

THE UNIVERSITY OF HULL

Psychology in Schools: Understanding and Intervening within  
Vulnerable Populations

being a Thesis submitted for the Degree of  
Doctor of Clinical Psychology  
in the University of Hull

By

Gemma Cheney

BSc (Hons) Psychology, PGCert Primary Mental Health Care

June 2011

## Table of contents

Acknowledgements	5
Overview	6

### PART ONE:

#### Systematic Literature Review

##### “Targeted group-based interventions in schools to promote emotional well-being”

Abstract	8
Introduction	9
Method	14
Results	18
Discussion and Implications	52
Conclusions and Research Directions	61
References	63

### PART TWO:

#### Empirical Paper

##### “The experiences of Looked After Children during educational transition: What helps?”

Abstract	76
Introduction	77
Method	81
Results	85

Discussion	106
Clinical Implications	115
References	117

### PART THREE:

#### Appendices and Reflective Statement

A	Guidelines for Authors	127
B	Downs and Black (1998) Quality Checklist	133
C	Data Extraction Form	136
D	Systematic Paper Selection Strategy	137
E	Quality Ratings of Papers for Systematic Review	141
F	Letters to Confirm Ethical Permission	143
G	Inclusion Criteria for Participants in Empirical Study	147
H	Study Information for Participants	148
I	Study Information for Carers and Professionals	151
J	Assent Form for Participants	155
K	Consent Form for Carers and Professionals	157
L	Semi-structured Interview Schedule	159
M	Demographic Information Form	162
N	Worked Example of Interpretative Phenomenological Analysis (IPA)	163
O	Epistemological Statement	168
P	Content Analysis of Construct Pairs	173
Q	Participant Feedback Leaflet	180

R	Reflective Statement	182
---	----------------------	-----

## FIGURES AND TABLES

Figure 1.	Article Selection Process	139
Table 1.	Summary of the Main Characteristics of Included Studies	20
Table 2.	Summary of the Content of Interventions Included in this Review	37
Table 3.	Demographic Information of Participants, Including Placement Data	82
Table 4.	Themes and super-ordinate themes generated	85
Table 5.	Table to illustrate Downs and Black (1998) Quality Checklist	133
Table 6.	Table to Illustrate Data Extracted from Papers Included in the Systematic Literature Review	136
Table 7.	Table to Illustrate Quality Ratings based on the Downs and Black (1998) Checklist for Papers Included in the Systematic Literature Review	141
Table 8.	Table to Illustrate Demographic Information Collected from Participants in the Empirical Paper	162
Table 9.	Table to Illustrate Construct Pairs elicited within the Semi-structured Interview	173
Table 10.	Table to illustrate Categorisation of Constructs.	175
Table 11.	Table to Illustrate Nature and Frequency of Constructs used by Participants.	177

## Acknowledgements

I would like to extend my heartfelt thanks to:

My supervisors; to Dr Annette Schlösser for providing such warm-hearted support and astute supervision of this project; to Dr Poppy Nash for her wisdom and remarkable capacity for positivity and enthusiasm; and to Dr Lesley Glover for her timely advice and encouragement.

The participants who took part in my empirical study. Their courage and integrity inspired me and enlivened my research with a vitality for which I am truly grateful. Thanks also to the professionals who took time out of their busy work schedules to support and facilitate the recruitment process, without their co-operation this paper would never have been written.

Finally, to all of those who offered their love and believed in me when I most needed it. You are my stars.

☆ Thank you ☆

## Overview

This portfolio has three parts:

Part one – A systematic literature review of targeted group-based interventions in schools to promote emotional well-being.

Part two – A qualitative research study using Interpretative Phenomenological Analysis (IPA) to understand the experience of Looked After Children (LA children) during their transition to secondary school and what helps them to be successful.

Part three – Appendices including documents relevant to the research project and a reflective statement pertaining to the researcher's experience of compiling this portfolio.

Total word count: 23 440

PART ONE

Systematic Literature Review

**Targeted group-based interventions in schools to promote emotional  
well-being: a systematic review**

Gemma Cheney,\* Dr Annette Schlösser, Dr Poppy Nash & Dr Lesley Glover

Department of Clinical Psychology and Psychological Therapies, Hertford Building

University of Hull, Hull, HU6 7RX, UK

\*Corresponding author: Tel: +44 1482 464106

Email addresses: g.e.cheney@2008.hull.ac.uk; a.schlosser@hull.ac.uk;  
p.nash@psych.york.ac.uk; l.glover@hull.ac.uk

This paper is written in the format ready for submission to Clinical Child Psychology and  
Psychiatry.

Please see Appendix A for the Guidelines for Authors.

Word count: 7 503

## **Targeted group-based interventions in schools to promote emotional well-being: a systematic review**

### **Abstract**

The school environment offers significant opportunities to deliver psychological interventions to groups of young people in the UK. However, the nature and effectiveness of programmes are not consistently documented. This systematic review aimed to identify and examine group-based interventions delivered in UK schools. Sixteen papers describing eight interventions were included. It was found that Nurture Groups have an immediate positive impact on the social and emotional well-being of young people. Results from follow-up studies are less clear, and limited by a high level of sample attrition. The findings reported in relation to Social and Emotional Aspects of Learning [SEAL], cognitive behavioural and social skills based interventions were limited as each intervention is only evaluated by one paper. The review highlighted a need to implement well-designed, longitudinal studies with larger samples in order to evaluate which interventions are effective in UK schools.

**Key words:** *School, Intervention, Systematic Review, Group, Targeted*



## Introduction

Ensuring the emotional well-being of children and adolescents in the UK is a crucial aim for all involved in their care. In 2004, 10% of children and young people aged 5–16 had a clinically diagnosed psychological disorder (Green, McGinnity, Meltzer, Ford & Goodman, 2005), and incidence of psychological difficulty in children is increasing (Meltzer, Gatward, Goodman & Ford, 2000). Furthermore, children with mental health problems are more likely than peers to have co-morbid physical, educational and social difficulties, and are vulnerable to numerous poor outcomes in adulthood (Price & Robins, 1991; Caspi, Moffitt, Newman, & Silva, 1996). It is acknowledged that early intervention to improve mental health has considerable potential to benefit not just the individual, but also their family and society as a whole.

A number of studies attempt to calculate the costs of missing this opportunity. Economic research suggests that the cumulative cost of public services used by individuals with ‘troubled behaviour’ as children was ten times higher than for those with no problems (Spence & Dadds, 1996, Donovan & Spence, 2000). Therefore, it has been argued that investing resources in children and adolescent mental health services (CAMHS) represents good value for money in the long term (Department of Education and Skills [DfES], 2005).

However, young people often do not access CAMHS and many parents fail to recognise a problem (Meltzer et al., 2000). Of the 25% to 34% of those that do receive treatment, many terminate therapy prematurely, or fail to respond (Farrell & Barrett, 2007). Researchers have argued that this occurs when interventions are offered too late, and the adverse effects associated with the disorder have become entrenched (Donovan & Spence, 2000). Traditional clinic-based psychological interventions are clearly not easily accessible to the full range of

young people who may benefit, and therefore services are beginning to consider alternative modes of delivery.

Schools offer care providers a setting through which to reach a wide range of young people (Weare & Markham, 2005; Masia-Warner, Nangle, & Hansen, 2006). Teachers are well placed to recognise children whose difficulties impact upon their well-being, but fall short of diagnostic criteria (National Institute for Clinical Excellence [NICE], 2008). Those children are typically described as having social, emotional and behavioural difficulties (SEBD) or thought of as generally vulnerable. School-based programs can reduce or alleviate many barriers to clinic-based treatment, such as timing, location, stigmatisation, transportation and cost, by offering convenient and less threatening alternatives (Masia-Warner et al., 2006). Additionally, some authors have argued that the school environment is likely to facilitate the acquisition of skills, as it is thought of as a place of learning (Ladd, Buhs & Troop, 2002). This setting therefore enables professionals to access and successfully support previously unidentified and untreated young people (Armbruster, Gerstein & Fallon, 1997; Weist, Myers, Danforth et al., 1999; Ginsburg & Drake, 2002).

In the United States (US) and Australia, schools are already thought of as primary providers of mental health services (Leaf, Alegria, Cohen et al., 1996, Bayer et al., 2009). School-based interventions have also been acknowledged in the UK's Governmental rhetoric, policy and initiatives. The publication of *Every Child Matters* (DfES, 2003) and the *Children Act* (2004) has stimulated considerable progress in the coordination and integration of services for children and young people. 'Choosing Health: making healthy choices the easier choices' (Department of Health [DoH], 2004), specifically highlights childhood antecedents of adult health problems. It singles out emotional well-being as an area for intervention, and schools as an important

setting for the delivery of programmes to support this. More recently, promotion of emotional well-being was included formally in both primary and secondary educational strategies in the form of the Social and Emotional Aspects of Learning (SEAL) programmes (DfES, 2005, 2006; Department for Children, Schools and Families [DCSF], 2007).

A key feature of school interventions is often group-based delivery. Although some programmes include individual therapies, most adopt a group model in order to make most effective use of limited resources (Sectman, 2002). Group therapy is often utilised with children because they are particularly responsive to socialisation (Schiffer, 1984) and benefit from peer-led learning (Kulic, Dagley & Horne, 2004). It may be more acceptable than individual therapy for children since it provides a less threatening context, similar to their everyday school lives, where various behavioural and emotional difficulties may be addressed (Hoag & Burlingame, 1997).

The considerable interest and activity in this area has led to a need to integrate findings from existing studies. This has been recognised by several authors, and a number of reviews examining school-based interventions have already been published. Most existing systematic reviews are broadly based, covering both primary and secondary schools and both universal and targeted programmes (Kraag, Zeegers, Kok, Hosman & Abu-Saad, 2006; Rones & Hoagwood, 2000). However, the literature is difficult to synthesise for a number of reasons.

Heterogeneity of methodology is endemic, and in some cases inevitable, as school-based mental health promotion programmes do not lend themselves easily to the 'gold-standard' randomised controlled, double-blind, objectively assessed approach to evaluation. However, avoidable problems include inadequate descriptions of the intervention, lack of assessment of

programme implementation, and failure to report all outcomes (Durlak & Wells, 1997, Adi, Killoran, Janmohamed & Stewart-Brown, 2007).

Interpretation of evidence is also inconsistent. Some reviews conclude that targeted programmes are more effective than universal interventions (Haney & Durlak, 1998), perhaps because there is a greater potential for symptomatic improvement in groups who are initially more distressed (Reivich, Gillham, Chaplin & Seligman, 2005). Others suggest that the most successful targeted interventions were those underpinned by a whole-school approach (Wells, Barlow & Stewart-Brown, 2003) and that valued collaboration between children, parents, and staff (Bernstein, Layne, Egan & Tennison, 2005).

A further significant limitation of most existing reviews is that the majority focus on interventions developed and delivered outside of the UK (Adi et al., 2007, Shucksmith, Summerbell, Jones & Whittaker, 2007; Neil & Christensen, 2009; Caelear & Christensen, 2010). Although there is evidence of efficacy demonstrated in the US and Australia, the disparity in educational contexts between countries means that this data cannot necessarily be generalised to the UK.

Many UK schools are already providing services to support pupils' well-being (Adelman & Taylor, 2000). However, programs are currently delivered based not on scientific knowledge of effectiveness, but instead on an understanding of best practice extrapolated from guidelines. Thus far, no systematic attention has been paid to the effectiveness of school-based interventions delivered in the UK that address pupils' well-being. There is a clear need to summarise and synthesise existing literature. By highlighting the strengths of the evidence, policy makers and schools will be better informed about the rationale for intervening in this important area. Identifying gaps and weaknesses in the research will help to make the case for

better-designed trials to be funded, conducted and reported in the UK.

The current review therefore aimed to identify and describe targeted group interventions to influence vulnerable students' emotional, behavioural, or social functioning within schools in the UK. It will also take account of study design, implementation method and nature or form of the intervention.

From these aims, the following research questions were derived:

1. What empirically tested targeted group interventions to address mental health difficulties are delivered within schools in the UK?
2. What is the nature of these interventions?
3. Are these interventions effective?

## Method

### Data sources and search strategy

Electronic databases (PsycInfo, Medline, CINAHL and Scopus) and relevant governmental websites were searched for published articles evaluating targeted group interventions based within an educational setting. The search terms used were>(\* indicates truncation):

(scho\*) AND (adolescen\* OR child\* OR youth OR young pe\* OR teen\* OR pupil\* OR student\* OR learner\*) AND (UK OR United Kingdom OR Great Britain OR England OR Scotland OR Wales OR Northern Ireland) AND (psychol\* OR mental\*health OR emotion\* OR resilien\* OR depress\* OR anxi\* OR transition\*) AND (prevent\* OR intervention\* OR program\* OR course OR therap\* OR initiative\*).

A limit was set of 1990 to December 2010. The early date limit was selected as the National Curriculum (NC) Council first identified personal and social education as a cross-curricular dimension in 1990. Two journals that returned several appropriate articles in the initial search (Emotional and Behavioural Difficulties, Educational and Child Psychology) were hand searched for other relevant papers. A bibliographic review of found papers was also completed.

### Study selection (inclusion and exclusion criteria)

Studies were screened against the following inclusion criteria:

- (1) published between 1990 and December 2010,
- (2) intervention study or evaluation conducted in the UK,
- (3) participants were school aged (4-18 years),
- (4) Intervention was delivered in educational setting (in a school room within or outside school hours and normal curriculum),
- (5) Intervention has a group component,
- {6} at least one primary outcome measure was related to emotional, psychological or social well-being,
- {7} intervention was targeted at vulnerable pupils.

Given the expected variability in methodology, inclusion criteria in terms of study design were not stringent. Reporting a diverse range of study quality, rather than applying more rigorous methodological criteria, was felt to best represent the research field.

For the purpose of the search, 'vulnerable pupils' included those who had identified social, emotional or behavioural difficulties or those thought to be at risk of developing such difficulties by adults involved in their care.

### Study quality assessment

The quality of all studies was assessed using the Downs and Black (1998) checklist (Appendix B). The checklist has 27 criteria, each of which is answered using 'yes', 'no' or 'unable to determine', yielding a maximum score of 27. An independent researcher also evaluated a random sample of the papers, and inter-rater reliability was found to be 89 percent, indicating strong positive reliability. Ratings discrepancies were discussed and a shared decision reached.

### Data extraction and synthesis

Information collected from studies included the study aim, design, characteristics of the sample, intervention (setting, format, components), variables studied, measures and results (Appendix C). Data were synthesised from a qualitative perspective. Meta-analysis was not appropriate due to the heterogeneity of the interventions and measures used.

### Details of included and excluded studies

Electronic searches of title and abstract generated 405 results. Of these, 46 were excluded as they were published before 1990. Following an abstract review, a further 290 were excluded as they did not report a UK-based study. Twenty-three more were eliminated as participants were not school aged. The remaining forty-six papers were examined in full. After applying the remaining exclusion criteria, a total of five papers remained (Appendix D). Combined with



bibliographic and hand searches, after removing duplicates, a total of sixteen papers were included for review.

## Results

### Overview of studies included

Nine studies reported data on the Nurture Group intervention delivered in primary schools (Binnie & Allen, 2008; Cooper, Arnold & Boyd, 2001; Cooper & Whitbread, 2007; Gerrard, 2005, O'Connor & Colwell, 2002; Reynolds, MacKay & Kearney, 2007; Sanders, 2007; Scott & Lee, 2009 and Seth-Smith, Levi, Pratt, Fonagy and Jaffey, 2010) and a further one reported the same intervention within a secondary school (Cooke, Yeomans & Parkes, 2008). Three of these ten (Scott & Lee, 2009; Seth-Smith et al., 2010; Cooke et al., 2008) described a part-time NG intervention (see Table 2).

Three studies reported on different aspects of SEAL small group work within primary schools. Humphrey et al. (2008) described 4 small group interventions in their paper for the DCSF. Two of these interventions, New Beginnings and Going for Goals, are also reported in separately published papers (Humphrey, Kalambouka, Wigelsworth, Lendrum, Lennie & Farrell, 2010a; Humphrey, Kalambouka, Wigelsworth & Lendrum, 2010b respectively).

Liddle and Macmillen (2010) reported on the FRIENDS intervention, which had been extensively researched in Australia but not evaluated in the UK prior to their publication. Similarly, Ohl and colleagues (2008) reported the first published evaluation of the Pyramid Club intervention, which had previously only been the subject of studies located in the 'grey

literature' (p. 116). Maddern, Franey, McLaughlin and Cox (2004) reported results from a multidisciplinary social skills programme.

Main characteristics of studies included in the review are shown in Table 1. A brief description of each intervention is described within Table 2.

Table 1. *Summary of the main characteristics of included studies*

Study	Intervention	Design	Target of intervention	Sample	Intervention description	Main variables, measures and outcomes
Binnie (2008)	Part time nurture group (NG)	Pre- and post-intervention assessment	Primary school pupils, mean age 7 years 2 months	N=36 children. 6 schools within 1 LEA	Attended NG for a maximum of 4 mornings per week. Assessed pre- and post-intervention (after 8 months).	Emotional and behavioural functioning (BP; t)* Self esteem (BIOS; t)* Level of social, emotional and behavioural difficulties (SDQ; t, pc)*
Cooke, Yeomans and Parkes (2008)	The Oasis (KS3 NG)	Pre- and post-intervention assessment	Secondary school pupils aged 11-12 years (year 7)	N not reported.	Attended initially every afternoon (5x100mins per week), reviewed regularly and attendance reduced according to progress. By year 8 would attend a maximum of 2x100minutes per week. Assessed pre- and post-intervention	Emotional and behavioural functioning (BP; t) Developmental strands show 'clear improvements' = Diagnostic strands =
Cooper, Arnold and Boyd (2001)	NG	Pre- and post-intervention assessment with control	Primary school pupils. 84% 4-7 years, 16% 7-10 years	N=342 25 state funded schools, 8 LEAs	Treatment group: Attended full time NG (n=216) Control group 1 (n=64) matched children with SEBD in mainstream	Emotional and behavioural functioning (BP; t)* Level of social, emotional and behavioural difficulties (SDQ; t)

Study	Intervention	Design	Target of intervention	Sample	Intervention description	Main variables, measures and outcomes
		group			classes Control group 2 (n=62) matched children without SEBD in mainstream classes Assessed pre- intervention and after 2 terms of attendance	Difference in improvement on total difficulties score classification between treatment and control group 1*
Cooper and Whitbread (2007)	NG	Pre- and post-intervention assessment with control group	Primary school pupils, mean age 6 years 5 months	N=546 34 schools, 11 LEAs. High deprivation, low educational attainment.	Treatment group: Attended full time NG for a maximum 4 terms (n=359). Of these 75 pupils attended a 'newly established' NG. Control group 1 (n=64): pupils with SEBD matched to treatment group in established NG schools Control group 2 (n=62): pupils with no SEBD matched to treatment group in established NG schools Control group 3 (n=31): pupils with SEBD matched to treatment	Emotional and behavioural functioning (BP; t)* Improvement was most significant in the first 2 terms, apart from in the Developmental substrand 'Organisation of experience' which continues to improve in the 3 <sup>rd</sup> and 4 <sup>th</sup> terms Level of social, emotional and behavioural difficulties (SDQ; t) Difference in improvement after 2 terms NG on total difficulties score between

Study	Intervention	Design	Target of intervention	Sample	Intervention description	Main variables, measures and outcomes
					group in schools without NG Control group 4 (n=27): pupils with no SEBD matched to treatment group in schools without NG	treatment and control group 1* Difference in improvement after 2 terms NG on total difficulties score between treatment and control group 2* Difference in improvement after 4 terms NG on total difficulties score between treatment and control groups =
Gerrard and Brendan (2005)	NG	Pre- and post-intervention assessment with control group	Primary school pupils	N=133 15 NG schools, 2 control schools	Attended full time NG Assessed pre- and post-intervention	Emotional and behavioural functioning (BP; t) 7 schools* 5 schools partial significance on some profile strands 1 school = Control schools = Level of social, emotional and behavioural difficulties (SDQ; t) 11 schools* 3 schools = Control schools =

