 38-46.
- Ofsted. (1999). *Principles into practice: Effective education for pupils with emotional and behavioural difficulties*. London: Ofsted.
- Rowland, K. (2002). Effective Leadership and Service Improvement in Contemporary Educational Psychology Services: Modernize, Demonstrate Quality or be Privatized. *Educational management and administration, 30*(3), 275-291.
- Watson, H. (2006). Facilitating effective working in multi-agency co-located teams. *Educational and Child Psychology, 23*(4), 8-22.

## **Acknowledgements**

I would like to thank the following people:

My sincere thanks are due to my supervisors Dr. Tim Maxwell and Dr. Karen Harris, for their continued support, reassurance, proof reading and guidance.

I am also grateful to the young people, caregivers and staff who participated with the research; and to the Midlands Local Authority who supported the work undertaken in the study.

My special gratitude is due to my husband, Thomas Wilkinson, and my parents, Geoff and Elaine Sallis. Without their unwavering support, encouragement during times of despair and constant belief in my abilities, it would have been impossible for me to complete this work.

## Contents

	<b>Page</b>
<u>Overview</u> .....	
<u>Acknowledgements</u> .....	<b>2</b>
<u>Contents</u> .....	<b>6</b> <b>7</b>
<u>List of Tables and Figures</u> .....	<b>9</b>
<u>Paper One</u> .....	<b>10</b>
<i>Abstract</i> .....	<b>11</b>
<i>Introduction</i> .....	<b>12</b>
<i>Methods</i> .....	<b>26</b>
<i>Findings</i> .....	<b>37</b>
<i>Discussion</i> .....	<b>50</b>
<i>References</i> .....	<b>61</b>
<u>Paper Two</u> .....	<b>69</b>
<i>Abstract</i> .....	<b>70</b>
<i>Introduction</i> .....	<b>71</b>
<i>Methods</i> .....	<b>78</b>
<i>Findings</i> .....	<b>85</b>
<i>Discussion</i> .....	<b>94</b>
<i>References</i> .....	<b>106</b>
<u>Appendices</u> .....	<b>110</b>
<i>Appendix A: Supporting young people with BESD: A     Literature Review (18.07.11)</i> .....	<b>111</b>
<i>Appendix B: Human Givens Models</i> .....	<b>144</b>
<i>Appendix C: Service Overview</i> .....	<b>146</b>

<i>Appendix D: Epistemological and Methodological Discussion.....</i>	<b>148</b>
<i>Appendix E: Research development using the Radio Model.....</i>	<b>152</b>
<i>Appendix F: Copy of the Young People’s Questionnaire.....</i>	<b>154</b>
<i>Appendix G: Copy of the Caregiver’s Questionnaire.....</i>	<b>158</b>
<i>Appendix H: Staff semi-structured interview schedule (Pilot and Final).....</i>	<b>162</b>
<i>Appendix I: Copy of the SDQ.....</i>	<b>165</b>
<i>Appendix J: Consent Form.....</i>	<b>166</b>
<i>Appendix K: Caregiver telephone script.....</i>	<b>167</b>
<i>Appendix L: Analysed interview transcript.....</i>	<b>168</b>
<i>Appendix M: Certificate of ethical approval.....</i>	<b>172</b>
<i>Appendix N: Table of young people’s educational attainment (predicted and actual).....</i>	<b>178</b>
<i>Appendix O: SPSS Data from the SDQ.....</i>	<b>180</b>
<i>Appendix P: Views given by young people (YP) and their caregivers (C).....</i>	<b>181</b>
<i>Appendix Q: Service Cost Comparison.....</i>	<b>182</b>
<i>Appendix R: Factors that facilitate multi-agency Working.....</i>	<b>184</b>

**List of Tables**

**Page**

## **Paper one**

Table 1. Young people's SEN status and school placement.....	<b>27</b>
Table 2: SDQ and CareFirst results.....	<b>39</b>
Table 3: Caregiver (CG) and young people's (YP) perceived satisfaction of service received.....	<b>41</b>
Table 4. Factors for successful service delivery.....	<b>46</b>
Table 5. Difficulties related to service delivery.....	<b>46</b>

## **Paper two**

Table 1. Characteristics of the participants.....	<b>79</b>
Table 2. Definitions of the term 'multi-agency working'.....	<b>85</b>
Table 3. Number of times factor chosen as being important to facilitate multi-agency working by members (n=10) of a multi-agency team.....	<b>86</b>
Table 4. Identified benefits of multi-agency-working.....	<b>88</b>
Table 5. Promoting the wellbeing of young people with BESD.....	<b>90</b>
Table 6. Difficulties of multi-agency working.....	<b>92</b>

## **List of Figures** **Page**

### **Paper one**

Figure 1. Young people's ratings of whether they had experienced improvements since working with the Service.....	<b>40</b>
Figure 2. Proposed service model of delivery.....	<b>56</b>

**Paper One**

**Addressing the needs of young people identified to be experiencing  
behavioural, emotional and/or social difficulties: A mixed methods  
review of 'in-city' support**

## **Abstract**

The aims of the study were to undertake a mixed methodology review of a Midlands Service for young people identified, on the SEN register, to be experiencing behavioural, emotional and social difficulties (BESD). Ten young people, in Key Stage 3 and 4, six caregivers, and ten members of staff were recruited for the study. The findings indicate that the Service is offering a comprehensive model of provision, addressing and supporting the identified needs of the young people with whom they work. Young people were found to be experiencing improvements in their behaviour, emotional and mental wellbeing, and social engagement. An exploration of the model of provision has been undertaken and policy and practice issues are explored.

## **Introduction**

The area to be explored was first identified by the Head of Social Inclusion of a Midlands Local Authority. Initial discussion identified a need to review a provision offered for young people who were identified on the Special Educational Needs (SEN) register to be experiencing behavioural, educational and social difficulties (BESD) within the city. It was recognised that a full review of the Service had not been undertaken and there was felt to be limited evidence-based justification, within the city or through wider literature, as to why this model of provision should be offered over and above others.

Following early discussions an initial review of literature pertaining to services for young people with identified BESD was undertaken (see Appendix A for the full literature review). This highlighted a number of areas of consideration, including an acknowledgement that a wide variety of services for young people with BESD existed and there appeared to be limited research detailing actual outcomes for these young people. It was also noted that multi-agency working appeared to be a key area of recent development in service delivery models. This research presents two distinct but linked pieces of research. Firstly Paper One consists of a mixed-methods review of the Service; this then led on to Paper Two, which focused specifically on the impact, from the staff team's perspective, of delivering a service through a multi-agency model. Both papers and relevant appendices, including the full literature review, are presented within this thesis.

### Literature Review

The Special Education Needs (SEN) *Code of Practice* (DfES, 2001) provides legal guidelines for supporting children and young people with SEN. Within this 'BESD' is identified as a category of SEN, alongside other difficulties, e.g. learning difficulties. It has been suggested that there is no dominant definition of BESD however, meaning there is a lack of clarity relating to best practice (Larsson & Frisk, 1999).

The government's green paper on SEN (DfE, 2011) identifies that between 2005 and 2010 there was an increase of 23 percent in the number of pupils classified as having 'BESD'. Peaston (2011) has suggested that 'Behavioural difficulties are now seen as a special need that requires provision, in the same way as those with reading or writing difficulties might be supported' (Peaston, 2011, p.4). Martin, Atkinson and White (2011) identified that economic recession is placing higher demands on available services, and increasing financial strain is being felt across local authority services, posing challenges to service developments and resource availability.

Within this context it was identified that clarity over effectiveness and best practice for supporting these young people was needed. The aim of this research was, therefore, to review the service provided within the authority, and explore its effectiveness in comparison with other models of service. This was undertaken using a mixed methodologies approach with young people, their caregivers and Service staff.

The Service being reviewed is a joint initiative between Health, Social Care and Education services, aiming to promote the health and wellbeing of young people it supports. The need for such a service was identified to support a small but significant population of young people; who were experiencing barriers to learning, social engagement and positive mental health (DfES, 2005).

The electronic databases ERIC, EBSCO, Google Scholar and Psychinfo, as well as the Department for Education (DfE) website, were searched between January 2011 and March 2011. The search terms used included 'BESD', 'ESBD', 'services', 'best practice', 'health', 'education', 'social care', 'residential', 'out of county/city', 'in county/city', 'tier 4' and 'multi-agency'. These were used in numerous combinations and papers were initially selected where the search terms were included in the title or abstract of the paper. The suitability of the research papers for inclusion in the literature review was decided after the abstract and conclusion had been read and a link between the paper and the current study was identified. A small number of additional papers, identified by the researcher following the initial review have also been included; these were chosen for inclusion following the same criteria.

### Terminology

The exact definition of BESD is a much-debated subject (Larsson & Frisk, 1999), with even the arrangement of the 'B', 'E', 'S' and 'D' varying within both policy and practice. Cole (2006) found that some, Government publications for example, used the acronym BESD; whilst others suggest that

the “social” and “emotional” generally give rise to the “behaviour” and should be stressed first (Cole & Knowles, 2011). Cole and Knowles go on to propose that identifying the ‘B’ first leads to an unhelpful focus on the individual’s behaviour, detracting from the emotions behind it. Identification of a label of ‘need’, like BESD, could be argued to be limiting for a young person, reducing them only to a list of symptoms and differences (Savaria, Underwood, & Sinclair, 2011). Luthar and Cicchetti (2000) propose however, that labels can also be argued to provide a useful construct for which interventions and support can be developed. A further exploration of this, and issues pertaining to ‘within’ deficits models, is undertaken in the literature review (Appendix A).

Further exploration of terminology will not be undertaken within this research, as it is felt that terminology in itself is a large area of research and debate. The area of research was originally identified by the Local Authority the researcher worked in, and so it was the decision that the terminology ‘BESD’ would be used within this research, as this was the choice in policy and practice of the Local Authority and Health Services. It is acknowledged that reference to young people ‘having BESD’ could be argued to reflect a ‘within deficit model’, where by ‘deficits’ or ‘within’ factors are associated with the young people, without a consideration of holistic or contextual factors that may impact on an individual (Evans, Harden, Thomas and Benefield, 2003). This is felt by the author to be reflective, however, of the constraints of working within, and undertaking research for, a Local Authority and Health service with established policies and practice. Bender (1972) proposed that problem behaviour should not be seen in isolation from an individual’s social

context. It is, therefore, acknowledged that whilst the terminology is used within this research, there are alternative models and arguments that would suggest that a young person should be seen within the multiple contexts in which they exist; whereby many factors, both within and external to the individual, influence behaviour, emotions and social engagement.

### Defining BESD

Historically, a diverse and often non-standardised approach to assessment and identification of these young people has occurred (Larsson & Frisk, 1999), meaning definitions can be conflicting and vague. When looking at those identified as having BESD, males are more likely to be identified, with a 7:1 ratio when compared with females (Rees, Farrell & Rees, 2003). Munn and Lloyd (1998) suggest that within the BESD category of need, individuals can be experiencing severe problems relating to behavioural, social, emotional, psychological or educational underdevelopment.

Underlying difficulties can include emotional disorders, conduct disorder, learning difficulties or developmental disorders (Cassidy, James & Wiggs, 2001). These could include additional diagnoses of attention deficit hyperactivity disorder (ADHD), autistic spectrum disorders (ASD), or Tourette's. Clarification in relation to whether mental-health difficulties should be seen as part of BESD, or as being separate difficulties, has not occurred. Atkinson and Hornby (2002) identified that there is often a distinction made between BESD and significant mental health problems. There is however an ongoing move in government policy and practice to identify mental health problems as being a factor of BESD (DfES, 2001).

Young people identified to be experiencing BESD are suggested to be among the most difficult to support and teach, with most requiring skilful and attentive management (Ofsted, 1999). Behavioural difficulties can present in a variety of ways, including being withdrawn or isolated, disruptive or disturbing, hyperactive, with immature social skills or challenging behaviour. Young people may present with social and peer difficulties; as well as anxiety, difficulties with rapport and poor understanding of classroom discourse (Farmer & Oliver, 2005). The families of those young people are often identified to be experiencing higher levels of stress and lower levels of wellbeing (DfE, 2011).

A model, which it is argued, addresses and supports all aspects of individual needs, stems from the identification of a 'needs approach' (Rockwell & Guetzloe, 1996). Maslow (1943) first identified a hierarchy of needs, and the notion that basic needs must be met before people can recognise, and realise, their full potential. This principle was developed further through the Human Givens Model (Griffin & Tyrrell, 2004), which identified a number of physical and emotional needs humans have (see Appendix B for a fuller explanation of the Human Givens Model). This model allows for areas of need that are not being met to be identified and targeted through individualised support, regardless of whether they are associated with BESD or not. By meeting all 'needs' it is suggested that an individual should not experience mental health, behavioural, emotional or social difficulties.

#### *Support for young people with BESD*

Support for young people with BESD has been delivered through varied settings, including mainstream schooling; dual registration placements; alternative provision; residential or day special schools; home tuition; psychiatric units; social services care homes and secure units (Ofsted, 1999). Societal changes stemming from the Education Act (DfE, 1970), Warnock Report (HMSO, 1978), and social model of disability (Harris & Enfield, 2003), have supported a move away from residential support for these young people; in favour of delivering support within mainstream environments where possible. This has been encouraged further following a report by Ofsted (1999), which identified BESD special schools to be offering a higher proportion of unsatisfactory provision than other education settings.

Recent policy has also focused on reducing social exclusion, in preference for increasing access to life chances that connect individuals to society and social participation (Warmington et al, 2004). There is, however, still a dearth of evidenced-based research on the 'best practice' for supporting these young people (DCSF, 2009). Farrell & Tsakalidou (1999) found that despite various types of provision being available, there is still limited research evidence regarding the best practice in service delivery.

Morris, Abbott and Ward (2003) explored the experiences of the families of young people with BESD. They found that, for the majority of parents they spoke to, placements in residential schools were not the preferred option but stemmed from bad experiences in local education provisions and inadequate support for families. Lloyd and O'Regan (1999) suggested that professionals were valued when they treated families as equal human beings, listened and

appeared to provide uncritical support. The research also found that families felt that this type of support was not seen to be readily available in mainstream provisions.

It is argued that the success of an intervention for young people with BESD is often dependent on all those working with the young person understanding the multifaceted relationship between personal, social and environmental factors (Cooper, 1999). Evans, Harden, Thomas and Benefield (2003) undertook a review of literature pertaining to supporting young people with BESD and identified a lack of understanding, or awareness of, models, or theories of viewing difficulties; with a general view of 'deficits' or 'within' factors being associated with the young people. They felt that overall there had been no shift towards social views, and also a lack of holistic or contextual support.

Working within a Bioecological Systems model of support (Bronfenbrenner & Ceci, 1994) may allow for a deeper understanding of the complexities of working with, and supporting, young people with BESD. The Bioecological model is explored further in the full literature review (Appendix A). This theoretical model supports what can be, and often is, identified as holistic provision (Iwaniec, 2004), whereby the young person is seen within all contexts within which they exist and multiple factors are considered. This is a move away from looking only at factors 'within' an individual; with multiple factors, for example 'social, emotional, personal, physical (sensory and

motor), cognitive, linguistic, creative, aesthetic, moral and spiritual' (French, 2007, p.20), being considered.

Current views identify the need for flexible, holistic, needs-led and individualised support; including the use of mainstream and alternative provisions in an effective, barrier-free way (DCSF, 2009). Specialist support at the centre of this should focus on delivering not only the national curriculum, but also support improved behaviour and attendance. Within this argument the DCSF (2009) suggest that a focus on joined up working, including easy access to Health and Social Services, will be important.

#### *Multi-agency support for young people with BESD*

Research has suggested that the development of community-based, multi-agency support services presents as a means of increasing accessibility, reducing costs and improving effectiveness (Costello, 1989; Clarke, Schaefer, Burchard & Welkowitz, 1992; Costello, Burns, Angold, & Leaf, 1993; Sondheimer, Schoenwald & Rowland, 1994). Schmied, Brownhill & Walsh (2006) identified that effective service delivery relies on well-trained, skilled and well supported staff; the active involvement of the young people's families; and the maintenance of community links. Little (2010) found that established co-located teams, rather than panel arrangements, were more effective; identifying that a shared sense of team identity, joint training, and knowledge sharing facilitated the development of joint working and minimised overlapping of roles.

Watson, Townsley, and Abbott (2002) state that the government has suggested that services need to work together, and to do this effectively multi-agency service delivery and funding, a child focus, and the provision of a single point of contact, e.g. via a key worker, for families is needed. Sloper (2004) argued that there is a need for future research to explore the outcomes of these models.

### Types of interventions

Carr (2009) acknowledged, from a large scale meta-analysis, that the use of psychological and psychotherapy interventions were beneficial for up to three-quarters of young people with common psychological problems. This was explored within the traditions of psychodynamic, humanistic, cognitive behavioural and systemic therapy. It was also identified that those receiving psychotherapy are less likely to use other medical services, including medication, generally leading to reduced service delivery costs for services. It was, however, also found that those with complex, multiple problems, with limited additional support i.e. family or education services, responded less well to therapy.

In relation to types of therapy it was found that play and music therapy were beneficial for those with emotional, but not conduct, problems (Carr, 2009). Art therapy was linked to effective outcomes for those with trauma problems, and dance and movement for those with anxiety. Other forms of interventions, including hypnosis, mindfulness meditation, physical exercise and massage also had positive impacts on psychological functioning.

Evans, Harden, Thomas and Benefield (2003) completed a systematic review of 28 outcome evaluation reports, looking at psychological interventions detailed as being used for young people with BESD. They identified three main theoretical models of intervention and explored the use and effectiveness of these. The most common interventions explored in the research reviewed were: 1) behavioural (based on learning theory, identifying the link between behaviour and outcomes), 2) cognitive behavioural (the added understanding and exploration of an individual's ability to understand and reflect on behaviour), and 3) system models (modifying contexts to minimise behavioural outcomes). In relation to actual interventions, they found a number that appeared to show true improvements for young people. These included short cognitive behavioural programmes, multi-session interventions focused on coping with anger, and multi-session social skills programmes. It is noted, however, that the researchers felt that more rigorous evaluation of interventions is needed, as many of the studies reviewed were poorly rated in relation to selective bias, loss at follow up and selective reporting.

### The Service

The Service aims to support young people in the authority with the most significant BESD needs. It was originally established as an alternative to sending young people to 'out-of-city' residential placements, which were identified to reduce family contact and community inclusion; as well as being an expensive resource for the authority. The Service works with young people who are identified, within a 'continuum of need', to be requiring

specialist support (CWDC, 2009). Young people referred to the Service have a history of BESD and have been known to at least two of the three agencies, Health, Education or Social Care, who fund and deliver the Service.

The Service is based within a building that also accommodates two alternative provisions for young people not engaged in mainstream school. It consists of staff offices and meeting rooms, classrooms, an area for music and art work, a therapeutic room (consisting of drama, art and play therapy equipment and a 2-way mirror), and an eating and relaxing space for the use of staff and young people. Young people and their families are able to access the building during office hours and also in the evenings when activities are being run. Sessions with young people and their families can be held on-site or at other venues, including public spaces or homes, where necessary.

Whilst this is not an exhaustive list, as the Service aims to deliver an individualised timetable for each young person, the services generally provided are:

- Therapeutic sessions for children and families, using a variety of therapeutic methods, through individual, group and family methods
- Project work with groups of children to raise self-esteem and develop social skills
- Developing independence skills

- Targeted work on specific issues, such as anger management
- After school and holiday activities, including residential breaks
- Open access for young people and their family
- An alternative curricular programme, and delivery of education provision in conjunction with education providers
- Signposting to relevant external support services

Further information regarding the Service is detailed within Appendix C.

The Service aims to offer a supportive and accessible environment, which meets the individualised needs of the young people it works with. This may be in relation to developing family relationships, education, social networking, employment, and physical and mental health. Contact can often be daily, allowing for strong relationships to be built and trust to develop with staff members. Hours of contact do vary from daily sessions of up to around 4 hours, to only a weekly session of key working or therapy; this is dependent on other services supporting the young person and their level of engagement with these. The Service is not a registered school and therefore only offers support with education as directed by the young person's education provider. This can include working on set tasks at the Service or in schools.

### **Aims and Research Questions**

It is the aim of this research to undertake an evaluation of a service for young people with BESD. Evaluation is a systematic process, aiming to enhance

knowledge and inform decision making (Russ-Eft & Preskill, 2009). The research seeks to answer three research questions:

1. Following time limited (between 9-16 months) support from the Service:
  - a. Were there improvements in actual educational attainment, as compared to predicted attainment?
  - b. Were there improvements in behaviour, mental and social wellbeing and family relationships, as reported by young people and caregivers?
  - c. Were young people and caregivers satisfied with the service received?
2. In comparison with other types of support offered to young people with BESD, as reflected in the literature review, does this Service appear to offer something different from, and/or additional to, other services?
3. Does information concerning the background of these young people, identify possible risk factors that could be used for early recognition of needs in others?

## **Methods**

### Design

The research sits within a pragmatic paradigm (Creswell, 2003), supporting the use of mixed data collection and data analysis methods; if they are felt to be appropriate and suitable to exploring the focus area. Within this methodology qualitative and quantitative methods are identified to be part of a 'toolkit'; allowing for methods to be chosen based on their appropriateness to answer the research questions (Ritchie & Lewis, 2003). This view moves away from focusing on using data collection methods linked to a particular epistemological stance, to focus more on using all available resources to undertake a piece of research and to meet the aims of that research. This argument is explored further within Appendix D.

The research was designed using the RADIO model (Timmins, Bham, McFayden, & Ward, 2006), and the completed model for this research can be found in Appendix E. This sets out the stages of negotiation and development that were explored prior to the research commencing.

### Participants

Participants were recruited directly through the Service and therefore the sample was self-selected from staff, young people on roll, and their caregivers. It was felt that, to support the holistic nature of the evaluation and to triangulate responses, it was important to include the experiences and views of all those involved directly with the young person and the Service.

Ten, out of a possible nineteen, young people were involved with the research project, with a mean age of 15 years 2 months. One young person was in Key Stage 3 (11 – 14 years) and nine were in Key Stage 4 (14 – 16 years). There were two girls and eight boys, reflecting the greater number of boys identified to have BESD. The young people identified their race to be White British (70%), Mixed Race (20%), and Pakistani (10%). The Special Educational Need (SEN) status for the young people and their school placement are shown in Table 1.

	School Action Plus	Statement of SEN	Total (n=10)	School Placement
BESD	5 (50%)	3 (30%)	8 (80%)	5 Alternative* (50%) 2 Mainstream (20%) 1 Special (10%)
Learning Difficulties	0	1 (10%)	1 (10%)	1 Mainstream (10%)
BESD and Learning Difficulties	0	1 (10%)	1 (10%)	1 Special (10%)

Table 1. Young people's SEN status and school placement

*\* Alternative provisions provide education for children of statutory school age who cannot attend mainstream school for various reasons, e.g. behaviour issues.*

Six caregivers (one male, five female) agreed to participate in the research, and ten members of staff (four female, six male), also participated. Three staff members identified themselves to be Health staff, one as Social Care staff, and six as Education staff (including youth support).

### Measures

Research methods can be viewed as part of a research 'toolkit'; the tools available to the researcher can thus be selected to answer research questions appropriately (Ritchie & Lewis, 2003). Data was collected through various tools and methods, which enabled data and method triangulation. Data triangulation (involving multiple sources of information), and method triangulation (using a mixture of qualitative and quantitative methods), were employed to increase the validity of the study (Patton, 2002).

The frame work provided by Bradburn, Sudman and Wansink (2004) was used to design the questionnaires and interview schedule. This first prompted a consideration of existing tools that could be used. This was felt to be appropriate for the standardised data relating to behavioural, emotional and social outcomes, but not for the service specific data that was required. The research questions provided a basic framework for exploration in the data collection tools.

The young people's questionnaire was designed for the research project with the aim of exploring the research questions. A pilot with three young people who had similar needs, but were not engaged with the Service, was completed. A copy of the questionnaire is presented in Appendix F.

The caregiver's questionnaire was designed for the research project with the aim of exploring the research questions. The questionnaire reflected the questionnaire given to the young people, so answers could be cross-

examined. A pilot was trialled with two parents whose children were known to the Psychology Service the researcher worked in. A copy of the questionnaire is presented in Appendix G.