Study	Intervention	Design	Target of intervention	Sample	Intervention description	Main variables, measures and outcomes
Humphrey, Kalambouka, Bolton, Lendrum, Wigelsworth, Lennie and Farrell, 2008	SEAL small group interventions (New beginnings [NB], Going for goals [GfG], Getting on falling out [GOFO] and Good to be me [GtBM])	Cross over design. Reports two pre- and post-intervention assessment with control group studies and two single group repeated measures	Primary school pupils, mean age 8.43 years	Total N=624 (NB: N=435, GG: N=275, GOFO: N=88, GBM: N=109) 37 schools, 12 LEAs. Varied in size, geographical designation and attainment	Treatment group: Attended small groups as described in table 2 Assessed pre- and post-intervention, as described	Social and emotional skills (ELAI; c, pc, t) NB - compared to improvement in scores of children receiving no intervention: c, * pc=, t= GG - compared to improvement in scores of children receiving no intervention: c, * pc=, t* GOFO – comparisons made to group's baseline wait period: c=, t= GBM – comparisons made to group's baseline wait period: c=, t= Level of social, emotional and behavioural difficulties (SDQ; pc, t) NB - compared to improvement in scores of children receiving no

Study	Intervention	Design	Target of intervention	Sample	Intervention description	Main variables, measures and outcomes
						<p>intervention: pc=, t=</p> <p>GG - compared to improvement in scores of children receiving no intervention: pc=, t*</p> <p>GOFO – comparisons made to group's baseline wait period: t=</p> <p>GOFO – comparisons made to group's baseline wait period: t=</p>
Humphrey, Kalambouka, Wigelsworth, Lendrum, Lennie and Farrell (2010)	New Beginnings	Pre- and post-intervention assessment with control group	Primary school pupils, mean age 8 years 2 months	N=253, 37 schools, 12 LEAs	<p>Treatment group (n=159, 62 role models): Attended 7 weekly 45-minute small group sessions.</p> <p>Control group (n=94): Children identified to receive the intervention in the next half term.</p> <p>Assessment: Measures administered pre- (T1) and post-intervention (T2), and at a 7-week follow-up (T3).</p>	<p>Social and emotional skills (ELAI; c, pc, t)</p> <p>T1-T2: c*, pc=, t=</p> <p>T2-T3: c=</p> <p>T1-T3: c=</p> <p>Level of social, emotional and behavioural difficulties (SDQ; pc, t)</p> <p>T1-T2: pc=, t=</p>



Study	Intervention	Design	Target of intervention	Sample	Intervention description	Main variables, measures and outcomes
Humphrey, Kalambouka, Wigelsworth and Lendrum (2010)	Going for goals	Pre- and post-intervention assessment with control group	Primary school pupils, mean age 8 years 3 months	N=182 22 schools, 12 LEAs	Treatment group (n=102 54 role models): Attended 8 weekly 45-minute small group sessions. Control group (n=80): Children identified to receive the intervention in the next half term. Assessment: Measures administered pre- (T1) and post-intervention (T2), and at a 7-week follow-up (T3).	Social and emotional skills (ELAI; c, pc, t) T1-T2: c*, pc=, t* T2-T3: c=, t= Level of social, emotional and behavioural difficulties (SDQ; pc, t) T1-T2: pc=, t* T2-T3: t=
Liddle and Macmillan (2010)	FRIENDS	Pre- and post-intervention assessment with control group	School pupils aged 8-14 years	N=58 2 primary and 2 secondary schools. Mixture of urban and rural establishments	Attended 10 weekly 1-hour small group sessions, 2 booster sessions (4 and 12 weeks post-intervention). 2 parental information sessions (1 at the beginning, 1 midway through intervention) Participants formed 2 cohorts Cohort A (n=27): received	Anxiety (SCAS; c) Immediate effect: c* 4 month follow-up: c= (overall decrease*) Depression (CDI; c) Immediate effect: c* 4 month follow-up: c= (overall decrease*) Self esteem (CFSEQ; c)

Study	Intervention	Design	Target of intervention	Sample	Intervention description	Main variables, measures and outcomes
					<p>treatment at the commencement of the study</p> <p>Cohort B (n=31): received treatment directly after cohort A.</p> <p>Assessment: Measures administered pre- intervention (T1), post-intervention for cohort A and reassessment cohort B (T2) and final assessment for all children (T3).</p>	<p>4 month follow-up: c= (overall increase*)</p> <p>Social skills (SSRS; c, pc, t)</p> <p>Immediate effect: c*, pc*, t*</p> <p>4 month follow-up: c= (overall =), t= (overall increase*)</p>
Maddern, Franey, McLaughlin and Cox (2004)	Social skills training intervention	Pre- and post-intervention assessment	Primary school pupils, 2 from year 5, 6 from year 6	N=8 1 primary school	<p>Attended 20 weekly 90-minute group sessions. 5 parental meetings, 3 teacher meetings</p> <p>Assessed pre- and post-intervention</p>	<p>Self esteem (CFSEQ; c)=</p> <p>Anxiety (SCAS; c)*</p> <p>Social skills (SCPQ; c=, pc=, t=)</p> <p>Anger management (OC; t)*</p> <p>General behaviour (CRS; pc, t)</p> <p>Oppositional score: pc*, t*</p> <p>Hyperactivity score: pc=, t*</p> <p>ADHD score: pc=, t*</p> <p>Cognitive problems score: pc=, t=</p>

Study	Intervention	Design	Target of intervention	Sample	Intervention description	Main variables, measures and outcomes
O'Connor and Colwell. (2002)	NG	Retrospective pre- and post-intervention assessment	Primary school pupils, mean age 5.25 years	N=68 (Follow-up: N=12) 2 infant, 3 primary schools all in London borough of Enfield	Attended full time until ready for reintegration, as measured on BP (mean 3 terms) Assessed pre- and post-intervention, and at 2 years post integration	Emotional and behavioural functioning (BP; t)* Long term follow-up 'unclear' =
Ohl, Mitchell, Cassidy and Fox (2008)	Pyramid Club	Pre- and post-intervention assessment with control group	Primary school pupils, year 3: 8-9 years	N=105 4 primary schools, all in same council area	Treatment group (n=42): Attended 10 weekly 90-minute after-school sessions. Post club intervention meeting feedback to teachers Control group (n=52): Assessed to have no social or emotional difficulties using SDQ. Attended mainstream school with no after school group. Assessed pre- and post-intervention	Level of social, emotional and behavioural difficulties (SDQ; t) Change in total difficulties score compared to control group*
Reynolds, MacKay and	NG	Pre- and post-intervention	Primary school pupils, years 1	N=221 16 intervention	Treatment group (n=117): Attended full time nurture group	Emotional and behavioural functioning (BP; t)*

Study	Intervention	Design	Target of intervention	Sample	Intervention description	Main variables, measures and outcomes
Kearney (2007)		assessment with control group	and 2: 5-7 years	schools, 16 matched schools (number of pupils, socioeconomic status, level of need) control schools	for 6 months Control group (n=104): pupils at matched schools with no NG provision Assessed pre- and post-intervention	Self esteem (BIOS; t)* Level of social, emotional and behavioural difficulties (SDQ; t)=
Sanders (2007)	Part time NG	Pre- and post-intervention assessment with control group	Primary school pupils, reception and year 1: 4-6 years	N=26 4 schools (3 intervention schools, 1 control school without NG)	Treatment group (n=17): Attended part time nurture group for three terms Control group (n=9): Matched to treatment group in terms of perceived level of need assessed by BP Assessed pre- and post-intervention	Emotional and behavioural functioning (BP; t)* Compared to improvement of children receiving no Intervention
Scott and Lee (2009)	Part time NG	Pre- and post-intervention assessment with control	Primary school pupils	N=50 4 primary schools, same council area	Treatment group (n=25): Attended part time NG for minimum 4 half days per week Control group (n=25): Matched	Emotional and behavioural functioning (BP; t)* Compared to improvement of children receiving no

Study	Intervention	Design	Target of intervention	Sample	Intervention description	Main variables, measures and outcomes
		group			age and gender, without SEBD. Remained in mainstream. Assessed pre- (T1), mid- (T2) and post- (T3) intervention	Intervention
Seth-Smith, Levi, Pratt, Fonagy and Jaffey (2010)	NG	Pre- and post-intervention assessment with control group	Primary school pupils 4-8 years, mean 5 years 9 months	N=83 10 Nurture group schools, 5 matched (met criteria for nurture group, but not able to accommodate it within school environment) control schools	Treatment group (n=44): Attended full time NG 4.5 days per week for 1.5 terms (23 weeks) Control group (n=39): Matched in terms of level of need, attended a school without NG provision Assessed pre- and post-intervention	Emotional and behavioural functioning (BP; t) - organisation of experience* - internalisation of control* - undeveloped behaviour= - unsupported development* Level of social, emotional and behavioural difficulties (SDQ; t) Decrease in total difficulties compared to control group* Decrease in hyperactivity compared to control group* Decrease in peer problems compared to control group* Change in conduct and emotion scores compared to control=

(p) is parent self-report, (pc) is parent report about child, (c) is child self-report, (t) is teacher report about child, (w) is professional involved report about child+ is a statistically significant difference in the desired direction compared to baseline/control, - is a statistically significant difference not in the desired direction, = is no significant change from baseline to post-test or no significant difference between intervention and control group. BIOS=Behavioural Indicators of Self Esteem, BP=Boxall Profile, CDI=Children's Depression Inventory, CFSEQ=Culture-Free Self Esteem Questionnaire, CRS=Connors Rating Scale, ELAI=Emotional Literacy Assessment Inventory, OC=Observation Checklist – Primary (5-11), SCAS=Spence Children's Anxiety Scale, SCPQ=Social Competence with Peers Questionnaire, SDQ=Strengths and Difficulties Questionnaire, SSRS=Social Skills Rating System

Only those results pertaining to change in social, emotional or behavioural functioning and well-being are given here, not measures/results relating to satisfaction with interventions.

### Characteristics of research

The majority of studies were of moderate to good quality and used a pre- and post-intervention assessment design with a non-randomised control group. Both sample size and recruitment strategy varied considerably between studies.

### *Overview of methodological quality of the research*

The overall range in rated quality (Downs & Black, 1998) was 44% (Cooke et al., 2008) to 78% (Humphrey et al., 2008; Liddle & Macmillan, 2010). Ten studies had a quality rating of 60% or over, suggesting the majority of studies were of moderate to good quality. For further information see Appendix E.

### *Study design*

Twelve studies used a non-randomised control group, pre- and post-intervention design. Four used a similar design with no control group (Binnie, 2008; Cooke et al., 2008; Maddern et al., 2004; O'Connor & Colwell, 2002). Control group selection varied considerably. Two studies, reported in three papers (Humphrey et al., 2008; Humphrey et al., 2010a; Humphrey et al., 2010b) used a waiting list sample. One paper (Ohl et al., 2008) selected non-problem children from the same class as intervention participants, whereas Scott and Lee (2009) recruited from the same school but matched controls to participants in terms of perceived need. Three

studies, in 4 papers, (Cooper et al., 2001; Cooper & Whitbread, 2007; Reynolds et al., 2007; Sanders, 2007) recruited a control group from a matched school. In two studies (Cooper et al., 2001; Cooper & Whitbread, 2007; Reynolds et al., 2007) control group children were also matched individually.

### *Sample characteristics*

Sample sizes used ranged from 8 (Maddern et al., 2004) to 624 (Humphrey et al., 2008). Thirteen studies reported data on the gender composition of their sample. Within these, the majority of participants were male, with percentages ranging from 100% male (Maddern et al., 2004) to 51.2% (Ohl et al., 2008) and the majority more than 55%. School size was not indicated in any of the papers reviewed.

Similarly, 13 studies described their sample strategy. Ten used samples recruited by school staff according to either perceived need (Humphrey et al., 2008; Humphrey et al., 2010a; Humphrey et al., 2010b; Liddle & Macmillan, 2010; Scott & Lee, 2009; Seth-Smith et al., 2010), scores on a standardised measure of emotional and behavioural difficulties (Gerrard & Brendan, 2005; Sanders, 2007), or combination of these two criteria (Binnie, 2008; Cooke et al., 2008). In two studies a multidisciplinary team selected participants (Maddern et al., 2004; Ohl et al., 2008). The remaining study described a three-stage recruitment process whereby researchers selected participants according to whether intervention schools and pupils could be adequately matched (pg 206, Reynolds et al., 2007).



### Overview of interventions

Most interventions were based in a primary school setting, but three papers also reported findings from secondary school based interventions. Only three studies described any standardisation procedures. Most interventions were delivered to groups of mixed ages but all groups were composed of children who attended the same school as each other. Interventions had similar aims, the majority aiming to reduce children's behaviour difficulties and improve emotional wellbeing. Details of content and theoretical framework were reported inconsistently in reviewed papers. Available information in this area is summarised in Table 2.

### *Intervention delivery*

Only four studies reported the size of the intervention group, these ranged from a minimum of 4 (Binnie & Allen, 2008) to a maximum of 12 participants (Seth-Smith et al., 2010).

Twelve studies reported primary school based interventions, one was based in a secondary school (Cooke et al., 2008) and three were delivered in both settings (Cooper et al., 2001; Cooper & Whitbread, 2007; Liddle & Macmillan, 2010).

Fifteen interventions occurred during the usual school day, one was delivered weekly, immediately after school (Ohl et al., 2008). Five interventions encompassed the majority of the participant's school day (Gerrard & Brendan, 2005; O'Connor & Colwell., 2002, Reynolds et al.,

2007; Sanders, 2007; Seth-Smith et al., 2010). Three studies reported 'part time' interventions for half of each school day (Binnie, 2008; Cooke et al., 2008; Scott & Lee, 2009). Two papers reported data from schools delivering the same intervention, but for varying proportions of time (Cooper et al., 2001; Cooper & Whitbread, 2007). The remaining five papers reported data on weekly interventions from 7 to 20 weeks in length, offering 5.25-30 hours total intervention (Humphrey et al., 2008; Humphrey et al., 2010a; Humphrey et al., 2010; Liddle & Macmillan, 2010; Maddern et al., 2004).

School staff, in most cases one teacher and one teaching assistant, delivered the majority of interventions. Trained volunteers delivered the 'Pyramid Club' intervention (Ohl et al., 2008). Psychologists were involved in the delivery of two interventions. One paper (Liddle & Macmillan, 2010) indicated that two educational psychologists conducted each group, and a total of seven were involved across the project. Maddern and colleagues (2004) described involvement of a multidisciplinary CAMHS team, including a community psychiatric nurse (CPN), clinical psychologist, assistant psychologist and educational psychologist. Of these, the CPN and clinical psychologists were responsible for intervention delivery.

Most papers did not indicate that intervention delivery had been subject to any standardisation procedures. One paper described an intervention that was 'manualised' and delivered according to the published handbook (Liddle & Macmillan, 2010). Another described how group facilitators could refer to published guidance to guide core activities, but were encouraged to develop their own ideas (Humphrey et al., 2008). One paper described how the project co-ordinator visited each site in order to ensure the intervention group was adhering to its intended aims (Ohl et al., 2008).

### *Target age range of intervention*

Fourteen interventions were delivered to mixed age groups. Of these, ten described groups of primary school pupils; aged 4-10years. Four described a narrower age-range, including children from 2 academic years together in groups (Liddle & Macmillan, 2010; Maddern et al., 2004; Reynolds et al., 2007; Seth-Smith et al., 2010). Two papers reported interventions delivered to one specific academic year (Cooke et al., 2008; Ohl et al., 2008).

### *Aims and objectives of interventions*

Most of the interventions had similar aims; to increase pupils' emotional well-being, and thus improve behaviour and interaction with others (see Table 2). Studies intended to achieve this by targeting social and emotional aspects of learning, including empathy, self-awareness, self-regulation, motivation and social skills and providing opportunities for positive early developmental experiences within the group. Some studies also aimed to teach skills to manage anxiety, low mood or anger (Liddle & Macmillan, 2010; Maddern et al., 2004; Ohl et al., 2008).

### *Content of interventions*

The level of detail about content varied across studies, though as previously stated the majority of interventions either used a manual, or referred to an established intervention

described already in the literature, thus suggesting missing details could be obtained elsewhere. For further details see Table 2.

Table 2. *Summary of the content of interventions included in this review*

Name of intervention	Studies	Aim	Format	Key characteristics	Session content
Nurture group	Binnie and Allen (2008),	Rationale: Based on	<b>‘Classic’ model:</b> Class of	- structured daily	NG sessions typically
‘Classic’ nurture group	Cooke, Yeomans and	attachment theory:	10-12 children and 2	routines to promote a	include:
Part time/new variant	Parkes (2008), Cooper,	adaptation to school is	trained adults, typically	sense of security	- Circle time meet and
nurture group	Arnold and Boyd	determined by quality of	a teacher and learning	- core curriculum of	greet.
The Oasis	(2001), Cooper and	early attachment	support assistant. NG	language, number, and	- A directed activity,
	Whitbread	experiences.	runs for 4.5 days per	personal and social	aiming to develop co-
	(2007), Gerrard and	Aim: To help children in	week, remainder of the	development	operation, listening,
	Brendan (2005),	primary schools to	time spent in	- NG room furnished to	teamwork, turn-taking,
	O’Connor and Colwell.	improve behaviour by	mainstream class. Full	be reflective of both	problem-solving and
	(2002), Reynolds,	helping them to re-	reintegration into	school and home,	self-esteem.
	MacKay and Kearney	experience early	mainstream takes	includes kitchen facilities	- Snack time.
	(2007), Sanders (2007),	nurturing care in a safe,	between 2 and 4	- fostering of close,	- Free time to choose an
	Scott and Lee (2009),	predictable	months.	supportive and caring	activity from the range
	Seth-Smith, Levi, Pratt,	environment.		relationships between	offered.
	Fonagy and Jaffey (2010)	Focus: developing	<b>Part time/new variant:</b>	children and staff	- Saying goodbyes.
		supportive and caring	Based on principles	- opportunities for social	
		relationships with adults	underpinning the classic	learning through	
		and peers in order to	model but differ in	cooperation and play	
		enable the child to	structure or	with peers	
		experience feeling	organisational features.	- adults modelling	
			Most common deviation		

Name of intervention	Studies	Aim	Format	Key characteristics	Session content
		valued and cared for, while increasing experiences of autonomy and self control (Boxall, 2002).	is in terms of time spent in the group, which can vary from half a day to four days per week. <b>The Oasis:</b> Based on the most common NG variant described above, but delivered to the first year of pupils in a secondary school.	appropriate social interaction - efforts made to engage positively with parents (Lucas, Insley & Buckland, 2006):	
SEAL	Humphrey, Kalambouka,	Aimed to address SEAL	7-8 week intervention	Helping children by:	Each session followed a
New Beginnings	Bolton, Lendrum,	themes corresponding	designed to run each	- facilitating personal	standard format:
Going for Goals	Wigelsworth, Lennie &	to social and emotional	half term. Includes	development	- Welcome and check in:
Getting on Falling out	Farrell, 2008; Humphrey,	aspects of learning	within the group	- exploring key issues in	children given the
Good to be Me	Kalambouka,	<b>New Beginnings:</b>	children selected as role	more depth	opportunity to say hello
	Wigelsworth, Lendrum,	Empathy, self-	models (socially	- allowing skills practice	and how they are feeling
	Lennie & Farrell (2010),	awareness, motivation	confident, well-behaved	in a safe environment	- warm-up activities:
	Humphrey, Kalambouka,	and social skills	and usually high	- development of	shirt games to increase
	Wigelsworth and	<b>Going for Goals:</b>	achieving).	relationships with others	group cohesion and
	Lendrum (2010)	Motivation, self-		- promoting reflection	practice key skills such
		awareness		(Department of	as turn taking and
		<b>Getting on Falling out:</b>		Education and Skills	listening

Name of intervention	Studies	Aim	Format	Key characteristics	Session content
		Self-regulation, empathy and social skills <b>Good to be Me:</b> Self-awareness, self-regulation, empathy		[DfES], 2005)	<ul style="list-style-type: none"> <li>- reminder of group aims and behavioural expectations</li> <li>- review of previous week</li> <li>- plan for current session</li> <li>- core activity: an activity relating to the theme being addressed</li> <li>- review and reflection</li> <li>- plans for coming week</li> <li>- relaxation</li> </ul>
FRIENDS	Liddle and Macmillan (2010)	Aims to improve self esteem and social skills and minimise anxiety and low mood	10 week programme, with two booster sessions at 4 and 4 weeks post-intervention. Two parental information sessions pre- and mid-intervention	Developed as 'school-based cognitive behavioural therapy' there are versions for both children (7-12 years) and youth (12 years and above), and the format can be adapted to individual,	Intervention covers the following: <ul style="list-style-type: none"> <li>- introduction and scene setting</li> <li>- relationship between thoughts and feelings</li> <li>- learning to cope with worries</li> <li>- recognising emotions</li> </ul>