The questionnaire included closed questions, so that answers between caregivers and young people could be compared and percentage responses totalled. Each item was rated on a five point Likert scale: Strongly agree, agree, neither agree nor disagree, disagree and strongly disagree. A number of open questions were also presented, so young people and caregivers could detail their own experiences and explore further, in their own words, the service they had received.

The staff interviews were semi-structured, allowing for some structure to be given to the interview, to ensure information pertaining to the research questions was explored. This method allows a more 'conversational' style to develop, with some 'give and take' between the interviewer and the respondent (Nagy Hesse-Biber & Leavy, 2011). Within this was a flexibility to change the sequence of questions and to alter or miss questions if it was appropriate within each tailored interview (Robson, 2002). It is acknowledged, however, that the interviewer needed to explore the research questions and this may have shaped the information gathered (Smith and Osborn, 2007).

The interview questions were designed to explore both the actual service the staff felt they were offering to the young people, as well as their own personal experiences of working within the Service. A pilot of the questions was undertaken with two staff employed within education services, in the same authority that the Service operates in. A copy of the pilot and final questions are included in Appendix H. The interviews were conducted to explore the research questions in both Paper one and two, and the scripts are reflective of this.

Both the interviews and questionnaires ended with a question to check whether there was anything the researcher had not covered. These were included to try to reduce the possible limitation of asking specific interview questions, by giving participants opportunities to explore their experiences and provide information which may not have been raised during the rest of the interview.

The Strength and Difficulties Questionnaire (SDQ) (Goodman, 1997) was used as it provides a brief screening questionnaire that explores young people's conduct, emotions, hyperactivity/attention and peer relationships. The SDQ has been found to have good internal reliability and good validity (Goodman, Meltzer and Bailey, 2003; Muris, Meesters and van den Berg, 2003; Palmieri, & Smith, 2007). See Appendix I for a copy of the SDQ.

Further information was collected from CareFirst records. CareFirst offers a computerised, case management system in which all Social Care contact,

with young people and their families, is logged and detailed. Contacts logged to CareFirst were grouped under the following headings: routine (e.g. review meetings), attendance (e.g. school), engagement (with Social Care), risk (e.g. placement breakdown), and health (routine appointments).

### Procedures

Consent forms were given to all participants (Appendix J), and these were handed out to staff and young people at the Service base; caregivers were given information via telephone contact (Appendix K) and verbal consent for young people to be approached was gained in this way. Caregivers were also given the opportunity of participating in the research themselves, and six caregivers agreed to participate directly in the research project.

The SDQ was initially completed, by the Service staff, with caregivers on entry into the Service. This was completed again at exit by the Key Worker, or at the end of the academic year 2010-2011 by the researcher, depending on which came first. The scores of the questionnaires previously completed were collected from service user's files. These had been undertaken between 9 to 16 months prior to the collection of the follow up questionnaires. Only seven SDQ results could be used due to three questionnaires being incomplete.

The young person's questionnaires were given out by Key Workers, and support was given if required. All Key Workers had been informed of the aims of the research project and were able to explain these to the young people, as well as their right to withdraw. Contact details for the researcher were given to all young people, should they have wished to further discuss the research. Completion of the caregiver questionnaire was offered by phone, via a home/service visit, or by postal reply. All participating caregivers opted to complete the questionnaire by phone and none requested further information on the research.

The semi-structured interviews with staff were conducted in a quiet and private room, away from the main office space and were recorded via Dictaphone. The interviews took between 30 and 70 minutes to complete. They were then transcribed by the researcher, into Microsoft Word (See Appendix L for a transcript of one of the interviews).

Key Stage one data for each young person was collected from their statement of special educational needs or from reports from other professionals e.g. Educational Psychologists. The academic attainments of the young people were measured through a comparison between predicted attainment progress based on Key Stage one data, and actual attainment recorded on the young person's service file.

A review of CareFirst documentation was undertaken to collect information regarding Social Care involvement. CareFirst records were accessed for six of the young people, who were/or had been involved with Social Care. For these, case records for six months pre-engagement with the Service, and six months post-engagement were collated.

### Data Analysis

The qualitative data was analysed using a thematic analysis approach. Thematic analysis is a method of identifying and analysing patterns or themes from within data (Braun & Clarke, 2006). Appendix D explores thematic analysis and the reasons why it was chosen.

The method of thematic analysis followed the stages identified by Braun and Clarke (2006). These stages are identified to be:

1. Familiarising yourself with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Braun and Clarke recommend that verbal data should be transcribed and read through numerous times, as part of the familiarisation stage. The

interviews were therefore transcribed by the researcher as part of this process. The interview transcriptions were analysed manually (see Appendix L for a transcript, including examples of the coding used), in relation to the research questions being asked. The method of thematic analysis used did follow the stages recommended but did so in a 'theoretical', or 'top down' way (Braun and Clarke, 2006), whereby the data was initially coded in relation to the specific research questions asked. It is acknowledged, therefore, that the researcher was looking to explore certain theoretical aspects relating to these questions and previously explored research; as opposed to working in an inductive way and allowing themes to emerge purely from the data collected.

Appendix L shows an interview transcript at stage 2, whereby the researcher has highlighted the areas related to the research questions asked. The next step was then to group the data by initial codes and to generate and review the themes that were identified. A table of the themes was created and each was defined and named (as presented in the results section).

The quantitative data was explored initially in relation to pre and post scores, standard deviation and mean scores. For the SDQ, further analysis was undertaken using a Wilcoxon test; a paired difference test which compares repeated measurements on a single sample (Field, 2005). The Wilcoxon was used as it is a non-parametric test, which does not assume normal distribution within a small sample.

The outcomes of the data were synthesised to explore and evaluate the rich picture of the service that is being delivered, as well as the measurable outcomes for the young people. It is suggested that this reflects a model in which both methodologies (qualitative and quantitative) are equally important in identifying the programme outcomes, as well as cross-validating and building upon each other's results (Steckler, McLeroy, Goodman, Bird & McCormick, 1992).

Gomm, Hammersley & Woods (1994) identify that a researcher will always have some influence on the research they undertake, despite their use of skills to reduce this. Each researcher has their own values and beliefs which will influence the decisions they make throughout the research process. This was acknowledged throughout the research and is explored further within the limitations of the study.

#### *Ethical Considerations*

Ethics approval was sought from the University of Exeter and the Certificate is included in Appendix M. Consent was sought from the young people and their caregivers prior to any information regarding the young people being collected. Consent for staff and caregivers' involvement was also sought. All data was stored on a private computer, needing password protection to log on and additional password protection to access the data folders.

Hardcopies of any data were kept in a locked storage unit in a private location.

The location of the local authority has been anonymised to protect the identity of participants. Personal details for all participants have also been anonymised in the research write up, and all personal information was removed from the recorded data before it was analysed or reported on. Participants were informed that their information would be treated with confidentiality; and their responses would not be made available to anyone, other than the researcher, unless it was through reporting whole group, or anonymised findings. All participants were given the opportunity to debrief at the end of the session and contacts for the researcher were given in case of a need to follow up and further discuss concerns. All participants were informed that they had the right to withdraw at any stage of the research.

## Findings

The findings are explored in relation to the research question being asked.

### **1. Following time limited (between 9-16 months) support from the Service:**

#### **a. Were there improvements in actual educational attainment, as compared to predicated attainment?**

Attainment and education information was collected from the educational files held at the Service for each young person. The files held previously recorded National Curriculum data (e.g. Key Stage One) for all of the young people; this was detailed in school and Educational Psychology reports completed prior to, or at the time of, referral to the Service. In relation to current (Key stage 3 or 4) educational data, this was available in the service file for five of the ten young people who participated. See Appendix N for a table of attainment information for the five young people for who previous and current data was recorded in their service file.

For five young people no up-to-date attainment information, i.e. national curriculum or other recognised qualifications, was recorded in their files. There was no in-depth information recorded relating to the education the young people were receiving from their registered education provider, or from the Service. It was noted that three young people were recorded to be undertaking the Certificate of Personal Effectiveness (CoPE).

Data recorded at the end of Key Stage one (age 7) was used to identify predicted levels of educational attainment. Key Stage one data indicated that four of the young people had been working at the expected Level 2 (age equivalent 7 years), and six were working at, or below, Level 1 (age equivalent 5 or below). The up-to-date attainment data (Key Stage three or four), which was recorded in service files for five of the young people, indicated that all were now working well below the expected attainment levels identified within the national curriculum and had not met their predicted attainment levels.

It was noted by Berridge et al (2003) that there is often a lack of reporting, and focus, on educational attainment for young people with BESD. This study supports that view, as the data recorded for the young people was inconsistent, with only 50% of files updated with current attainment levels.

b. *Were there improvements in behaviour, mental and social wellbeing and family relationships, as reported by young people and caregivers?*

Pre and post SDQ and CareFirst measures were taken to assess the improvements made in the young people's emotional, social and behavioural needs. The outcome of these is shown in Table 2. It is noted that multiple factors can influence these outcomes and the Service may not be the only influencing factor for each young person. It is argued however, that for the majority of these young people the Service was the only, or main, source of support outside of their family.

Table 2. SDQ and CareFirst results

Young Person		1	2	3	4	5	6	7	Mean	S.D	Wilcoxon
<b>SDQ</b>	Pre	32	32	28	27	30	22	17	26.9	5.6	.018
	Post	28	30	17	22	24	19	16	22.3	5.4	
<b>CareFirst</b>	Pre	45	2	40	2	2	50		23.5	23.8	
	Post	10	0	6	2	1	4		3.8	3.7	

The SDQ identified that, in relation to all the young people in the sample of seven, the overall measures decreased; reflecting improvements ( $z = -2.366$ ,  $p < 0.05$ ) in their conduct, emotional wellbeing, hyperactivity/attention and peer relationships, since their engagement with the Service. See Appendix P for the SPSS outputs for the SDQ. The post data indicated that one young person now falls within the 'normal range', and the rest remained within the 'abnormal range', but had experienced improvements overall.

CareFirst documentation indicated a reduction from a mean 23.5 case recordings, to a mean of 3.8 case recordings, in the six months prior to and then following engagement with the Service. Decreases were identified in all areas for five of the young people; there was no change for one young person, who had two routine recordings, at both the pre and post stage. Three cases were registered as closed in the six months following the young person becoming engaged with the Service.

For those with any Social Care input following their engagement with the Service these were related to routine entries only for five young people, and

routine and attendance for one young person. There was also a decrease, to none recorded, in relation to documentations for engagement e.g. difficulties with engagement with Social Care staff.

Results from the young people's questionnaire, relating to areas young people felt they had experienced improvements in, are shown in Figure 1.

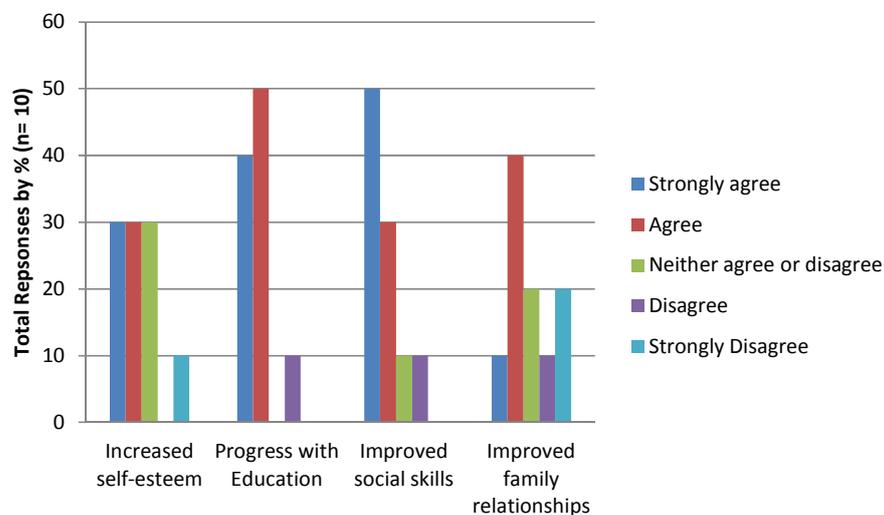


Figure 1. Young people's ratings of whether they had experienced improvements since working with the Service

Young people felt that they had generally experienced increased self-esteem (60%), made progress with their education (90%) and improved their social skills (80%) since they had been with the Service. In relation to family relationships, 50% of young people felt these had improved since being with the Service.

c. Were young people and caregivers satisfied with the service received?

The results from the caregiver and young people's questionnaires relating to levels of satisfaction with the service received are shown within Table 3.

Table 3. Caregiver (CG) and young people's (YP) perceived satisfaction of service received

Satisfaction with:	Respondents (n= 6 C /10 YP)	Very Satisfied	Satisfied	Neither satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied
Range of services offered	<b>C</b>	33.5%	50%	16.5%		
	<b>YP</b>	30%	50%	20%		
Support from Staff	<b>C</b>	33.5%	66.5%			
	<b>YP</b>	30%	50%	20%		
Reliability of Staff	<b>C</b>	33.5%	66.5%			
	<b>YP</b>	30%	50%	10%	10%	
Knowledge/ Experience of Staff	<b>C</b>	33.5%	50%	16.5%		
	<b>YP</b>	30%	50%	20%		
Help to access education	<b>C</b>	16.5%	83.5%			
	<b>YP</b>	40%	50%	10%		
Help with family relationship	<b>C</b>	33.5%	50%	16.5%		
	<b>YP</b>	20%	30%	50%		
Help with mental health concerns	<b>C</b>	16.5%	67%	16.5%		
	<b>YP</b>	50%	30%	20%		

Overall, results for the young people and their caregivers indicated satisfaction with the services they received. Staff were generally felt to be both supportive and reliable, and they were identified by most participants as offering good levels of knowledge and experience. Within this all caregivers were satisfied or very satisfied with the help their child had received to

access education. 90% of the young people were also either satisfied or very satisfied with support to access education.

Caregivers were generally satisfied or very satisfied with the support given in relation to family relationships, and their children's mental health concerns. Young people were also generally satisfied with the support received for mental health concerns. It was noted, that half of the young people themselves felt they were satisfied with the help they had received with family relationships, with the others being neither satisfied nor dissatisfied.

The open-ended questions gave the opportunity for both caregivers and young people to give more information regarding the Service they had received (See Appendix O for a table identifying outcomes of questions and quoted examples). These suggested that young people appeared to identify that the development in practical skills, that they had experienced, had been important to them. Caregivers appeared to appreciate the practical support offered for themselves and their child also; but in addition identified an emotional element of support. They recognised the Service offered someone to talk too, support for the whole family, and ways of overcoming barriers e.g. transport for sessions.

Generally the positives identified by caregivers and young people related directly to the staff and the services that were being offered. The relationships with staff appeared to be central to this, with caregivers stating how staff were consistent; also how they were able to facilitate communication with other services and support families to solve problems.

Young people also spoke about the importance of the staff and the relationship they got to have with them.

The qualitative responses given by the young people identify that the Service has offered them support in relation to developing their general levels of social engagement, self-esteem and education. All young people felt engagement with the Service had been positive for them; acknowledging that they had regular contact with staff, and that someone they knew was always available to listen. As one young person stated *“they are the best people in the world”*.

Areas of improvement or development were explored with caregivers and the young people. These identified a desire for improved consistency with activities, as well as a variety of types of contact with staff. Caregivers felt that weekly phone calls and updates could be beneficial; this appeared to be especially desired where the family wasn't directly engaged in family therapy. Young people felt they would like a wider range of activities to be offered, especially during school holidays, weekends and evenings; and generally desired as much contact as possible with staff.

Overall it was identified, by caregivers and young people, that the Service was delivering a positive and effective provision. Two comments by caregivers, *“he smiles more”* and *“we're arguing less”*, highlight the immeasurable, but significant, aspects of the satisfaction experienced.

**2. In comparison with other types of support offered to young people with BESD, as reflected in the literature review, does this Service appear to offer something different from, and/or additional to, other services?**

Staff perspectives of services delivered

Staff were asked about the services they felt they were delivering during the semi-structured interviews. Staff identified that they deliver education sessions focusing on National Curriculum subjects, as well as basic skills. Support is offered in school, on a 1:1 basis and in small groups, depending on the needs of the young people. A wide range of additional groups are delivered onsite or through local facilities, during school hours and evenings, including art and textiles, sports and fitness, and a variety of youth work activities. A variety of therapeutic services are offered (through 1:1, family and group settings), including cognitive behavioural therapy (CBT), psychotherapy, systemic family therapy, anger management, drama therapy, and dialectal behaviour therapy (DBT).

Staff work from the Service base, in young people's schools, in the community and in homes. It was identified that the working model is one of 'holistic assessment, hypothesising, planning, intervention and review'. For example one member of staff reported how *"in the sense that we plan together with interventions, the agencies plan together and develop the individual plan for the YP, see what we think is needed and who can deliver it like, then there will be direct input right from all of us, then we review things*

*at our Monday meeting, we say what worked, what else do we need to do, what else can other people do if we can't do it, you know.....”.*

Each young person has an allocated key worker from within the team, providing them, and their family, with a known point of contact. This facilitated the ability to build a close relationship with a main contact, who could coordinate and manage services received. The key worker also accesses support from other members through joint working, case management meetings and informal conversations. Staff also identified a role in liaising with other professionals, attending multi-agency meetings and undertaking case management. One staff member explained that *“if the young person seems to need something, like say therapy, then they (key worker) can talk to the therapist, explain things, set up a meeting, or if there is an alternative placement where they can get extra help or support we link up with that, and we contact their parents and can update and check things out, you know, it's ticking all the boxes”.*

From the semi-structured interviews with staff three main themes relating to successful service delivery were identified; there were also four themes pertaining to difficulties, or areas of development. These are shown in Table 4 and Table 5.

Table 4. Factors for successful service delivery

Theme	Exploration of staff's views
Relationships	<ul style="list-style-type: none"> <li>• Staff identified that the relationship they had with young people, their caregivers and other professionals involved with</li> </ul>

	<p>them, was of central importance to being able to deliver the service.</p> <ul style="list-style-type: none"> <li>• There is a need to build trust as young people have often experienced multiple failures with other services.</li> </ul>
Holistic provision	<ul style="list-style-type: none"> <li>• It was identified that provision needed to be holistic. This support needs and helps to identify goals and offer support for the young person, but also the family and other services e.g. school.</li> </ul>
Reducing barriers	<ul style="list-style-type: none"> <li>• The service was seen as going further than others, as it offered flexible support onsite, in homes and in schools. Staff need to work beyond what may be their normal role, in terms of flexibility.</li> <li>• There is a need for continued support being offered to families and young people, despite possible initial rejection.</li> </ul>

Table 5. Difficulties related to service delivery

<b>Theme</b>	<b>Exploration of Staff's views</b>
Practicalities	<ul style="list-style-type: none"> <li>• Difficulties with recording sessions with young people were identified. Sessions were recorded as occurring, rather than detailing time spent, which could be restrictive for some staff.</li> <li>• There was a general feeling that team members were working on individual targets rather than joint planning, target setting and delivery. A lack of sharing session plans meant sessions were cancelled if staff were away, rather than being undertaken by others.</li> </ul>
Professional language	<ul style="list-style-type: none"> <li>• It was noted that terminology could create barriers between multi-agency staff. This was identified mainly within service meetings where discussion was felt to be 'health orientated' in terms of content and terminology.</li> </ul>
Education Provision	<ul style="list-style-type: none"> <li>• There was a general feeling that the education aspect of the service was not as comprehensive as it could be and that the provision lacked effectiveness due to this. It was noted that clear assessment, planning and monitoring are not undertaken for all young people and so education target setting and support can be limited.</li> <li>• There is ongoing frustration over who should be responsible for education provision. It is felt that schools often reduce input if the young person isn't attending and this can leave the Service delivering all education.</li> </ul>
Multi-	<ul style="list-style-type: none"> <li>• The uneven number of representatives from the three funding</li> </ul>

agency balance	areas was identified as a tension. A lack of permanent social care staffing was felt to be a difficulty. This was related to limited consultation on decisions made by social care.
----------------	---

Financial comparison with other services

A basic cost-comparison was undertaken, as requested by the local authority when the research was agreed, to compare the cost of delivering the Service, in relation to other services offered for young people with BESD, as it is acknowledged that financial implications must be a consideration in developing services. A table presenting the cost comparison can be seen in Appendix Q.

The Service presents as offering a lower cost provision, for young people with BESD, in comparison with other similar provisions, e.g. residential schools. The comparison factored in costs for mainstream and special schooling, which would be paid by the local authority, in addition to the cost of delivering the Service reviewed. These costs were factored in to ensure a balanced cost comparison was completed. Whilst this is a simple comparison of published costs for services supporting young people with identified BESD, it does begin to suggest that there are reduced service costs when young people are engaged with multi-agency, community based provisions.

**3. Does information concerning the background of these young people, identify possible risk factors that could be used for early recognition of needs in others?**

Free school meal eligibility was used to identify low socio-economic status for the young people, and this identified that 80% had been, or were eligible to be, receiving free school meals. This was the strongest defining factor between the young people. 20% of the young people had been subject to an interim care order and 10% were registered as Looked after Children (LAC).

Poor academic progress was not a clear indicator of future BESD within this study, as at the end of Key Stage 1 60% of the young people had met the expected national curriculum levels. Progress by Key stage 3 or 4 was low but additional difficulties were already identified for all young people by this stage.

Of the young people currently engaged with the Service all had had contact with Educational Psychology services; it is noted however that this was part of the referral route (See Appendix C for further information). Of these 40% had been supported by the Educational Psychology service for more than 5 years, 50% between 1 to 5 years and 10% for less than a year. Young people had been involved with a range of other services prior to referral, including CAHMS, Educational Welfare Services, Connexions and behavioural support.

## **Discussion**

The aim of this research study was to evaluate the provision offered by a Midlands service for young people with BESD and to identify the model of service delivery utilised. In doing so, the following research questions were asked:

1. Following time limited (between 9-16 months) support from the Service:
  - a. Were there improvements in actual educational attainment, as compared to predicted attainment?
  - b. Were there improvements in behaviour, mental and social wellbeing and family relationships, as reported by young people and caregivers?
  - c. Were young people and their caregivers satisfied with the service received?
  
2. In comparison with other types of support offered to young people with BESD, as reflected in the literature review, does this Service appear to offer something different from, and/or additional to, other services?
  
3. Does information concerning the background of these young people, identify possible risk factors that could be used for early recognition of needs in others?

The literature review found that there was a lack of evidence regarding effective provision for young people with BESD (DCSF, 2009; Farrell & Tsakalidou, 1999; Ofsted, 1999). Factors identified to be beneficial were formalised multi-agency teams (working in established, identified teams with clear procedures and policies); holistic provision (working to meet a broader range of needs) and community-based, as opposed to residential services (Costello, 1989; Costello, Burns, Angold, & Leaf, 1993; Sondheimer, Schoenwald & Rowland, 1994; Little, 2010). The provision of education, courses in anger management and self-esteem, and a focus on behaviour and attendance were also recommended (Carr, 2009; Evans, Harden, Thomas and Benefield, 2003). Therapeutic interventions, including psychotherapy and CBT, were shown to have positive effects for many young people with BESD.

The findings of the research are discussed here in relation to the outcomes for young people and their families, the model of service delivery, and areas for development. There is also a consideration relating to further research and the limitations of the study.

#### *Outcomes for young people and their families*

Young people supported by the Service appear to present with complex needs that require holistic, consistent and joined up provision. The young people themselves identified generally positive experiences from the Service, and outcomes were identified in relation to improvements in behaviour, emotional and mental wellbeing, and social relationships. There

was a reduction in the need for involvement of Social Care services for all young people who were, or had been, known to Social Care.

In relation to improving family relationships, only half of the young people felt they were satisfied with the service they received. Whilst this could not be further explored with the young people, it is hypothesised that this may relate to the young people who were not engaged in formal family therapy and may, therefore, not have felt that the Service was helping with family relationships directly. It is also acknowledged that one of the young people was currently a looked after child, and it is not known whether they were referring to their biological family or current foster family.

Outcomes from the parental questionnaires identified that the model of support appeared to meet their needs in terms of supporting their child appropriately and ensuring the wider family network was also supported, in an inclusive manner. Caregivers valued the role the Service took in reducing barriers, by supporting their access to advice and developing their ability to engage with other professionals who were supporting their child.

A review of academic progress (for half of the young people for whom data was available) has identified that predicted academic KS3 or KS4 levels were not being met. Whilst this is not a direct reflection on the Service, as young people were registered with schools and the Service provided additional support as needed, it does highlight a need for all services to be aware of academic progression for the young people they support. Academic progress and SEN will impact on all areas of a young person's functioning as it will

influence their ability to access learning opportunities; to engage with certain types of interventions; and also their levels of independence, resilience and self-esteem.

#### *Risk factors for early identification*

From the factors identified in the young people's files it was noted that the strongest 'risk factor' was free school meal eligibility. This reflects low socio-economic status within the young people's families, and is a consistent finding with previous research (Taggart, Taylor & McCrum-Gardner, 2010). None of the other factors explored appeared to be consistent across the range of young people, and it is felt that risk factors for early identification and intervention cannot be developed through this research. This may be due to the reliance in this study on the type of information, and lack of depth, recorded in young people's files.

#### *Service model of delivery*

The Service provides a holistic, person-centred provision for young people and their families, supporting family and community preservation (Clarke et al, 1992). The team offers a wraparound service that provides appropriate support for each individual, within their local environment and wider support networks. The range of services offered reflects those identified in current literature to be most beneficial for young people with BESD (Schmied, Brownhill & Walsh, 2006; Carr, 2009; Little, 2010). This suggests that the model of service delivery is able to deliver an appropriate range of evidenced-based interventions, reflecting current recommendations for supporting young people with BESD.

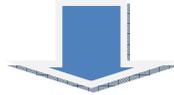
The service being delivered could be suggested to be offering support that would support human 'needs', as identified within the Human Givens model (Griffin & Tyrrell, 2004), through the development of individualised 'support packages' for young people. The ability to access support for education, therapy, youth activities and family work through one team was also a significant factor in effective service delivery. This is truly valued by young people, who may have experienced multiple services and engaged with, and lost, relationships with multiple professionals.

It is noted that areas of difficulty, relating to service delivery, were highlighted by staff. These included difficulties with some of the practicalities of working in the service, but also problems related directly to multi-agency working. These areas are explored further, in relation to possible changes needed to address these issues, within the consideration of implications for policy and practice.

From the findings of the research it is suggested that, whilst not an initial research aim, a 'service model of delivery' can be proposed (See Figure 2). It is argued that this model reflects the theoretical underpinning identified to facilitate effective services for young people with BESD; areas of service delivery, as defined by the three core strands of services offered; and the outcomes of the service for the young people, their families, staff and general practice. This model could be used to shape staff thinking and service delivery in the reviewed service, but also on a wider scale, in developing and delivering services for young people with BESD.



Areas of Service Delivery		
<b>Therapeutic:</b> <ul style="list-style-type: none"> <li>• Systemic family therapy</li> <li>• Cognitive and Dialectical Behavioural therapy</li> <li>• Drama and Art Therapy</li> </ul>	<b>Education:</b> <ul style="list-style-type: none"> <li>• Basic Skills</li> <li>• Certificate of Personal Effectiveness (CoPE)</li> <li>• In school support</li> <li>• Small group and 1:1</li> <li>• Delivery of school curriculum</li> </ul>	<b>Social /youth activities:</b> <ul style="list-style-type: none"> <li>• Day and Evening activities</li> <li>• Social/ Independence Skills</li> <li>• School holiday activities and residential</li> </ul>



Outcomes of Service Delivery		
<b>Young people and Family:</b> <ul style="list-style-type: none"> <li>• Improvements in relation to behaviour, emotional and mental wellbeing</li> <li>• Improvement in social and family relationships</li> <li>• Reduce barriers in accessing advice and support</li> <li>• Family preservation and reduced Social Care involvement</li> <li>• Improved school attendance</li> </ul>	<b>Staff:</b> <ul style="list-style-type: none"> <li>• Increased knowledge</li> <li>• Improved communication opportunities</li> <li>• Development of multi-agency working skills</li> </ul>	<b>Practice:</b> <ul style="list-style-type: none"> <li>• Coordinated services</li> <li>• Experience offered to other services/ professionals through training</li> <li>• Partnerships with other professionals/services</li> <li>• Opportunities to develop an evidence base of effective provision for young people with BESD</li> <li>• Signposting to external services</li> <li>• Development of policy and practice guidelines</li> </ul>

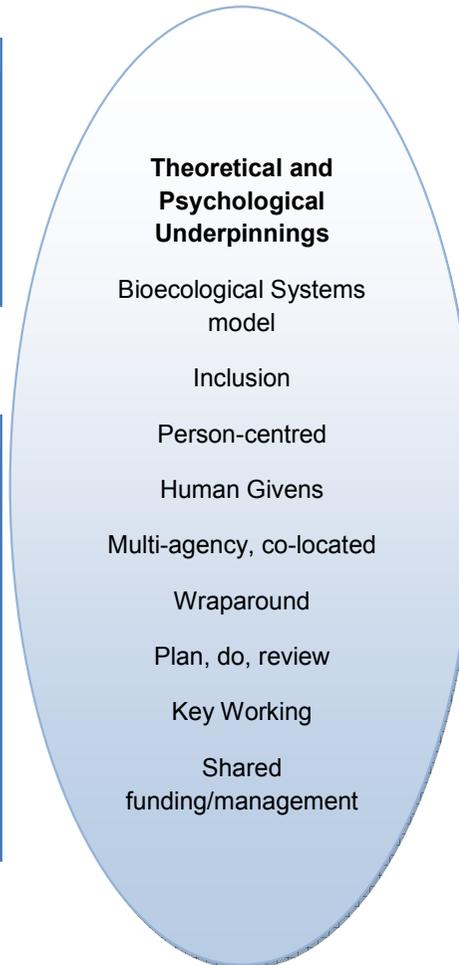


Figure 2. Proposed service model of delivery

### Implications for policy and practice

Through the research a number of factors pertaining to policy and practice for supporting young people with BESD were identified. There appeared to be a need for the service to maintain strong links with other providers supporting the young people they were working with, to ensure that a coordinated and holistic service is offered. The delivery of training and outreach to other services may result in the development of their staff's skills and knowledge; leading to possible improvements in service delivery at a preventative or early-intervention level.

For young people to receive a full, and appropriate, educational provision there is a need for clearer recording of educational needs (Berridge et al, 2003); this will help foster an awareness of young people's educational and functional strengths and difficulties. Recording of up-to-date information on educational attainments is also required, to ensure planned and tailored education provision can be provided. Translating this information into clear service delivery plans may reduce a reliance on individual staff to deliver sessions, and therefore reduce the likelihood of cancelled sessions.

It is suggested that future research into the definition of young people with BESD and the factors that led to these needs is required. A fuller review of these factors, applying a Bioecological model, may support the development of a clear definition of BESD. This may support the identification of preventative factors and early-intervention services, alongside tailoring intensive support for young people with significant BESD.

Multi-agency working appears to offer a model of effective support for young people with BESD. Within this research, however, multi-agency working could also be a cause of tension and difficulty for staff teams. Government policy is moving further towards delivering multi-agency services, and the model reflected in this research indicates that this would deliver positive outcomes for young people with BESD. It is argued, however, that continued research and planning into developing and delivering multi-agency services for young people, when there are regular budgetary cuts and a growth in traded services (Rowland, 2002), is needed.

All of these factors have been explored with the Local Authority, via progress meetings as the research was undertaken. A full report, including the data and recommendations explored here, has been shared with the Senior Management Group for all three commissioning services and with the manager of the Service.

#### *The role of the Educational Psychologist*

Educational Psychologists have a role in applying their psychological knowledge to support young people, their families, other providers, and the services they work for. Using psychological theory and knowledge, they could undertake training with Service staff; promoting understanding of the need for services that offer 'evidence-based' practice. Educational Psychologists' own training will also allow them to support staff to consider a Bioecological model (Bronfenbrenner & Ceci, 1994) of assessment, and deliver holistic services.

Working directly with young people and their families, through psychological assessment and consultation may allow Educational Psychologists to support an understanding of current needs, identify risk and support factors, reduce barriers to learning and deliver interventions. This could also include developing interventions to support SEN, and ensuring these are implemented.

There may also be a role for Educational Psychologists to be involved in supervising staff and developing multi-agency services; using their consultation skills and ability to liaise with a range of professionals. Educational Psychologists could be well placed to undertake research and develop policies and evidence-based practice for supporting young people with BESD, at a systemic level, in local authorities and other services, i.e. schools or alternative provision.

#### *Reflexivity and Limitations*

The design and methods used within this study will have influenced the development of the research, as well as the findings and discussions that the paper presents. All of these choices and decisions could have caused areas of limitation within the study. The study uses a very small population sample, meaning the results may not be representative of other services and young people with BESD. It is also noted that the participants were self selected from one service, meaning that they may not be representative of the wider population and may have had experiences specific to the Midlands Local Authority they lived in. Whilst this is not a limitation for the application of the findings in relation to the outcomes for the Service evaluated, and the Midlands Local Authority this relates

to, it does limit the ability to generalise findings and apply them to other settings and services for young people with BESD.

The research design was chosen to examine immediate rather than long-term effects of interventions. Future research in this area may wish to explore longer term effects on young people and also look at wider sample sizes. In addition, due to time considerations, young people and caregiver views were only collected via questionnaires. Further exploration of their views, through semi-structured or focus group interviews, in the initial stages or post-data analysis, may have added to the depth and richness of the findings. For example, it was noted that only 50% of young people felt they were satisfied with the help they received with family relationships, whereas responses in other areas had been more positive. This is an area that may have given more insight into the young people's experience, if interviews had been undertaken.

It is acknowledged that this research looks only at the overall outcomes of the service, i.e. SDQ and CareFirst records, and service user satisfaction. It is suggested that further research may wish to look in more depth at the individual services being delivered, e.g. family therapy, youth services, or education, and review the impacts of each of these separately; this may add to the literature pertaining to the evidence base for effective interventions for young people with BESD.

## References

- Atkinson, M., & Hornby, G. (2002). *Mental health handbook for schools*. London: Routledge.
- Bender, M. (1972). The role of the community psychologist. *Bulletin of the British Psychological Society*, 27, 211-218.
- Berridge, D., Beecham, J., Brodie, I., Cole, T., Daniels, H., Knapp, M., & Macneill, V. (2003). Services for troubled adolescents: exploring user variation. *Child and Family Social Work*, 8, 269-279.
- Bradburn, N. M., Sudman, S., & Wansink, B. (2004). *Asking questions: the definitive guide to questionnaire design: for market research, political polls, and social and health questionnaires*. London: John Wiley & Sons.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.
- Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture reconceptualised in developmental perspective: A bioecological model. *Psychological Review*, 101(4), 568-586.
- Carr, A. (2009). *What works with children, adolescents, and adults? A review of research on the effectiveness of psychotherapy*. London: Routledge.
- Cassidy, E., James, A., & Wiggs, L. (2001). The prevalence of psychiatric disorder in children attending a school for pupils with emotional and behavioural difficulties. *British Journal of Special Education*, 28(4), 167-173.
- Clarke, R. T., Schaefer, M., Burchard J. D., & Welkowitz, J. W. (1992). Wrapping community-based mental health services around children with a severe behavioral disorder: An evaluation of project wraparound. *Journal of child and family studies*, 1(3), 241-261.

- Cole, T. (2006). Ofsted and successful SEBD schools and PRUs. *SEBDA News*, 10, 22-23.
- Cole, T., & Knowles, B. (2011). *How to Help Children and Young People with Complex Behavioural Difficulties: a Guide for Practitioners Working in Educational Settings*. London: Jessica Kingsley.
- Cooper, P. (1999). Changing perceptions of EBD: Maladjustment, EBD and beyond. *Emotional and Behavioural Difficulties*, 4(1), 3-11.
- Costello, E. J. (1989). Developments in child psychiatric epidemiology. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28, 836-841.
- Costello, E. J., Burns, B. J., Angold, A., & Leaf, P. J. (1993). How can epidemiology improve mental health services for children and adolescents. *Journal of American Academy of Child and Adolescent Psychiatry*, 32, 1106-1116.
- Creswell, J.W. (2003). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (2<sup>nd</sup> ed.). London: Sage.
- CWDC. (2009). *The Common Assessment Framework for Children and Young People: A guide for practitioners*. Leeds: CWDC.
- DCSF. (2009). NPSLBA topic guide 8d: Supportive BESD provision through collaborative working. Retrieved June 02, 2011, from <http://www.school-portal.co.uk/GroupDownloadFile.asp?GroupId=1092139&ResourceId=36072>  
23
- DfE. (1970). *Education (Handicapped Children) Act*. Retrieved May 18, 2010, from [www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1970/cukpga\\_19700052\\_en\\_1](http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1970/cukpga_19700052_en_1)

- DfES. (2001). *Special Educational Needs Code of Practice*. Nottingham: DfES Publication Centre.
- DfES. (2005). *Data collection by type of need*. Nottingham: DfES Publication Centre.
- DfE. (2011). *Support and aspiration: A new approach to special educational needs and disability - A consultation*. London: The Stationery Office.
- Evans, J., Harden, A., Thomas, J., Benefield, P. (2003). *Support for pupils with emotional and behavioural difficulties (EBD) in mainstream primary school classrooms: a systematic review of the effectiveness of interventions*. London: EPPI.
- Farmer, M., & Oliver, A. (2005). Assessment of pragmatic difficulties and socio-emotional adjustment in practice. *International Journal of Language & Communication Disorder*, 40(4), 403-429.
- Farrell, P., & Tsakalidou, K. (1999). Recent Trends in the Re-Integration of Pupils with Emotional and Behavioural Difficulties in the United Kingdom. *School Psychology International*, 20(4), 323-337.
- Field, A. (2005). *Discovering statistics using SPSS*. (2<sup>nd</sup> ed.). London: Sage.
- French G. (2007). *Children's early learning and development: A research paper*. Dublin: NCCA.
- Gomm, R., Hammersley, M., & Woods, P. (1994). *MA in Educational Research Methods: Study Guide*. Milton Keynes: The Open University.
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38, 581–586.

- Goodman, R., Meltzer, H., & Bailey, V. (2003). The Strengths and Difficulties Questionnaire: a pilot study on the validity of the self-report version. *International Review of Psychiatry*, 15 (1-2), 173-177.
- Griffin, J., & Tyrrell, I. (2004). *Human Givens: A New Approach to Emotional Health and Clear Thinking*. Sussex: HG Publishing.
- Harris, A., & Enfield, S. (2003). *Disability, Equality and human rights: A training manual for development and humanitarian organisations*. Oxford: Oxfam Publications.
- HMSO. (1978). *The Warnock Report: Special Educational Needs*. London: HMSO.
- Iwaniec, D. (2004). *Children Who Fail to Thrive: A Practice Guide*. London: Wiley-Blackwell.
- Larsson, B., & Frisk, M. (1999). Social problems and emotional/behavioural problems in 6- to 16-year old Swedish school children. *European Child and Adolescent Psychiatry*, 8, 24–33.
- Little, B. (2010). *Parenting Workforce Analysis*. Retrieved December 06, 2011, from [http://www.cwdcouncil.org.uk/assets/0001/0549/SP155-0910\\_Parenting\\_Workforce\\_Analysis.pdf](http://www.cwdcouncil.org.uk/assets/0001/0549/SP155-0910_Parenting_Workforce_Analysis.pdf)
- Lloyd, G., & O'Regan, A. (1999). Education for social exclusion? Issues to do with effectiveness of educational provision for young women with social, emotional and behavioural difficulties. *Emotional and Behavioural Difficulties*, 4(2), 38-46.
- Luthar, S.S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, 12(4), 857-885.

Formatted: Hidden

- Martin, K., Atkinson, A. and White, R. (2011). *Safeguarding Children: Council Developments*. Slough: NFER.
- Maslow, A. H. (1943). A theory of human motivation, *Psychological Review*, 50(4), 370-96.
- Morris, J., Abbott, D., & Ward, L. (2003). Disabled children and residential schools: the implications for local education professionals. *British Journal of Special Education*, 30(2), 70-75.
- Munn, P., & Lloyd, G. (1998). *Discipline in Schools. A Review of Extent, Causes and Cures*. Edinburgh: Moray House.
- Muris, P., Meesters, C., & van den Berg, F. (2003). The Strengths and Difficulties Questionnaire (SDQ): Further evidence for its reliability and validity in a community sample of Dutch children and adolescents. *European Child & Adolescent Psychiatry*, 12, 1-8.
- Nagy Hesse-Biber, S., & Leavy, P. (2011). *The practice of qualitative research* (2<sup>nd</sup> ed.). London: sage publications.
- Ofsted. (1999). *Principles into practice: Effective education for pupils with emotional and behavioural difficulties*. London: Ofsted.
- Palmieri, P. A., & Smith, G. C. (2007). Examining the Structural Validity of the Strengths and Difficulties Questionnaire (SDQ) in a U.S. Sample of Custodial Grandmothers. *Psychological Assessment*, 19(2), 189-198.
- Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods* (3<sup>rd</sup> Ed.). London: Sage Publications.
- Peaston, H. (2011). *Mainstream inclusion, special challenges: strategies for children with BESD*. Retrieved June 02, 2011, from <http://dera.ioe.ac.uk/3760/1/download%3Fid%3D149406%26filename%3D>

mainstream-inclusion-special-challenges-strategies-for-children-with-besd-  
full-report.pdf

Rees, C., Farrell, P., & Rees, P., (2003). Coping with complexity: How do educational psychologists assess students with emotional and behavioural difficulties? *Educational Psychology in Practice*, 19(1), 35-47.

Ritchie, J., & Lewis, J. (2003). *Qualitative research practice: A guide for social science students and researchers*. London: Sage Publications.

Robson, C. (2002). *Real world research* (2<sup>nd</sup> ed.). Oxford: Blackwell Publishing.

Rockwell, S., & Guetzloe, E. (1996). Group development for students with emotional/Behavioural disorders. *Teaching Exceptional Children*, 29(1), 38-43.

Rowland, K. (2002). Effective leadership and service improvement in contemporary educational psychology services: Modernize, demonstrate quality or be privatized. *Educational management and administration*, 30(3), 275-291.

Russ-Eft, D., & Preskill, H. (2009). *Evaluation in organizations: A systematic approach to enhancing learning, performance and change* (2<sup>nd</sup> ed.). Boston: Perseus Books.

Savaria, E., Underwood, K., & Sinclair, D. (2011). If only I had known: Young people's participation in the construction of their learning disability labels. *International journal of special education*, 26(3), 92-105.

Schmied, V., Brownhill, S., & Walsh, P. (2006). *Models of service delivery and interventions for children and young people with high needs*. Kent: Centre for Parenting & Research.

- Sloper, P. (2004). Facilitators and barriers for co-ordinated multi-agency services. *Child: Care, Health and Development*, 30(6), 571-580.
- Smith, J. A., & Osborn, M. (2007). *Interpretative phenomenological analysis: Theory, method and research* (2<sup>nd</sup> Ed.). London: Sage.
- Sondheimer, D. L., Schoenwald, S. K., & Rowland, M. D. (1994). Alternatives to the hospitalization of youths with a serious emotional disturbance. *Journal of Clinical Child Psychology*, 23, 7-12.
- Steckler, A., McLeroy, K.R., Goodman, R.M., Bird, S.T., & McCormick, L. (1992). Toward Integrating Qualitative and Quantitative Methods: An Introduction. *Health Education Quarterly*, 19, 1-8.
- Taggart, L., Taylor, D., & McCrum-Gardner, E. (2010). Individual, life events, family and socio-economic factors associated with young people with intellectual disability and with and without behavioural/emotional problems. *Journal of Intellectual Disabilities*, 14(4), 267-288.
- Timmins, P., Bham, M., McFayden, J., & Ward, J. (2006). Teachers and consultation: Applying Research and Development in Organisations (RADIO). *Educational Psychology in Practice*, 22 (4), 305 – 319.
- Warmington, P., Daniels, H., Edwards, A., Brown, S., Leadbetter, J., Martin, D., & Middleton, D. (2004). *Interagency Collaboration: a review of the literature*. Accessed on 9.1.2012 from [http://www.bath.ac.uk/research/liw/resources/Microsoft%20Word%20-%20Interagency\\_collaboration\\_a\\_review\\_of\\_the\\_literature\\_initial.pdf](http://www.bath.ac.uk/research/liw/resources/Microsoft%20Word%20-%20Interagency_collaboration_a_review_of_the_literature_initial.pdf)
- Watson, D., Townsley, R., & Abbott, D. (2002). Exploring multi-agency working in services to disabled children with complex healthcare needs and their families. *Journal of Clinical Nursing*, 11, 367–375.



## **Paper Two**

**Addressing the needs of young people identified to be experiencing  
behavioural, emotional and social difficulties: The role of multi-agency  
working**

## **Abstract**

The aims of the research were to explore the use of multi-agency teams in supporting young people identified on the Special Educational Needs (SEN) register as having behavioural, emotional and social difficulties (BESD); to understand staff experiences of working within a multi-agency team; and to look at difficulties of multi-agency working and potential ways of overcoming these. Ten members of staff from a multi-agency service were recruited and completed semi-structured interviews. The results showed that advantages from multi-agency working were identified in relation to both service delivery and personal development; these add to the growing body of research identifying the benefits of delivering multi-agency services. There is also a consideration of how multi-agency services can offer a number of benefits when supporting young people identified with BESD. Difficulties in relation to professional identity and communication were also acknowledged. All of these findings are explored and considerations for policy and practice are made.

## **Introduction**

The literature review that was undertaken when completing the service review in Paper One began to explore the role of multi-agency working and its effects on service delivery. This area was explored initially due to a continued growth in, and policy focus on, using multi-agency teams to deliver services. Recent governmental developments have identified multi-agency working as being central to delivering services for young people and their families (DfES, 2004). They go on to suggest that services need to protect and improve the well-being of children and young people, and a crucial factor within this is a need for joined-up working between Education, Health and Social Care. The Laming Report (HMSO, 2003) identifies the need for improved multi-agency working to improve the effectiveness of services and increase child protection. Due to this increased focus on multi-agency working (Webb & Vulliamy, 2001) and the findings in Paper One, which indicated both strengths and difficulties in multi-agency service delivery, it was established that further research into multi-agency working was needed.

The electronic databases ERIC, EBSCO, Google Scholar and Psychinfo, as well as the Department for Education (DfE) website were searched between January 2011 and March 2011. The search terms used included 'joined up', 'multi-agency', 'BESD', 'multi-disciplinary' and 'service delivery'. These were used in numerous combinations and papers were initially selected where the terms were included in the title or abstract of the paper. The suitability of the research papers for inclusion in the literature review was decided after the abstract and conclusion had been read and a link between the paper and the current study was identified. A

small number of additional papers identified following the initial review have also been included; these were chosen for inclusion following the same criteria.

### Terminology and Definitions

Definitions of multi-agency teams take many forms, and the terminology used to describe them varies, making classification and comparison between different types difficult (Atkinson, Jones & Lamont, 2007). Multi-agency working has been identified to be 'different services, agencies and teams of professionals and other staff working together to provide the services that fully meet the needs of children, young people and their parents or carers' (DfES, 2004, p.18). Hughes (2006) argues that a variety of terminology, like partnership, collaboration and joint work, are used interchangeably, meaning there is a lack of consistency in literature referring to multi-agency working.

Little (2010), in their review of the literature, identified three main models of multi-agency working. These were, 1) 'Multi-agency panels' consist of practitioners, employed by their individual agencies, meeting regularly for the purpose of undertaking mutually established aims. 2) 'Multi-agency teams' encompass a more formal team setting and are generally line-managed by a team leader or manager. Each practitioner is also likely to maintain links with their professional body within the area however, for supervision and training. 3) 'Integrated services' form a service hub for the community by bringing together a range of services, where practitioners deliver integrated support.

Watson, Townsley and Abbott (2002) have identified three similar models, but used the terminology 'multi-disciplinary', 'inter-disciplinary', and 'trans-disciplinary'. They went on to present an initial model of effective service delivery for multi-agency working that suggested a need for multiple combinations of service delivery/funding, a child-centred focus, partnership with families, commitment from services/professionals, and a single pathway for families, for example via a key worker.