Name of intervention	Studies	Aim	Format	Key characteristics	Session content
				targeted and whole class interventions. This study reports results from the 'targeted' version. A structured manual is available, specifying the goals for each session and giving advice on delivery. Each child has their own work book, and the programme also includes 'home work' tasks	<ul style="list-style-type: none"> <li>- relaxation</li> <li>- developing positive self talk</li> <li>- challenging negative and unhelpful thoughts</li> <li>- developing problem solving skills</li> <li>- coping step plans and rewarding oneself for success</li> <li>- building on success and the importance of practice</li> <li>- review and celebration</li> </ul>
Social skills training	Maddern, Franey, McLaughlin and Cox (2004)	To increase competence and coping in the classroom and playground by: <ul style="list-style-type: none"> <li>- developing children's co-operative skills</li> <li>- developing their strategies to manage</li> </ul>	20 sessions, throughout the autumn and spring terms. Each session 90 minutes long, beginning after lunchtime break. Venue was a Learning Support unit, slightly away from the main	Based on a blend of 3 theoretical approaches: <ul style="list-style-type: none"> <li>- cognitive behavioural: importance of thoughts and feelings in behaviour is acknowledged and underpins a range of</li> </ul>	First session: Introduction and agreeing a set of rules First half term topic: Making friends (saying hello, eye contact, building conversation) Second half term topic:



Name of intervention	Studies	Aim	Format	Key characteristics	Session content
		angry and aggressive feelings	school building.	<p>management strategies</p> <p>- behaviour therapy: acknowledge learning occurs through reinforcement and imitation, as such modelling and reward system are key components of the intervention</p> <p>- experiential approach: direct learning experiences provided through games, and excursions and meeting special visitors</p>	<p>Thoughts and feelings, especially anger, fear and aggression</p> <p>Third half term: Problem solving, including thinking about moving to secondary school</p> <p>Last session: Making a large, shared piece of artwork for display</p> <p>Typical session format:</p> <p>- circle time – greeting</p> <p>- game</p> <p>- activity – drawing, making, quizzes, puppet roles plays</p> <p>- snack</p> <p>- game</p> <p>- group reward (if earned)</p>

Name of intervention	Studies	Aim	Format	Key characteristics	Session content
					- closing circle (including individual rewards)
Pyramid club	Ohl, Mitchell, Cassidy and Fox (2008)	To improve self esteem and social skills in children who present as withdrawn, socially isolated and at risk of emotional and psychological vulnerability. "Focus on building confidence and an improved sense of well-being, encouraging friendship skills and allowing children to feel...they belong" (pg 5, National Pyramid Trust, 2005)	10-week group programme run after school, once per week for 90 minutes.	<ul style="list-style-type: none"> <li>- rewards for positive behaviour</li> <li>- proximal praise giving</li> <li>- adults acting as positive role models</li> </ul>	<p>Naming and ownership of the club: children name the club and establish their own ground rules</p> <p>After the first week, a similar format is followed weekly -</p> <p>Circle time: Encourages participation</p> <p>Art activity: 20minutes to encourage creativity and expression of feelings</p> <p>Physical activity: Non-competitive team-building games</p> <p>Shared snack: Adults and children share food and drink. Learn about</p>

Name of intervention	Studies	Aim	Format	Key characteristics	Session content
					<p>social skills and sharing</p> <p>Closing circle time:</p> <p>Opportunity to discuss the session and plan for the following week.</p> <p>'Countdown' reminder given about the ending of the group.</p>

### *Theoretical basis of interventions*

Three of the eight interventions described explicitly stated a theoretical basis. NGs function according to an understanding of child development informed by attachment theory. The social skills intervention described by Maddern and colleagues (2004) combines three theoretical approaches; cognitive behavioural theory (CBT), behaviour therapy and an experiential approach. The FRIENDS intervention (Liddle & Macmillan, 2010) aims to deliver school-based group CBT.

### Effectiveness of the Interventions

Due the heterogeneity of studies and outcomes measured, effectiveness of each intervention will be considered in turn. Only quantitative outcomes related to effectiveness will be presented, not those related to participant or systemic satisfaction.

All studies reported data from teacher rated quantitative measures. One study supplemented this with information from parents (Binnie, 2008) and five used additional data from both parents and participants themselves (Humphrey et al., 2008; Humphrey et al., 2010a; Humphrey et al., 2010b; Liddle & Macmillan, 2010; Maddern et al., 2004).

Based upon the findings from the reviewed studies, the intervention with the strongest support was the NG. Most variants were found to be effective on at least one measure of

outcome, irrespective of the proportion of the school day spent within the group. The evidence for the remaining interventions was sparse. The SEAL interventions GoFO and GtbM did not appear to be well supported. Statistical significance for the remaining two SEAL interventions was reduced at or no longer achieved at follow up. The FRIENDS, social skills and Pyramid club interventions were supported by the literature, but outcomes for each were only reported in one relevant paper.

#### *Nurture Group (NG) interventions*

- Classic NG

This intervention was described in five papers (Gerrard & Brendan, 2005; O'Connor & Colwell, 2002, Reynolds et al., 2007; Sanders, 2007; Seth-Smith, Levi, Pratt, Fonagy & Jaffey, 2010). Most used the Boxall Profile (BP; Bennathan & Boxall, 1998) to demonstrate that the NG had a significant positive impact on participants' wellbeing when measured immediately post-intervention (Gerrard & Brendan, 2005; Seth-Smith et al., 2010). Sanders (2007) found that BP participants moved significantly closer to the norm than those in the control group, who were matched pre-intervention to NG participants in terms of level of need. Greater detail was identified by O'Connor and Colwell (2002) who also used the BP. Immediately following the group, significant improvements were made in each substrand when compared to original scores. Greatest improvement was noted in the 'participates constructively,' 'accommodates to others,' 'engagement' and 'attachment' substrands.

Some papers supplemented BP findings by reporting data from the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). In Gerrard and Brendan's study (2005) 15 schools submitted teacher-rated SDQ data. Of these, eleven showed participants' scores had significantly improved. Differences in scores in the remaining four schools did not reach significance, nor did scores recorded by the control schools.

A finer grain analysis was reported by Seth-Smith and colleagues (2010) who also used both BP and teacher-rated SDQ. Scores on the BP showed generally significant improvement on several substrands. However, no significant change was noted in SDQ total problem scores, nor on the emotional difficulties and conduct problems subscales. In contrast, significant improvement was noted on three subscales; hyperactivity, peer problems and prosocial behaviour. The proportion of control participants scoring in the clinical range on the SDQ was unchanged during the intervention period, but was significantly reduced in NG participants.

Reynolds et al. (2007) used three tools to measure the impact of the NG. On the BP, significant benefits were found for NG participants in comparison with controls in a matched school with no NG provision. On the teacher-scored SDQ, there was no significant difference between scores in the two groups, but the trend suggested that the NG group had made some improvements. Significant improvements made by NG participants compared to controls were also reported on the teacher-scored Behavioural Indicators Of Self-esteem (BIOS; Burnett, 1998).

Attempts to follow-up participants in the long term typically resulted in limited numbers. O'Connor and Coldwell (2002) approached participants 2 years after the group, and reported

12 responses from the original sample of 68. They also acknowledge the BP was not standardised for use within this new age group. Notwithstanding these factors, for 16 of the 20 substrands no significant difference existed between T2 and T3. Four substrands (connects up experience, has underdeveloped sense of self, shows negativism and disregards others) showed significant deterioration in the same period. Between T1 and T3, ten substrands showed significant improvement.

- Part-time Nurture Group

Two studies assessed the impact of this variant of the NG model (Binnie, 2008; Scott & Lee, 2009). Both replicated the positive findings already described in studies of the 'classic' NG model. Scott and Lee (2009) found significant aggregated gains on the BP for participants receiving the NG intervention compared to controls matched in terms of school, age and gender but with no social and emotional difficulties. Binnie (2008) reinforced this result and, in addition reported a positive change in children's self-esteem, measured by the BIOS, following the intervention. Both parent- and teacher-rated SDQ showed a significant reduction in total difficulties scores following the intervention.

- The Oasis

Cooke and colleagues (2008) reported data from an NG for secondary school pupils. BP scores did not change significantly following this intervention. There was an observable trend for

improvement over time in the developmental strands. In the diagnostic strand the pattern was less clear, with improvements in some substrands but not in others.

- Combination of different variants

The two papers by Cooper and colleagues (Cooper et al., 2001; Cooper & Whitbread, 2007) report initial findings and a follow-up of results from the participants in the same study. Of the 34 schools included across the two studies, the majority adhered to the 'classic' model, but they also included part-time and secondary school NGs. Both papers used the BP and the teacher-rated SDQ.

Cooper and colleagues (2001) reported initial findings that, after two terms of attendance, intervention participants had made significant improvements compared to control groups, as measured by the BP. According to SDQ scores, a significantly higher percentage of NG participants moved out of the 'borderline' and 'abnormal' categories following the intervention, compared to controls with SEBD in the mainstream classroom. No statistically significant discrepancies were observed between different variants of NG.

Cooper and Whitebread (2007) reiterated and elaborated these findings with additional data collected over 4 terms (T3). As in other studies, attrition rates impeded analysis of longer-term data at T3. A comparison of the magnitude of improvement of pupils in the NG compared to matched controls showed no significant difference. When analyses were limited to pupils who



attended NGs in schools with a group established for two years or more, pupils in the intervention groups were significantly more improved in all comparisons.

#### *SEAL small group interventions*

Findings for all four SEAL interventions were first reported by Humphrey and colleagues (2008). Results for the NB and GfG interventions were restated alongside additional follow-up data in two later papers (Humphrey et al., 2010a, Humphrey et al., 2010b). In all studies, the Emotional Literacy Assessment Instrument (ELAI; Southampton Psychology Service, 2003) and the SDQ were used to assess participants' social and emotional skills, behaviour and emotional well-being.

Significant improvement on participants' self reported ELAI scores immediately following the intervention was found following both NB and GtG (Humphrey et al., 2008). Following GfG teachers also reported a significant improvement in participant's self-esteem. However, for NB, there was no significant change in teacher-rated ELAI or SDQ and neither intervention led to a significant change in parent's rating. Measures that were significant in the original analysis were followed up 7-8 weeks post-intervention (T3). For both interventions, results suggested no significant change in scores from the end of the intervention to T3. Furthermore, the authors reported no significant difference in participants' scores before the intervention compared to T3 scores (Humphrey et al., 2010a, Humphrey et al., 2010b).

There was no significant difference in ELAI or SDQ scores compared to participants' own baseline results following the GOFO and GtBM interventions.

### *Other interventions*

All three remaining interventions were each described by just one UK-based study. They varied in theoretical orientation, but broadly drew from a CBT-informed and experiential approach. In general they reported significant positive findings, but these findings were not replicated by other data.

- FRIENDS

Liddle and Macmillan (2010) used three self-report measures to examine the impact of the FRIENDS intervention; the Spence Children's Anxiety Scale (SCAS; Spence, Barrett & Turner, 2003), Childhood Depression Inventory (CDI; Kovacs, 1992) and the Culture-Free Self Esteem Questionnaire (CFSEQ; Battle, 2002). The child, parent and teacher versions of the Social Skills Rating System (SSRS; Gresham & Elliott, 1990) were also administered. All measures showed participants had made significant improvements post-intervention compared to controls yet to attend the group. On the majority of measures there was no significant change in scores collected 4 months following the group. However, on participant and teacher SSRS ratings, the overall improvement from beginning the group to follow-up was no longer significant.

- Social skills intervention

Maddern and colleagues (2004) assessed the impact of this intervention using an extensive battery of measures, administered pre- and post-intervention. No significant change in self-esteem or social competence was reported following the intervention as measured by the CFSEQ and the Social Competence with Peers Questionnaire (SCPQ; Spence, 1995). However, significant improvement was noted in anxiety, using the SCAS, and in anger management as assessed using the teacher-rated Observation Checklist – Primary (OC; Faupel, Herrick & Sharp, 1998).

The Connor's Rating Scale (CRS-R; Conners, Sitarenios, Parker & Epstein, 1998) was used as a measure of general behaviour, and completed by both parents and teachers. Of the four subscales, significant improvement was reported on both the oppositional scale and by teachers on the hyperactivity and ADHD scales. However, parent ratings did not suggest significant improvement in either area, and neither group of respondents reported a significant difference in scores following the intervention on the cognitive problems scale.

- Pyramid club

In order to assess this, the impact of the Pyramid club on participant's social, emotional and behavioural difficulties, Ohl and colleagues administered the teacher-rated SDQ pre- and post-intervention. There was a significant reduction in participants' total difficulties score compared to a control group with no recorded SEBD.

## Discussion and Implications

This review aimed to identify and assess empirically tested group-based interventions delivered in school settings, specifically designed to target emotional well-being. Using a systematic protocol, this review found sixteen studies describing eight different interventions. Studies were of moderately good quality, though this varied considerably. The majority of papers reported outcomes from the teacher's perspective. There was considerable overlap in measures selected to assess impact, although due to heterogeneity of design it was not possible to conduct a meta-analysis. Instead, studies were examined for effectiveness qualitatively. Broadly, interventions fell into three categories: nurture groups, SEAL small group interventions and others including CBT-based and social skills interventions and after school clubs.

Most papers included in this review reported findings in relation to NGs. All ten NG studies utilised the BP to measure the emotional and behavioural impacts of the group on participants. This measure was supplemented in five cases by the SDQ, the BIOS was also used in two publications to assess self-esteem.

Authors found that participants made significant gains on all substrands of the BP immediately after the intervention, across a number of NG variants. Where scores did not reach significance, a trend toward improvement was noted. Two papers also reported significant enhancement of self-esteem as measured by the BIOS post-intervention (Binnie & Allen, 2008; Reynolds & Kerney, 2007), but neither study included a control group so results should be

interpreted with caution. Results from the SDQ were less unequivocal, but in general a positive trend was identified.

Variation in results from the BP and SDQ may indicate they measure different aspects of the participant's well-being. However, these findings might also be explained according to the design of the measures themselves. The BP was developed specifically for NGs, so its sensitivity to change is unsurprising. The respondent might also be different; the NG teacher completed the BP, whereas the SDQ is likely to be completed by participant's mainstream class-teacher. The class-teacher may feel less confident in scoring the behaviour of a child who spends limited time in their classroom. Although the NG teacher may have more contact, they are susceptible to positive bias, and participants may respond to the demand characteristics inherent in the assessment.

The long-term impact of NGs cannot be conclusively established. The majority of papers reported that significant improvements occurred in the first two terms and did not investigate further. Generally, those that did find initial improvement was sustained over subsequent terms, although evidence was limited as authors failed to control for differences in time to follow-up (Gerrard & Brendan, 2005). O'Connor and Colwell (2002) reported that 2 years post-intervention progress was still evident, but not significant. Notably, only 12 of the original sample of 68 were available for assessment. Furthermore, without results from a control group it was not possible to distinguish the impact of the intervention from a possible trend for general improvement over time. One paper reported evidence that some aspects of development continued to improve during the third and fourth terms (Cooper & Whitebread, 2008). They suggested children with more entrenched difficulties, older children, or those whose home lives continued to be unstable, benefited from an extended NG intervention.

Evidence for significant gains was stronger in studies of NGs with younger children. Indeed, one paper cited inclusion of older pupils to explain non-significant results (Cooke et al., 2008). However, Cooper and colleagues (2001) reported no significant difference in scores when children of different ages received different NG variants, finding all participants made significant improvements. In their follow-up, Cooper and Whitebread (2007) suggest the key factor in the effectiveness of an NG was not participant's age, but the degree to which the NG was established within the school.

Two important ideas arise from this finding. The first is that variation in NG organisation did not impact effectiveness in the intervention. Authors report that part-time NG interventions significantly reduced emotional and behavioural difficulties (Binnie, 2008; Sanders, 2007; Scott & Lee, 2009), and therefore were as effective as full-time intervention. Secondly, the extent to which NGs were established in the hosting school seemed to influence effectiveness. The interaction between school culture and NG was further considered by Cooper and colleagues and in several other papers.

Cooper and colleagues (2001) reported that in schools with NGs, even placement in mainstream classrooms benefited children with SEBD. They suggested this was due to the positive influence of the NG on the school's culture. Presence of an NG within school and liaison with NG specialists may increase awareness of nurturing philosophy, thus beneficially impacting the approaches of all school staff (Bennathan & Boxall, 2000). Some authors have suggested that a 'nurturing school' is created (Lucas, 1999; Doyle, 2003) that exists beyond the NG itself. Later, Cooper and Whitebread (2007) tempered their initial ideas and suggested that the influence of the NG on the school may be pre-determined by the attitudes of school staff. As there is no established directional causality, or clear consensus of opinion on this topic in

the literature, more rigorous investigation is required to clarify how the whole school approach moderates the effectiveness of NGs.

Impact of SEAL small group interventions was less clear. Although both NB and GfG conferred initial benefits for participants, improvement was not always recognised by parents and teachers, and not maintained at 7-week follow-up. Evaluations of the GOFO and GtBM interventions indicated no significant differences in participants' scores after attending this group.

The modest results for SEAL small group interventions may be due to methodological factors. The SEAL papers report effectiveness trials, or evaluation under real life conditions. Therefore, outcomes are likely to differ from those obtained by research that reports positive results from efficacy studies, in which interventions are delivered under stricter conditions to selective samples. Furthermore, GOFO and GtBM were evaluated by comparing pre- and post-intervention data to participant's scores during a waiting-list period. During this time the school climate was becoming more aware of the importance of well-being. These changes may have already begun to benefit participants such that improvements due to the intervention were masked.

Results also indicated a discrepancy between data from different informants. Participant's self-report was most positive, suggesting that changes effected by the groups were most salient from their perspective. Such differences may include unintended changes, such as uplift in self-esteem or improved mood. It may also indicate that benefit was accessible through introspection, and did not engender a change in behaviour discernable by an observer.

The FRIENDS, social skills and Pyramid Club interventions were only evaluated by one paper each. Results indicated participants made significant improvements immediately following all three programmes. However, methodological limitations suggest these results should be interpreted carefully. In the FRIENDS study (Liddle & MacMillan, 2010), information from the waiting period indicated a positive shift in scores on all measures. The significant increase in teacher's ratings of social skills may have been anticipatory effect, or an artefact produced by the increasing level of contact with participants during this period. This should be borne in mind when interpreting the results, as comparisons are likely to be impacted by this trend.

Restricted numbers and lack of or unsuitable comparison groups limited studies of both the social skills intervention (Maddern et al., 2004) and the Pyramid Club (Ohl et al., 2008). Maddern and colleagues (2004) reported generally significant results but data from the SCPQ suggested no significant change in social skills following the intervention, despite this being its primary target. Neither study reported follow-up data and therefore no information is available on the long-term benefit. The authors identified several areas for improvement, including a rigorous participant selection strategy, a more focused group approach and active involvement of parents and school staff.

A key difficulty for both the FRIENDS and social skill interventions is that psychologists were integral to their delivery. Relying upon direct, ongoing input from mental health professionals may not be sustainable in the long-term in relation to both time and financial implications. Therefore, it is preferable for school staff to train and deliver it themselves. This may have the additional benefit of reinforcing an awareness of positive mental health within the culture of the school.



The Pyramid Club was notable for using trained volunteers as facilitators as opposed to professionals. This has a number of likely benefits, including minimising cost, reducing workloads of professionals and potentially increasing the intervention's availability. It was also the only intervention within this review to occur outside school hours. This may increase acceptability of the group to parents and schools, reduce stigma and effectively delineate social and emotional learning from academic pressures.

Poor sample description was a characteristic common across all papers. One possible explanation is that a heterogeneous group is formed when children are selected for a targeted intervention. Most sampling strategies relied on subjective judgements of teachers, not objective measures or expert opinion. The likely variation within the sample may explain the diversity in outcome, and makes it difficult to discern which aspects of the intervention were effective and for whom. However, this scenario replicates a process in which schools are likely to operate in real life and therefore offers ecological validity.

Use of measures is an area in which the reviewed studies could also improve. Some authors reported outcome on the basis of just one measure, and the majority of studies reported data collected from just one viewpoint. Not only does this leave results vulnerable to subjectivity and bias, it also misses the opportunity to triangulate outcomes by including data derived from other key stakeholders – namely the participant and their parent or carer.

Furthermore, it is possible that the outcome measures used in the studies in which no significant change was reported following the intervention were not sufficiently sensitive to identify important internal changes. Significant but subtle internal changes may have occurred in the absence of visible behavioural change, but in most cases measures relied heavily upon

the perceptions of outside respondents to assess improvement. Studies collectively made the assumption that non-significant results were explained by the ineffectiveness of intervention, rather than possibility that measures used are not appropriate or sensitive enough. In order to address this potentially incorrect assumption, future research should aim to select measures carefully, and give equal value to both qualitative and quantitative data.