The review of the literature (see Appendix A for this) highlights further definitions and models currently in existence in relation to multi-agency services. It could be suggested, therefore, that whilst policies may recognise the need for joined-up services (Watson, Townsley and Abbott, 2002), it may not be as simple as establishing 'multi-agency' working practices, when varied models are in everyday use. Despite the continued lack of consistency in relation to terminology (Hughes, 2006), a move towards more formalised models of multi-agency working, as opposed to panels, does allow for a team identity to develop, which impacts positively on service delivery (Little, 2010).

Multi-agency working has been argued to reflect the aim of thinking about, and delivering, services to address multiple, and potentially complex, issues through the provision of multiple skills and practice (Hughes, 2006). Having a shared vision; understanding the roles and responsibilities of team members; evaluating outcomes and undertaking team training have been identified as important factors in delivering multi-agency services (Watson, 2006; Sloper, 2004; Atkinson, Jones & Lamont, 2007).

### *Benefits and Limitations*

It has been argued that those working in multi-agency settings often experience the acquisition of useful knowledge, increased exposure to other professional groups and an increased ability to meet goals and make a meaningful contribution; however, limitations in relation to division of time, reduced independence, conflict between different professional roles and being undervalued by others have been noted (Lasker, Weiss, & Miller, 2001). Pettit (2003) reviewed outcomes of multi-agency working and found that when effective it led to an increase in children's happiness and well-being. Measurable improvements were found in children's behaviour in two of the services reviewed, and better peer relationships were identified by workers. Workers also identified improved academic attainment which they linked to effective joined up support. Within other multi-agency projects targeting children's mental health, a reduction in the proportion of those with clinically significant problems was identified, as well as improved engagement with school (Kurtz & James, 2002).

Glissen and Hemmelgarn (1998) argue, however, that whilst multi-agency working would appear to offer a logical way of addressing multiple needs, service evaluations often fail to identify evidence that multi-agency working itself significantly improves service outcomes. They suggest instead that 'organisational climate (including low conflict, cooperation, role clarity, and personalization)' (Glissen & Hemmelgarn, 1998, p. 401) and shared attitudes play a vital role in delivering children's services.

Watson (2006) reviewed the literature and identified a number of proposed benefits from multi-agency working. These included more effective safeguarding and earlier intervention, more accessible and targeted services, a reduction in work duplication and the pooling of ideas and expertise. Halsey, Gulliver, Johnson, Martin, and Kinder (2005) reviewed experiences of multi-agency working with team members and found that establishing teams where individuals had varying backgrounds and knowledge was a significant factor in determining the effectiveness of a service. The use of multi-agency teams with a range of experience was noted to result in holistic and collaborative approaches, which subsequently led to improved outcomes. They acknowledged within this review that multi-agency working can lead directly to challenges in teamwork, due to potentially differing expectations, priorities, working styles and roles.

Multi-agency working can be both challenging and demanding, with every agency and profession potentially having different priorities and demands made upon them (Milbourne, Macrae & Maguire, 2003). Within this, however, may be a common or shared purpose to support young people and their families. If the individual's needs are at the centre of all the work that is done, then a responsive and flexible service may be offered (DfES, 2007). A growing body of research and political publications are identifying and supporting the development of multi-agency and joined up services (Anning, 2001). There is a risk however that the loss of professional identities and a lack of professional knowledge sharing will create barriers to effective multi-agency working. Hymans (2006) identified that barriers to practice include blurred professional boundaries and a lack of clarity

around roles (the expected model of behaviour for each individual position), and responsibilities.

#### *Multi-agency working for young people with BESD*

There has been a continued move towards developing multi-agency services to support young people with BESD (Rubitel & Reiss, 2011). It has been suggested that support for young people with BESD should no longer be provided through segregated Education, Health and Social Care settings (Groom & Rose, 2005). Providing services that assess all needs and offer support through one route would appear to be reflective of the current zeitgeist (DfE, 2011). Multi-agency working, stemming from policy directives, is developing across the country in a move towards integrating children services (Watson, 2006). Applying a Bioecological Systems Theory (Bronfenbrenner & Ceci, 1994) perspective may identify why multi-agency models, in which provisions are provided that support young people with BESD in a holistic and joined up manner, are being developed and prioritised. This model is explored further within the literature review (Appendix A).

Barclay and Kerr (2006) identified that co-morbidity in relation to BESD and other difficulties, including mental health, in young people would support the need for collaboration between educational, social and health services. It has been suggested that one of the most holistic moves towards joint working was the establishment of co-located multi-agency teams (Watson, 2006). The recently published government green paper (DfE, 2011), moves further towards this vision with a proposal to create one unified approach to assessment and support that will

unite the full range of professionals involved. Many teams have already been established, following major structural and organisational change, with professionals from different agencies, including Health, Education and Social Services, working together to form multi-agency teams (Watson, 2006). It is argued that whilst it is reasonable to suggest collaboration is more effective, it is still mostly undocumented as to the actual outcomes of working in this way (Lasker, Weiss, & Miller, 2001).

### **Aims and Research Questions**

This research will aim to explore the use of multi-agency teams to support young people with BESD, as well as the experiences of staff in relation to the multi-agency setting they work in. It seeks to answer two research questions:

1. What are the staff team's understanding of:
  - a. What multi-agency working is?
  - b. The factors important in developing multi-agency working?
  - c. The benefits of multi-agency working?
  - d. The conditions important for promoting the wellbeing of young people with BESD through multi-agency working?
  
2. What difficulties do the staff identify in multi-agency working and how could these be overcome?

## **Methods**

### Design

The research design focuses on, and explores, the role of multi-agency working within a provision for young people with BESD. The research design employs an interpretative paradigm, through a pragmatic approach (Creswell, 2003), using a mixed methodology design. Within this qualitative and quantitative methods are identified to be part of a 'toolkit'; allowing for methods to be chosen because of their appropriateness to answer the research questions, rather than their 'fit' within a philosophical stance (Ritchie & Lewis, 2003). This view moves away from employing research methods and tools based only on their association with an epistemological stance, to focus instead on meeting the aims of the research through all available methods. See Appendix D for an exploration of these factors.

### Participants

Due to the focus on an identified Midlands Service which supports young people with BESD, research participants were self-selected. All members of staff were given the opportunity to participate in the study. An initial meeting was held by the researcher to inform all participants of the general research aims and how they were able to participate. The team consisted of mental-health therapists, teaching staff, inclusion and behaviour support staff, youth workers, and a trainee social worker.

Ten members of staff participated with the research project; Table 1 below shows the characteristics of the participants.

		Female N (percent)	Male N (percent)	Total N (percent)
Social Care	Number	1 (10%)	-	1 (10%)
	Senior staff	-	-	-
	Student placement	1	-	1
Health	Number	-	3 (30%)	3 (30%)
	Senior staff	-	2	2
	Student placement	-	-	-
Education	Number	3 (30%)	3 (30%)	6 (60%)
	Senior staff	1	-	1
	Student placement	-	-	-

Table 1. Characteristics of the participants

### Measures

The framework provided by Bradburn, Sudman and Wansink (2004) was used to design the semi-structured interviews. This first prompted a consideration of existing tools that could be used. The use of existing tools was felt to be appropriate for the identification of factors that facilitate multi-agency working, as this was undertaken through a comparison with previous literature (Watson, 2006).

The first part of the data collection was undertaken through determining which of twenty factors, as identified through a literature review and previous research (Watson, 2006), were deemed to be most significant in facilitating multi-agency working. These factors were taken from Watson's work and given to all participants in a table format (See Appendix R for the table of factors). Participants' were requested to choose the five factors they felt were most important in facilitating multi-agency working and to tick in the box next to each one.

Following this individual, semi-structured interviews were conducted by the researcher with each participant. The interviews were completed to explore the areas identified in the research questions. The questions were designed to facilitate discussion around the service the staff felt they were offering to the young people; as well as their own personal experiences of working within the Service. A pilot of the questions was undertaken with two staff employed within education services, in the same authority that the Service operated in. A copy of the pilot and final interview questions are included in Appendix H. The interviews were conducted to explore the research questions in both Paper one and two, and the scripts are reflective of this.

Using semi-structured interviews supports a 'conversational' interaction to develop, with some 'give and take' between the interviewer and the respondent, offering a more balanced interaction (Nagy Hesse-Biber & Leavy, 2011). Some structure is given to the interviews, in the form of the initial questions presented to the interviewee, however, ensuring information pertaining to the research questions is explored. It is acknowledged that this may restrict the ability to fully explore participants experiences (Smith and Osborn, 2007), but it is felt that within this is a flexibility to change the sequence of questions and to adapt questions, if appropriate, within each interview (Robson, 2002). This facilitates a more natural interaction, putting participants at ease and allowing for more in-depth explorations of issues raised within each interview (Langdridge & Hagger-Johnson, 2004).

The interviews ended with a question to check whether there was anything the researcher had not covered. This was important as the focus of the research was to gain experiences of multi-agency working from others and it was important that participants were able to explore their experiences without limitation from the researcher.

### Procedure

The first stage of the research involved the table of 20 factors, identified to facilitate multi-agency working being given to each participant, using the instructions given by Watson (2006) in his research papers. This was undertaken in a quiet room, away from the main office environment. Each respondent was asked to identify five factors they considered to be most important, with general instructions being printed above the table. This stated:

*'Please tick 5 factors which you feel, from your experience, are most important in facilitating effective multi-agency teamwork (i.e. if a new multi-agency team such as yours were to be established in another locality, which of the factors would you advise them to concentrate their efforts on initially?)'* Watson (2006, p. 12)

The semi-structured interviews were also conducted in a quiet and private room, away from the main office space and these followed on immediately after the first stage of data collection. The interviews took between 30 and 70 minutes to complete and responses were recorded onto a Dictaphone. These were then

transcribed by the researcher, into Microsoft Word (See Appendix L for a transcript of one of the interviews).

### Data Analysis

The interview data was analysed using a thematic analysis approach, whereby interpretation of primary data is undertaken. Thematic analysis is a qualitative method of identifying and analysing patterns or themes from within data (Braun & Clarke, 2006). This includes noting contradictions, common themes and points of comparison to the literature (Gomm, Hammersley & Woods, 1994). Appendix D explores thematic analysis and the reasons why it was chosen.

The method of thematic analysis followed the stages identified by Braun and Clarke (2006). These stages are identified to be:

1. Familiarising yourself with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Braun and Clarke recommend that verbal data should be transcribed and read through numerous times, as part of the familiarisation stage. The interviews were therefore transcribed by the researcher as part of this process. The interview transcriptions were analysed manually, in relation to the research questions being asked, allowing familiarisation with the data and the generation of initial codes and

themes. The method of thematic analysis used was 'theoretical', or 'top down' (Braun and Clarke, 2006), whereby the data was initially coded in relation to the specific research questions asked. It is acknowledged, therefore, that the researcher was looking to explore certain theoretical aspects relating to these questions and previously explored research, as opposed to working in an inductive way and allowing themes to emerge purely from the data collected.

To do this, the quotes taken from the transcripts that related to each research question were grouped together and then reviewed a number of times so that clear, well defined themes could be identified. A table of the defined themes was created and the quotes were related back to them to ensure the themes were representative of participant's views.

#### *Ethical Considerations*

Ethics approval was sought from the University of Exeter and the Certificate is included in Appendix M. Consent was sought from the staff prior to any data being collected. All data was stored on a private computer, with password protection to log in and additional password protection to access the data folders.

The location of the local authority has been anonymised to protect the identity of participants and personal details for all participants have also been anonymised in the research write up. Participants were informed that their information would be treated confidentially and their responses would not be made available to anyone, other than the researcher, unless it was through reporting whole group, anonymous findings. Direct quotes included in the research report were not linked

to professionals due to the small number of participants and possible identification of individuals.

All participants were given the opportunity to debrief at the end of the session and contacts for the researcher were given in case of a need to follow up and further discuss concerns. All participants were informed that they had the right to withdraw at any stage of the research.

## Findings

The findings of this study are explored in relation to the research questions posed previously in the research report.

### 1. What are the staff team's understanding of:

#### a. What multi-agency working is?

Staff were asked during the semi-structured interviews to explore their definitions and understanding of multi-agency working. Their views are represented in Table 2.

Table 2. Definitions of the term 'multi-agency working'

<b>Theme</b>	<b>Example Quote</b>
A wide range of staff experience/ skills	<i>'being from different areas, different specialisms together, with all our skills, for the benefit of the young people, to meet their needs'</i> <i>'our roles are different but they are needed as that makes the multi-agency team, you all bring your own thing to the situation and you need people doing different things at different times for the same aim'</i>
Integrated team	<i>'it's about integrated working I think, it's an approach'</i> <i>'it's about partnership work, understanding what each person can do, umm and working together to meet your goal'</i> <i>'it's working for the same goal'</i>
Holistic	<i>'meeting their whole needs, not just the needs you can work on'</i> <i>'where as other services may just concentrate on one area of need, so you have an agency dealing specifically with their thing, we can work on all the areas with a joint aim and our separate roles'</i>

Analysis of the interviews identified three main themes which could be argued to define multi-agency working. Staff identified that multi-agency working required more than one profession, or agency, being represented within a team. There was also a consideration for the way work was undertaken and an acknowledgement that work needed to be ‘joined-up’ or integrated with a sense of working towards a shared goal or aim. It was also acknowledged that working in this way should, or does, result in holistic provision and service delivery being undertaken. The term ‘holistic’, within this research, appears to represent an ability to identify and meet the full range of needs that service users present with.

b. *The factors important in developing multi-agency working?*

All participants selected 5 factors they felt facilitated multi-agency working from a list of 20. The results are shown in Table 3.

Table 3. Number of times factor chosen as being important to facilitate multi-agency working by members (n=10) of a multi-agency team

<b>Factor</b>	<b>No. of times selected (percent)</b>
10. Mutual respect and reciprocity, with all members playing a role in team development	7 (70%)
13. Mutual respect for professional roles, and trust between members of the team	7 (70%)
1. A shared vision, with clear and realistic aims and objectives	5 (50%)
2. A clear and shared understanding of the roles and responsibilities of members of the team	4 (40%)
11. Team communication skills such as listening, negotiating and compromising	4 (40%)
19. Strong, robust and coherent management arrangements (e.g. multi-agency steering group)	4 (40%)
17. Joint training	3 (30%)
18. A recognition of separateness between team members to retain professional identify	3 (30%)
20. Flexible and innovative funding mechanisms (e.g. pooled budgets, joint funding, use of alternative sources of funding)	3 (30%)
8. Procedures for monitoring achievements in relation to the aims	2 (20%)

and objectives, and providing feedback and review	
9. Strong leadership- with clear vision and a drive to get things done'	2 (20%)
15. Knowledge of other agencies; overcoming professional stereotypes	2 (20%)
16. Frontline staff who are committed to, and keen to be involved in, multi-agency working	2 (20%)
5. Adequate resources in terms of funding and staffing	1 (10%)
14. Effective systems and procedures for communication and information-sharing between all relevant people	1 (10%)
3. A past history of joint working between the agencies	-
4. Team members open to 'horizontal learning' (across professional roles, in addition to 'within discipline')	-
6. An approach to organisational development that works in partnership with clients	-
7. Having 'like-minded' individuals in the team	-
12. A 'common language', including terms and definitions in order to conduct discussions	-

The two most selected factors, identified by 70% of the participants as facilitating multi-agency working, were 'mutual respect and reciprocity, with all members playing a role in team development' and 'mutual respect for professional roles, and trust between members of the team'. 50% of the participants also identified that 'a shared vision, with clear and realistic aims and objectives' was an important factor in delivering multi-agency work.

In comparison, previous research has identified that mutual respect and reciprocity; a clear and shared understanding of the roles and responsibilities; and a shared vision, with clear and realistic aims and objectives were the most important factors (Watson, 2006). It is identified that the findings of this research are generally consistent with factors previously identified in the literature pertaining to multi-agency working.

The two most significant factors are identified to relate to working relationships, and commitment and engagement with service delivery. Trust and mutual respect for professionals' roles alludes to a need for team members to feel their role is valued, and there is an understanding of their individual 'valuable and unique contributions' (Atkinson, Wilkin, Stott, Doherty & Kinder, 2002, p.3).

c. The benefits of multi-agency working?

A number of themes relating to the benefits of multi-agency working were identified and these are presented in Table 4.

Table 4. Identified benefits of multi-agency-working

Theme	Subtheme	Quote
Individual benefits	Skill development	<i>'I'm getting a lot of experience, learning new things I can try' 'you gain new skills, you work together and train together' 'you get advice from people and then learn what you can try'</i>
	Professional Understanding	<i>'you're working alongside people doing different roles, you learn what they do and how they do it and why there may be tensions with your different roles' 'you see how others do their role and in a sense tap into that'</i>
	Support	<i>'you connect with lots of different people, you're not working in isolation or struggling alone' 'talking together, others help you to problem solve'</i>
Service delivery	Holistic Provision	<i>'you can work together to see what you can offer, so you can offer more, what they need' 'you try lots of things, involve team members if you think they could support something else or like do therapy alongside '</i>
	Problem solving	<i>'different perspectives, thoughts, I've tried this what next' 'variety of perspectives let you look at lots of reasons for things and then use all your resources to make changes'</i>
	Effective communication	<i>'you spend less time on the telephone, no seriously there's experience in one room and you can get answers quickly' 'it's just easy to ask others and get their expertise, with multi-agency you work with people who have wider connections so you</i>

		<i>can find things out easier'</i>
--	--	------------------------------------

Staff identified a range of benefits stemming from multi-agency working; these were 'skill development', 'professional understanding', 'support', 'holistic provision', 'problem solving' and 'effective communication'. It was identified that these fell within two major themes, pertaining to the 'individual' and 'service delivery'. Individual benefits involved developing a wider range of skills; further understanding of how professionals work and how this may affect the individuals work; and the ability to access both emotional support (reducing isolation) and practical support (problem solving).

*d. The conditions important for promoting the wellbeing of young people with BESD through multi-agency working?*

Participants were asked about their views in relation to the conditions they felt were important for promoting the wellbeing of young people with BESD through multi-agency working. The themes identified from their responses, and examples of quotes from the interviews are presented in Table 5.

Table 5. Promoting the wellbeing of young people with BESD

Theme	Sub Theme	Quote
Improved Relationships	Genuine relationships	<i>'lots of staff approaches and personalities mean young people find someone they want to talk to'</i> <i>'we forge relationships with the young people, in a way that they feel respected and empowered'</i>
	Facilitating communication	<i>'we can be the link between the young people and others, like school'</i> <i>'I talk to families, mums, brothers and interface with the psychiatrist, school, help them understand'</i>
	Peer relationships	<i>'they interact with other young people when they are ready and work alongside them, learning to interact'</i> <i>'often they work alone with staff due to their needs but we try to get them integrating with other young people'</i>
Being heard		<i>'they've worked with so many people that they need to feel we are there for them, that we'll listen'</i> <i>'just sitting with a cuppa sometimes and just listen to them and hear what they say as you can learn so much'</i>
Holistic provision		<i>'we can look at all the issues, as they are here because of significant needs and then we can see what is best for them and what the service can put together'</i> <i>'we can influence all areas they need support with and have like a key theme or interest to then focus'</i>
Person Centred Approach		<i>'it's intensive but we find out where the young person is at and we help to move them on'</i> <i>'we consult with them and offer them what they want not just what we think they need or what we can offer'</i>

Following an exploration of what staff believed multi-agency working could add to services for young people with BESD a number of features were identified. Firstly subthemes of 'genuine relationships', 'facilitating communication' and 'peer

relationships' were identified and assessed to fall within a larger theme of 'improved relationships'. In addition, themes of 'being heard', relating to staff believing that young people were given more of a voice; 'holistic provision', as defined within the definition of multi-agency working; and offering a 'person centred approach', were felt, by the staff team, to be beneficial for young people. The delivery of a person centred approach appeared to relate to identifying and supporting the specific needs, and unique circumstances, of each individual person accessing a service, through an individualised programme of support (Mansell & Beadle-Brown, 2004).

## **2. What difficulties do staff identify in multi-agency working and how could these be overcome?**

Participants were asked about their views in relation to the difficulties they experienced or identified in relation to working in a multi-agency team and the themes identified from this are presented in Table 6.

### Table 6. Difficulties of multi-agency working

Theme	Subtheme	Quote
Professional Identity	Role definition	<p><i>'you lose sometimes what you are each bringing to the team as they are doing your work anyway'</i></p> <p><i>'you can overstep your role, it becomes a muddle then of whose job is it and what is your role'</i></p> <p><i>'everyone can get too close and your identity and role and what you do are blurred'</i></p>
	Inflexibility	<p><i>'people thinking well this is my role and I do this and you can't so that you can't work together on something or feel that they don't value you'</i></p> <p><i>'people being like this is my role, they won't help out'</i></p> <p><i>'people end up in subgroups and then you're not really working together and you are like this is what I do, not this is what we do and this is my role within this'</i></p>
Communication	Being heard	<p><i>'that everyone gets a chance to say their view, and people really listen'</i></p> <p><i>'people will listen to you if you say you need time to make a decision that they don't listen'</i></p>
	Language barriers	<p><i>'it can be tiring as you don't all have the same knowledge and you have to explain your work and language'</i></p> <p><i>'you have to learn the other acronyms and terminology'</i></p>

'Role definition', 'inflexibility', 'being heard' and 'language barriers' were identified as subthemes relating to difficulties with working in a multi-agency team or setting. These were grouped into two broader categories, or overarching themes, of 'professional identity' and 'communication'.

Professional identity reflected a loss of role definition, and therefore identity, for some team members; with a recognition that this could result in blurring boundaries in terms of the work each team member was expected to undertake, as well as in identifying their individual contribution within the team. There was an acknowledgement within this however that being 'inflexible' was also of detriment to multi-agency working. Staff recognised how some team members could be inflexible in relation to their work role; leaving others feeling as though they were having to take on more work, or were unable to work in a way they felt was 'multi-agency', as there was no real joint working occurring. There appeared to be a need for balance between protecting individual roles, providing staff with a sense of making their own unique contribution, whilst also ensuring all staff members were willing and able to work together to meet joint aims in the most effective way possible.

In relation to communication within the team it was identified that staff felt they sometimes were not heard, and that there were 'language barriers' between members from different professional backgrounds. This reflected difficulties with communication due to team members working to plan and deliver services together, but often having varying ways of conceptualising and talking about different aspect of the work and young person's needs.

## Discussion

It was identified within the previous research paper that multi-agency working appears to offer a model of effective support for young people with BESD; but that it appeared to be a direct cause of tension for team members at times. The aim of this research study was, therefore, to further explore the experiences of staff in relation to the multi-agency setting they work in. In doing so, the following research questions were asked:

1. What are the staff team's understanding of:
  - a. What Multi-agency working is?
  - b. The factors important in developing multi-agency working?
  - c. The benefits of multi-agency working?
  - d. The conditions important for promoting the wellbeing of young people with BESD through multi-agency working?
  
2. What difficulties do the staff identify in multi-agency working and how could these be overcome?

The literature review identified a general move towards multi-agency working and predominately positive outcomes from this, including more holistic approaches and improved outcomes for service users (Halsey, Gulliver, Johnson, Martin, & Kinder, 2005; Watson, 2006). Watson, Townsley and Abbott (2002) identified that the model of service required a child focus, partnership with families, commitment from services/professionals, and a single pathway of contact via a key worker.

The overriding point of multi-agency work, from the literature, seemed to be the ability to deliver services that address multiple, and potentially complex issues through the provision of a range of staff skills and practice (Hughes, 2006).

#### Definition of multi-agency working

The general definition of multi-agency working that emerged from the interviews could be defined as 'multiple professionals working together to deliver holistic provision, towards a common goal or aim'. Within this definition was the implication that team members undertook separate roles, but worked to provide a holistic provision that met the needs of the young people they worked with. This is reflective of the factors staff identified to facilitate multi-agency working, where respect for professional roles was acknowledged to be important; and echoes previous research findings (DfES, 2004).

#### Facilitating multi-agency working

In relation to facilitating effective multi-agency working three main factors were identified by staff and these were reflective of previous literature (Atkinson, Wilkin, Stott, Doherty & Kinder, 2002; Sloper, 2004; Watson, 2006). Staff identified mutual respect and reciprocity in team development; respect for professional roles, and trust between members; and having a shared vision, with clear and realistic aims and objectives as key factors to facilitate multi-agency working. Within these is the identification that team working relationships are a fundamental factor in successful service delivery and within this is a need for trust, respect and mutual understanding. In addition to good working relationships, was a need for all team

members to have a clear awareness of the aims of the service and to be fully committed to working with team members to meet these.