The level of detail in the analysis in most papers reviewed precluded any understanding of possible mechanism of improvement in well-being. Cooper and Whitebread (2007) report that social, emotional and behavioural difficulties were remedied in the first two terms of the NG, and suggest that this then allows cognitive improvement in the third and fourth terms. Similarly, Seth-Smith and colleagues (2010) allude to the acquisition of social skills being a key factor in facilitating progress in other areas. In addition, interventions described by Liddle and Macmillen (2010) and Maddern and colleagues (2004) were specifically designed to promote the development of social skills. The significant success of these interventions supports sociocultural theories of learning (Vygotsky, 1987). Further research should aim to recruit a sufficient number of participants and select specific measures in order to further elucidate the process of change.

A number of authors highlighted the importance of a whole-school approach. The SEAL strategy recognises this issue by embedding specific interventions within an explicit whole-school strategy. Cooper and colleagues (2001) initially hypothesised that NG interventions were also most successful when fully integrated into school and Local Education Authority (LEA) policies. However, Cooper and Whitebread (2007) later recognised that causality could not be determined by their data, and suggested that it may be equally likely that schools who chose to host NGs were those that already prioritised a nurturing approach.

Although all reviewed studies described interventions as if they were delivered independently, in reality they all occurred in the context of a complete system. Accordingly, there is substantial scope for further research in this area to investigate the extent to which systemic factors influence children's improvement following group interventions.

In general, small sample size, inadequate control groups and absence of randomisation limits the conclusions of studies included in this review. Further research is required to assess all identified interventions in order to elucidate areas in which there are mixed results, or support findings from single studies.

#### *Limitations of review*

Though this review did offer an overall view of the current evidence base, it has some limitations. Although the initial research questions have been adequately addressed, several key questions remain unanswered, as available evidence was insufficient. These questions include whether interventions should be tailored to participants' developmental stage, and determining the optimum age to intervene.

The review was limited to papers published from 1990 onwards, meaning that older papers that may have assessed significant interventions were excluded. Exclusion criteria were strict, to ensure only studies that reported outcomes relating directly to emotional well-being were included. This may have excluded papers that reported findings relating to distal but important measures, such as whether or not participants remained in mainstream school post-intervention.

Finally, potential biases may have been introduced during study selection. Although search terms were discussed and inter-rater reliability was sought, only one researcher conducted the search. Only published papers were included, which introduced potential for publication bias. It is likely that this had a significant impact upon the number of studies available to this review, but the dearth in publications highlights the need for more research in this area. Although research of sufficient quality will require some financial support, evidence-based practice requires high-quality data to guide the decision-making of educators, LEAs and governments.

## Conclusions and Research Directions

This review offers an overview of targeted group interventions designed to influence students' emotional, behavioural, or social functioning within schools in the UK. Interventions varied according to their organisational structure and in outcomes measured. Many interventions had a significant positive impact on the emotional well-being of children who were potentially vulnerable to development of mental health difficulties. Although the direction of causality is yet to be established, the most persuasive finding was in support of integrated programs within nurturing schools.

Professionals should aim to build upon this finding by importing key characteristics from successful interventions into mainstream where possible. For example, increasing individual attention, maintaining a predictable structure and incorporating small group activities may benefit children struggling with SEBD and sustain gains of those who have already benefited from the intervention in the longer term. Further studies may also seek to highlight the extent to which skills learned in the context of intervention can be successfully generalised into other settings and investigate whether these new skills may need to be practiced and reinforced when the intervention is completed, in order that improvements are maintained.

Furthermore, producing and evaluating a more comprehensive body of research pertaining to existing interventions would enable better, evidence-based decision-making about how to best support vulnerable young people in schools and ensure they are not unhelpfully separated from their peers. The call for evidence to evaluate this cost-effective intervention is timely, as

services are increasingly required to demonstrate the efficient use of limited resources. Regrettably, it also coincides with diminishing research budgets. The most effective reconfiguration of services can only occur according to high quality evidence relating to a range of interventions. Such studies will have to overcome the considerable logistical challenge of undertaking high quality studies of school-based interventions that has limited such research thus far. The crucial importance of fostering good mental health for all children makes it essential that researchers are supported to respond to this appeal and more studies are funded, conducted in the UK and published.

## References

- Adelman, H. S., & Taylor, L. (2000). Promoting mental health in schools in the midst of reform. *Journal of School Health, 70*, 171–178.
- Adi, Y., Killoran, A., Janmohamed, K. & Stewart-Brown, S. (2007). *Systematic review of the effectiveness of interventions to promote mental well-being in children in primary education*. Warwick: University of Warwick.
- Armbruster, P., Gerstein, S. H., Fallon, T. (1997). Bridging the gap between service need and service utilization: a school based mental health program. *Community Mental Health 33*(3), 199-211.
- Battle, J. (2002). *Culture-Free Self-Esteem Inventories Examiner's Manual*. Austin, TX: PRO-ED Inc.
- Bayer, J., Hiscock, H., Scalzo, K., Mathers, M., McDonald, M., Morris, A., Birdseye, J. & Wake, M. (2009). Systematic review of preventive interventions for children's mental health: what would work in Australian contexts? *Australia and New Zealand Journal of Psychiatry, 43*(8), 695-710.
- Bennathan, M. & Boxall, M. (1998). *The Boxall profile*. London: Nurture Group Network.

Bennathan, M. & Boxall, M. (2000). *Effective intervention in primary schools: nurture groups* (2<sup>nd</sup> ed). London: Fulton.

Bernstein, G. A., Layne, A. E., Egan, E. A. & Tennison, D. M. (2005). School-Based Interventions for Anxious Children, *Journal of the American Academy of Child and Adolescent Psychiatry*, 44, 1118-1127.

\*Binnie, L., and K. Allen. 2008. Whole-school support for vulnerable children: The evaluation of a part-time nurture group. *Emotional and Behavioural Difficulties*, 13, 201–216.

Boxall, M. (2002). *Nurture groups in school: Principles and practice*. London: Sage.

Burnett, P. C. (1998). Measuring behavioural indicators of self-esteem in the classroom. *Journal of Humanistic Education and Development*, 37(2), 107–116.

Calear, A. L., & Christensen, H. (2010). Systematic review of school-based prevention and early intervention programs for depression. *Journal of Adolescence*, 33, 429–438.

Caspi, A., Moffitt, T., Newman, D. & Silva, P. (1996). Behavioral Observations at age 3 years predict adult psychiatric disorders: Longitudinal Evidence from a birth cohort. *Archives of General Psychiatry*, 53, 1033-1039.



*Children Act 2004* (UK).

Conners, K., Sitarenios, G., Parker, J. D. A. & Epstein, J. N. (1998). The Revised Conners' Parent Rating Scale (CPRS-R): Factor Structure, Reliability, and Criterion Validity. *Journal of Abnormal Child Psychology*, 26(4), 257-268.

\*Cooke, C., Yeomans, J. & Parkes, J. (2008). The oasis: Nurture group provision for Key Stage 3 pupils. *Emotional and Behavioural Difficulties*, 13, 291–303.

\*Cooper, P., Arnold, R. & Boyd, E. (2001). The effectiveness of nurture groups: Preliminary findings. *British Journal of Special Education*, 28(4), 160–166.

\*Cooper, P. & Whitebread, D. (2007). The effectiveness of nurture groups on student progress: Evidence from a national research study. *Emotional and Behavioural Difficulties* 12(3), 171–190.

Department for Children, Schools and Families [DCSF] (2007). *Secondary social and emotional aspects of learning (SEAL) programme: guidance*. Nottingham: DCSF Publications.

Department for Education and Skills [DfES] (2003). *Every Child Matters*. London: DfES.

Department for Education and Skills [DfES] (2005). *Primary national strategy. Excellence and enjoyment: social and emotional aspects of learning*. London: DfES.

Department for Education and Skills [DfES] (2006). *Excellence and enjoyment: Social and emotional aspects of learning: Key Stage 2 small group activities*. Nottingham: DfES.

Department of Health [DoH] (2004). *Choosing health: making healthier choices easier*. In: Public Health White Paper. London: The Stationary Office.

Donovan, C. L., & Spence, S. H. (2000). Prevention of childhood anxiety disorders. *Clinical Psychology Review*, 20, 509–531.

Downs, S. H. & Black, N. (1998). The feasibility of creating a checklist for the assessment of the methodological quality both of randomised and non-randomised studies of health care interventions. *Journal of Epidemiological Community Health*, 52, 377-384.

Doyle, R. (2003). Developing the nurturing school: Spreading NG principles and practices into mainstream classrooms. *Emotional and Behavioural Difficulties*, 8(4), 253–267.

Durlak, J. A. & Wells, A. M. (1997). Primary prevention mental health programmes for children and adolescents: a meta-analytic review. *American Journal of Community Psychology*, 25, 115-152.

Farrell, L. J., & Barrett, P. M. (2007). Prevention of childhood emotional disorders: Reducing the burden of suffering associated with anxiety and depression. *Child and Adolescent Mental Health, 12*, 58–65.

Faupel, A., Herrick, E., & Sharp, P. (1998). *Anger management-A practical guide*. London: David Fulton.

\*Gerrard, B. (2005). City of Glasgow nurture group pilot scheme evaluation. *Emotional and Behavioural Difficulties, 10*(4), 245–253.

Ginsburg, G. S., & Drake, K. L. (2002). Anxiety sensitivity and panic attack symptomatology among low-income African American adolescents. *Journal of Anxiety Disorders, 16*, 83–96.

Goodman, R. (1997). The strengths and difficulties questionnaire: A research note. *Journal of Child Psychology and Psychiatry, 38*, 581–586.

Green, H., McGinnity, A., Meltzer, H., Ford, T & Goodman, R. (2005). *Mental health of children and young people in Great Britain, 2004*. HMSO: Palgrave Macmillan.

Gresham, F. M. & Elliott, S. N. (1990). *The Social Skills rating system*. American Guidance Services: Circle Pines.

Haney, P. & Durlak, J. A. (1998). Changing self-esteem in children and adolescents: a meta-analytic review. *Journal of Clinical and Child Psychology*, 27(4), 423-433.

Hoag, M. J. & Burlingame, B. M. (1997). Child and Adolescent Group Psychotherapy: A Narrative Review of Effectiveness and the Case for Meta-Analysis. *Journal of Child and Adolescent Group Therapy*, 7(2), 51-68.

\*Humphrey, N., Kalamvouka, A., Bolton, J., Lendrum, A., Wigelsworth, M., Lennie, C. & Farrell, P. (2008). *Primary social and emotional aspects of learning: evaluation of small group work. Research Report RR064*. Nottingham: DCSF Publications.

\*Humphrey, N., Kalamvouka, A., Wigelsworth, M., Lendrum, A., Lennie, C. & Farrell, P. (2010a). New Beginnings: evaluation of a short social-emotional intervention for primary-aged children. *Educational Psychology*, 30(5), 513-532.

\*Humphrey, N., Kalamvouka, A., Wigelsworth, M. & Lendrum, A. (2010b). Going for Goals: evaluation of a short social-emotional intervention for primary-aged children. *School Psychology International*, 31(3), 250-270.

Kovacs, M. (1992). *Children's Depression Inventory (CDI)*. New York: Multi-health Systems, Inc.

Kraag, G., Zeegers, M. P., Kok, G., Hosman, C., & Abu-Saad, H. H. (2006). School Programs

Targeting Stress Management in Children and Adolescents: A Meta-Analysis. *Journal of School Psychology, 44*, 449-472.

Kulic, K. R., Dagley, J. C., & Horne, A. M. (2004). A comprehensive review of prevention groups for children and adolescents. *Group Dynamics: Theory, Research, and Practice, 8*, 139–151.

Ladd, G. W., Buhs, E. S., & Troop, W. (2002). Children's interpersonal skills and relationships in school settings: Adaptive significance and implications for school-based prevention and intervention programs. In P. K. Smith & C. H. Hart (Eds.), *Blackwell handbook of childhood social development* (pp. 394-415). Oxford, UK: Blackwell Publishers.

Leaf, P. J., Alegria, M., Cohen, P., Goodman, S. H., Horowitz, S., Hoven, C. W., Narrow, W. E., Vaden-Kiernan, M., & Regier, D. A. (1996). Mental health service use in the community and schools: Results from the four-community MECA study. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*, 889–896.

\*Liddle, I. & Macmillan, S. (2010). Evaluating the FRIENDS programme in a Scottish setting. *Educational Psychology in Practice, 26*(1), 53-67.

Lucas, S. (1999). The nurturing school: The impact of NG principles and practice on the whole-school. *Emotional and Behavioural Difficulties*, 4(3), 14–9.

Lucas, S., Insley, K. & Buckland, G. (2006). *Nurture group principles and curriculum guidelines*.

Retrieved March 15, 2001 from <http://www.nurturegroups.org>

\*Maddern, L., Franey, J., McLaughlin, V., & Cox, S. (2004). An evaluation of the impact of an interagency intervention programme to promote social skills in primary school children. *Educational Psychology in Practice*, 20(2), 135-155.

Masia-Warner, C., Nangle, D. W., & Hansen, D. J. (2006). Bringing evidence-based child mental health services to the schools: General issues and specific populations. *Education and Treatment of Children*, 29, 165–172.

Meltzer, H., Gatward, R., Goodman, R., & Ford, F. (2000). *Mental health of children and adolescents in Great Britain*. London: The Stationery Office.

National Pyramid Trust (2005). *Annual Review 2005*. London: Pyramid.

National Institute of Clinical Excellence [NICE] (2008). *Promoting children's social and emotional well-being in primary education*. Retrieved March 12, 2011, from <http://www.nice.org.uk/guidance/index.jsp?action=download&o=40117>.

Neil, A. L. & Christensen, H. (2009). Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology Review*, 29, 208-215.

\*O'Connor, T. & Colwell, J. (2002). The effectiveness and rationale of the 'nurture group' approach to helping children with emotional and behavioural difficulties remain within mainstream education. *British Journal of Special Education*, 29(2), 96–100.

\*Ohl, M., Mitchell, K., Cassidy, T. & Fox, P. (2008). The Pyramid Club Primary School-Based Intervention: Evaluating the Impact on Children's Social-Emotional Health. *Child and Adolescent Mental Health*, 13(3), 115–121.

Price, R. K. & Robins, L. N. (1991). Adult disorders predicted by childhood conduct problems: Results from the NIMH Epidemiology Catchment Area Project. *Psychiatry*, 54, 116-131.

Reivich, K., Gillham, J. E., Chaplin, T. M., & Seligman, M. E. P. (2005). From helplessness to optimism: The role of resilience in treating and preventing depression in youth. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 223–237). New York: Kluwer Academic/Plenum Publishers.

\*Reynolds, S. MacKay, T. & Kearney, M. (2009). Nurture groups: a large-scale, controlled study of effects on development and academic attainment, *British Journal of Special Education*, 36(4), 204-212.

Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review.

*Clinical Child and Family Psychology Review*, 3(4), 223-241.

\*Sanders, T. (2007). Helping children thrive at school: The effectiveness of nurture groups.

*Educational Psychology in Practice*, 23(1), 45–61.

Schiffer, M. (1984). *Children's group therapy*. New York: The Free Press.

\*Scott, K. & Lee, A. (2009). Beyond the 'classic' nurture group model: An evaluation of part-

time and cross-age nurture groups in a Scottish local authority. *Support for Learning*,

24(1), 5–10.

\*Seth-Smith, F., Levi, N., Pratt, R., Fonagy, P., & Jaffey, D. (2010). Do nurture groups improve

the social, emotional and behavioural functioning of at risk children? *Educational and*

*Child Psychology*, 27, 21-34.

Shechtman, Z. (2002). Child Group Psychotherapy In The School At The Threshold Of A New

Millennium. *Journal of Counseling and Development*, 80(3), 293-300.

Shucksmith, J., Summerbell, C., Jones, S. & Whittaker, H. (2007). *Mental well-being of children*

*in primary education (targeted/indicated activities)*. Teeside: University of Teeside.



Southampton Psychology Service (2003). *Emotional literacy: assessment and intervention (ages 11-16)*. London: NferNelson.

Spence, S. H. (1995). *Social skills training: Enhancing social competence with children and children and adolescents*. London: NferNelson.

Spence, S. H., Barrett, P. M., & Turner, C. M. (2003). Psychometric properties of the Spence Children's Anxiety Scale with young adolescents. *Journal of Anxiety Disorders*, 17(6), 605-625.

Spence, S. H., & Dadds, M. R. (1996). Preventing childhood anxiety disorders. *Behaviour Change*, 13, 241-249.

Vygotsky, L. S. (1987) *Collected works*. New York: Plenum.

Weare, K. & Markham, W. (2005). What do we know about promoting mental health through schools? *Promotion & Education*, 12, 14-18.

Weist, M., Myers, C., Danforth, J., McNeil, D., Ollendick, T. & Hawkins, R. (2000). Expanded school mental health services: assessing needs related to school level and geography. *Community Mental Health Journal*, 36, 259-273.

Wells, J., Barlow, J. & Stewart-Brown, S. (2003). A systematic review of universal approaches to mental health promotion in schools. *Health Education, 103*, 197-220.

PART TWO

Empirical Paper

**The experiences of Looked After Children during educational transition:  
What helps?**

Gemma Cheney,\* Dr Annette Schlösser, Dr Poppy Nash & Dr Lesley Glover

Department of Clinical Psychology and Psychological Therapies, Hertford Building

University of Hull, Hull, HU6 7RX, UK

\*Corresponding author: Tel: +44 1482 464106

Email addresses: g.e.cheney@2008.hull.ac.uk; a.schlösser@hull.ac.uk;  
p.nash@psych.york.ac.uk; l.glover@hull.ac.uk

This paper is written in the format ready for submission to Clinical Child Psychology and  
Psychiatry.

Please see Appendix A for the Guidelines for Authors.

Word count: 8 198

## **The experiences of Looked After Children during educational transition:**

### **What helps?**

#### **Abstract**

Looked After children (LA children) are vulnerable to poor life outcomes including increased incidence of mental health difficulties. The psychological impact of being looked after is highlighted during major life transitions. A key transition is moving from primary to secondary school. Experiences of LA children and their ideas about this process are not well documented. Individual interviews aimed to gather information on how it can be managed most successfully from the young person's viewpoint. Ten participants, all in school year 7 (6 male, 4 female) took part. Qualitative data derived from interview transcripts was analysed using Interpretative Phenomenological Analysis (IPA). Participants described the importance of meeting both practical and psychological needs during transition and on an ongoing basis. Concerns clustered under four key themes; 'Having confidence in the external world'; 'Fitting in'; 'Dealing with feelings' and 'Taking responsibility for yourself.' Results are discussed with reference to developmental and attachment theories before implications for future research and clinical practice are highlighted.

*Key words: Looked After Children [LAC], Interpretative Phenomenological Analysis, Education, Transition, Attachment*

## Introduction

The term Looked After Children (LA children) refers to children whose birth parents are unable to provide ongoing care. Children may then be subject to a care order, or looked after by Children's Services following the agreement of their parents. This group represents approximately 0.5% of children in the UK (Department for Children, Schools and Families [DCSF], 2009). Despite considerable interest and activity in the statutory (Laming, 2003; 2009) and popular press, studies involving LA children are generally under-represented in the research literature (Davies & Wright, 2008).

Members of the LA population face numerous challenges. In addition to the adverse circumstances which precipitated their entry into care (Schofield, Beek, Sargent & Thoburn, 2000), additional common difficulties include placement instability and associated losses (Chipungu & Bent-Goodley, 2004; Hyde & Kammerer, 2009), complex mental health difficulties (Meltzer, Gatward, Goodman & Ford, 2003; Tarren-Sweeney, 2008; McAuley & Davis, 2009) and a fragmented educational career often leading to poor attainment (DCSF, 2009).

Good enough educational experience is known to predict well-being and positive life outcomes, and is protective against psychological disorder (Cocker & Scott, 2006; Richardson & Elliott, 2003). Transition to secondary school is a routine aspect of pupils' educational careers, but nonetheless is recognised as being universally anxiety provoking (Galton & Morrison, 2000). It involves changes in the child's physical and theoretical learning environment (Graham & Hill, 2003; Shaw & Vondra, 1995) and disruption of relationships (Tonkin & Watt, 2005). It

represents the period during which LA children typically lose most ground academically on their peers (DCSF, 2009).