### *Benefits of multi-agency working*

Benefits from working in a multi-agency way were reflective of those identified in wider literature; including holistic assessment and support, increased opportunities for multi-professional communication, a reduction in time spent problem solving and personal development (Atkinson et al., 2002; Hymans, 2006). Personal benefits related to increased experience or skill development from working closely with team members from a variety of professions. This appeared to lead to opportunities for personal growth through learning new skills and ways of working that could be integrated with current skills. This also linked to another subtheme, in that working closely with other professions led to an increase in understanding for the role they were completing and the way that they worked. This appeared to support a more positive view of other professionals within the team, but also in other settings.

Collaboration, through multi-agency working, generates the capacity to explore new, comprehensive, and more practical ways of thinking (Lasker, Weiss & Miller, 2001); which could be argued to support more effective service delivery and outcomes. It is argued from this research that multi-agency working appears to offer staff a wider support network and opportunities to ask others for help or advice. Working in a multi-agency team allows individuals to gain immediate access to a wide range of perspectives about issues they may not have had previous experience of, without having to wait to speak to other professionals

outside of the team. This linked back into personal growth in relation to skills, and this knowledge could then be developed by working alongside other professionals, or by applying it again in similar situations. In relation to service delivery, staff identified a link between multi-agency working and holistic provision; with the acknowledgement that individuals worked more holistically through joint planning and review meetings. Professionals can therefore be identified to bring their own experience and offer different perspectives related to their specific professional background (Watson, 2006), facilitating holistic and needs-led case discussions.

#### *Supporting young people with BESD*

When working with young people with BESD staff identified that it was important that trusting and real relationships were built, in order to promote wellbeing. It was also felt that having an interaction with all members of the team in the safe environment of a service meant better relationships were established by everyone, and those with the closest relationships could facilitate interactions between the young people and other staff. Staff felt that this was beneficial when introducing a new member of the team to the young people, or when engaging them in a new service, for example therapy. In developing these relationships it was identified that listening to young people was vital in ensuring relationships could be developed and that staff could work effectively to meet their needs.

Within the Service (See Appendix C for an overview) young people were engaged with the whole team and completed a variety of activities with team members on site and off site. Staff appeared to value the model of delivery which allowed for a

variety of activities to be offered and facilitated by different staff. This appeared to present opportunities for staff members to identify commonalities in interests between the young people; and offer services and activities that allowed these to become the focus of the interaction, bringing peers together.

It was acknowledged by the team members that they felt they were able to engage with whole families and wider services and to liaise closely with them. Team members felt that each professional within the team could establish links with similar external services, meaning effective communication could be established and information sharing occurred. There were also opportunities to build close links with family members, for example through family therapy, meaning they could then ensure all information was passed on to the family and communication was kept open by liaising between the family and other team members.

Providing a holistic, person centred approach was identified by staff as being a positive factor in promoting the wellbeing of young people with BESD. The use of both models in delivering services appeared to promote service delivery which held the young person at the centre and that facilitates exploration of their wider needs. Person-centred planning aims to be individualised, by developing a provision that reflects the specific needs and unique circumstances of each individual person accessing a service, whilst including the wider family and social network (Mansell & Beadle-Brown, 2004). Holistic provision is identified to mean working in a way which addresses all of the needs of the young person (Neale, 2004). In relation to these definitions holistic, person centred planning could be

argued to allow individual packages of support to be implemented, based on individual needs. This includes being aware of all aspects of the young person's current situation and developing links with other service providers and family members so these needs can be fully assessed and supported.

It has been identified that where those working directly with a young person are not able to make decisions, for example if these were made by managers, then team members may feel reduced responsibility to lead and deliver services (Glissen & Hemmelgarn, 1998). It is argued within this service, however, that frontline workers and each young person's key worker are actively involved in decision making and reviewing case work; which supports personal responsibility and a desire to meet service and young people's needs.

#### *Difficulties in delivering multi-agency working*

In relation to difficulties experienced in multi-agency working, concerns regarding roles and responsibilities were identified. Within this was a concern relating to the loss of role definition and professional identity, as previously acknowledged in literature on multi-agency working (Hymans, 2006). Staff identified that they felt that sometimes team members could overstep their role, which led to a resistance from others to claim their role back and a risk that role boundaries became blurred. Anxiety in relation to this appeared to reflect a feared loss of professional identity, especially where other professionals were identified to be completing similar roles. There appeared within this to be a need for clarity between all team members in relation to what each individual brought to the team, i.e. their unique professional contribution. These findings are consistent with previous research on multi-

agency working which highlighted a need for clear role definitions, as well as guidelines for meeting service aims through joined-up working (Atkinson et al., 2002; Milbourne, Macrae & Maguire, 2003; DfES, 2007).

Difficulties of inflexibility were also identified and reflected concerns that team members were sometimes unable, or unwilling, to work outside of their role. The concern regarding inflexibility appeared to relate more to working alongside each other to complete multi-agency related roles, for example planning and joint delivery. Staff appeared to require a balance between having the flexibility to work, plan and deliver services together, whilst also maintaining their individual skills and professional identity. It is also suggested that some staff members' fears of losing their professional identity may actually result in inflexibility, as they try to maintain a clear sense of their role and their contribution to the team and the work being undertaken.

Having a voice within the team and establishing a common language to facilitate communication were two important factors pertaining to communication. Whether team members had a voice within the team appeared to relate back to perceived power and whether they viewed others as having more power because of their role, and therefore a stronger 'voice' within the team. This relates to individual perspectives of a situation, but does indicate that effective multi-agency working depends on all team members feeling they have had opportunities to be involved in decision making and that they feel heard. There is also a need for staff to understand others' professional language and to work together to develop

language and terminology that is 'common' to the whole team. This is likely to be a significant factor in developing effective communication and in all staff feeling 'heard'.

#### *Implications for policy and practice*

In overcoming some of the difficulties it may be beneficial to have an agreed policy that establishes a clear definition of multi-agency working and sets out how it should be developed and implemented. Within this may be a need for clarity over role definition and individual contributions; but with an overarching sense of working jointly, towards joint aims. The opportunity for whole team training may facilitate the development of all team members' skills, as well as their understanding of what professionals contribute, and how services can benefit from bringing a diverse range of skills and knowledge together.

It has been acknowledged throughout the research that multi-agency working appears to bring more benefits for services, service providers and service users and that there is a continued move towards delivering multi-agency services. In addition, benefits were identified for the young people which appeared to be directly related to receiving the multi-agency service; supporting the continued focus on providing servicing through a multi-agency model of provision. Rowland (2002) identified however, that there has been ongoing changes within local authorities, including the delegation of budgets to services to spend themselves. It is argued that this may significantly change relationships, as more services are bought in and traded, with no restriction as to how services are developed (DfE,

2011). It is possible this will lead to competition between services, which may in the long run reduce opportunities for multi-agency working.

The research undertaken for Paper 2 has been shared with the Local Authority who commissioned the initial Service review. The research pertaining to multi-agency working was not initially requested when the research was negotiated; however, it is argued to offer evidence-based recommendations for developing practice, which may be of interest for the Service manager and the Senior Management Group.

It is suggested that further study into the impact of implementing the suggestions made within this study, in relation to facilitating effective multi-agency working, is needed. Current literature clearly identifies the difficulties of multi-agency working, as well as a lack of evidence in relation to attempts to reduce these difficulties.

#### *The role of the Educational Psychologist*

Educational Psychologists are equipped with skills enabling them to effectively work together, and communicate, with other professionals, using professional skills like consultation (Leadbetter, 2006). Leadbetter (2000) also identified that there is a need to apply knowledge and skills to develop and complete applied real world research; as well as developing effective multi-agency working within specific teams (Hymans, 2006). Using psychology to develop and deliver training for staff on understanding and working within a multi-agency team could be an appropriate application of Educational Psychologists' skills and experiences. Also

in supporting staff teams' knowledge of BESD, developing communication skills and introducing models of supervision and support.

### *Reflexivity and Limitations*

The design and methods used within this study will have influenced the decisions made, and therefore the findings that the paper presents. Methodological choices made during the design and implementation of the research, are likely to have resulted in certain limitations, as they would in any research project. The decisions made were reflected on throughout the research, and all choices, i.e. methods of data collection and analysis, were chosen after reviewing numerous options. Gomm, Hammersley & Woods (1994) identify that a researcher will always have some influence on the research they undertake, despite their use of skills to reduce this, and this was acknowledged throughout the research process.

The study uses a very small population sample, self-selected from one multi-agency service, meaning that in relation to quantitative paradigms (Tobin & Begley, 2004), results may be suggested to lack generalisability. Tobin and Begley (2004) go on to suggest, however, that reviewing goodness and exploring the concept of triangulation may go some way in ensuring quality in qualitative research. The research undertaken is argued to show transferability, on a case-to-case basis 'as there is no single correct interpretation' (Tobin & Begley, 2004 , p.392); and dependability through a clear research progression and openness regarding tools and methods used. Confirmability is argued to have been sought by following the Braun and Clarke (2006) model of thematic analysis, in which the themes were reviewed repeatedly before being named and explored. It is argued,

therefore, that the results are reflective of the wider body of research pertaining to multi-agency working as explored within the literature, suggesting that these results do add to the evidence base for implementing and developing multi-agency provision.

Future research in this area may benefit from larger sample sizes, allowing for some analysis between professional groups, in relation to experiences and attitudes towards multi-agency working. It was felt that this could not be undertaken within the study, due to the risk of identifying individuals through quotes made by the social care (n=1) and possibly health (n=3) staff. It is acknowledged however, that with 3 members of health staff involved in the research it may have been possible to contrast the views of these and education staff, if comments had been selected and explored carefully. This could be suggested to be a limitation of the research undertaken.

## References

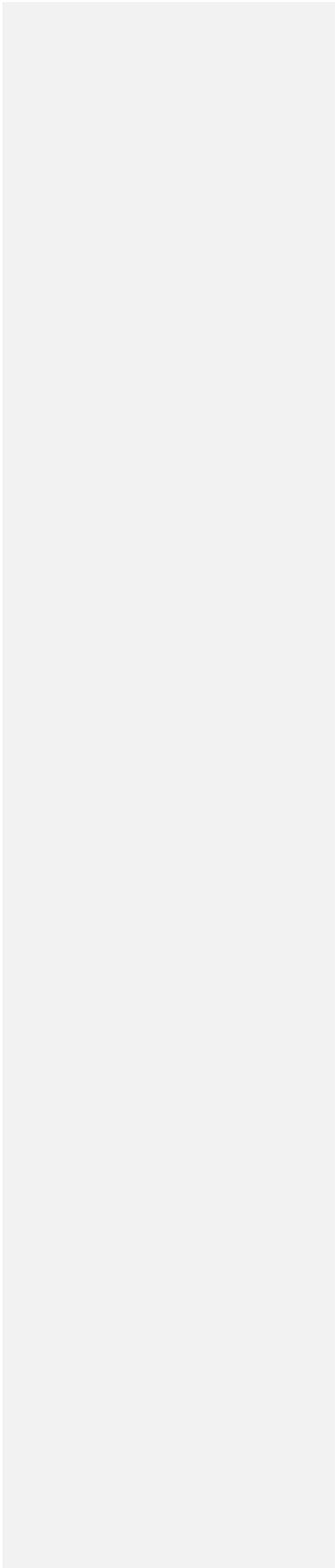
- Anning, A. (2001). *Effective practice: Multi-agency Working*. Retrieved February 16, 2011, from <http://www.leeds.ac.uk/educol/documents/00001877.htm>  
14/3/11
- Atkinson, M., Jones, M., & Lamont, E. (2007). *Multi-agency working and its implications for practice: A review of the literature*. Berkshire: CfBT Education Trust.
- Atkinson, M., Wilkin, A., Stott, A., Doherty, P. & Kinder, K. (2002). *Multi-Agency Working: a Detailed Study*. Slough: NFER.
- Barclay, G., & Kerr, C. (2006). Collaborative working across children's services. *Educational and Child Psychology*, 23(4), 35-46.
- Bradburn, N. M., Sudman, S., & Wansink, B. (2004). *Asking questions: the definitive guide to questionnaire design: for market research, political polls, and social and health questionnaires*. London: John Wiley & Sons.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.
- Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture reconceptualised in developmental perspective: A bioecological model. *Psychological Review*, 101(4), 568-586.
- Creswell, J.W. (2003). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (2<sup>nd</sup> ed.). London: Sage.
- DfE. (2011). *Support and aspiration: A new approach to special educational needs and disability - A consultation*. London: The Stationery Office.
- DfES. (2004). *Every child matters: Change for children*. Nottingham: DfES Publications.

- DfES. (2007). *Effective Practice: Multi-agency working*. Nottingham: DfES Publications.
- Glisson, C., & Hemmelgarn, A. (1998). The effects of organizational climate and interorganizational coordination on the quality and outcome of children's service systems. *Child Abuse and Neglect*, 22(5), 401-421.
- Gomm, R., Hammersley, M., & Woods, P. (1994). *MA in Education Educational Research Methods: Study Guide*. The Open University: Milton Keynes.
- Groom, B., & Rose, R. (2005). Supporting the inclusion of pupils with social, emotional and behavioural difficulties in the primary school: the role of teaching assistants. *Journal of Research in Special Educational Needs*, 5, 20-30.
- Halsey, K., Gulliver, C., Johnson, A., Martin, K., & Kinder, K. (2005). *Evaluation of Behaviour and Education Support Team*. Nottingham: DfES Publications.
- HMSO. (2003). *The Victoria Climbié inquiry: Report of an inquiry by Lord Laming*. London: The Stationary Office.
- Hughes, M. (2006). Multi-agency teams: Why should working together make everything better? *Educational and Child Psychology*, 23(4), 60-71.
- Hymans, M. (2006). How personal constructs about "professional identity" might act as a barrier to multi-agency working. *Educational Psychology in Practice*, 24, 4, 279-288.
- Kurtz, K., & James, C. (2002). *What's new: Learning from the CAMHS innovation projects*. London: Department of Health Publications.
- Langdrige, D., & Hagger-Johnson, G. (2004). *Introduction to research methods and data analysis in Psychology*. Essex: Pearson Education Ltd.

- Lasker, R.D., Weiss, E. S., & Miller, R. (2001). Partnership Synergy: A practical framework for studying and strengthening the collaborative advantage. *The Milbank Quarterly*, 79(2), 179- 205.
- Leadbetter, J. (2000). Patterns of service delivery in educational psychology services: some implications for practice. *Educational psychology in Practice*, 16(4), 449-460.
- Leadbetter, J. (2006). Investigating and conceptualising the notion of consultation to facilitate multi-agency work. *Educational Psychology in Practice*, 22(1), 19-31.
- Little, B. (2010). *Parenting Workforce Analysis*. Retrieved December 06, 2011, from [http://www.cwdcouncil.org.uk/assets/0001/0549/SP155-0910\\_Parenting\\_Workforce\\_Analysis.pdf](http://www.cwdcouncil.org.uk/assets/0001/0549/SP155-0910_Parenting_Workforce_Analysis.pdf)
- Mansell, J., & Beadle-Brown, J. (2004). Person centred planning or person centred action? Policy and practice in intellectual disability services. *Journal of Applied Research in Intellectual Disabilities*, 17, 1 - 9.
- Milbourne, L., Macrae, S., & Maguire, M. (2003). Collaborative solutions or new policy problems: exploring multi-agency partnerships in education and health work. *Journal of Education Policy*, 18(1), 19-35.
- Nagy Hesse-Biber, S., & Leavy, P. (2011). *The practice of qualitative research* (2<sup>nd</sup> ed.). London: sage publications.
- Pettit, B. (2003). *Effective Joint Working between Child and Adolescent Mental Health Service and Schools*. Nottingham: DfES Publication Centre.
- Ritchie, J., & Lewis, J. (2003). *Qualitative research practice: A guide for social science students and researchers*. London: Sage Publications.
- Robson, C. (2002). *Real world research* (2<sup>nd</sup> ed.). Oxford: Blackwell Publishing.

- Rowland, K. (2002). Effective Leadership and Service Improvement in Contemporary Educational Psychology Services: Modernize, Demonstrate Quality or be Privatized. *Educational management and administration*, 30(3), 275-291.
- Rubitel, A., & Reiss, D. (2011). *Containment in the community: Supportive frameworks for thinking about antisocial behaviour and mental health*. London: Karnac Books Ltd.
- Smith, J, A., & Osborn, M. (2007). *Interpretative Phenomenological Analysis*. Retrieved March 10, 2011, from [http://www.corwin.com/upm-data/17418\\_04\\_Smith\\_2e\\_Ch\\_04.pdf](http://www.corwin.com/upm-data/17418_04_Smith_2e_Ch_04.pdf)
- Sloper, P. (2004). Facilitators and barriers for co-ordinated multi-agency services. *Child: Care, Health and Development*, 30(6), 571-580.
- Tobin, G.A., & Begley, C. M. (2004). Methodological issues in nursing research: Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, 48(4), 388-396.
- Watson, H. (2006). Facilitating effective working in multi-agency co-located teams. *Educational and Child Psychology*, 23(4), 8-22.
- Watson, D., Townsley, R., & Abbott, D. (2002). Exploring multi-agency working in services to disabled children with complex healthcare needs and their families. *Journal of Clinical Nursing*, 11, 367-375.
- Webb, R., & Vulliamy, G. (2001). Joining up the solutions: the rhetoric and practice of inter-agency cooperation. *Children and Society*, 15, 315-332.

**Appendices**



## **Appendix A: Supporting young people with BESD: A Literature Review (18.07.11)**

*This literature review has been marked and examined **separately** from the examination of this thesis. It is appended here for completeness and to give coherence to the whole thesis.*

### **INTRODUCTION**

Within the current climate of uncertainty around developing inclusive services and with growing financial constraints across the United Kingdom, the debate of how best to support young people with behavioural, emotional and social difficulties (BESD) is felt to be highly significant. Currently, BESD is accepted as a category of special educational need (SEN), in which young people are identified to present with emotional, social or behavioural difficulties that present a barrier to their learning and engagement with others (DfES, 2005).

Historically, a diverse and often non-standardised approach to assessment and identification of these young people has occurred, meaning definitions can be conflicting and unspecified (Larsson & Frisk, 1999). Alongside the identification of BESD, young people can often be diagnosed with additional difficulties including learning disabilities, Tourettes syndrome, Asperger syndrome and psychiatric disorders. Generally males are more likely to be identified to have BESD difficulties, with a 7:1 ratio when compared with females (Rees, Farrell & Rees, 2003).

The Office for Standards in Education, Children's Services and Skills (Ofsted, 1999) identified that children and young people with BESD are identified to be among the most difficult to support and teach, with most requiring skilful and attentive management. The needs of these young people can be identified along a continuum in relation to the severity of need and individual levels of academic and social ability. Cooper (1999) identified that within the heading BESD the range of behavioural presentations is vast and can at times, present as paradoxical. One young person with BESD can present as socially withdrawn and isolated, whilst another may be violent to others and disengaged from learning.

The issue of terminology, identification, support and intervention has been of continued debate since the 20<sup>th</sup> Century (Clough, Garner, Pardeck & Yuen, 2005). The complications of establishing effective interventions and models of support for these young people have been frequently identified (Farrell & Tsakalidou, 1999; Farrell & Polat, 2003). Historically children with BESD were enrolled into community homes, special schools or psychiatric hospital (Ofsted, 1999). Around this time the medical model (Harris & Enfield, 2003) was the dominant theoretical model underlying those who worked with these young people. Within this was the view that the individual's 'deficits', or impairments, needed to be fixed or adapted so they could fit into society.

From around the 1960's the human rights view, which upheld that variations in human characteristics associated with disability do not limit human potential (Rioux & Carbert, 2003) began to influence society. These changes were encompassed within the social model of Disability (Harris & Enfield, 2003) which

identified difficulties as stemming from the restrictions a society places on an individual. It identifies strengths and differences in all and works on an outcome based programme, through resources being made available to all. This led to a changing view, in which children were seen as having rights independently of the adults around them; rather than being mere passive recipients of the system to which they belong (Munro 2001). This view was developed within society with the Education Act (DfE, 1970) declaring that all children were entitled to an education; and the Warnock Report (HMSO, 1978) advocating differentiation and maximum integration of children with SEN.

Currently multiple services and types of provision are offered for young people with BESD with varying degrees of effectiveness (Lloyd & O'Regan, 1999). Difficulties often span health, education and social care needs and moves towards multi-agency working can be identified within practice and governmental policy (DfE, 2011). This literature review explores current views pertaining to defining the term 'BESD' and creating an understanding of the issues that affect individuals with BESD. An exploration will be undertaken of the political and ideological arguments relating to inclusive education, as well as types of support and intervention offered reflecting these views. Within this will also be an exploration of the ongoing drive to support individuals through multi-agency working.

## **SYSTEMATIC REVIEW**

The research used in this literature review was accessed through a comprehensive search of the available evidence. It is acknowledged that the type

of systematic review engaged with here is a 'narrative' review (Davies, 2000). This is defined as the simplest form of review, in which a range of available literature is included to identify a gap in the research without an attempt to seek cumulative knowledge. The electronic databases ERIC, Ebsco, Google Scholar and Psychinfo, as well as the Department for Education (DfE) website were searched between January 2011 and March 2011. The search terms used were 'BESD', 'EBD', 'health', 'education', 'social care', 'residential', 'out of county/city', 'in county/city', 'tier 4', 'joined up' and 'multi-agency'. These were used in numerous combinations and papers were selected where the terms were included in the title or abstract of the paper.

Papers were only used if they were in English and related to young people who were receiving additional support for BESD within mainstream, alternative, or special provisions either in or out of county/city. To fully explore and review a wide area of support for young people with BESD it was originally felt that a wide search of all related areas would be undertaken. This area of research presented in initial online searches as being widely explored within Health, Education and Social Care fields with numerous academic and professional publications. Papers were therefore chosen where they were identified to be either looking at defining the terminology, exploring inclusion and types of support, or exploring multi-agency working.

It is noted within this that papers presented with a varied mix of methodologies and methodological stand points, although these were significantly qualitative in nature. As Desbens and Royer (2003) highlight, there are many limitations facing

researchers in applied social science, particularly those interested in studying the effects of programmes implemented in a natural environment and on specific subjects. It is therefore acknowledged here, that whilst the papers used for this review were predominately qualitative this is not a limiting or negative factor; it is merely reflective of the field of research.

### **Emotional, social and behavioural difficulties**

Daniels, Visser, Cole and De Reybekill (1998) provide a comprehensive review that identifies that a wide range of factors must be acknowledged when identifying a certain group of people with similar needs e.g. those with BESD. These include social, psychological and biological factors, as well as numerous observable educational and conduct outcomes. In this paper the terminology BESD is used to identify young people demonstrating emotional, social or behavioural difficulties that prevent or limit their engagement with normal development (DfES, 2005). This may be in terms of barriers to learning, social development and developing positive mental health.

The vast ranges of needs identified here are presented within the literature as being often co-occurring with or a bi-product of BESD (DfES, 2005). This reflects the fact that young people may be experiencing a wide range of difficulties that may not be overtly evident from the term BESD. Working within a holistic, Bioecological Systems Theory (Bronfenbrenner & Ceci, 1994) may allow further understanding of the underlying complexities encased in identifying need. This model identifies firstly biological factors as being influential on children's development and then four levels of environmental systems that generate bi-

directional influences. These are the micro, meso, exo, and macro systems which each contain roles, norms and rules that influence development. This view identifies the role of the individual, their immediate support system (e.g. family), society (e.g. school, community) and wider environmental factors (e.g. culture). Within this model underlying causes of behaviour may be identified to stem from one or numerous factors, including biological, psychological and social influences, and it is suggested that the level to which these are seen as a difficulty is dependent on the perspective of the individual, wider social networks and the particular culture they live in (Cooper, 1999).