Although LA children are a heterogeneous group, they share an experience of disrupted attachment to their primary caregiver. Psychological defences to cope with distress caused by abuse or neglect precipitate the development of internal working models that may impair the ability to maintain relationships (Howe, 2005). For LA children, the development of 'redeeming' relationships with caring adults is essential to their emotional development (Rutter, Giller, & Hagell, 1998). Stability is therefore especially significant as they are less well equipped to negotiate transitions that involve the loss of significant positive relationships (Gilligan, 2000; Granet & Mayseless, 2001).

The few psychological accounts of LA children's educational experiences are varied. One study revealed that teachers frequently provided support, whilst social workers sometimes hindered progress (Harker, Dobel-Ober, Lawrence, Sinclair, & Berridge, 2003). Earlier studies report corresponding findings (Fletcher, 1993; Lynes & Goddard, 1995) whilst others suggest LA children found teachers too supportive (Baldry & Kemmis, 1998).

In order to support LA children, it is now widely recognised that statutory services including education, Child and Adolescent Mental Health Services (CAMHS) and Social Services, must work collaboratively as the 'corporate parent' (Department of Health [DoH], 1998) to provide containment which can no longer be offered within the birth family (Golding, 2010). Thus far, little research has focused on capturing links between education concerns and emotional well-being in LA children. However, awareness of the necessity to nurture mental health in

education is growing. This need is reflected both in rhetoric (DCSF, 2007a), and introduction of new resources designed to address Social and Emotional Aspects of Learning ([SEAL]; Department for Education and Skills [DfES], 2005, 2006; DCSF, 2007b).

A recent study (Coulling, 2000) aimed to bridge inter-agency boundaries to develop a shared understanding of success in the education of LA children. Coulling adopted an interview framework based upon Personal Construct Theory (Kelly, 1955) and Ravenette's (1997) subsequent work in educational psychology. Twenty-five participants were interviewed including teachers, social workers, foster carers and LA children. Key indicators of success included sociability, attendance and reaching potential. Emergent constructs derived from professionals illustrated that they believed quality of foster care, and school's understanding of individual needs were significant factors in promoting success in education. However, the study was notably limited in that the views of LA children themselves were less clear. Although the paper refers to 'one set of responses from the children' that participated, there seemed to be a greater emphasis on the views of professionals involved in their care. By privileging the adult viewpoint, the study missed the opportunity to clearly represent the views of LA children on their own education. This was a significant weakness, given that recent emphasis has been placed on attending to the views of children in the context of informing and influencing professionals (United Nations [UN], 1989; Claveirole, 2004; Gilliland, Gallagher & Growcott, 2005). Consulting with children is not simply a preferred model, but is a mandatory requirement.

Few studies have sought to ask LA children about their educational experiences (Blyth & Milner, 1998; Borland, Pearson, Hill, Tisdall & Bloomfield, 1998). The current study aimed to address this gap in understanding by gathering information on how LA children experience the

transition from primary to secondary school, and factors that influence positive adaptation. By clearly presenting emergent themes, data will be accessible and available to inform further discussions about how to best support LA children during transition. It will also aim to capitalise upon current policy-driven momentum in this area, strengthen the rationale of existing interventions and enable the design of novel evidence-driven support for LA children. Furthermore, listening sensitively to the ideas of LA children will reinforce the message that they are valued and important individuals.

In order to guide this enquiry, the following research questions were formulated:

- How do LA children experience the transition from primary to secondary school?
- How do LA children manage the transition?
- What helped and was less helpful during the transition?



## Method

### Recruitment

Following ethical permission (Appendix F), three local Children's Services were approached to recruit participants. The research proposal was discussed, and permission to approach participants was obtained from the appropriate level of management. Social workers for LA children who met the inclusion criteria (Appendix G) were provided with study information (Appendices H and I), and consent to participate was sought from the LA child themselves, their foster carers and the fostering social worker (Appendices J and K).

### Participants

Overall, ten LA children in school year 7 (aged 11 – 12 years) met the criteria and consented to take part in the study. Demographic information is summarised in Table 3, on the following page.

Participant	Pseudonym	Gender	Time in current placement	Number of placements	Support in school for SEN
1	Jenny	Female	> 2y	2	No
2	Harry	Male	1-2 y	3	Yes (partial)
3	Sam	Male	< 1y	1	No
4	Sarah	Female	< 1y	6	No
5	Paul	Male	< 1y	2	Yes
6	John	Male	< 1y	2	Yes
7	Ella	Female	> 2y	1	No
8	Kate	Female	< 1y	5	Yes (partial)
9	Leon	Male	> 2y	2	Yes
10	Dean	Male	> 1y	1	Yes
Average			1 y 10 m	2.5	

Table 3. Demographic information of participants, including placement data.

### Measures

Interviews were carried out with LA children who had recently experienced transition to secondary school. The study was divided into two sections and combined two qualitative methodologies.

A short semi-structured questioning schedule was developed by the first author according to guidance by Smith, Flowers and Larkin (2009). A number of questions invited participants to describe how they were getting on at secondary school through the eyes of a trusted other

person. The second part of the interview was based upon Personal Construct theory (Kelly, 1955; Ravenette, 1997) and provided a means of exploring how participants made sense of themselves and their world. A similar two-part format was described in Coulling's study (2000), who argued this approach would enable LA children to access and communicate their experiences and views. The full interview schedule can be found in Appendix L.

### Procedure

Interviews took place within the first half of participants' first year at secondary school. All participants opted to be interviewed at home. Prior to the main interview, participants responded to a short demographic questionnaire (Appendix M). Interviews were recorded on a digital dictaphone and lasted 35-70 minutes. The prepared interview schedule was used as a basis for questioning participants and any points of interest were followed up as per the semi-structured approach.

### Analysis

Once completed the interviews were transcribed fully by the main researcher. Analysis of the data was conducted in accordance with a number of the 'set of common processes and principles' of IPA outlined in Smith, Flowers and Larkin (pg 102, 2009). Although IPA does not endorse a prescribed approach to interpretation, in general it involves an inductive process of moving from an initial close analysis of data from each participant, identifying emergent themes and finally a development of a structure that accommodates and illustrates the relationships between these themes (see Appendix N). An epistemological statement that sets

out a rationale for the use of IPA can be found in the Appendices (Appendix O).

## Results

Although the interview was structured into two distinct sections, transcripts were analysed in their entirety using IPA. This decision was made in response to the experience of data collection and informed by a belief that analysis should not fragment participants' stories, but rather reflect the richness and flow of their responses. For completeness, a content analysis was also conducted of emergent constructs within the second stage of the interview (Appendix P).

The analysis generated 12 themes, which clustered into 4 super-ordinate themes. These included 'Having confidence in the external world'; 'Building a peer network'; 'Dealing with feelings' and 'Taking responsibility for yourself.' The results are presented in Table 4, below.

Super-ordinate themes		Themes
1	<i>Having confidence in the external world</i>	1.1 'Knowing where you're supposed to go'
		1.2 Experiencing a connected support system
		1.3 'If I get in trouble they talk to me calm': Containment and resolution
2	<i>Building a peer network</i>	2.1 Connecting with a group
		2.2 Fitting in
		2.3 'When you get advice from another kid you just listen'
3	<i>Dealing with feelings</i>	3.1 'I'm not sure how I feel...I just don't know what to say'
		3.2 Managing feelings at school and beyond

Super-ordinate themes	Themes
	3.3 Expressing yourself and having fun
4 <i>Taking responsibility for yourself</i>	4.1 'I'm more grown up...because like...I know when to stop'
	4.2 'The court decided I have to go': Choice and agency
	4.3 Thinking of the future

Table 4. Themes and super-ordinate themes generated

#### Superordinate theme 1: Having confidence in the external world

This super-ordinate theme encompassed participants' experiences of relating to outside structures during the transition to secondary school. These structures ranged from tangible aspects of school life to participants' individual support systems. Familiarity, continuity and consistency in response were universally important. The school planner was significant to many participants, offering both a point of reference and a communication channel; facilitating the exchange of information between home and school.

##### *Theme 1.1 'Knowing where you're supposed to go'*

Participants often described the process of transition in terms of increasing familiarity with school. The planner was essential for navigating school life, offering both a map of the physical environment and formalising the routine and predictability of the school day within the timetable. Participants became more comfortable through learning about their school's

organisational structures; 'It's pretty good knowing where you're supposed to go and what time to go there and which room you're in' John, lines 166-8.

Other participants managed time at school with reference to significant and consistent aspects of daily life. This often resulted in a preoccupation with lunchtimes. When asked about how secondary school was different from primary school, Sam's first response was 'I was thinking about getting more food...and stuff...yeah, I eat better food here' (lines 164-8). John described how lunchtime arrangements were a significant feature of his new friendship, which was based upon shared lunchtime arrangements. '[My best friend] likes that I share my dinner with him, because I do. But now I don't have to because he has pack-ups and so do I...we can go together' (lines 271-274).

A common source of anxiety prior to transition was uncertainty about finding their way to school successfully.

'I got a bit scared, because I didn't know how I was gonna get transferred, like walking or getting the car or what when I first went' Paul, lines 196-8

Even once she arrived at the school gates, Sarah talked about how 'it was scary cause like, we kept getting lost because the school's really big and you have to walk down...a really long path, it's like...goes like that and then like that. It's really long.' (lines 115-117). It may be that there was a long road to Sarah's new school in reality, but this description seemed to also represent her convoluted route to school enrolment more generally.

A process that many participants described as helpful was to visit their prospective secondary school on an open day. Sam talked about how going to look around 'made me feel a bit like better, because I could find out where I was going' (lines 269-70). By beginning to develop knowledge about the school buildings whilst still at primary school, participants were able to assimilate this knowledge whilst feeling secure and able to learn.

### *Theme 1.2 Experiencing a connected support system*

Having a sense that the new school staff knew them personally before the transition was important for participants. Sarah described how feeling known was reassuring; 'I didn't know if the teachers knew me, at first, but when I found out they knew about me it got...easier' (lines 9-10). Ensuring their support system was connected up before and during transition allowed participants to develop realistic expectations of secondary school. Consistency during the change process was highly significant and enabled participants to feel well liked and supported throughout.

It was also helpful when schools had a reciprocal relationship, and made investments into supporting pupils. Primary teachers often accompanied the class on visits to secondary school, which initiated the process of making new relationships. Participants also described how 'schools worked together...during the last term of my old school a teacher came in to see us and just kind of chat' (Jenny, lines 487-489). It was helpful to know that that emotional support was prioritised alongside learning; indicated by structuring first conversations as a 'chat' and not focusing solely around academia.



Participants identified that external support was likely to contribute toward school success. When describing peers who were struggling to cope with transition, Paul suggested 'maybe their parents didn't look after them properly' (line 1145). Participants were aware of how home-life impacted education and highlighted the value of support from foster carers when moving schools. When asked what helped him to do well, Paul talked about receiving encouragement from a wide range of sources, including his 'foster carer, stepmother, and my dad, my brothers, my Social Worker, my Family Worker...everyone' (lines 525-530). Participants benefited from consistent and positive messages from a wide supporting system. Although Paul listed professionals last, it was notable that their input was still significant.

Once at secondary school, feeling attended to was universally important and participants ensured they were noticed by supportive adults in various ways. Some described 'being on report' (Sarah, line 570). Although this process was initially triggered by 'bad behaviour' (Sarah, line 576) it often functioned to formalise communication between teachers and thus provided more continuity in school experience. Kate described her experience:

'you give it to your teachers, and then...to my head of year at the end of the day. So every teacher signs it...and they have to watch what behaviour you do in that lesson...and then I show it to my foster carer, if [my foster carer] sees I got five...I'm in the good books' Kate, lines 89-99

Everyone, both at home and at school, became aware of her behaviour. The report process offered immediate feedback from teachers without having to elicit it personally. This was

significant, given that Kate struggled to ask for help independently. The report also provided opportunities for frequent positive reinforcement and encouragement across settings.

*Theme 1.3 'If I get in trouble they talk to me calm': Containment and resolution*

Once attended to, participants articulated the importance of getting a helpful response. There were various definitions of this, but participants agreed on several common factors. These included providing unconditional positive regard, containing distress and facilitating problem resolution.

'Sarah:...She was really nice to people. She's like the nicest teacher in primary.

Researcher:...if I saw her, how would I know that she was being nice?

Sarah: 'Cause she would talk to you and if you had a problem she'd sort it out for you.'

Lines 473-479

Several participants, including Sarah, felt they had closer relationships with primary school staff. This was contrasted with experiences at secondary school where participants were less likely to feel listened to. Sarah indicated that 'as soon as you do something wrong they'll send you out of class so it's really boring' (lines 665-667). She felt secondary school teachers were less sensitive to the pupil's needs, and this discouraged learning. Later, Sarah described how at school she felt she was always 'someone else's problem' (line 708).

A higher staff-to-pupil ratio enabled Leon to develop close relationships with teachers in the Pupil Referral Unit (PRU). He described how 'if I get in trouble they talk to me calm. Which I don't really get in trouble that much anymore' (lines 688-690). He experienced teaching staff as responsive to his affect and able to manage his arousal successfully by modelling calmness in their voice and behaviour. They were able to tolerate 'trouble' and still work positively with him.

Paul articulated a balanced view on what was different about secondary school teachers: 'some are helpful and some are strict. Most are both at the same time' (line 209). Although he experienced them as more boundaried they were still supportive. Paul also described how 'you know where you are' (line 245) with 'strict' teachers who held firm boundaries within the classroom, thus enabling the class to feel contained.

Participants agreed that having a clear and fair system of rewards and consequences allowed school staff to provide a consistent and helpful response. Rewards that took the form of physical evidence held special significance. For John, a 'well done' card provided a tangible symbol of his success, and enabled him to initiate discussions based around his achievements. Both Harry and Leon talked similarly about how they could use their certificates to remind themselves they had done well and show off to others.

Written or verbal praise was sufficient for several participants to feel more positively about themselves at school. Paul described how good comments became intrinsically motivating:

‘if you like work well, you get a good comment. If you like mess about, you get a bad comment, but good comments are like good, because you can improve your behaviour every day.’

Lines 454-458

Recognition for doing well was clearly important. Participants were keen to utilise the system positively in order to repeat the reward-improvement cycle. This pattern of achievement and success beneficially impacted their feelings of self-worth and sense of their own competence.

### Superordinate theme 2: Building a peer network

Peers were highly significant in participant’s lives, as reflected by this super-ordinate theme. It includes both companionable and familial relationships and describes the support, resource and security participants derived from their peer group.

#### *Theme 2.1 Connecting with a group*

Participants found having pre-existing connections when moving schools made them feel more comfortable. In the context of environmental change and disruption in relationships with adults, peer groups were likely to offer most continuity to participants. Sam illustrated this point by saying ‘what helped when I moved was just staying with my group of friends, we all did it together’ (line 1290). Other participants described the opposite experience, that not having existing peer relationships contributed towards their anxiety about starting school.

'[It was scary] not knowing anybody...I didn't move with anyone I know from my old school, because they lived in a different area.'

Kate, lines 45-51

Kate's uncertainty illustrates how moving foster placement can present difficulties that manifest in multiple contexts. Transferring to a different locality meant she was eligible to attend a different secondary school from her peers, and had to begin as a newcomer to existing peer groups.

Friendships were a key aspect of school experience and good peer relationships indicated school success. Ella described how she was 'always...with everybody really' (lines 188-9). She enjoyed having 'all...friends round you...[having] people to talk to and have fun with' (lines 1735-1736). Sarah utilised new technology to maintain contact with peers, saying 'I'm always on Blackberry messenger or Facebook...My phone and my DSi are my favourite things...I just love being connected and talking to people' (lines 594-600). Their desire for constant company indicated the value of feeling connected and part of a group.

### *Theme 2.2 Fitting in*

Participants saw fitting in and belonging as vital to social success at school. Different strategies were employed in order to achieve peer acceptance. Paul emphasised the importance of 'being a nice person' (line 718 and throughout) when building friendships. For others, their presentation of themselves as akin to peers ensured continuing friendships.

‘I didn’t want to tell people [I’m fostered]...cause I think people would think I was different. It’s important to...fit in.’

Ella, lines 1245-1250

Some participants associated connection to a particular group with negative consequences. Desire to fit in with others sometimes seemed to outweigh their capacity to make considered decisions.

Leon: ‘I tried not to start trouble...but I was hanging around with the wrong kids. So I got into it.

Researcher: Can you tell me a bit more about that?

Leon: It was easy to do cause my foster carers were on holiday...And I had a bike there that Max lent me, and this little lad took it...I told him not to take it, yeah. So Dave helped me get it. I got it back and just like hung out with him that day on.’

Lines 248-257

Leon described being influenced by his peers and how he drew upon their skills to retrieve his bike. Perhaps because he then felt indebted to them, or because their endeavour together had been successful, he continued this relationship with a group whom he’d previously thought of as the ‘wrong kids.’

Adopting a particular role had enabled some participants to fit in. John explained how he was the 'class clown' (line 241). He had created this role in order to endear himself to others, but explained a lot of effort was required to maintain this persona. Sarah used humour to fit in with peers, and was known as a 'TP – teacher's pest' (line 914-5). In class she would 'start laughing...and then [her] mates'll start laughing and then like the whole form'll start laughing' (lines 209-10). This process of contagion allowed Sarah to feel centre of attention and thus an integral part of the group.

Engaging in sporting activities was also seen as a route to peer acceptance. Harry saw joining in as essential to getting on well at school and described how 'being...on a football team' (line 1115) would facilitate this. Playing team sports allowed opportunities to practise joining in a safe way, regulated by the rules of the game, which could then be generalised to more demanding situations. Sport also 'helped [them] work together and get on with other people' (lines 1121-2), providing a chance to get to know others and share success.

### *Theme 2.3 'When you get advice from another kid you just listen'*

Consulting with, and getting advice from peers was frequently described. When Leon found it hard to trust adult opinions, he was able to internalise guidance from peers because 'they know what school's like' (line 339).

'adults aren't really in school, so...you don't really listen to them but then when you get advice from another kid you just listen don't you?' Leon, lines 330-331.

Participants described sharing mutual struggles with their best friends, indicating the importance of reciprocity in friendships. They helped to regulate each other's emotions, by recognising distress and offering support to reduce arousal when necessary.

'My best friend...always used to support me and everything because she had like a stressful life as well, so we always used to just stick together and try and calm each other down.' Ella, lines 833-835

Lastly, sibling relationships were seen as generally helpful in making the school transition. Relations already attending secondary school transmitted knowledge to younger siblings, enriching their understanding and informing realistic expectations. Having already supported a child through the transition, carers were also likely to be better equipped to aid participants when moving schools. Dean described how 'It was easier because I knew about [brother] moving there so it wasn't really new. I just joined him there' (lines 202-203). Having a brother already at the school allowed him to experience transition as a process of joining with, rather than being left behind.

### Superordinate theme 3: Dealing with feelings

This super-ordinate theme related to participants' ability to manage feelings associated with school transition. Learning how to manage emotions was part of an ongoing process for all, and participants commented according to their level of emotional vocabulary.



*Theme 3.1 'I'm not sure how I feel...I just don't know what to say'*

Participants often struggled to recognise and articulate emotions. When asked what it was like moving to secondary school, responses usually referred to the emotional impact 'It's...scary when you first go...I mean you don't know...anything' (Harry, line 54). However, a number of participants found it difficult to verbalise feelings. Inaccessibility of emotional vocabulary presented a problem to Sarah, as it precluded the opportunity to share her distress with others. She was unable to access external support offered by her foster carer and was left to manage her feelings alone.

'Researcher: Did you get to tell anyone about it, how annoyed you were?

Sarah: No. I don't know how.

Researcher: Did anyone listen to you?

Sarah: Not really no, Pam [foster carer] well, she does listen but...I'm not sure how I feel...I just don't know what to say.'

Lines 414-420

Although Ella reported a resonant struggle with verbal expression, she was able to communicate successfully non-verbally. This allowed her to join empathically with her friends' experience of anxiety. By interpreting body language, participants were able to derive information about others' emotional state, without having to rely on exchange of language.

'Researcher: How did you know about your friends being nervous?

Ella: I don't know, because everybody was just like... you could just like see it in their faces...we didn't really talk about it.'

Lines 483-441

Some participants preferred to use their own neutral phrase to describe emotion. These phrases were used almost automatically in response to any reflective question. This allowed a few extra minutes to think, by delaying the full answer until after the first utterance. Equally, in many cases a single-word response felt satisfactory to the participant and the conversation moved on without elaboration.

'Researcher: How did you feel when you were moving to [your new school]?

Kate: A bit iffy.'

Lines 97-99

'Researcher: What do you think gets in the way of them doing well at school?

Kate: Elenor [school peer] is iffy and Clare [school peer] is like iffy iffy iffy iffy iffy.'

Lines 266-267

Participants also adopted phrases first used by others to describe emotional experience. Paul first encountered the word 'fond' when interacting with his social worker. He went on to frequently select this word to illustrate his understanding of himself.

'They're very fond of me,'

Paul, line 225, 707, 714

Using this borrowed phrase, he was able to describe being good, likeable and accepted by others. However, by relying on a single descriptive word, the nuances of each individual relationship were lost both to Paul and to the researcher.

### *Theme 3.2 Managing feelings at school and beyond*

Strategies for managing feelings varied considerably between participants. Denial of any emotional experience was common.

'Researcher: What was it like for you when you were moving schools?

Leon: Fine

Researcher: What was going on for you in your head?

Leon: Nought'

Lines 204-210

Minimal emotional exchanges often occurred in the context of otherwise lively discussions and felt significantly different. By denying the presence of worries participants were able to redirect conversation toward more manageable topics. This process suggested they may struggle to understand and manage feelings which felt too threatening to engage with.

When unable to contain and communicate emotion in a considered, reflective manner, participants described various ways of releasing tension more immediately. John identified several occasions where he had become overwhelmed by his feelings:

‘Researcher: So tell me some more about being happy - is that a good thing at school?’

John: I might go skipping...[I have] a big cheesy smile. Really jumpy uppy.

Researcher: And what do other people think about that?

John: They say ‘just stop jumping.’

Line 710-734

Although he saw being happy as helpful at school, the physical manifestation of his positive affect seemed to draw negative attention from others. Their response was to discourage the behaviour, perhaps as it seemed developmentally incongruent.

Participants also described more deliberate strategies to manage their emotions. Self-reassurance was frequently employed to increase confidence and reduce concerns. Paul regularly reiterated satisfaction with his current school, to assure himself that it was the best

place for him, despite initial doubts.

‘they’re like, they’re very good teachers, because like some schools got very good teachers, and you know, but I prefer this school better.’

Paul, line 188

By providing themselves with comfort and support participants were supplied a constant and reliable message of optimism that may not always have been present in their external world.

### *Theme 3.3 Expressing yourself and having fun*

For many participants, managing feelings included finding ways to express themselves creatively. Physical activity was attractive to several, offering opportunities to perform, release tension and enjoy success. Both Ella and John enjoyed feeling competent and ‘part of the team’ (Ella, line 671).

Other artistic techniques were also utilised by participants, including drawing, reading and storytelling. Often these seemed to centre around images of violence and tragedy. Common features in Leon’s drawings were ‘cars, guns, stuff like that...pictures of Tupac and stuff’ (line 478). Harry was able to use his competence as a raconteur to express similar ideas.

‘...I think this happened in real life...there was this baby crying and her mum and dad were...went to have a meal and there was a babysitter. And the baby was crying in a cot upstairs so the babysitter went upstairs, stops crying...and then looks at this clown, she thought it was like a stuffed clown, she went downstairs again...baby was crying again. So she went back upstairs and...tried to put her back to sleep. She went downstairs...and when she went...to keep an eye on her, the baby and the clown was gone. It was actually a murd... you know, a kidnapper. Got prosecuted.’

Harry, lines 1338-1345.

#### Superordinate theme 4: Taking responsibility for yourself

The final super-ordinate theme related to participant’s awareness of their own agency, capacity to influence their lives and drive to make their voices heard.

##### *Theme 4.1 ‘I’m more grown up...because like...I know when to stop’*

Within interviews, participants acknowledged the major transition of moving to secondary school, but also highlighted their experience of multiple transitions between school contexts, an ongoing daily challenge. Making accurate assessments of new situations, flexibility and responsiveness to new demands seemed to enable participants to do well at school. Those that struggled with these skills agreed that increasing familiarity with the school had made it significantly easier to manage. Stability in the environment and accumulated experience

allowed a better understanding of the changing situational demands. Failure to respond appropriately predicted negative outcomes for educational progress.

Sarah described how moving to secondary school involved changing expectations within the lesson situation. Previously her teacher would join emotional displays and take an active role in regulating the episode. Without help to moderate her emotion, Sarah was likely to find her laughter unregulated, and unacceptable in class.

‘In primary school...the teacher was like really...they’d just laugh at anything...in the high school they’re like ‘be quiet,’ and things like that’ (Sarah, lines 210-212)

Participants also identified times when they were able to regulate their behaviour successfully, and several linked it to the idea of becoming more mature. Kate felt like she had become ‘more grown up...because like...I know when to stop’ (lines 343-4). Beginning secondary school had prompted participants to become more active in controlling their behaviour. Although difficult to articulate, for Kate and others, there was a felt sense that they had become more mindful of what was acceptable.

#### *Theme 4.2 ‘The court decided I have to go’: Choice and agency*

Participants found it helpful to have choice over aspects of school transition. Some described positive experiences of decision-making and how they were enabled to express their preference and develop a sense of agency through being listened to.

‘Well...in a review and because I’ve got problems getting changed slow, so before I used to get changed...like with everybody else and get changed back, but not now. On a Tuesday at lunch I get changed and then I stay over in period four and five...and I think that’s good, because before it was very difficult.’ Paul, lines 726-732

Paul’s problems quickly became public and shared in an open forum, and it was difficult to keep things private or ‘his business’ (line 720). However, by sharing his concerns widely he was able to communicate directly to adults who could make suitable adaptations within school. Ultimately, Paul felt listened to and enabled to make a difference in his school experience, thus alleviating a source of distress.

Several participants highlighted how not having a say had a detrimental effect on their emotional experience.

‘Well, it wasn’t very fair, because, cause before I moved...here, I was going to go to [School A]...but the court decided very late, so they decided...the court decided I have to go to [my new school], and that’s...it is a big move, but...I’ve got used to where to go’ Paul, lines 101-113

Paul clearly described his sense of confusion at this critical point in his transition. Last minute changes significantly increased his anxiety about moving schools. The decision-making was completely removed from him; he felt unheard and had little say over the final decision.



### *Theme 4.3 Thinking of the future*

Prompted by the change in environment, participants described how they had begun to think about their future lives. For some, the process of looking forwards had already involved making job plans and setting occupational goals. Being the youngest at school had inspired Harry to formulate aspirations for his adult life. He had identified a career that offered independence, but would also continue to provide structure and routine.

‘you wanna be in...doing like year 11, so I could get a job, yeah...and when I’m 12...this year, I’m gonna be a cadet in the army’ Harry, lines 526-531

Often, participants saw their future career as accessible through a series of academic and examination successes. Leon began to appreciate the value of working hard to achieve academically after hearing his older peer’s perspectives.

‘they wanna have good qualifications and they wanna go to college. And Robbie’s already talking about when he’s about 18 getting a flat...’ (lines 445-452)

Qualifications were important to participants in terms of future goals. Having clear ambitions offered substantial motivation for improvement in behaviour. This idea was summed up succinctly by Leon when he said ‘that’s what you need, generally, a target’ (line 775).

## Discussion

The current study sought to explore the experiences of LA children whilst they made the transition to secondary school. Specifically, it aimed to uncover their understandings of what had been helpful during this period. The study utilised IPA to interpret data derived from a semi-structured interview. This discussion summarises the main findings and explores themes in more detail, with reference to the existing literature.

### Summary of main findings

A number of variables were considered important in facilitating adaptation to a new school. Emergent themes were, for the most part, in line with the literature. Internal experience, relationships with others and knowledge of the external world were key to participant's understandings of school transition. Effective support took different forms, including gathering information, considering the logistics, receiving feedback and building new relationships. Opportunities for support were embedded within participant's experiences and related to the broader frameworks of development, adaptation and attachment relationships to teachers, carers and peers.

Existing literature highlighted several themes that were replicated and embellished by the current study. Coulling (2000) indicated success at school was defined in terms of peer relationships, reaching academic potential, school responsiveness and the quality of home life.

Other studies described how teaching staff featured both positively and negatively in young people's conceptualisation of what helps at school.

A focus on the concrete and tangible aspects of experience, as would be predicted by Piaget's theory of cognitive development (1972), was reflected in the theme 'Having confidence in the external world.' Within this, participants articulated their need for familiarity with the school environment, and it was especially important to be aware of the dining arrangements. These concerns can be understood in terms of Maslow's hierarchy of needs (1943) in which meeting physiological requirements, finding safety in the environment and feeling a sense of belonging take precedence over higher-level needs such as esteem, self-actualisation and transcendence. It therefore makes sense that participants often presented issues in that order. It was crucial to ascertain lunchtime arrangements, find their way around and 'fit in' before they could engage in learning.

Participants experienced a sense of transition at multiple points during the school day. To manage the constant situational change, it was important to be assured of the consistency between different school settings. Explicit knowledge of school rules as well as confidence in the response when boundaries were challenged allowed participants to feel more comfortable. Some participants found the frequent, visible feedback provided by being on report useful in terms of feeling attended to and contained. Others benefited from the various reward structures they described. Under the theme 'Experiencing a connected support system' participants identified important concepts that resonated with ideas reported in the existing literature. The presence of reliable feedback and a 'secure base' at school was thought to be important both by other members of the LA population (Martin & Jackson, 2002; Harker, Dobel-Ober, Akhurst, Berridge & Sinclair, 2004) and experts in the field (pg. 16; Gilligan, 1998).

The importance of perceived consistency and clarity in systemic response has also been recognised by professionals supporting LA children in schools (Goddard, 2000).

Goddard's (2000) review went on to suggest that having a parent or carer who valued education, or meeting a significant adult who offered consistent support and encouragement was also valuable in achieving educational success. The role of teachers and other key adults within participants' experience of transition was recognised within this study under the themes 'Experiencing a connected support system' and 'If I get in trouble they talk to me calm: Containment and resolution.' In a replication of the discord reported by existing literature (Harker, Dobel-Ober, Lawrence, et al., 2003; Baldry & Kemmis, 1998), teachers in this study were identified as both strict and helpful. Participants compared interactions with teachers at primary school to secondary school teachers and commented upon the variable quality of these relationships. Adjustment to different expectations in the pupil-teacher relationship was challenging, and the discrepancy is especially significant when considered with respect to attachment theory (Bowlby, 1969).

Early attachment experience provides children with an internal working model that determines the way in which they interpret relationships over time. These experiences establish the level of security which the child is able to feel, and will affect capacity to trust, be curious and open to learning (Winnicott 1965). Insecure attachment is common within the LA population (Cairns 2001; Golding, 2010), therefore the development and continuity of a positive relationship with a caregiver is especially significant.

The structure of primary school allows for nurturing relationships to develop more easily as pupils spend most of their time with a single adult who is able to keep all aspects of the child in mind. At secondary school interactions with adults take a different format. In order to manage this significant change in relational expectations, participants emphasised that they felt best supported by a connected and responsive network of adults. This was especially effective where there was some continuity between schools. Acknowledging this shift in relationships, offers scope for professionals to usefully intervene to prepare LA children for this change both before and during the transition.

Early attachment experiences also impact upon the ability to contain and regulate emotions, a struggle that participants recognised as relevant to school success under the superordinate theme 'Dealing with feelings'. Developing Bowlby's original theory, Sroufe (1995) suggested that attachment takes the form of dyadic emotion regulation. Infants are incapable of regulating their own emotions and arousal, and require their caregiver's assistance in this process. Emotional regulation is therefore dependent upon availability and responsiveness of a caregiver. As children mature, they learn self-regulation skills. LA children are less likely to have successfully developed these skills and thus may continue to seek some dyadic regulation.

Both processes were evident within participant's school experiences. One participant clearly described his experience of the PRU as both providing available adults to offer dyadic regulation, but also as a structured and containing setting which had enabled him to develop his own regulatory skills. Rather than offering the PRU as a last resort response to unmanageable behaviour, it may benefit both LA children, and others who similarly struggle with emotional regulation, if elements of the highly supervised and structured PRU

environment could be offered at an earlier stage of their educational journeys. Undoubtedly, given the negative impact of experiencing emotions as unmanageable and threatening, it is important to ensure all pupils experience adults in their lives as accessible if needed.

A focus on peer relations was evident within the superordinate theme 'Building a peer network.' Peers groups offered a place to fit in and feel secure in the context of multiple life transitions. Participants described complex strategies to facilitate new peer relationships, such as adopting a particular role or endearing interactional style. They derived substantial benefit from friendships, through both receiving and offering support, often in times of great distress. The influence of peer relationships identified was echoed in existing literature, which suggests school success is facilitated by having friends who achieved highly and developing shared extra-curricular activities (Goddard, 2000). Notably, participants who were detached from peers at primary school to attend an alternative secondary school felt this placed them at a considerable disadvantage, and this caused significant anxiety.

The importance of friendships has also been acknowledged elsewhere in the literature (Coulling, 2000). As in this study, LA children have previously described relying on friends as their sole confidant, sometimes when ideal sources of support were unavailable (Blower, Addo, Hodgson, Lamington & Towlson, 2004). McMurray, Connolly, Preston-Shoot & Wigley (2011) reported the views of LA children on this topic in relation to identity development. The normative concern with identity development was highlighted in the current study within the superordinate theme 'Taking responsibility for yourself.' According to Erikson (1982), participants in this study would be beginning to negotiate the identity versus role confusion psychosocial crisis. During this stage, peer relationships become especially important as young people attempt to resolve their identity and mature (Woodhouse, 1996). As in McMurray and

colleagues' study (2011), the drive toward being more grown-up was voiced by many participants in the current study. Young people both struggled for acceptance by others and also to become individuals. This tension between wanting to be independent, but also to fit in was evident throughout.

Developmental theory also predicted that participants had begun to develop autonomy and awareness of their own agency, reflected by the themes 'I'm more grown up...because like...I know when to stop' and 'The court decided I have to go': Choice and agency.' They described positive experiences of choice and concern with building a positive future, issues that bear some resemblance to the concept of 'reaching potential' previously highlighted by professionals (Coulling, 2000). Furthermore, when participants felt they were denied agency over their lives, they typically reported frustration, confusion and distress. However, the developmentally appropriate drive to begin to assert choice and build maturity is largely unacknowledged in the remainder of the literature. Ungar (2004) advocates that a major aspect of resilience is when individuals can maintain a chosen identity rather than have one imposed onto them, and also for young people to have the opportunity to demonstrate competence and their ability to assert themselves. Therefore, although it is vitally important to recognise opportunities for professionals to support well-being, the resources and concerns of young people themselves should neither be ignored nor underestimated.

It is also crucial to appreciate individual differences in this population. Although participants were largely in agreement, there were notable points of divergence. The variety in their backgrounds predicts they will benefit from support in different ways and at different times. Furthermore, being Looked After does not automatically indicate the young person will struggle at school. Indeed, participants were keen to be seen as similar to their peers, and to

celebrate their successes at school. For all young people, vulnerability should be thought of as both dimensional and temporal. Success during transition is dependent upon a number of variables. Key factors include experience of past transitions and the degree to which early relationship experiences allow utilisation of available support (Berridge, 2007; Granot & Mayseless, 2001). Where the impact of negative experience overwhelms the capacity to manage the demands of school life is the point at which pupils become vulnerable.

### Strengths and limitations

This study focuses solely on LA children and making their thoughts and concerns accessible to professionals working with them. Given the limited published research that reports the experiences of this group, a key strength of the current paper is that it successfully engages with LA children and allows their voices to be heard. However, the inevitable difficulties in recruiting from this group resulted in some limitations in terms of design and sampling.

Flexibility was key to the data collection approach. Although the research was originally intended to employ a methodology based primarily around personal construct theory, during the interview process it became clear that the richest data was captured during the introductory period of semi-structured questioning. Although it is difficult to know conclusively why this occurred, possible explanations include fatigue and limited concentration span. The paper benefited from reflexivity on the part of the researcher, as the analysis approach was adapted to accommodate this reflection during data collection and optimise conclusions derived from the information gathered.



In common with most qualitative research, this study was based on a small, specific sample of participants, and caution must be exercised when considering the transferability of the conclusions. Furthermore, the participants of this study may not have been entirely representative of the LA population as a whole. There may have been a selection bias in that those who chose to take part are likely to have shared common individual attributes, such as holding a positive attitude towards being supported at school. However, once approached, all LA children gave their assent to participate. A more significant challenge was that, according to ethical stipulation, social workers and foster carers mediated the sampling process. For some LA children, a decision not to participate was made by professionals, without their involvement. This occurred for a variety of reasons, including not wishing to disturb progress or believing further professional involvement would be too disruptive.

Attempts were made to ensure that interpretations attained 'subtle realism' (pg. 50; Mays & Pope, 2000) and represented the data closely by discussing themes with peers and a supervisor. An improvement would have been to pursue respondent validation (Smith, Jarman & Osbourne, 1999; Mays & Pope, 2000). However a potential power imbalance between participant and researcher would be especially likely given the population studied (Richardson, 2000), and this together with logistical limitations meant that the opportunity was not pursued.

Notwithstanding these weaknesses, it is important to note that LA children were enabled to articulate an important expert perspective on what worked for them during the transition to secondary school. Participants indicated how they were able to cope and adapt to transition, had demonstrated considerable resilience and most continued to succeed at school. Given that

most research within this population tends to be focused upon the difficulties faced and associated negative outcomes this study provides a more positive and hopeful counterpoint.

### Future research

Given the pragmatic limitations upon this project, it was unrealistic to attempt a comprehensive investigation of all relevant factors. Therefore, a number of possible avenues for further research were indicated.

During the data collection process it was clear that a number of social workers and foster carers were keen to share their own reflections. This suggested opportunities to conduct similar research within these populations to capture their experiences and thereby triangulate the findings of this study (Mays & Pope, 2000). Professionals' involvement in the research process may also increase their support for the participation of young people in their care. A broad approach to data collection and triangulation of views is especially important, given that recent research highlights divergence between the ideas of LA children and associated professionals (Cashmore & Paxman, 2006).

The focus on a relatively minor transition within the lives of LA children could be addressed by expanding the interview to include enquiries into how participants experienced other changes, and what was helpful in each circumstance. In order to investigate transitions at other developmental stages, for example the process of leaving care, an older sample would need to be recruited.

## Clinical Implications

The current study has a number of implications, for individuals, services and for the development of policy in relation to management of educational transitions for LA children.

The findings of this study highlight the importance of school staff having an awareness of the particular needs of LA children. Both logistical and relationship-based concerns should be acknowledged and addressed by professionals. Participants appreciated the frequent feedback, visibility and attention that they experienced by being 'on report.' Offering a structure with similar benefits, but that does not necessitate poor behaviour to initiate the process, may allow young people to derive this benefit in a more positive way.

Peer relationships were seen as key by participants in this study. If schools were able to maintain positive peer relationships during the school transfer then anxiety would be considerably reduced. Consistency and responsiveness in adult relationships was also highly valued. The most positive experiences were described by participants who felt they could identify a significant adult who had kept them in mind before, during and after school transition. Lastly, participants made it clear that making multiple changes, most commonly moving foster placement and school simultaneously, was extremely disruptive. This could be minimised by professionals working together to reduce the likelihood of concurrent transitions.

Policies are beginning to take account of all areas of the child's experience (National Institute of Clinical Excellence [NICE], 2010; DfES, 2003), but measures of success continue to have a

limited focus. By accepting levels of attendance, academic attainment and behaviour as valid measures of school success without contextual information about social and emotional well-being, a vital indicator of achievement is lost. Furthermore, it may be argued that the level of emotional functioning determines all other measurable outcomes. Felt security, agency and emotional intelligence are essential to promote the confidence and risk-taking needed for learning. Instead of presuming these vital attributes are too difficult to capture, policy-makers should invest in research to explore and facilitate understandings in this area. Attending fully to LA children's experiences is the only way in which a real difference will be made in their lives.

## References

Baldry, S. & Kemmis, J. (1998). What is it like to be looked after by a local authority? *British Journal of Social Work*, 284, 129–136

Berridge, D. (2007). Theory and explanation in child welfare: Education and looked after children. *Child and Famil Social Work*, 12(1), 1-10.

Blower, A., Addo, A., Hodgson, J., Lamington, L. & Towlson, K. (2004). Mental health of 'looked after' children: a needs assessment. *Clinical Child Psychology and Psychiatry*, 9, 117–129.

Blyth, E. & Milner, J. (1998). *Social Work with Children: The Educational Perspective*. London: Longman.

Borland, M., Pearson, C., Hill, M., Tisdall, K. & Bloomfield, I. (1998) *Education and Care Away from Home: A Review of Research, Policy and Practice*. Edinburgh: Scottish Council for Research in Education.

Bowlby, J. (1969). *Attachment and Loss (vol. 1)*. New York: Basic Books.