Munn and Lloyd (1998) suggest that within the BESD category of need, individuals can be experiencing severe problems relating to behaviour, social, emotional, psychological or educational underdevelopment. Behavioural difficulties can present as being withdrawn or isolated, disruptive or disturbing, hyperactivity, immature social skills or challenging behaviour. Underlying difficulties can include emotional disorders, conduct disorder, learning difficulties or developmental disorders (Cassidy, James & Wiggs, 2001). These could include dual diagnoses of attention deficit disorder (ADHD) or Autistic spectrum disorders (ASD). Some young people with BESD may present with some social and peer difficulties and also anxiety, difficulties with rapport with family and poor understanding of classroom discourse (Farmer & Oliver, 2005). The families of those young people who have BESD are often identified to be experiencing higher levels of stress and lower levels of wellbeing (DfE, 2011).

The Bioecological Systems Theory (Bronfenbrenner & Ceci, 1994) facilitates the identification of the wider, holistic factors that impact on an individual's situation. These include not only diagnoses of need, but other factors such as employment prospects, housing and poverty (Neale, 2004). Most children with BESD experience a long history of failure in respect of behaviour and academic work (Ofsted, 1999). It is noted that literature identifying BESD in young people tends to link the need to behavioural problems only (Gross, 2002; Bowen & Yeomans, 2002) which can result in a limited view of the term. BESD's can be likened to other forms of SEN in that they interfere with the learning process. Within the classroom a young person with BESD may be observed to be disrupting others, challenging authority or being withdrawn. Their difficulties often lead, directly or indirectly, to dysfunctional conduct and academic under performance (Cooper, 1999).

Young people identified with severe BESD are often suggested to be supported, within Health and Social Care terms, at Tier 3 or 4 of the Children and Adolescents Mental Health Services (CAMHS) strategic framework (Partridge, Jones & Richardson, 2010). That is, young people who would be recommended to be engaged with multiple services (psychiatrists, social workers, therapists) within community mental health or outpatient services; or those whose needs may often be met in specialised in-patient units. Other professionals are also likely to be involved and these may include educational psychologists, youth justice board, occupational therapists and family support workers.

## **INCLUSION**

The British Psychological Society (BPS, 2005) identifies the inspiration of 'inclusion' as the creation of environments that reject segregation and offer real, meaningful choice to all children. Inclusion has until now been a growing focus within numerous support systems in Britain and over recent year's government declarations have identified a commitment to promoting the inclusion of all young people (DfEE, 1997). It is unknown however if this focus on inclusive provisions will continue within new governmental rule.

A move towards inclusive provisions within society can also be argued to emanate historically from human rights views, in that variations in human characteristics associated with disability, whether in cognitive, sensory, or motor ability, do not limit human potential (Rioux and Carbet, 2003). This was supported by the development of the social model of disability (Harris & Enfield, 2003) and a move towards seeing individual differences positively and adapting society to fit all.

The negative consequences of a society that fails to be inclusive have been repeatedly explored. The Social Exclusion Unit (2001) defines 'social exclusion' as resulting from, and resulting in, a combination of correlated problems, such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown. They go on to identify that for adults one of the most dominant factors of social deprivation was being excluded from school and their own community. Social inclusion forms a bigger argument in which services for young people with additional needs sits. It has been argued that true inclusion

can only stem from a radical shift to embrace the social model (Clare & Cox, 2003).

### **SUPPORTING YOUNG PEOPLE WITH BESD**

Support for young people with BESD has been delivered through varied settings including mainstream, residential or day special schools; home tuition; psychiatric units; social services care homes or secure units (Ofsted, 1999). Societal changes stemming from the Education Act (DfE, 1970), Warnock Report (HMSO, 1978), and social model of disability have supported a move away from hospitalising these young people. The influences of the inclusion movement have also supported the development of engaging young people within mainstream environments where possible. This has been encouraged further following reports from Ofsted (1999) that BESD special schools are recognised to be offering a higher proportion of unsatisfactory provision than other education settings.

Within Health and Social Care services there has been a continued move towards inclusive services with a significant shift in a move away from hospital based care to community-support services. This shift has also been reflected in other social and education provisions. Cole, Visser and Daniels (1999) found that there had been a decrease in numbers of residential school attendees, with a fall of 19%, in the numbers between 1994 and 1998. They also highlighted a distinct move away from seven nights, to four nights a week boarding. In contrast, however, they did find in subsequent research that some residential schools are experiencing increased or consistent demand for places (Cole, Daniels & Visser, 2003). A fact

they place on the complex social needs of some pupils and the reduced capacity of educational and social services to provide appropriate support.

The debates between the suitability of residential versus day provision are ongoing (Ofsted, 1999). Placing young people into residential settings, which are by nature of the client group void of the moderating influences of mainstream settings, removes their opportunities to observe and engage in more 'normalised' behaviour. Others may argue however, that such is the disturbance and trauma these young people experience at home and school, that residential offers opportunities to meet their very diverse needs (Ofsted, 1999).

Miller, Brehm and Whitehouse (1998) found that on average 10-25 % of students will experience problems adjusting to the educational environment at some stage during their studies. This percentage represents populations in America and so may not be a true representative of the situation within the United Kingdom. It is felt that it is likely to still reflect some the general issues that can be experienced within the UK system of education. The Department for Education's '*Statistical First Releases*' (as cited in DfE, 2011) recognise that identification of special educational needs has increased in recent years. The numbers of young people identified to have BESD has increased by 23 per cent between 2005 and 2010. It is acknowledged that some of this increase is possibly due to better identification and recognition of difficulties and so increases may not continue at this rate in the future. For now, however, with increasing levels of young people who may need specialist provisions, identifying effective systems will become even more important.

For many young people schools provide an important setting in relation to social attachments being formed and nurtured (Abbott, O'Donnell, Hawkins, Hill, Kosterman and Catalano, 1998). Positive interpersonal attachments involving teachers and peers can have a protective influence in reducing the risk of negative outcomes later in life (Mylant, Ide, Cuevas, and Meehan, 2002). School engagement opportunities reaffirm interpersonal relationships and those excluded from school may require intensive interventions (Furlong, Whipple, St. Jean, Simental, Soliz, & Punthuma, 2003). Munn and Lloyd (2005) identified that the exclusion of pupils for disruptive behaviours presents an unequivocal form of rejection and for some pupil's increases the likelihood of wider social exclusion. There is a feeling amongst special schools that mainstream staff often misunderstand these young people and improved practice could reduce exclusions and referrals on to specialist provisions (Ofsted, 1999).

School provides an environment that supports social learning and can offer the development and consolidation of social, emotional and behavioural skills that develop initially at home. The impact can also significantly alter those behaviours that occur at home, although it is suggested that home is the primary influencing environment (Abbott, O'Donnell, Hawkins, Hill, Kosterman and Catalano, 1998). It has been found that there is a co-occurrence with BESD and failure at school (Walker, Colvin and Ramsey, 1995), antisocial behaviour (Patterson, Reid & Dishion, 1992), dropping out of education (Stage and Quiroz, 1997; Casey, Davies, Kalambouka, Nelson & Boyle, 2006) and criminal behaviour (Loeber and Dishion, 1987). Those with SEN are also more than twice as likely not to be in

education, employment or training and are over-represented in the population of young offenders (DfE, 2011).

Research has suggested that the development of community-based support services, providing an alternative to restrictive and expensive residential and treatment centres, present as a means of increasing accessibility, reducing costs and improving effectiveness (Costello, 1989; Costello, Burns, Angold, & Leaf, 1993; Sondheimer, Schoenwald & Rowland, 1994). There has been a significant movement in America to move from a model of residential support, which is argued to be intrusive and expensive, to implementing intensive interventions to families in their local areas, without removing children from the home (Anglin, 2002).

Within the United Kingdom varied interventions are used to support young people with BESD. Cooper and Whitebread (2007) found that nurture groups within schools had a positive impact on young people's social, emotional and educational development. The use of parenting and home visiting programmes (Barlow, Kirkpatrick, Wood, Ball & Stewart-Brown, 2007); family and individual therapy (Larner, 2004) and community engagement (Green & Luke, 2006), amongst other services, have also been acknowledged to be effective in supporting and including young people with BESD.

Theoretical support for community based models may stem from the previously discussed Bioecological Systems Theory (Bronfenbrenner & Ceci, 1994). Children learn how to think, feel and behave in their own world partly through direct

teaching by members of their community (Bowman, 1989). This theory proposes that if the relationships and interactions in the immediate systems break down the child is unlikely to have the necessary skills required for development, which can result in anti-social behaviour and poor self-discipline (Addison, 1992).

In contrast to community based models of provision are 'out of locality', or residential, provisions. These are educational or therapeutic settings that require children and young people to be located in a different geographical location to their family home. There is some research supporting the successfulness of residential placements for young people with BESD, identifying higher levels of placement stability and positive educational and behavioural outcomes (Triseliotis, Borland, Kill & Lambert, 1995; Polat & Farrell, 2002).

There is also a growing body of research identifying that inclusion for BESD groups in mainstream schools is extremely difficult (Clark, Dyson, Millward & Robson, 1999; Cole, Daniels & Visser, 2003). The rigid National Curriculum, competitive National league tables (Clough & Corbett, 2000) and increasingly competitive environments (Wearmouth & Glynn, 2004) are limiting schools abilities to work flexibly with young people with BESD. Farrell & Tsakalidou (1999) found that, whilst the numbers of young people in mainstream services are generally increasing, very few young people with BESD are re-integrated back into mainstream settings. There is a need for further and continued work that focuses on bringing about positive change in school's attitudes, skills and ethos to support their ability to accommodate young people with BESD (Cole, Visser & Upton, 1998; Cole, Daniels, & Visser, 2003).

Difficulties in identifying the best model of provision or support for these young people have also been reflected in a review of provision for young people with BESD (Ofsted, 1999). Their review identified the need for the high levels of support and expertise that special and residential schools could offer. They went on to question however, the appropriateness of supporting and educating young people with BESD away from the moderating influences of their family and peers. Casey, Davies, Kalamouka, Nelson & Boyle (2006) identified that young people with BESD who are educated within mainstream settings often engage with and desire academic achievement, more than those in special schools; are more likely to be able to identify friendships outside of school; and report that they make friends easily.

Desbiens & Royer (2003) suggest that a priority in educating and supporting young people with BESD must be in developing functional skills before any other academic skills are prioritised. Functional skills could be identified as social, behavioural and emotional skills that allow engagement with peers and society. Spence (2003) undertook a review of the literature and suggested that deficits in social skills play a significant role in BESD. She went on to suggest that whilst social skill training can be of benefit it must be done in a multi-method, holistic environment to ensure skills are practical and transferable to new situations. Others would argue that basic skills in reading and writing should be priorities and support should focus firstly on gaining academic qualifications (Ofsted, 1999). It is acknowledged that whatever model of provision is engaged with it must not become an “out-of-sight, out-of-mind dumping ground” (Ofsted, 1999, p.7) for

young people and that parents (or carers) must play a central role in supporting these young people.

Reeves (2001) suggested that parents question themselves about their roles and responsibilities in the face of an often seemingly all-knowing, all-providing, all-pervasive government. This must be unnerving, especially when services for young people have been argued to be cyclical in nature, strongly reflecting shifts in political ideologies (Anglin, 2002) and therefore potentially not offering a sense of security for families in the longer term. In addition schools are expected to engage with a model of social inclusion that is ambiguous, resulting in dilemmas over the practical requirements of responding to government policy (Munn & Lloyd, 2005). Support often needs to be wider than just educational though, with a need for outreach into homes and schools, family and parenting support, therapy for individuals and families, and behaviour, health and self-esteem support (Armstrong, Birnie-Lefcovitch & Ungar, 2005).

It is noted that a large percentage of the body of research explored here relies on perceptions and experiences of those giving their 'voices' to the research. Desbiens and Royer (2003) argue that perceptions are closely linked to a person's feelings and attitudes, which fluctuate with events. Whilst this could be suggested to be a limitation to the research, it may also be the most effective way to explore personal, individual experiences and build up a picture of services for young people with BESD.

## **OUTCOMES OF SUPPORT**

It has been suggested that some of the most effective residential school outcomes occur when there are strong links with a mainstream, local school and a focus on the re-integration of young people back into mainstream education (Ofsted, 1999). These positive outcomes are noted to be observed where support has been holistic and included working with external professionals, as well as offering a strong sense of community and respect for social relationships. It is argued that the successfulness of an intervention for young people with BESD is often dependent on all those working with and supporting the young person, understanding the multifaceted relationship between personal and social factors (Cooper, 1999). Cooper (1999) goes on to argue that interventions also need to view young people's behaviours as a form of communication that must be understood and supported. Within this the primary aim is to develop attachments with others, within a safe and supportive environment. This occurs through the provision of security, unconditional positive regard, forgiveness, support and understanding.

The literature on the effectiveness of provision tends to refer to three different, although related, sets of standards: adherence to key principles; fulfilment of aims and objectives and meeting individual's needs (Cullen and Lloyd, 1997). A thorough exploration of the successfulness of a provision could be suggested, therefore, to explore these aspects. The PACM model (Furlong, Whipple, St. Jean, Simental, Soliz & Punthuma, 2003) identifies four main principles of effective support for young people. That is participation (behavioural involvement), attachments (social bonding), commitment (valuing support), and membership

(identification as a community citizen). To support the three sets of standards required for effective provision the addition of two more principles may be necessary. Those are the identification of the 'individual' and an understanding of 'personal aims and outcomes'.

Jahnukainen (2001) found a significant negative element for young people attending special schools was the experience of being labelled. They went on to identify that the placement of young people in 'special' provisions has been criticised during recent years and that interventions, whilst still vital, were needed to support individuals in mainstream provisions. Kelly and Norwich (2004) found, however, that self-perceptions of general characteristics were mainly a mixture of positives and negatives, with no differences being identified by placement. Polat and Farrell's (2002) found generally positive feedback of individual's experiences in residential schools.

Hornby and Witte (2008) explored adult's views on their experiences with special and mainstream education. They found that most were positive about the support they received in residential school in addressing their learning and behavioral difficulties. They also found, however, consistently negative experiences of mainstream education in which respondents identified a lack of understanding from teaching staff. In their view implications for practice may be better special needs training for professionals supporting young people with BESD. This again highlights the conflicting picture of appropriate provision for children and young people with BESD.

Sattin (1999) reports on a residential school supporting children from across England that received an outstanding Ofsted outcome. Pupil's difficulties included challenging and aggressive behaviour, severe ill-treatment from their carers, underperformance at school and a long track record of non-cooperation with adults. Good learning, behaviour, and relationships within the school were identified and these are suggested to stem from a high expectation for good behaviour and engagement, as would be expected in mainstream environments. Additionally there was a focus on celebrating all achievements, bringing attention to individual's areas of need, a strong examination culture and a detailed programme to develop literary skills. Sattin suggests that in isolation these areas could become authoritarian and controlling but that within this provision the overriding characteristic of 'care giving' was vital to success. This was identified to be established through being respectful, listening, giving explanations, being positive and sharing decisions.

Coles (2006) found that there was still validity, value and vitality in a special school model. He argues that for some, residential provision can enhance the chances for later success and can be money well spent. His report went on to identify that the high quality of care, guidance and support, and strong leadership would form the basis of services success. Within pupil referral units (PRU's) he found consistently good teaching, excellent links with other professionals, strong leadership and multi-agency working, supported successful pupil outcomes. These outcomes could be suggested to form the basis of any good provision for young people.

Morris, Abbott and Ward (2003) explored the experiences of the families of young people with BESD. They found that, for the majority of parents they spoke to, placements in residential schools were not the preferred option but stemmed from bad experiences in local education provisions and inadequate support for families. Lloyd and O'Regan (1999) looked at relationships between professionals and families. They established that professionals were valued when they treated families as equal human beings, listened and appeared to provide uncritical support. The research also found that families felt that this type of support was not seen to be readily available in mainstream provisions.

One model developed within the United Kingdom that may offer advantages over previous models, that have remained linked purely to politics and placement, identifies a multifaceted continuum of support with five core dimensions (Norwich, 2008). This view supports a move away from a one dimensional placement continuum. The five dimensions explored included identification, participation, placement, curriculum and governance. This model presents as going further than exploring provisions in terms of location only. It identifies the need for varied models of provision that can be offered as 'real choices' for young people and their families. Ofsted (1999) identify that a key goal for the future should be in securing integrated services for young people, irrespective of the institution in which they are placed, together with clear aims of what can be realistically achieved.

Whilst the current body of research may suggest a conflicting picture the overarching principal that could be taken from this would be that each young person is given the entitlement and access to appropriate support that enables

them to meet their full potential. This may mean that a continuum of provision is the only way forward. There appears to be no consensus on whether one type of provision is better for emotional, educational or social attainment and so it could be suggested that provision must give options to fit the individual needs of young people.

### **MULTI-AGENCY WORKING**

It has been suggested that services for young people with BESD do not have to be provided only within segregated Education, Health and Social Care settings, as they have historically been (Groom & Rose, 2005). Services that can meet more than one need may present as a positive way forward for these young people. Working from a Bioecology Systems Theory (Bronfenbrenner & Ceci, 1994) may encourage a model in which provisions are provided that support young people with BESD in a holistic and joined up manner.

It has been argued historically that children were referred and supported through either an 'educational' route with an assessment of their special educational needs or through a 'social welfare' route (Lloyd & O'Regan, 1999). Providing services that assess all needs and offer support through one route, however, would appear to be reflective of the current zeitgeist (DfE, 2011). 'Joined up' or multi-agency working, stemming from policy directives, is developing across the country in a move towards integrating children services (Watson, 2006).

Barclay and Kerr (2006) identified that co-morbidity in relation to BESD and mental health difficulties in young people would support the need for collaboration

between educational, social and health services. It has been suggested that one of the most holistic moves towards joint working was the establishment of co-located multi-agency teams (Watson, 2006). The recently published government green paper '*Support and aspiration: A new approach to special educational needs and disability*' (DfE, 2011), moves further towards this vision with a proposal to create one unified approach to assessment and support that will unite the full range of professionals involved.

The point of multi-agency work, then, seems to be in terms of gains which can be made in thinking about and delivering services to address multiple, and potentially complex, issues through the provision of multiple skills and practice (Hughes, 2006). Many of these are not necessarily 'professional' competencies, for example the preserve of any particular professional group, but could be thought of instead as the skills of being an effective person. Watson (2006) went on to identify some factors perceived to be important to successful multi-agency working. These were having a shared vision; understanding the roles and responsibilities of team members; evaluating outcomes and team training. Other facilitating factors are clear aims, roles and responsibilities and good systems for communication and information sharing (Sloper, 2004).

Watson, Townsley and Abbott (2002) identify three models of multi-agency working. Multi-disciplinary encompasses individual professionals working within a single agency with a focus on their own roles; interdisciplinary is argued to define co-ordinated services with professionals meeting together to discuss their findings and set goals; and transdisciplinary working is suggested to be the synthesis of

services providing a more holistic approach where the focus of service delivery is the child and family. They went on to present an initial model of service delivery for multi-agency working that consisted of multiple combinations of service delivery/funding; family/child focused; partnership with families; commitment from services/professionals; and a single pathway for families, for example via a key worker. These are just a few models of multi-agency working however, and a review of the literature will identify that multiple definitions and models of are currently in existence. It could, therefore, be suggested that whilst beliefs and policies within the United Kingdom may recognize the need for services to work together (Watson, Townsley and Abbott, 2002) it may not be as simple as establishing 'multi-agency' working practices.

Multi-agency working can be both challenging and demanding with every agency and profession potentially having different priorities and demands made upon them. Within this however may be a common or shared purpose to support young people and their families. If the individual's needs are at the centre of all the work that is done then a responsive and flexible service may be offered (DfES, 2007). Anning (2001) identified a growing body of research and political publications that identify and support multi-agency and joined up working. She went on to suggest however that the loss of professional identify and a need to share personal and professional knowledge with other professions can still create barriers to effective multi-agency working.

Pettit (2003) reviewed outcomes of multi-agency working and found that when effective it led to an increase in children's happiness and well-being. Measurable

improvements were found in children's behavior in two of the services reviewed, and better peer relationships were identified by workers. Workers also identified improved academic attainment which they linked to effective joined up support. Within other multi-agency projects that targeted children's mental health a reduction in the proportion of those with clinically significant problems was identified, as well as better engagement with school (Kurtz & James, 2002).

## **CONCLUSION**

Historically there have been a number of significant changes in how young people with SEN, including those with BESD, have been identified and supported. This has included more recently a move away from residential and segregated provisions towards supporting young people within mainstream environments and within their local community.

Young people with BESD experience multiple, interlocking difficulties that often span the remits of education, health and social services. The difficulties they experience can impact on numerous areas of wellbeing and development including education; social, emotional and economic wellbeing; and employment. Wider issues are identified, within a holistic model, to be key influencing factors; including family, community and types of available support. There appears to be continued conflicting arguments around how support should be provided and what the most effective services are.

There is a continued move within our society towards supporting children and young people through services that employ multi-agency working and this is

reflected in recent government publications (DfE, 2011). Models of multi-agency working and factors for facilitating this are diverse however. The effectiveness of multi-agency services for young people with BESD are still not clear and there is no one model of multi-agency working that is acknowledged to be the most valuable.

In light of the literature explored and the conclusions drawn from this work it is argued that further knowledge and research is needed that explores the outcomes of community based provision for young people with BESD and adds to the growing body of research pertaining to effective models of multi-agency working.

## REFERENCES

- Abbott, R. D., O'Donnell, J., Hawkins, J. D., Hill, K. G., Kosterman, R., & Catalano, R. F. (1998). Changing teaching practices to promote achievement and bonding to school. *American Journal of Orthopsychiatry*, 68, 542–552.
- Addison, J.T. (1992). Urie Bronfenbrenner. *Human Ecology*, 20(2), 16-20.
- Anglin, J. P. (2002). *Pain, Normality, and the Struggle for Congruence: Reinterpreting Residential Care for Children and Youth*. New York: Haworth Press.
- Anning, A. (2001). *Effective practice: Multi-agency Working*. Retrieved February 16, 2011, from <http://www.leeds.ac.uk/educol/documents/00001877.htm>  
14/3/11
- Armstrong, M.I., Birnie-Lefcovitch, S., & Ungar, M, T. (2005). Pathways between social support, family well being, quality of parenting and child resilience: what we know. *Journal of Child and Family Studies*, 14(2), 269-281.
- Barclay, G., & Kerr, C. (2006). Collaborative working across children's services. *Educational and Child Psychology*, 23(4), 35-46.
- Barlow, J., Kirkpatrick, S., Wood, D., Ball, M., & Stewart-Brown, S. (2007). *Family and Parenting Support in Sure Start Local Programmes*. London: Department for Education and Skills Publication Centre.
- Bowen, P., & Yeomans. J. (2002). Accelerating the process of failing readers: an evaluation of the ENABLE-Plus programme pilot study. *British Journal of Special Education*, 29(4), 170-177.
- Bowman, B. (1989). Culturally sensitive inquiry. In J. Garbarino & F. Stott (Eds.), *What children can tell us* (pp. 92-107). San Francisco: Jossey-Bass.

- BPS. (2005). *Inclusive Education Position Paper*. Retrieved March 16, 2011, from [http://www.bps.org.uk/document-download-area/document-download\\$.cfm?file\\_uid=CE1DCB9D-1143-DFD0-7EA9-5C1B82EA4596&ext=doc](http://www.bps.org.uk/document-download-area/document-download$.cfm?file_uid=CE1DCB9D-1143-DFD0-7EA9-5C1B82EA4596&ext=doc)
- Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture reconceptualised in developmental perspective: A bioecological model. *Psychological Review*, 101(4), 568-586.
- Casey, L., Davies, P., Kalamouka, A., Nelson, N., & Boyle, B. (2006). The influence of schooling on the aspirations of young people with special educational needs. *British Educational Research Journal*, 32(02), 273-290.
- Cassidy, E., James, A., & Wiggs, L. (2001). The prevalence of psychiatric disorder in children attending a school for pupils with emotional and behavioural difficulties. *British Journal of Special Education*, 28(4), 167-173.
- Clare, L., & Cox, S. (2003). Improving service approaches and outcomes for people with BESD through consultation and involvement. *Disability & Society*, 18(7), 935 -953.
- Clark, C., Dyson, A., Millward, A., & Robson, S. (1999). Theories of inclusion, theories of schools: deconstructing and reconstructing the inclusive school. *British Educational Research Journal*, 25(2), 157-177.
- Clough, P., & Corbett, J. (2000). *Theories of inclusive education: A student's guide*. London: Sage.
- Clough, P., Garner, P., Pardeck, N.T., & Yuen, F. (2005). Themes and dimensions of EBD: A conceptual overview. In P. Clough, P. Garner, N.T. Pardeck & F. Yuen (Eds.), *Handbook of emotional & behavioural difficulties* (pp.3-20). London: Sage.