Cairns, K. (2001). *The effects of trauma on childhood learning*. In S. Jackson (Ed.), *Nobody Ever Told Us School Matters: Raising the Educational Attainments of Children in Care* (pp. 191–205). London: British Agency for Adoption and Fostering.

Cashmore, J. & Paxman, M. (2006). Predicting after-care outcomes: the importance of 'felt' security. *Child and Family Social Work, 11*, 232–241.

Chipungu, S. S., & Bent-Goodley, T. B. (2004). Meeting the challenges of contemporary foster care. *The Future of Children, 14*(1), 74–93.

Claveirole, A. (2004). Listening to young voices: challenges of research with adolescent mental health service users. *Journal of Psychiatric and Mental Health Nursing, 11*, 253–260.

Cocker, C. & Scott, S. (2006). Improving the mental and emotional well-being of looked after children: Connecting research, policy and practice. *Journal of the Royal Society for the Promotion of Health, 126*(1), 18–23.

Coulling, N. (2000). Definitions of successful education for the looked after child: a multi-agency perspective. *Support for Learning, 15*, 30–35.

Davies, J. & Wright, J. (2008). *Children's Voices: A Review of the Literature Pertinent to Looked-After Children's Views of Mental Health Services*. *Child and Adolescent Mental Health,*

13(1), 26–31.

Department for Children, Schools and Families [DCSF] (2007a). *Care Matters: Time for Change*. London: HMSO.

Department for Children, Schools and Families [DCSF] (2007b). *Secondary social and emotional aspects of learning (SEAL) programme: guidance*. Nottingham: DCSF Publications.

Department for Children, Schools and Families [DCSF] (2009). *Children Looked After in England (including adoption and care leavers) year ending 31 March 2009*. London: DfES.

Department for Education and Skills [DfES] (2003). *Every Child Matters*. London: DfES.

Department for Education and Skills [DfES] (2005). *Excellence and enjoyment: Social and emotional aspects of learning (guidance)*. Nottingham: DfES.

Department for Education and Skills [DfES] (2006). *Excellence and enjoyment: Social and emotional aspects of learning: Key Stage 2 small group activities*. Nottingham: DfES.

Department of Health [DH], (1998). *Quality Protects*. London: HMSO.

Erikson, E. H. (1982). *The Life Cycle Completed: A Review*. New York: W.W. Norton & Company.

Fletcher, B. (1993). *Not Just a Name: The Views of Young People in Foster and Residential Care*.  
London: National Consumer Council.

Galton, M., & Morrison, I. (2000). Concluding comments: Transfer and transition: The next steps. *International Journal of Educational Research*, 33, 443–449.

Gilligan, R. (1998). The Importance of Schools and Teachers in Child Welfare. *Child and Family Social Work*, 3(1), 13-25.

Gilligan, R. (2000). Adversity, resilience and young people: the protective value of positive school and spare time experiences. *Children and Society*, 14, 37–47.

Gilliland, D., Gallagher, P. & Growcott, J. (2005). Developments in child and adolescent mental health services. *Child Care and Practice*, 11, 51–61.

Goddard, J. (2000). The education of looked after children – a research review. *Child and Family Social Work*, 5, 79–86.



Golding, K. (2010). Multi-agency and specialist working to meet the mental health needs of children in care and adopted. *Clinical Child Psychology and Psychiatry*, 15(4), 573-587.

Graham, C., & Hill, M. (2003). Negotiating the transition to secondary school. Retrieved August 10, 2010, from <http://www.scre.ac.uk/spotlight/spotlight89.html>

Granot, D., & Mayseless, O. (2001). Attachment security and adjustment to school in middle childhood. *International Journal of Behavioural Development*, 25, 530-541.

Harker, R., Dobel-Ober, D., Akhurst, S., Berridge, D., & Sinclair, R. (2004). Who takes care of education 18 months on? A follow-up study of looked after children's perceptions of support for educational progress. *Child and Family Social Work*, 9, 273-284.

Harker, M., Dobel-Ober, D., Lawrence, J., Berridge, D. & Sinclair, R. (2003). Who takes care of education? Looked after children's perceptions of support for educational progress. *Child & Family Social Work*, 8(2), 89-100.

Howe, D. (2005). *Child Abuse and Neglect: Attachment, Development and Intervention*. Basingstoke: Palgrave Macmillan.

Hyde, J., & Kammerer, N. (2009). Adolescents' Perspectives on Placement Moves and Congregate Settings: Complex and Cumulative Instabilities in Out-of-Home Care. *Children and Youth Services Review*, 31(2), 265-273.

Kelly, G. A. (1955). *The Psychology of Personal Constructs (vols 1 and 2)*. New York: Norton.

Laming, H. (2003). *The Victoria Climbié Inquiry: a report on the inquiry by Lord Laming*. London: HMSO.

Laming, H. (2009). *The Protection of Children in England: A Progress Report*. London: HMSO.

Lynes, D. & Goddard, J. (1995). *The View from the Front: The User View of Child Care in Norfolk*. Norfolk: Norfolk County Council Social Services Department.

Martin, P. Y. & Jackson, S. (2002). Educational success for children in public care: advice from a group of high achievers. *Child and Family Social Work*, 7, 121–130.

Maslow, A. H. (1943). A Theory of Human Motivation. *Psychological Review*, 50, 370-396.

Mays, N. & Pope, C. (2000). Assessing quality in qualitative research. *British Medical Journal*, 320, 50–52.

McAuley, C. & Davis, T. (2009). Emotional well-being and mental health of looked after children in England. *Child and Family Social Work, 14*, 147–155.

McMurray, I., Connolly, H., Preston-Shoot, M. & Wigley, V. (2011). Shards of the old looking glass: Restoring the significance of identity constructions in promoting positive outcomes for looked after children. *Child and Family Social Work, 16*, 210-218.

Meltzer, H., Gatward, R., Goodman, R., & Ford, T. (2003). Mental health of children and adolescents in Great Britain. *International Review of Psychiatry, 15*(1), 185-187.

National Institute of Clinical Excellence [NICE] (2010). *Promoting the quality of life of looked-after children and young people, NICE public health guidance 28*. London: HMSO.

Piaget, J. (1972). Intellectual evolution from adolescence to adulthood. *Human Development, 15*(1), 1-12.

Ravenette, A. T. (1997). *Selected Papers: Personal Construct Psychology and the Practice of an Educational Psychologist*. Farnborough: EPCA Publications.

Richardson, L. (2000). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 923-948). Thousand Oaks, CA: Sage.

Richardson, R. & Lelliott, P. (2003). Mental Health of Looked After Children. *Advances in Psychiatric Treatment*, 9, 249-251.

Rutter, M., Giller, H., & Hagell, A. (1998). *Antisocial behavior by young people*. New York: Cambridge University Press.

Schofield, G., Beek, M., Sargent, K. & Thoburn, J. (2000). *Growing Up in Foster Care*. London: British Association for Adoption and Fostering.

Shaw, D. S., & Vondra, J. I. (1995). Infant attachment security and maternal predictors of early behavior problems: A longitudinal study of low-income families. *Journal of Abnormal Child Psychology*, 23, 335-357.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory Method and Research*. London: Sage.

Smith, J. A., Jarman, M. & Osborne, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chamberlain (Eds.), *Qualitative Health Psychology*. London: Sage.

Sroufe, A. (1995). *Emotional development: The organization of emotional life in the early years*. New York: Cambridge University Press.

Tarren-Sweeney, M. (2008). The mental health of children in out-of-home care. *Current Opinion in Psychiatry*, 21, 345-349.

Tonkin, S. E., & Watt, H. M. G. (2003). Self-concept over the transition from primary to secondary school: A case study on a program for girls. *Issues in Educational Research*, 13(2), 27–54.

Ungar, M. (2004). The Importance of Parents and Other Caregivers to the Resilience of High-risk Adolescents. *Family Process*, 43(1), 23-41.

United Nations [UN] (1989). *Convention on the Rights of the Child*. OUNHSHR, Geneva, Switzerland.

Winnicott, D. W. (1965). Failure of expectable environment on child's mental functioning. *International Journal of Psychoanalysis*, 46, 81-87.

Woodhouse, B. (1996). Protecting children's rights of identity across frontiers of culture, political community, and time. In N. Lowe & G. Douglas (Eds.), *Families across Frontiers* (pp. 259–275). New York: Kluwer Academic Publishers.

## PART THREE

### Appendices

Word count: 8022

## Appendix A: Guidelines for authors for empirical and review paper

### Clinical child psychology and psychiatry: Instruction to authors

#### **Peer review process.**

The Editor will screen manuscripts for their overall fit with the aims and scope of the journal. Those that fit will be further reviewed by two or more independent reviewers. Papers will be evaluated by the Editorial Board and refereed in terms of merit, readability and interest. Unsolicited manuscripts will not be returned to the author.

#### **Consent and confidentiality.**

Disclosure should be kept to a minimum necessary to fulfill the objective of the article. All identifying details should be omitted if they are not essential. The material should be further disguised so that none of the individuals involved could recognise themselves. Some material that is particularly distinctive should be omitted or aggregated. Patient consent to publish should be sought whenever possible, even if the data are anonymized. In case reports where ensuring anonymity is impossible, written consent must be obtained from the clients described, or their legal representative, and submitted with the manuscript.

Contributors to the journal should be aware of the risk of complaint by individuals in respect of defamation and breach of confidentiality. If there is concern, then authors should seek legal advice. Authors submitting research reports should confirm that approval from the appropriate ethical committee has been granted.

**Conflict of interest.**

Authors should make clear if the research has been funded, by whom, and the role of the funders in the project.

**Complaints.**

The Editor will respond promptly to complaints. Cogent criticism from readers will be taken seriously and considered for publication. Authors of criticized material will be given the opportunity to have a response published.

**Submission of MSS.**

Articles should be submitted by email initially for the Editor's screening in the format outlined below.

**Format of MSS.**

Manuscripts should be typed in double spacing throughout. All pages should be numbered. Each manuscript should contain the following, in the correct order.

(a) Title page to include the title of the paper, full name of each author, current professional position and work context, and indicators of which author will be responsible for correspondence. A word count should also be included.

(b) Abstract: should not exceed 200 words (150 for preference); up to 5 key words to be listed alphabetically on the same page. This page should carry the title of the paper but not the



author name(s).

(c) Main text: not usually to exceed 7500 words and to be clearly organized, with a clear hierarchy of headings and subheadings (3 weights maximum).

(d) References: Citation of references follows APA (American Psychological Association) style. References cited in the text should read thus: Brown (1955, pp. 63-64); (Brown, 1995, pp. 63-64; Green & Brown, 1992, p. 102, Table 3). The letters a, b, c, etc should distinguish citations of different works by the same author in the same year (Black, 1989a, 1989b).

All references cited in the text should appear in an alphabetical list, after the Notes section.

(e) Figures, tables, etc.: should be numbered consecutively, carry descriptive captions and be clearly cited in the text. Keep them separate from the text itself, but indicate an approximate location on the relevant text page. Line diagrams should be presented as camera-ready copy on glossy paper (b/w, unless to be reproduced - by arrangement - in colour) and, if possible, on disk as EPS files (all fonts embedded) or TIFF files, 800 dpi - b/w only. For scanning, photographs should preferably be submitted as clear, glossy, unmounted b/w prints with a good range of contrast or on disk as TIFF files, 300 dpi.

(f) Author biographies: On a separate sheet provide a one-paragraph biobibliographical note for each author - up to 100 words for a single author, but none to exceed 65 words in a multi-authored paper.

## **Style**

Use a clear and readable style, avoiding jargon. If technical terms must be included, define them when first used. Use plurals rather than he/she, (s)he, his or hers: 'If a child is unhappy, he or she. . .' is much better expressed as 'When children are unhappy, they. . . '.

Spelling. British or American spellings may be used ('z' versions of British spellings preferred to 's' versions, as given in the Oxford English Dictionary).

## **Punctuation**

Use single quotation marks, with double inside single. Present dates in the form 9 May 1996.

Do not use points in abbreviations, contractions or acronyms (e.g. DC, USA, DR, UNESCO).

## **Covering letter**

Attach to every submission a letter confirming that all authors have agreed to the submission and that the article is not currently being considered for publication by any other journal. The name, address, telephone and fax number and email address of the corresponding author should always be clearly indicated.

## **Editorial address**

Please submit an electronic version of your manuscript to the Editors: Prof. Rudi Dallos (r.dallos@plymouth.ac.uk) and Prof. Arlene Vetere (drarlenevetere@hotmail.com).

North America: Prof. John Leventhal, Yale University, Section of Paediatrics, School of Medicine, 333 Cedar Street, PO Box 208064, New Haven, Connecticut. Tel: 001 203 688 2468  
Fax: 001 203 785 3932. Email: John.Leventhal@Yale.Edu

Books for review should be sent to: John Wright,  
Plymouth Doctorate of Clinical Psychology,  
Reception FF 02,  
Peninsula Allied Health Centre,  
College of St Mark & St John,

Derriford Road,  
Plymouth PL6 8BH, UK.  
Email: [john.wright@plymouth.ac.uk](mailto:john.wright@plymouth.ac.uk)

Email correspondence with editor

-----Original Message-----

From: Gemma Cheney [<mailto:G.E.Cheney@2008.hull.ac.uk>]

Sent: 20 May 2011 14:46

To: Rudi Dallos

Subject: Manuscript for submission

Dear Professor Dallos,

I am writing a paper for possible future submission to Clinical Child Psychology and Psychiatry. I note that you suggest that the word count should not usually exceed 7500 words. I wonder if you might consider accepting a paper to review that is slightly longer than that suggestion? I am writing up a qualitative study, which I would like to report using a few extra words. I anticipate that the final word count will be under 8200.

I would be very grateful to hear your thoughts,

Kind regards,

Gemma Cheney

From: Rudi Dallos <R.Dallos@plymouth.ac.uk>

Subject: RE: Manuscript for submission

Date: 20 May 2011 14:48:06 GMT+01:00

To: Gemma Cheney G.E.Cheney@2008.hull.ac.uk

Dear Gemma,

That word length seems fine. Look forward to receiving your submission.

Best wishes

Rudi

## Appendix B: Downs & Black (1998) Quality Checklist

Table 5, below, illustrates the questions included in the Downs and Black (1998) Quality Checklist used to determine the quality of papers included in the Systematic Literature Review (Part 1).

Study Title:

	Question	Yes	No	N/A	Rater Comments
1	Is the hypothesis/aim/objective of the study clearly described?				
2	Are the main outcomes to be measured clearly described in the Introduction or Methods section?				
3	Are the characteristics of the patients included in the study clearly described?				
4	Are the interventions of interest clearly described?				
5	Are the distributions of principal confounders in each group of subjects to be compared clearly described?				
6	Are the main findings clearly described?				
7	Does the study provide estimates of the random variability in the data for the main outcomes?				
8	Have all important adverse events that may be a consequence of the intervention been reported?				
9	Have the characteristics of patients lost to follow-up been described, if applicable?				

	Question	Yes	No	N/A	Rater Comments
10	Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?				
11	Were the subjects asked to participate in the study representative of the entire population from which they were recruited?				
12	Were those subjects prepared to participate in the study representative of the entire population from which they were recruited?				
13	Were the staff, places and facilities where the patients were treated representative of the treatment the majority of patients receive?				
14	Was an attempt made to blind study subjects to the intervention they received?				
15	Was an attempt made to blind those measuring the main outcomes of the intervention?				
16	If any of the results were based on 'data dredging' was this made clear? (i.e. retrospective unplanned analyses)				
17	In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients, or in case-control studies, is the time period between the intervention and outcome the same for cases and controls? (if differences in follow-up are ignored, state 'no')				
18	Were the statistical tests used to assess the main outcomes appropriate?				
19	Was compliance with the interventions reliable?				

	Question	Yes	No	N/A	Rater Comments
20	Were the main outcome measures used accurate? (valid and reliable)				
21	Were the patients in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?				
22	Were the subjects in different intervention groups recruited over the same period of time?				
23	Were the study subjects randomised to intervention groups?				
24	Was the randomised intervention assignment concealed from both patients and staff until recruitment was complete and irrevocable?				
25	Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?				
26	Were losses of patients to follow-up taken into account?				
27	Did the study report a power calculation?				

Table 5. Table to illustrate Downs and Black (1998) Quality Checklist

### Reference

Downs, S. H. & Black, N. (1998). The feasibility of creating a checklist for the assessment of the methodological quality both of randomised and non-randomised studies of health care interventions. *Journal of Epidemiological Community Health*, 52, 377-384.

Appendix C: Data Extraction form

Table 6, below, illustrates the key data points extracted from papers included in the Systematic Literature Review (Part 1).

Study	Intervention	Design	Target of intervention	Sample	Intervention description (Aim/Format/ Characteristics/Content)	Main variables, measures and outcomes

Table 6. Table to Illustrate Data Extracted from Papers Included in the Systematic Literature Review



## Appendix D: Systematic Paper Selection Strategy

### Inclusion and Exclusion criteria

For inclusion in the Systematic Literature Review papers were required to meet the following criteria for inclusion:

- Published between 1988-December 2010 (Education Reform Act 1988 – National Curriculum Introduced)
- Reports a intervention study/evaluation conducted in the UK
- Participants are school aged (4-18)
- Intervention delivered in educational setting (ie in classroom within or outside school hours/normal curriculum, in other room in school, in a different school)
- Intervention has a group component
- At least one primary outcome measure is related to emotional/mental wellbeing
- Intervention does not primarily target violence or bullying
- Intervention is targeted at a vulnerable pupils

Papers were excluded from the review if they were unavailable, or written in a language other than English.

### Search strategy

Fields: Abstract and title

Key words: (scho\*)

AND (adolescen\* OR child\* OR youth OR young pe\* OR teen\* OR pupil\* OR student\* OR learner\*)

AND (UK OR United Kingdom OR Great Britain OR England OR Scotland OR Wales OR Northern Ireland)

AND (psychol\* OR mental\*health OR emotion\* OR resilien\* OR depress\* OR anxi\* OR transition\*)

AND (prevent\* OR intervention\* OR program\* OR course OR therap\* OR initiative\*)

### Application of limits and paper selection

Figure 1, on the following pages, illustrates the stages by which papers were selected for inclusion into the Systematic Literature Review reported in Part one of this portfolio.



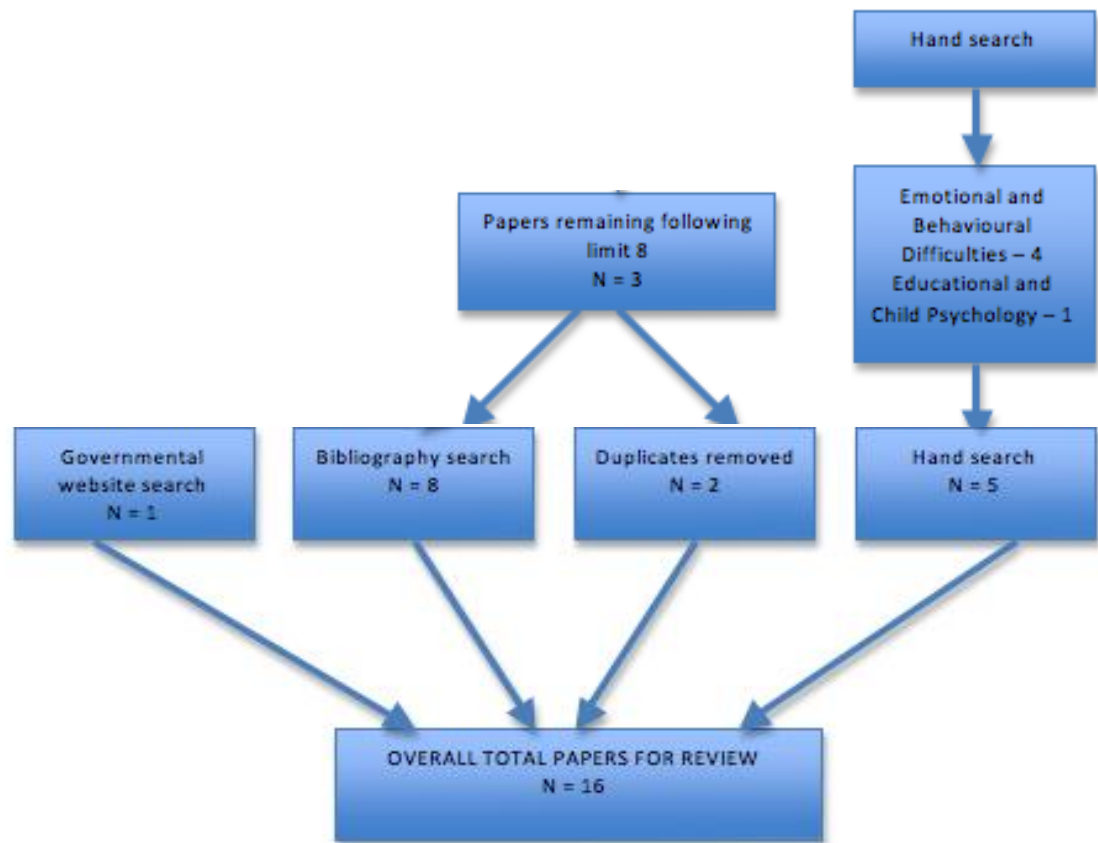


Figure 1. Article selection process

## Appendix E: Quality Ratings of Papers for Systematic Review

The following table (Table 7) describes all studies included in the systematic literature review that comprises Part 1 of this portfolio and indicates the quality score for each derived from the Downs and Black (1998) quality checklist and agreed on by consensus between first author and peers.