- Cole, T., Daniels, H., & Visser, J. (2003). Patterns of provision for pupils with behavioural difficulties in England: a study of government statistics and support plan data. *Oxford Review of Education*, 29(2), 187-205.
- Cole, T., Visser, J., & Daniels, H. (1999) A model explaining effective EBD practice in mainstream schools. *Emotional and Behavioural Difficulties*, 4(1), 12-18.
- Cole, T., Visser, J., & Upton, G. (1998). *Effective Schooling for Pupils with Emotional and Behavioural Difficulties*. London: David Fulton Publishers.
- Coles, T. (2006). Ofsted and successful SEBD schools and PRUs. *SEBDA News*, 10, 22-23.
- Cooper, P. (1999). Changing perceptions of EBD: Maladjustment, EBD and beyond. *Emotional and Behavioural Difficulties*, 4(1), 3-11.
- Cooper, P., & Whitebread, D. (2007). Effectiveness of nurture groups on student progress. *Emotional and Behavioural Difficulties*, 12(3), 171-190.
- Costello, E. J. (1989). Developments in child psychiatric epidemiology. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28, 836-841.
- Costello, E. J., Burns, B. J., Angold, A., & Leaf, P. J. (1993). How can epidemiology improve mental health services for children and adolescents. *Journal of American Academy of Child and Adolescent Psychiatry*, 32, 1106-1116.
- Cullen, M. A., & Lloyd, G. (1997). *Alternative Education Provision for Excluded Pupils. A Literature Review for the Scottish Office*. Edinburgh: Moray House.
- Daniels, H., Visser, J., Cole, T., & De Reybekill, N. (1998). *Emotional and Behavioural Difficulties in Mainstream Schools*. London: Department for Education and Employment.

- Davies, P. (2000). The relevance of systematic reviews to educational policy and practice. *Oxford Review of Education*, 26(3), 365-378.
- Desbiens, N., & Royer, E. (2003). Peer groups and behaviour problems. *Emotional and Behavioural Difficulties*, 8(2), 120-139.
- DfE. (1970). *Education (Handicapped Children) Act*. Retrieved May 18, 2010, from [www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1970/cukpga\\_19700052\\_en\\_1](http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1970/cukpga_19700052_en_1)
- DfEE. (1997). *Excellence in Schools*. London: Department for Education and Employment.
- DfES. (2001). *Special Educational Needs Code of Practice*. London: Department for Education and Skills Publication Centre.
- DfES. (2005). *Data collection by type of need*. London: Department for Education.
- DfES. (2007). *Effective Practice: Multi-agency working*. London: Department for Education and Skills.
- DfE. (2011). *Support and aspiration: A new approach to special educational needs and disability - A consultation*. London: Department for Education.
- Estyn. (2007). *Evaluating Outcomes for Children and Young People with Additional Learning Needs*. Cardiff: Her Majesty's Inspectorate for Education and Training in Wales.
- Farrell, P., & Polat, F. (2003). The long-term impact of residential provision for pupils with emotional and behavioural difficulties. *European Journal of Special Needs Education*, 18(3), 277-292.
- Farrell, P., & Tsakalidou, K. (1999). Recent Trends in the Re-Integration of Pupils with Emotional and Behavioural Difficulties in the United Kingdom. *School Psychology International*, 20(4), 323-337.

- Furlong, M.J., Whipple, A.D., St. Jean, G., Simental, J., Soliz, A., & Punthuma, S. (2003). Multiple contexts of school engagement: Moving towards a unifying framework for educational research and practice. *The Californian School Psychologist*, 8, 99-113.
- Green, J., & Luke, A. (2006) Rethinking learning: what counts as learning and what learning counts. *Review of Research in Education*, 30(1), xi-xiv.
- Groom, B., & Rose, R. (2005). Supporting the inclusion of pupils with social, emotional and behavioural difficulties in the primary school: the role of teaching assistants. *Journal of Research in Special Educational Needs*, 5, 20–30.
- Gross, J. (2002). *Special educational needs in the primary school: a practical guide*. Buckingham: Open University Press.
- Harris, A., & Enfield, S. (2003). *Disability, Equality and human rights: A training manual for development and humanitarian organisations*. Oxford: Oxfam Publications.
- HMSO. (1978). *The Warnock Report: Special Educational Needs*. London: HMSO.
- Hornby, G., & Witte, C. (2008). Looking back on school – the views of adult graduates of a residential special school for children with emotional and behavioural difficulties. *British Journal of Special Education*, 35, 102–107.
- Hughes, M. (2006). Multi-agency teams: Why should working together make everything better? *Educational and Child Psychology*, 23(4), 60-71.
- Jahnukainen, M. (2001). Experiencing special education: Former students of classes for the emotionally and behaviourally disordered talk about their schooling. *Emotional and Behavioural Difficulties*, 6(3), 150 – 166.

- Kelly, N., & Norwich, B. (2004). Pupils' perceptions of self and of labels: moderate learning difficulties in mainstream and special school. *British Journal of Educational Psychology*, 74(3), 411-437.
- Kurtz, K., & James, C. (2002). *What's new: Learning from the CAMHS innovation projects*. London: Department of Health Publications.
- Larner, G. (2004). Family therapy and the politics of evidence. *Family Therapy*, 26(1), 17-39.
- Lloyd, G., & O'Regan, A. (1999). Education for social exclusion? Issues to do with effectiveness of educational provision for young women with social, emotional and behavioural difficulties. *Emotional and Behavioural Difficulties*, 4(2), 38-46.
- Loeber, R., & Dishion, T. (1987). Antisocial and Delinquent Youths: Methods for Their Early Identification. In J.D. Burchard & S.N. Burchard (Eds.), *Prevention of Delinquent Behavior: Conference on the Primary Prevention and Psychopathology*. Beverly Hills, CA: Sage.
- Miller, G.E., Brehm, K., & Whitehouse, S. (1998). Reconceptualizing school-based prevention for antisocial behavior within a resiliency framework. *School Psychology Review*, 27 (3), 364-79.
- Morris, J., Abbott, D., & Ward, L. (2003). Disabled children and residential schools: the implications for local education professionals. *British Journal of Special Education*, 30(2), 70-75.
- Munn, P., & Lloyd, G. (1998). *Discipline in Schools. A Review of Extent, Causes and Cures*. Edinburgh: Moray House.
- Munn, P., & Lloyd, G. (2005). Exclusion and excluded pupils. *British Educational Research Journal*, 31(2), 205-221.

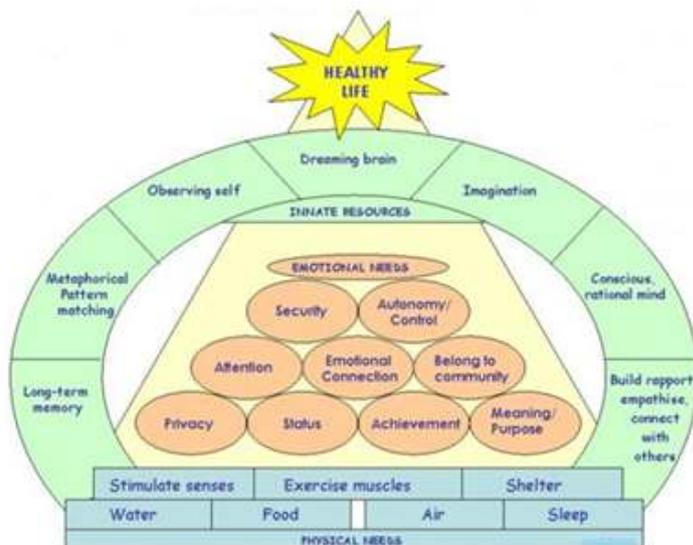
- Munro, E. (2001). Empowering looked after children. *Child and family social work*, 6(2), 129-137.
- Mylant, M., Ide, B., Cuevas, E., & Meehan, M. (2002). Adolescent children of alcoholics: Vulnerable or resilient. *Journal of the American Psychiatric Nurses Association*, 8(2), 57-64.
- Neale, J. (2004). Gender and Illicit Drug Use. *British Journal of Social Work*, 34(6), 851-70.
- Norwich, B. (2008). What future for special schools and inclusion? Conceptual and professional perspectives. *British Journal of Special Education*, 35(3), 136-143.
- Ofsted. (1999). *Principles into practice: Effective education for pupils with emotional and behavioural difficulties*. London: Ofsted.
- Patterson, G.R., Reid, J.B., & Dishion, T.J. (1992). *A Social Learning Approach. Vol. 4: Antisocial Boys*. Oregon: OSLC.
- Pettit, B. (2003). *Effective Joint Working between Child and Adolescent Mental Health Service and Schools*. London: DfES.
- Polat, F., & Farrell, P. (2002). What was it like for you? *Emotional and Behavioural Difficulties*, 7(2), 97-108.
- Poulou, M., & Norwich, B. (2001). Teachers' Cognitive, Affective and Behavioural Responses to Children with Emotional and Behavioural Difficulties: A Model of Decision Making. *British Educational Research Journal*, 28(1), 111-138.
- Rees, C., Farrell, P., & Rees, P., (2003). Coping with complexity: How do educational psychologists assess students with emotional and behavioural difficulties? *Educational Psychology in Practice*, 19(1), 35-47.

- Reeves, C. (2001). Minding the child. *Emotional and Behavioural Difficulties*, 6(4), 213-235.
- Richardson, G., Partridge, I., & Barrett, J. (2010). *Child and Adolescent Mental Health Services: An Operational Handbook*. London: RCPsych.
- Rioux, M., & Carbert, A. (2003). Human rights and disability: the international context. *Journal on Developmental Disabilities*, 10(2), 1-14.
- Sattin, R. (1999). Effective EBD schooling- A view from the inside. *Emotional and Behavioural Difficulties*, 4(3), 10-13.
- Sloper, P. (2004). Facilitators and barriers for co-ordinated multi-agency services. *Child: Care, Health and Development*, 30(6), 571-580.
- Social Exclusion Unit. (2001). *Preventing social exclusion*. London: Cabinet Office.
- Sondheimer, D. L., Schoenwald, S. K., & Rowland, M. D. (1994). Alternatives to the hospitalization of youths with a serious emotional disturbance. *Journal of Clinical Child Psychology*, 23, 7-12.
- Spence, S. H. (2003). Social skills training with children and young people: Theory, evidence and practice. *Child and Adolescent Mental Health*, 8(2), 84-96.
- Stage, S.A., & Quiroz, D.R. (1997). A Meta-Analysis of Interventions to Decrease Disruptive Classroom Behavior in Public Education Settings. *School Psychology Review*, 26(3), 333-68.
- Triseliotis, J., Borland, M., Hill, M., & Lambert, L. (1995). *Teenagers and the Social Work Services*. London: Her Majesty's Stationery Office.
- Walker, H.M., Colvin, G., & Ramsey, E. (1995). *Antisocial Behaviour in School: Strategies and Best Practices*. California: Brooks Cole.

- Watson, H. (2006). Facilitating effective working in multi-agency co-located teams. *Educational and Child Psychology*, 23(4), 8-22.
- Watson, D., Townsley, R., & Abbott, D. (2002). Exploring multi-agency working in services to disabled children with complex healthcare needs and their families. *Journal of Clinical Nursing*, 11, 367–375.
- Wearmouth, J., & Glynn, T. (2004). Issues in inclusion and the management of student behaviour in schools. In J. Wearmouth, T. Glynn, R. Richmond & M. Berryman (Eds.), *Inclusion and behaviour management in schools: Issues and challenges* (pp. 1-13). London: David Fulton Publishers.

## Appendix B: Human Givens Model

The Human Givens approach presents a model which is argued to reflect a range of 'needs' all humans have (Griffin & Tyrrell, 2004). It is suggested to provide a holistic framework, based on psychological and neurobiological theory, for understanding individuals, building on the work of Abraham Maslow (Bueno, 2009).



Human Givens Model (Griffin & Tyrrell, 2004)

Physical needs include factors needed to survive, for example food and water, as well as sufficient sleep and secure shelter. The model then identifies nine emotional needs: security; attention (to give and receive it); sense of autonomy and control; emotional intimacy; feeling part of a wider community; privacy – opportunity to reflect and consolidate experience; sense of status within social

groupings; a sense of competence and achievement; and a sense of meaning or purpose.

Griffin & Tyrrell (2004) identify that all individuals have a range of resources that assist in meeting these needs, including long term memory, which enables us to add to our innate knowledge and learn; the ability to build rapport and connect with others; imagination; emotions and instincts; conscious, rational minds; an observing self and a dreaming brain.

This model allows for areas of need, that are not being met, to be identified and then targeted through individualised support as appropriate.

## **References**

Bueno, J. (2009). *Human Givens*. Retrieved June 02, 2011, from

<http://www.therapytoday.net/article/15/45/categories/>

Griffin, J., & Tyrrell, I. (2004). *Human Givens: A New Approach to Emotional Health and Clear Thinking*. East Sussex: HG Publishing.

## **Appendix C: Service Overview**

The Service works with young people with the most serious behavioural, educational, social and mental health difficulties, within a Midlands Local Authority. It was initially established to provide a wraparound intensive service that aimed to support young people and their families. It provides a multi-agency specialist service, using a range of methods for working with hard to reach young people and their families.

It has been an ongoing aim that the Service can provide an alternative to Out of City hospitals, residential care or residential schools. The Service claims to offer a coordinated, 7 day a week approach, for its young people. The service identifies that it undertakes:

- Assessment
- Multi-agency liaison and leadership
- Family, group and individual therapy
- Education
- Risk Assessment
- Social Rehabilitation

Young people must have been known to two of the three services- Education e.g. Educational Psychologist, Health e.g. CAMHS, and Social Care, and a multi-professionals meeting must have occurred to explore all other options before a referral can be made. Referrals are discussed through monthly management

group meetings. These are held every month and are chaired by the Director of Child and Adolescent Mental Health Services (CAMHS). The other representatives are the Head of Looked after Children (LAC) and the Head of Social Inclusion. The manager of the Service also attends.

The team, when at full capacity consist of the following staff roles:

Team Manager  
Family Therapist  
M.H. Practitioner  
Senior Youth Worker  
Youth Worker  
Therapeutic Assistant  
Education Coordinator  
Behaviour support staff  
Secretary

## **Appendix D: Epistemological and Methodological Discussion**

It has been argued that historically two main research paradigms have been employed, that of positivist (related to quantitative approaches and an epistemology of truths and facts), and constructionist (typically related to qualitative approaches and an epistemology that sees the world as interpreted by individuals) approaches (Armitage, 2007). Within these quantitative methods were identified to result in numerical data, whereas qualitative approaches result in open ended, textual data. Armitage went on to argue that both methods were representative of the 'mono method era', whereby researchers used purely qualitative or quantitative research methods, depending on their research paradigm. The development of a "third way" has however been linked to the pragmatic paradigm. Within this, the employment of a mixed methodology, or approach, reflects the need for pragmatic decision making, consistent with working in 'real world' settings.

A pragmatic paradigm allows for differing data collection and research methods to be utilised, based on their appropriateness for the research undertaken and the research questions to be answered (Ritchie & Lewis, 2003). This presents an approach whereby methods are selected from a 'tool kit' rather than dictated by the paradigm employed. It is argued that this epistemological and methodological choice is reflected of the multiplicity of the 'real world'.

In relation to the qualitative data analysis completed within this research, it was decided that thematic analysis would be the most suitable method. Braun and Clarke (2006) identify two main styles of qualitative models of analysis and within these are a number of types. These being, those that are linked to a particular theory and applied in a fairly rigid way, for example interpretative phenomenological analysis (IPA); and those that are applied with different manifestations, for example discourse analysis and thematic analysis. They go on to argue that thematic analysis is comparable with both essentialist and constructionist paradigms and offers a flexible research tool, often leading to rich and detailed understanding of the data.

Due to research questions being identified, and interviews being structured to explore these, it was felt that thematic analysis of the data would be applied in a 'theoretical' way. This involved a 'top down' method, where by the analysis of the data was driven by the research area and questions posed, rather than allowing themes to emerge purely from the data (bottom up) (Braun and Clarke, 2006). . A number of methods were considered and it was decided that thematic analysis was most appropriate as it was argued to be the most appropriate tool to answer the research questions set. Within the two papers this required identifying a method of data analysis that could reflect reality for the participants, but also explore and unpick that reality (Braun & Clarke, 2006).

Other methods considered included grounded theory and interpretative phenomenological analysis (IPA). Grounded theory was felt to require a process

of data collection and analysis, which is repeated with the aim of identifying and testing new theories (Greckhamer & Koro-Ljungberg, 2005). Due to the range and quantity of literature pertaining to the area explored it was felt that this was not an appropriate method for this study. It was felt that a 'bottom' up method would also not be suitable, as the researcher had already explored the area in completing the initial literature review and was aware of common themes and areas to explore, prior to designing the study and the research questions.

The aim of IPA is to explore in detail how participants are making sense of their personal and social world, with an attempt to explore personal worlds rather than producing objective statement (Smith & Osborn, 2007). The aim within this research was to not only explore personal experiences but also to try and map out the type of service that was being offered and how this related to outcomes for young people and their families. It was therefore felt that IPA was not appropriate for this study, due to the dual purpose of the research.

## References

- Armitage, A. (2007). Mutual Research Designs: Redefining Mixed Methods Research Design. *British Educational Research Association Annual Conference* (pp. 1-10).
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.
- Greckhamer, T., & Koro-Ljungberg, M. (2005). The erosion of a method: examples from grounded theory. *International Journal of Qualitative Studies in Education*, 18(6), 729-750.

Ritchie, J., & Lewis, J. (2003). *Qualitative research practice: A guide for social science students and researchers*. London: Sage Publications.

Smith, J, A., & Osborn, M. (2007). *Interpretative Phenomenological Analysis*. Retrieved March 10, 2011, from [http://www.corwin.com/upm-data/17418\\_04\\_Smith\\_2e\\_Ch\\_04.pdf](http://www.corwin.com/upm-data/17418_04_Smith_2e_Ch_04.pdf)

## Appendix E: Research development using the Radio Model

The Research and Development in Organisations (RADIO) (Timmins, Bham, McFayden, & Ward, 2006) framework can be applied to clarify phases of research, providing researchers with a clear framework to undertake research. RADIO is designed to maximise the likelihood that organisations will utilise the outcomes of the research to improve their functioning. The completed RADIO model for this research project is shown below.

<b>RADIO Phase</b>	<b>Factors considered</b>
Awareness of a need	Holistic, up to date review of service provision and areas for development required.
Invitation to act	Principal Educational Psychologist requested Trainee Educational Psychologists involvement, following negotiation with the service manager and funding parties.
Clarifying organisational and cultural issues	Staff wariness; ethics; need for an evidence base; outsider working alongside team; fears of negative outcomes; parent, young person and staff engagement
Identifying stakeholders in area of need	PEP; social care and health representatives; service manager; staff team; young people and their caregivers; researcher; Exeter University
Agreeing focus of concern (research aims)	Multi-agency meeting; research plan and subsequent changes; service observations and conversations with staff; team's ideas for future expansion/changes
Negotiating framework for information gathering	Qualitative and quantitative methods- mixed, pragmatic approach, in-depth
Gathering information	Interviews; questionnaires; education data
Processing information with research sponsors/stakeholders	Interim reports; informal discussions; research paper
Agreeing areas for future action	Recommendations shared and negotiated with stakeholders

## References

Timmins, P., Bham, M., McFayden, J., & Ward, J. (2006). Teachers and consultation: Applying Research and Development in Organisations (RADIO). *Educational Psychology in Practice*, 22 (4), 305 – 319.



4. Thinking about the services that you receive from the Service can you tick the box to rate how you feel about them?

	Very happy	Happy	Neither happy nor unhappy	Unhappy	Very unhappy
<i>Range of services offered</i>					
<i>Support from staff</i>					
<i>Understanding of staff</i>					
<i>Contact from staff</i>					
<i>Reliability of staff</i>					
<i>Environment the Service works in e.g. building</i>					
<i>Support to access education</i>					
<i>Support with family relationships</i>					
<i>Support with your physical health</i>					
<i>Support with your emotional health</i>					

5. Please indicate how much you agree or disagree with the following statement:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<i>The Service has helped me feel better about myself.</i>					
<i>The Service has helped me progress with my education.</i>					
<i>The Service has helped me to get on with others better.</i>					
<i>The Service helped me to get on with my family better.</i>					

6. Which single improvement to the Service and its services would be most useful to you?

7. Is there anything the Service could do to help other young people?

8. Is there anything else you would like us to know about the Service and the time you have spent with them?

**Thank you for answering these questions**

## **Appendix G: Copy of the Caregiver's Questionnaire**

### **Caregiver Questionnaire**

1. What has the Service offered your child?

*E.g. day time activities, evening activities, education, support...*

2. What has the Service offered you and your family?

3. Could the Service do anything differently to help you or your child?

4. Thinking about the services that your child has received from the Service can you tick the box to rate how satisfied you were?

	Very satisfied	Quite satisfied	Neither Satisfied nor Unsatisfied	Fairly unsatisfied	Very unsatisfied
<i>Range of services offered</i>					
<i>Support from staff</i>					
<i>Experience of staff</i>					
<i>Contact from staff</i>					
<i>Reliability of staff</i>					
<i>Environment the Service works in e.g. building</i>					
<i>Support for your child to access education</i>					
<i>Support with family relationships</i>					
<i>Support with mental health issues</i>					
<i>Support to access youth activities</i>					

5. Please indicate how much you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<i>The Service has provided a good service to me</i>					
<i>The Service has provided a good service to my child</i>					
<i>The Service has helped my child progress with their education.</i>					
The Service has helped my child with their social wellbeing					
The Service has helped my child with their mental wellbeing					

6. Which single improvement to the Service and its services would be most useful to you?

7. Is there anything else you would like us to know about the Service and the time your child has spent with them?

**Thank you for answering these**

## **Appendix H: Staff semi-structured interview schedule (Pilot and Final)**

### **Staff Semi-structured Interview (Pilot)**

#### **Service Questions**

Can you tell me about yours and others role in the Service?

What type of young people do you support?

How does the Service support young people?

How do you best think the young people you work with can be supported?

What do you think the main focus and aim of the Service is?

Could the Service do anything differently?

Before we focus on multi-agency working more is there anything we haven't covered relating to the Service, or anything you think it is important for me to know?

#### **Multi-agency Questions**

What do you think multi-agency working means?

Have you received training to work multi-agency?

What skills learnt from working multi-agency?

What factors are important for good multi-agency working to happen?

Is there anything else we haven't spoken about or anything you would like to add?

Thank you for your time.

## Staff Semi-Structured Interview Questions (Final)

### What the service does:

Can you tell me about your role in the Service?

Can you tell me about other roles in the Service?

What do you think the main focus or aim of the Service is?

In what ways does the Service support the young people it works with?

How does this compare to other types of provision you know of?

What theories or models of working is the Service based on?

### Needs of young people:

What do you think the main needs of the YP you work with are?

How do you think the young people you work with can best be supported?

What does multi-agency working offer?

### Development:

Do you feel the Service's service could be improved in any way?

Before we focus on multi-agency working more is there anything we haven't covered relating to the Service, or anything you think it is important for me to know?

**Multi-agency working:**

What do you think multi-agency is?

Have you received any training related to working in a multi-agency team like the Service?

What skills have you learnt from working in a multi-agency team?

Do you work with others outside of this team?

Do you think working in a multi-agency team differs from working with your own profession only?

Do you think there are any advantages to multi-agency working?

Do you think there are any disadvantages to multi-agency working?

What factors are important for good multiagency working to happen?

Is there anything we haven't covered, or anything you would like to add?

Thank you for your time.

## Appendix I: Copy of the SDQ

### Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems dull! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name ..... Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (toys, sweets, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or shy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature .....

Date .....

Parent/Teacher/Other (please specify:)

Thank you very much for your help

© Robert Goodman, 2005

**Appendix J: Consent Form**



**GRADUATE SCHOOL OF EDUCATION**

**II. CONSENT FORM**

I have been fully informed about the aims and purposes of the project.

I understand that:

there is no compulsion for me to participate in this research project and, if I do choose to participate, I may at any stage withdraw my participation I have the right to refuse permission for the publication of any information about me

any information which I give will be used solely for the purposes of this research project, which may include publications

If applicable, the information I give, may be shared between any of the other researcher(s) participating in this project in an anonymised form

all information I give will be treated as confidential

the researcher(s) will make every effort to preserve my anonymity

.....

(Signature of participant)

.....

(Date)

If you have any concerns about the project that you would like to discuss, please contact Tim Maxwell (University of Exeter):.....

Data Protection Act: The University of Exeter is a data collector and is registered with the Office of the Data Protection Commissioner as required to do under the Data Protection Act 1998. The information you provide will be used for research purposes and will be processed in accordance with the University's registration and current data protection legislation. Data is confidential to the researcher and will not be disclosed to any unauthorised third parties without agreement by the participant.

**Appendix K: Caregiver Telephone Script**

My name is Jodie Wilkinson, I am a Trainee Educational Psychologist, and I am undertaking some research of the Service.

I am completing an evaluation of the Service to look at how well they are working and how good the services that they offer are. I hope that this will help them to ensure they are offering the best services to all of the young people and their families, and that they can offer more services in the future.

I am aware that you have had involvement with the Service and wondered if you would be happy for me to ask you a few questions about your experiences with the Service and your views of them. This should take no more than 10 minutes.

Would this be okay?

I am also hoping to complete a questionnaire with the young people who have support from the Service. Would you be happy for your child (\_\_\_\_\_) to complete this questionnaire?

If they agree to take part themselves they will be asked to also read through the consent form and sign to say they have agreed.

.....

.....

(Signature of parent or research if taken by phone)

(Date)

.....

(Printed name of parent)

## Appendix L: Analysed interview transcript

Interview 5

Interviewer- Can you tell me a bit about your role and how you see your role in the KTY?

Interviewee- I see my role as supporting young people, kind of mentoring so um if they need 1:1 support we do that, or school support, my role falls under education so we do a lot of school support if its needed, or if they are out of school we do education, a lot of therapeutic work as well as we have young people that are not keen on education so we try and approach it differently, deliver it differently, out in the community, that kind of thing. I think that's the main part of my role.

role  
YP needs

Interviewer- Does a lot of work happen in school?

Interviewee- It varies, we do have a lot of school work but then a lot on site too, as I say a lot of 1:1 work which could be at home or in town, at the library, different places really, um there's a lot of young people that come and they just have been thrown out of school for a reason and if you look at the past they have bad relationship with teachers and that setting doesn't suit them so we think of alternative places to deliver and engage. We work in home and that, which I haven't done before, it's been more in this role being in homes etc.

YP backlog

Interviewer- In relation to other people in the team how are roles different?

Interviewee- even though we have different titles we do the same kind of stuff, youth service concentrate on youth work, then the health and mental health practitioner, but a lot of it we engage the young people kind of the same, the only thing I don't do is family therapy and art therapy, but everything else like all staff, I run a cooking session so all staff get involved in that, I get involved in the drama group and it's the same kind of thing.

role /  
services  
offered

Interviewer- What other groups are there?

Interviewee- There is art and textiles and I get involved with that, I used to do sports and fitness but others do that now, and youth work I go and do activities through the summer and sometimes we have an activity day so each person has a day they have to organise, so I haven't thought of mine yet.

role /  
services  
offered

Interviewer- It sounds like there is a range of 1:1 and practical group work?

Interviewee- Definitely, it depends on the young people's needs, some can't work in groups and are quite anxious and others work really well in groups so it does depend on the young people, we do things to suit them. Its easier to tailor it around them as you have a case managed young person, I have 2 and those are the 2 I concentrate on and do 1:1 sessions and then I tie in anyone else if there is free time to do 1:1 and fit them in groups so you help support and work with other timetables too if you have time, that works better than being structured and the young people had different needs, just because a group is there you can't just throw people in.

YP needs

Service  
delivery  
MHA  
working

Interviewer - ok so thinking more about the young people, how do they end up coming to the service do you feel?

Interviewee- well when I started my understanding was that it was the last option, they had been through all the other services to stop them going out of borough or into hospital or placements, but

then I would assume they have been through all services, like mentors etc in school and other services and we are the last resort kind of thing, that's what I think and then at the same time as we cater for health, education and emotional and social needs its a holistic service.

Service delivery theory

Interviewer - Is there a main type of need you see often?

Interviewee- It varies, they are very different, some are here just for behaviour, some are health needs, such as schizophrenic, anxiety, self harm, different things and then um we have some young people, one at the moment who has a learning difficulty and his needs aren't being met at the school he was put in, so its very different, every young person here is different.

Interviewer - What do you feel the Service adds to the area?

Interviewee- I think its a good service as it deals with young people and has a holistic approach, where as other services may just concentrate on one area so you have an agency dealing specifically with education but may be missing out the health needs and would have to refer on to someone else to see that but here we can deal with everything which is unique really compared to others.

MA benefit

Interviewer - Do you think that are any ways to improve the service?

Interviewee- Um I think what I like about here for myself is that I'm getting a lot of experience, I've never worked in health before so I'm getting experience in the health sector, one thing that could be changed is refurbishing the building, it could be brightened up a bit which we spoke about before so we can facilitate more young people here. I mean, we could offer more then, we could have bigger groups for education, we only have 2 computers in one room so we have to have 2 or 3 in the group so 2 on the computer and one doing written work and sometimes it works but sometimes its difficult like after cooking I like them to print off a recipe and do a budget list for the week after but with only 2 computers you have 2 on a computer and 2 can be wondering around and its hard to watch them all, that's the only difficulty really. We have good resources here.

MA benefit - Personal

Service development

Interviewer - What about linking up with other services, does that happen?

Interviewee- Um I think the most we link with is alternative provisions, they have quite a few resources there but I suppose we could start tying in with other agencies more. I spoke to someone last week who is doing a music project and wants to get people involved as we spoke about him joining in here and bringing young people along, but that needs to go through a referral to be on our books to use and that makes it difficult. We also work with school and we have good relations with some, it depends a lot on how the young people have experienced school though, if they've had bad experience of relationships with schools can be hard, it can create difficulties like hostility between the family and school and you become the mediator kind of thing, yeah.

Interviewer - Do you get the opportunity to work with families too?

Interviewee- Yes and I see that as important, a lot of our work we do it based on how the parent deals with the young people, um I mean if you don't have the families support it's really hard to engage the young people, if mum's at home saying I don't care what they do it can effect the relationship with you and the young people, as mum doesn't care about them coming here so they can go off the rails, that is an important factor. We work with the young people mostly, not with

Service delivery difficulties

families but we do get different conversation with families, not specific family work but communication with parents, kind of thing, but then we have family support work and family therapy we can refer onto if it's necessary. The family therapist does a parent support group and he gives support and advice to parents, guidance too with working with their child, looking at positive ways to develop relationships and that.

Interviewer - In relation to the different services based here what do you feel is added to the team by working multi-agency?

Interviewee- To be fair this is my first experience of working in a multi-agency team, I think its good because um like on Tuesday we have clinical review so everyone gives their side of um what they think could be done with a young person, to look at a specific case and look at where things may be going wrong, or people give suggestions on improving work with the young people if its not going as planned or anything, I suppose that's it, that's all I can think of at the moment.

MA  
benefit

Interviewer - Does it cause any difficulties then?

Interviewee- I think the only difficulty really is sometimes I can see there is a separation between the youth team and education, like for example when doing a youth programme it has been raised before that with health and education they don't feel they have a lot of input on the programme, and it's been altered recently and the education staff will do an activity day or have a day that they can plan and then we have a day when education staff they'll plan as a group and days they do separately, so I'm responsible for one day and we have another day we'll plan as a team, but we didn't do that before it was more segregated so that improved. We do work quite closely, its really improved from how it was, we can give input and feed back on.

MA  
difficulty

Interviewer - In terms of priorities is there a balanced between the 3 services?

Interviewee- I think it's quite equal to be fair, it depends on the needs of the young people so if they have a health need that's the priority but then you look at the other needs as well but it is balanced. It's focused on the young people we work with.

Interviewer - So how do you ensure that you're all working together?

Interviewee- We have group supervision every fortnight and that's good as we can air our views and we talk about team morals and ethics within how we work and that, it works well, we have people come from outside, a difference agency, a lady comes in and does the supervision with the staff and it works really well and everyone gets involved in that and goes along. I wouldn't say that it's always good though as we do a lot of meetings and we could be doing a lot more hands on kind of thing. I do feel like we do a lot of discussing more than practical but then suppose it is for a reason to be fair as they are about the young people. I think sometimes we would gain more from the practical though but we do need meetings, for example we have handover every Monday and we talk about the week but sometimes it can get repetitive and you just say the same thing, and sometimes it can be cut down as it can go on for 2 hours and in that time we could be doing practical with the young people, we have 3 main meetings a week on Monday, Tuesday and Thursday and they are quite long winded and get dragged out. On Thursday we do supervision one week then the next week we have a staff meeting, and they can be good but we're supposed to be there but not everyone does even

though its been raised loads, and it comes up why isn't so and so here but some staff don't look at it as a priority, the staff meeting but maybe they should.

Interviewer - Thinking about moving forward then is there any area you feel could be developed?

Interviewee- I think we do a lot of work with social care but then as a multi-agency team we don't have a social worker so that could be an improvement having one in our team, not just linking with them having it based here. It's a constant relationship as there are 4 looked after children so I have a lot of contact with social workers, we work well with them and closely, the only downside is sometimes we have a young person and they are being moved constantly, and then they get a new social worker and they don't know a lot so you have to go through it all again, what's been happening and where you are at. It would benefit us to have one here to deal with the cases and over see it. They do take on our recommendations but then they have to go back to a manager to see what they say and sometimes it can be changed a lot, having someone here would help us with that, knowing what to say, that wouldn't happen then, their manager would be here, that happens every so often so would help. I think that education could also be developed more as we have young people in um and they do educational work but what could be changed is maybe they come in have an assessment so we see where they are at then have work packs available for them but now they come in and we just see how they work, we don't do a formal assessment then we just pick something off the shelf but we could have something more structure in place which would improve the education section. Cos sometimes we have young people here that haven't had education and so if they have a job level they may not be there now but we do try and get information from school to find out where they are but sometimes when schools refer them here it's like they hand them over, unless they are going back to school still so you don't get the work from the school unless as I say they go in for sessions. It depends then what we do, here we have a qualified teacher so it would be good if we have something here so we don't go back to the school a lot get a pack off them, that's something we need to work on really, um its hard as we are different services but I think education can improve, health is quite structured and the youth actually as they have programmes through the summer and out of hours in the evening and weekend with gym and football and that but I do think education could, they do fall down as they don't have some things in place that they could.

Interviewer- Ok so that's all I needed to ask, is there anything you need to add or feel we haven't covered?

Interviewee- umm no I don't think so.

## Appendix M: Certificate of ethical approval

STUDENT HIGHER-LEVEL RESEARCH



Graduate School of Education

### Certificate of ethical research approval

#### STUDENT RESEARCH/FIELDWORK/CASEWORK AND DISSERTATION/THESIS

You will need to complete this certificate when you undertake a piece of higher-level research (e.g. Masters, PhD, EdD level).

To activate this certificate you need to first sign it yourself, and then have it signed by your supervisor and finally by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: <http://www.bera.ac.uk/publications/guidelines/> and view the School's statement on the GSE student access on-line documents.

**READ THIS FORM CAREFULLY AND THEN COMPLETE IT ON YOUR COMPUTER** (the form will expand to contain the text you enter). **DO NOT COMPLETE BY HAND**

Your name: Jodie Salis

Your student no: 590035600

Return address for this certificate: 3 Clarence Road, Tewkesbury, GL20 5TD

Degree/Programme of Study: Doctorate in Educational, Child and Community Psychology

Project Supervisor(s): Tim Maxwell and Karen Harris

Your email address: js410@exeter.ac.uk

Tel: 07766746059

I hereby certify that I will abide by the details given overleaf and that I undertake in my dissertation / thesis (delete whichever is inappropriate) to respect the dignity and privacy of those participating in this research.

I confirm that if my research should change radically, I will complete a further form.

Signed:  date: 16/2/11

*NB For Masters dissertations, which are marked blind, this first page must not be included in your work. It can be kept for your records.*

Chair of the School's Ethics Committee  
updated: July 2010

### **III. Certificate of ethical research approval**

**Your student no:** 590035600

**Title of your project:**

Addressing the needs of young people with social, emotional and behavioural difficulties: An illuminative exploration of holistic 'in-city' support and multi-agency working

**Brief description of your research project:**

Within a Midlands Local Authority a model of in-city provision has been running for 10 years. The Service is a joint initiative between Health, Social Care and Education services. It aims to promote the health and wellbeing of children and young people within the borough. The need for such a team was identified to support a small but significant population of young people identified as having severe behavioural, emotional and social difficulties (BESD). The Service aims to provide a service for this population that often negates the need for out-of-locality placements. It is acknowledged that there are ongoing concerns regarding the most effective way to educate pupils identified as having BESD.

The research project consists of two main, overarching aims that will form two distinct but linked research papers. Paper one aims to carry out a holistic evaluation of the service that is currently provides. Within this will be a specific focus on the education attainments of the young people who attend the service, its role within educating and supporting young people and the cost effectiveness of the service. This will be through both qualitative and quantitative methods.

Paper two aims to explore the perceptions, attitudes and experiences of staff in relation to the multi-agency setting they work in. This paper will adopt methods of semi-structured interviews and an exploration of facilitating multi-agency working, with the staff team.

Give details of the participants in this research (giving ages of any children and/or young people involved):

Participants will be 13 years or older. Those young people who access the service (who will be between the ages of 13 and 19 years old) and their parents/carers will be asked to complete a questionnaire only.

All other participants are adults who are employed by the service. Staff will include social inclusion workers, youth workers, education staff and mental health workers. All individuals who participate will be asked to complete a written consent form. The staff involved in Paper one will form the participants for Paper two. They will be asked to participate in semi-structured interviews.

Give details (with special reference to any children or those with special needs) regarding the ethical issues of:

- a) informed consent: Where children in schools are involved this includes both headteachers and parents). An example of the consent form(s) must accompany this document:

All participants will be asked to give informed consent in relation to being observed, interviewed or included in any data pertaining to the research project. It will be made explicit the reason for the research and the possibilities of the publication of the final report. Within this will be declarations of confidentiality and anonymity. It will also be made clear to all participants that they have the right to withdraw at any time from the study up until the date of submission. All information will be presented in a straightforward statement to be signed.

Due the research design all parents/carers of the young people who give consent will have also been asked to consent for themselves and their child to participate.

- b) anonymity and confidentiality

One potential risk identified will be the maintenance of anonymity. It is acknowledged that the service works with a very small percentage of young people in a Midlands Local Authority and so it is possible that some staff and service users will be known to others who may view the completed research paper. It is key therefore that all personal information is presented in a way so as not to identify any individual staff member or young person. No personal information will be included and any personal

information collected i.e. date of birth will be destroyed as soon as the research has been completed.

Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:

The research and any work undertaken for the research project will closely follow the 'Standards of Conduct, Performance and Ethics' as detailed by the Health Professions Council (HPC, 2008) and the 'Code of Ethics and Conduct as set by the British Psychological Society (BPS, 2009).

All participants will be aware of the information that will be collected and the topics that may be covered. It is felt that the type of information collected is unlikely to cause harm or unreasonable stress to participants as it pertains only to their overall experiences of the service they have received or given.

All participants will be given contact information for the researcher should they require additional support or information at any stage of the research process.

Information will be collected using interviews, observations, questionnaires and information held in the Service relating to the work they undertake. This will involve the use of tape recorders, electronic information and interview schedules. Questionnaires will involve ratings scales, closed questions and options for fuller responses to be given where possible. Demographic information will also be collected for the young people regarding gender, age and length of time with the service. Parent information will include gender and relationship to young person.

The SPSS statistical package will be used to explore quantitative data through statistical analysis.

This will include analysis of outcomes on a range of measures. Manual methods will be used to code and analyse transcribed data. The views of the participants will be explored and comparisons made with regard to their experiences and attitudes toward multi-agency working.

**IV. Give details of any other ethical issues which may arise from this project (e.g. secure storage of videos/recorded interviews/photos/completed**

**questionnaires or special arrangements made for participants with special needs etc.):**

All data collected will be stored in a locked filing cabinet in a secure building. All electronic information will be kept on password secured equipment in a secure building. Information will be destroyed securely as soon as it is no longer required.

**Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):**

Due to the nature of the project, with paper one being a service evaluation and paper two exploring multi-agency practices with employed staff, it is not expected that any other ethical issues will be raised during the research process.

---

*This form should now be printed out, **signed by you on the first page and sent to your supervisor to sign. Your supervisor will forward this document to the School's Research Support Office for the***

Chair of the School's Ethics Committee to countersign. A unique approval reference will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.

*N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor*

---

This project has been approved for the period: 2010 until: Jul 2013

By (above mentioned supervisor's signature): Tina Maxwell date: 1 March 2011

*N.B. To Supervisor: Please ensure that ethical issues are addressed annually in your report and if any changes in the research occur a further form is completed.*

---

GSE unique approval reference: D10/11/37

Signed: B. Bowditch date: 7/3/11  
Chair of the School's Ethics Committee

---

This form is available from <http://education.essex.ac.uk/students/>

**Appendix N: Table of young people’s educational attainment (predicted and actual)**

The data in the table below pertains to the young people (n=5) whose service file included up-to-date academic attainment data. It details their actual Key Stage 1 attainment, the level that would have been predicted for them at Key Stage 3 or 4 (based on their Key Stage 1 data), and their actual attainment levels at Key Stage 3 or 4.

Young Person	1			2			3			4			5		
Subjects	Sc	Ma	En												
Ks 1 Actual Level	2	2	2	1	1	W	W	W	W	2	2	2	1	1	W
<b>Ks3 Predicted Level</b>	6	6	6	5	5	4	4	4	4	6	6	6	5	5	4
Ks3 Actual Level				3	3	3				5	5	5			
<b>Ks4 (GCSE) Predicted Level</b>	C	C	C	D	D	E	E	E	E	C	B	C	D	D	E
Ks 4 Actual Level	4	4	4				3	3	3				3	4	4

*Subject codes: Sc: Science; Ma: maths; En: English*

The National Curriculum sets standards of achievement in each subject for pupils aged 5 to 14, these standards range from Levels 1 to 8. A recording of ‘W’ reflects pupils who are working towards Level 1. Pupils progress up the levels as they get older and learn more:

- most 7 year olds (KS1) are expected to achieve Level 2
- most 11 year olds (KS2) are expected to achieve Level 4
- most 14 year olds (KS3) are expected to achieve Levels 5 or 6

(DfE, 2011)

## **Reference**

DfE. (2011). The National Curriculum. Retrieved January 10th, 2012, from [http://www.education.gov.uk/performance/tables/ks3\\_04/k3.shtml](http://www.education.gov.uk/performance/tables/ks3_04/k3.shtml)

## Appendix O: SPSS Data from the SDQ

### Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Pre	7	26.8571	5.55063	17.00	32.00
Post	7	22.2857	5.37631	16.00	30.00

## Wilcoxon Signed Ranks Test

### Ranks

	N	Mean Rank	Sum of Ranks
Post - Pre Negative Ranks	7(a)	4.00	28.00
Post - Pre Positive Ranks	0(b)	.00	.00
Post - Pre Ties	0(c)		
Post - Pre Total	7		

- a Post < Pre
- b Post > Pre
- c Post = Pre

### Test Statistics(b)

	Post - Pre
Z	-2.366(a)
Asymp. Sig. (2-tailed)	.018

- a Based on positive ranks.
- b Wilcoxon Signed Ranks Test

## Appendix P: Views given by young people (YP) and their caregivers (C)

Question	Theme	Quotes
What has the Service offered you/ your child?	<p>Young people identified practical skills and support</p> <p>Caregivers identified practical support but also an emotional element of support.</p>	<p><i>'I have learn't to cook' YP</i></p> <p><i>'Therapy, day time activities, education' YP</i></p> <p><i>'Support and advice' C</i></p> <p><i>'Someone to talk too' C</i></p> <p><i>'Support for the whole family' C</i></p> <p><i>'education and activities for my child' C</i></p>
Is the Service different to other services that have helped you/ your child?	Staff's level and style of engagement /communication	<p><i>'you don't have teachers yapping down your ear, they are the best people in the world' YP</i></p> <p><i>'always someone available' YP</i></p> <p><i>'they will contact other professionals and get things sorted' C</i></p> <p><i>'they try hard, they haven't given up although he is hard to engage' C</i></p>
Could the Service do anything differently to help you/ your child?	Minor changes identified by some and possible additional services identified.	<p><i>'Increase in activities when your not at school' YP</i></p> <p><i>'nothing, its perfect as it is' YP</i></p> <p><i>'Advice on next steps, what to do after they leave' C</i></p> <p><i>'a buddying service' C</i></p> <p><i>'weekly phone call with an update' C</i></p>
Is there anything else you would like us to know about the Service?	Immeasurable but significant outcomes.	<p><i>'he smiles more' C</i></p> <p><i>'we're arguing less' C</i></p>

## Appendix Q: Service Cost Comparison

A general cost comparison was undertaken to explore possible financial implications of the Service in comparison with others. At a time of financial cutbacks and local authority spending restrictions (Rowland, 2002), it was felt this may be beneficial information. Development of services is likely to depend on their cost-effectiveness, as well as evidence-based outcomes. This cost comparison is based on information from several published research and cost analysis papers (Curtis, 2010; Richardson, 2009; Audit Scotland, 2010). It is acknowledged that this presents only a basic analysis and exact figures will vary in relation to yearly financial changes, location etc.

Type of Service	Services Offered					Weekly fee (per YP)
	Residential	Education	Health Care	Social Care	Youth Support	
Reviewed service		X	X	X	X	£650
Residential BESD School	X	X			X	£1,153
Residential Care Home	X		X	X	X	£2,881
Residential Health/hospital Service	X	X	X	X		£3,438

## References

- Audit Scotland. (2010). *Getting it right for children in residential care*. Retrieved December 09, 2011, from [http://www.audit-scotland.gov.uk/docs/local/2010/nr\\_100902\\_children\\_residential.pdf](http://www.audit-scotland.gov.uk/docs/local/2010/nr_100902_children_residential.pdf)
- Curtis, L. (2010). *Unit costs of health and social care*. Canterbury: PRSSU.

Richardson, P. (2009). *Report of a special educational needs review*. Retrieved December 09, 2011 from <http://cmis.milton-keynes.gov.uk/CmisWebPublic/Binary.ashx?Document=27145>

Rowland, K. (2002). Effective leadership and service improvement in contemporary educational psychology services: Modernize, demonstrate quality or be privatized. *Educational management and administration*, 30(3), 275-291.

## Appendix R: Factors that facilitate multi-agency working

The list below reflects the 20 factors identified from a literature to have facilitated multi-agency working (Watson, 2006):

1. A shared vision, with clear and realistic aims and objectives
2. A clear and shared understanding of the roles and responsibilities of members of the team
3. A past history of joint working between the agencies
4. Team members open to 'horizontal learning' (across professional roles, in addition to 'within discipline')
5. Adequate resources in terms of funding and staffing
6. An approach to organisational development that works in partnership with clients
7. Having 'like-minded' individuals in the team
8. Procedures for monitoring achievements in relation to the aims and objectives, and providing feedback and review
9. Strong leadership- with clear vision and a drive to 'get things done'
10. Mutual respect and reciprocity, with all members playing a role in team development
11. Team communication skills such as listening, negotiating and compromising
12. A 'common language', including terms and definitions in order to conduct discussions
13. Mutual respect for professional roles, and trust between members of the team
14. Effective systems and procedures for communication and information-sharing between all relevant people
15. Knowledge of other agencies; overcoming professional stereotypes
16. Frontline staff who are committed to, and keen to be involved in, multi-agency working
17. Joint training
18. A recognition of separateness between team members to retain professional identity
19. Strong, robust and coherent managements arrangements (e.g. multi-agency steering group)
20. Flexible and innovative funding mechanisms (e.g. pooled budgets, joint funding, use of alternative sources of funding)

## References

Watson, H. (2006). Facilitating effective working in multi-agency co-located teams.

*Educational and Child Psychology*, 23(4), 8-22.