Study authors (year)	Quality rating (max. 25)
Binnie (2008)	21
Cooke, Yeomans and Parkes (2008)	12
Cooper, Arnold and Boyd (2001)	17
Cooper and Whitbread (2007)	16
Gerrard and Brendan (2005)	9
Humphrey, Kalambouka, Bolton, Lendrum, Wigelsworth, Lennie and Farrell, 2008	21
Humphrey, Kalambouka, Wigelsworth, Lendrum, Lennie and Farrell (2010)	20
Humphrey, Kalambouka, Wigelsworth and Lendrum (2010)	20
Liddle and Macmillan (2010)	21
Maddern, Franey, McLaughlin and Cox (2004)	15
O'Connor and Colwell. (2002)	20
Ohl, Mitchell, Cassidy and Fox (2008)	17
Reynolds, MacKay and Kearney (2007)	17

Study authors (year)	Quality rating (max. 25)
Sanders (2007)	15
Scott and Lee (2009)	16
Seth-Smith, Levi, Pratt, Fonagy and Jaffey (2010)	20

Table 7. Table to Illustrate Quality Ratings based on the Downs and Black (1998) Checklist for Papers Included in the Systematic Literature Review

### Reference

Downs, S. H. & Black, N. (1998). The feasibility of creating a checklist for the assessment of the methodological quality both of randomised and non-randomised studies of health care interventions. *Journal of Epidemiological Community Health*, 52, 377-384.

## Appendix F: Letters to Confirm Ethical Permission



SRK/JBK

30 March 2010

Ms G Cheney

Department of Clinical Psychology

Hertford Building

The University of Hull

Dear Gemma

The Faculty Ethics Committee met on Tuesday, 30 March 2010 to review your research proposal. Before the committee is able to formally approve your research proposal they would like you to address the following issues;

1. The committee wish to know what action would be taken if only one participant i.e. the carer or child, consented and how would you feed this back?
2. The committee would require detailed information on how you would debrief individuals after taking part in the study?

3. The committee would wish you to clarify how you would inform a participant of the need to protect confidentiality if child protection issues were to be raised for both the child and the carer?
4. The committee would wish to see a copy of the semi-structured interview schedule.
5. The committee would like to clarify that it is the Social Services teams that will be making initial contact with the participants.
6. The committee would like you to update all the information and consent sheets so that they include an up-to-date University logo.

I look forward to receiving your response on the above issues and your revised paperwork.

Yours sincerely

STEPHEN R KILLICK

Chair – PGMI Ethics Committee

Professor Nicholas D Stafford MB FRCS

Director - Postgraduate Medical Institute

Postgraduate Medical Institute, Hertford Building (Room 203)

The University of Hull

Hull, HU6 7RX, UK

T: +44 (0) 1482 465348/464213

F: +44 (0) 1482 463421

N.D.Stafford@hull.ac.uk





SRK/JBK

3 June 2010

Ms G Cheney

Department of Clinical Psychology

Hertford Building

The University of Hull

Dear Gemma

Re: Exploring the experience of looked after children in their transition to secondary school

Thank you for sending me the revised documentation for your research project. I can confirm that these changes are appropriate and I am now able to fully approve your research proposal.

May I once again take this opportunity of wishing you every success with your research.

Yours sincerely

STEPHEN R KILLICK

Chair – PGMI Ethics Committee

Professor Nicholas D Stafford MB FRCS

Director - Postgraduate Medical Institute

Postgraduate Medical Institute, Hertford Building (Room 203)

The University of Hull

Hull, HU6 7RX, UK

T: +44 (0) 1482 465348/464213

F: +44 (0) 1482 463421

[N.D.Stafford@hull.ac.uk](mailto:N.D.Stafford@hull.ac.uk)

## Appendix G: Inclusion Criteria for Participants in Empirical Study

Inclusion criteria were:

- the child has a date of birth between 31/08/99-01/09/98
- the child is in the year 7 cohort at secondary school
- the child resides in foster care under a care order (Section 31 of the Children Act 1989).

Exclusion criteria were minimal in order to maximise numbers of potential participants.

Children were only excluded on the basis that they are unable to complete the interview, or did not assent to participate in the study.

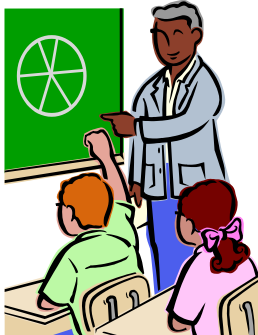
## Appendix H: Study Information for Participants

### **Moving to your new school: What was it like?**

**"Exploring the experience of Looked After Children in their transition to secondary school"**

#### **Study Information Sheet**

Hi, I'm Gemma Cheney. I'm a Trainee Clinical Psychologist at the University of Hull. I am doing this research as part of my project.



Would you like to take part in my study? It's about what you think helps you do well now you've started at your new school.

Before you decide if you want to take part, look at the information on this sheet. This sheet will tell you what will happen in the study.

If there is anything you are not sure about, you can ask your foster carer, or ask them to ring or send an email so you can speak to me.

#### **What is this study about?**

This study is trying to find out how to help foster children by finding out what helps them do well at school. The study is looking at what children think is most important when they move from Primary to Secondary school.

#### **Do I have to take part?**

No. It's totally up to you to decide. If you decide you would like to take part, you will need to sign a form to say that you would. Even if you say you would like to take part, you can quit at any time. If you say you would like to quit then no one will mind and you won't get into trouble.



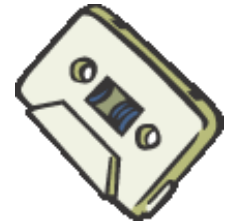
### **Can I ask questions before I decide?**

Yes. Your carer has my email address and phone number so you can ask them to call or email with your questions. You can talk to anyone you want to about the study if you are not sure.

### **What will happen if I take part?**

If you decide to take part you will need to sign a form that says you want to take part. After that, I will come to visit you and ask some questions to find out your ideas on school. You can decide whether I visit you at school or at home.

I would like to find out what you think helps you to do well at school, and the things that get in the way. While you are talking, what you say will be recorded on tape. This is so that later I can listen again and write down your ideas. Altogether, you'll probably be talking to me for about 1 hour.



I will also ask your teacher how well you did in your SATs in your old school, and whether you have help in the classroom.

### **Will what I say be kept private?**

Yes. Only you and your foster carer will know you are taking part in the study. Your school will only know if you and your foster carer say that's ok. I will use a special code on the tape so only I know that it's yours. The tapes will be kept in a locked cabinet so no one else can listen to them.



The only time I will have to tell someone about you is if I'm worried that you are not safe. I will tell you if I need to talk to someone. I will NOT talk about you behind your back.

**What will happen to the information Gemma collects?**

I am going to write about what I find out. I might also talk to people who work with foster children to tell them about what I've found out. If you or your carers want to know about what I have found out I will tell you.

**What if there is a problem?**

If you have any worries about the study, you can ask your foster carer to call or email, so you can speak to me.

**Thank you for reading!**

**Gemma Cheney**

## Appendix I: Study Information for Carers and Professionals

### **Carer Participant information sheet**

#### **Exploring the experience of Looked After Children in their transition to secondary school**

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take some time to read the following information carefully. Talk to others about the study if you wish.

Part 1 tells you the purpose of this study and what will happen if you take part.

Part 2 gives you more detailed information about the research.

Please ask if there is anything that is not clear or if you would like more information.

The research is being conducted by Gemma Cheney, Trainee Clinical Psychologist at the University of Hull, as part of a Doctorate in Clinical Psychology.

#### **Part 1.**

##### **What is the purpose of the study?**

This study aims to find out what helps when Looked After Children move from Primary to Secondary school. This study is looking specifically at the child's views on the transition, including which personal characteristics are important to them when coping with change and how they think they're getting on at their new school.

**Do I have to take part?**

No. It's up to you and your foster child to decide whether or not to take part. If you both do, you will be given this information sheet to keep and you will be asked to sign a consent form. You and your foster child are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time or a decision not to take part will not affect the standard of support or care you receive.

**What will happen if I take part?**

If you decide you would like to take part in the study, you can contact the researcher using the details given below, or tell your social worker who will give the researcher your contact details. The researcher will then telephone to arrange a convenient first meeting for you, her and the study participant. This first meeting can be at your home, or at the participant's school, depending on your preference. During the first meeting, the researcher will explain to you and your foster child what the research will involve and you will then need to sign a consent form, which means you agree to take part in the study. She will then ask some questions about the child's age and placement length, and whether it is ok to contact school to ask some questions about the participant's education. She will then arrange with you a suitable interview time and venue. The interview will involve just the child and the researcher, and is expected to last approximately one hour. It will involve the child answering longer questions to gather information about how they think they are coping, and what is important to them.

**Will my taking part be anonymous?**

Yes. All information about you and the child's participation in the study will be anonymised. If the researcher feels concerned about the well-being or safety of yourself or the child in your care, she will discuss with you the possibility of speaking to your key worker. Further details are included in Part 2 of the information sheet.



**Contact details**

If you have any further questions at this time, please do not hesitate to contact the researcher (Ms Gemma Cheney) on 01482 464106 or email G.E.Cheney@2008.hull.ac.uk

If the information in Part 1 has interested you and you are considering taking part, please continue to read the additional information in Part 2 before making any decision.

**Part 2.****What will happen to the results of the study?**

The data will be written up as part of professional postgraduate training at the University of Hull and will be submitted for publication in an appropriate professional journal. It is hoped that the information will be used to help find ways of helping Looked After Children make the transition between Primary and Secondary school more smoothly. A seminar may also be held in which relevant professionals will be informed of any relevant issues highlighted by the research. If you are interested in finding out about the results of the study, the researcher will arrange a way to feed this back to you.

**What will happen if I don't want to carry on with the research?**

If you withdraw from the study, all identifiable materials will be destroyed, but we will need to use the data collected up to your withdrawal.

**What if there is a problem?**

If you have a concern about any aspect of the study, you should ask to speak with the researcher (01482 464106) who will do her best to answer your questions.

**Will information about us be kept safely?**

All information that is collected about you during the course of the research will be kept safely. Information will be stored in a locked filing cabinet at the University of Hull and will have your name and address removed so you cannot be recognised from it.

**Who has reviewed the study?**

This study has been reviewed by the University of Hull Post Graduate Medicine Institute ethics committee.

**Thank you for your time**

## Appendix J: Assent Form for Participants

### Assent form

**Title: "Exploring the experience of Looked After Children in their transition to secondary school"**

Young person to circle all they agree with:

Has somebody else explained this project to you?	Yes/No
Do you understand what this project is about?	Yes/No
Have you asked all the questions you want?	Yes/No
Have you had your questions answered in a way you understand?	Yes/No
Do you understand it's OK to stop taking part at any time?	Yes/No
Are you happy to take part?	Yes/No

If any answers are 'no' or you don't want to take part, don't sign your name!

If you do want to take part, you can write your name below

Your name .....

Date .....

The person who explained this project to you needs to sign too:

Print Name .....

Sign .....

Date .....

Thank you for your help.

## Appendix K: Consent Form for Carers and Professionals

### **Consent form**

#### **Exploring the experience of Looked After Children in their transition to secondary school**

Ms Gemma Cheney (BSc, PGCert), Trainee Clinical Psychologist

We confirm that we have read and understand the information sheet for the above study of Looked After Children's transitions to secondary school. We have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

We understand that our participation is voluntary and that we are free to withdraw at any time, without giving a reason, without mine or my foster child's social support or legal rights being affected.

We understand that our participation, home address and phone number be will be kept strictly confidential.

We agree to take part in the above study

Name of carer: ..... Name of child: .....

Date: .....

Signature of carer: .....

Signature of social services: .....

Home Address: .....

Post code: .....

Contact telephone number: .....

Name of researcher: Gemma Cheney

Date: .....

Signature of researcher: .....

## Appendix L: Semi-structured Interview Schedule

*Researcher please note*

- *\*Word here substituted for participant-specific language*
- *Named cards used in this procedure will be destroyed and not removed from the interview space*
- *The interview is to be child-led, and flexible to accommodate the child's responses, appropriate pacing and attention levels*

When we met before you said you'd like to answer some questions to help me with a research project on how best to support children in moving on to a new school. I know we've talked about this before, but just to remind you, this should take about 1 hour and we'll only meet once to talk like this.

If you don't understand a question, or would like me to repeat it, please let me know. If you don't know the answer, just give it your best guess or say what feels right for you. Take your time, and if you don't want to answer a question then you don't have to.

If you feel upset about answering any of the questions, I'd like to know. We can stop talking and work out together the best way for you to feel better.

The things that you say to me this morning/afternoon are private – I won't tell other people unless I think it would be best for you if I did. If this happens I'll tell you that I need to talk to your carer or your social worker, to make sure everyone is kept safe.

Any questions?

Are you ready to start?

- Questions about individual's experience of moving to new school
  - o What was moving to your (new school\*) like?
  - o What helped you cope with moving to your (new school\*)?
  - o What would you be like if you weren't being so (brave\*)?
  - o Can you think of someone who isn't (brave\*)? What word would you use to describe them?
- Questions to utilise third person perspective
  - o Can you think of the name of an adult who knows you well at your (new school\*)?"
  - o Good, now imagine if I bumped into (Mrs Smith\*) later today, and asked her how she thinks you're getting on at school now. What do you think she would say?
  - o How would (Mrs Smith\*) say that you'd coped with moving to your (new school\*)?
  - o If you weren't being so (calm\*) what would you be like?
- Now can you think of three people who are doing well at the (new school\*), and three people who aren't getting on so well? *(Researcher - write down these six names, plus 'me at my old school' and 'me at my new school', on pieces of card. Turn over three)*
  - o Is there a way in which two of these people are the same, and the other is not like that at all?
  - o Is there something that is true about two of these people and not about the third one?



- *(Researcher - Repeat as many times as necessary in order to reflect the personal constructs of the participant)*

*(Researcher - select constructs that are most significant or frequent for participant and explore further by laddering and pyramiding for each construct)*

- Laddering

- Why is being (brave\*) important when you're moving schools?
- What would being (brave\*) say about you
- Why is it good to be (brave\*) when you're moving to a new school?

- Pyramiding

- What does someone who is (brave\*) do?
- How would you know someone is (brave\*)?
- What would other people think of someone who they knew was (brave\*)?

Thanks very much for your help with this project

## Appendix M: Demographic Information Form

Table 8, below, illustrates the demographic data collected from participants included in the Empirical Paper (Part 2).

Participant number
Gender
DOB
School
Previous school
Time in current placement
Number of placements (including this one)
Attainment level
SEN

Table 8. *Table to Illustrate Demographic Information Collected from Participants in the Empirical Paper*

## Appendix N: Worked Example of Interpretative Phenomenological Analysis (IPA)

To outline the IPA methodological approach, an example using a section of transcript from the interview conducted with participant X is described. Each stage of analysis is highlighted and super- and sub-ordinate themes are derived. The process of analysis is in line with the stages that were suggested by Smith, Flowers and Larkin (2009) to characterise most IPA research.

### Stage one: Reading, re-reading, initial note taking and summarising

The transcription was read twice and annotated with notes to indicate interesting descriptive phrases, use of language and emerging concepts. An example of this process is detailed below:

	Transcript	Initial notes
Researcher	What was moving there like?	
Participant	Well, it wasn't very fair, because, cause before I moved... well, when I moved here, I was going to go to [alternative school 1], if you know what that is, but the court decided very late, so they decided to go to [new school], but I really wanted to go to [alternative school 1].	Injustice  Out of his control,  not listened to  Multiple transitions

Researcher Yeah

Participant	<p>Because all my friends went there, but when I looked at [alternative school 2], I decided I want to go there, but I don't know why, but my dad said, I have to go to [alternative school 1], but when I moved here, the court decided I have to go to [new school], and that's... it is a big move, but they've done... they're the ones that I told and I'm aware, and I've got used to where to go, and where to go for my lessons and that stuff.</p>	<p>Importance of friends</p> <p>Didn't have a say</p> <p>Building familiarity with surroundings</p> <p>important. Finding your way around.</p>
-------------	---	--

#### Stage two: Developing emergent themes

The transcript was reviewed alongside the initial notes and annotations added according to emergent themes or patterns in this data. The analysis at this stage aimed to capture the essence of participants' comments in concise statements of important aspects of their utterances.

	Transcript	Initial notes	Emergent theme
Researcher	What was moving there like?		

	Transcript	Initial notes	Emergent theme
Participant	Well, when I moved here, I was going to go to [alternative school 1], but the court decided very late, so they decided to go to [new school], but I really wanted to go to [alternative school 1].	Out of his control, not listened to	‘The court decided I have to go’: Choice and agency
Researcher	Yeah		
Participant	Because all my friends went there, but when I looked at [alternative school 2], I decided I want to go there, but I don’t know why, but my dad said, I have to go to [alternative school 1], but when I moved here, the court decided I have to go to [new school], and that’s... it is a big move, but they’ve done... they’re the ones that I told and I’m aware, and I’ve got used to where to go, and where to go for my lessons and that stuff.	Importance of friends  Lack of power/autonomy  Building familiarity with surroundings  important Finding your way around	Connecting with a group  ‘The court decided I have to go’: Choice and agency  ‘Knowing where you’re supposed to go’

### Stage three: Synthesising super- and sub-ordinate themes

Emergent themes were collected and compared both within and across participants and re-organised into super-ordinate themes, primarily by a process of abstraction. If themes were not supported by data from multiple transcripts they were rejected. Similarly, following discussions between authors themes that were not felt to be strongly supported by the text were also disregarded. A comprehensive set of super- and associated sub-ordinate themes were derived, each supported by a number of quotations. A sample of this is illustrated below.

Super-ordinate theme	Sub-ordinate theme	Example quote
Having confidence in the external world	Knowing where you're supposed to go	'I've got used to where to go, and where to go for my lessons and that stuff.'
Building a peer network	Connecting with a group	'I really wanted to go to [alternative school 1]...because all my friends went there.'
Taking responsibility for yourself	'The court decided I have to go': Choice and agency	'The court decided very late, so they decided to go to [new school], but I really wanted to go to [alternative school 1]'

## Reference

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory Method and Research*. London: Sage.

## Appendix O: Epistemological Statement

As a psychologist, I hold a relativist ontological standpoint (Baghrmian, 2004). That is, that I believe that each individual views the world slightly differently to the next, and as such, different multiple versions of reality exist according to each person's perception. Accordingly, my personal epistemological position is most consistent with an anti-positivist stance, and I believe that the current study represents this approach as it endeavours to uncover the subjective experiences of LA children within their own personal contexts (Jones, 1998).

In planning research, it is important to acknowledge these underlying assumptions, in order to ensure that the approach used best fits with both the researcher, and the aims of the research. The main aim of this study was to explore the experience of LA children as they make the transition from primary to secondary school. Given the focus on individual perceptions and the fact that there was limited existing research relating to psychological aspects of these experiences it was considered appropriate to adopt a qualitative approach. Accordingly, the approach to data collection and analysis was influenced by both IPA and Personal Construct theory (PCT; Kelly, 1955).

PCT explains human behaviour in terms of the way an individual construes self, significant others, and social world (Kelly, 1970). A construct is defined as a tool for making sense of one's experiences and has a feeling, thought, and behavioural component. One basic theoretical premise is that reality does not reveal itself to us directly. Rather, it is subject to many alternative constructions based on knowledge and beliefs, which evolve and are revised on the basis of experience. In order to understand an individual's beliefs, opinions, and expectations,



it is necessary to gain access to their 'personal constructs' (Fransella, 2003). Personal constructs are organised hierarchically, and inform the way in which individuals perceive similarities and differences in situations and events. By exploring the kinds of constructs people use to describe specific situations it is possible to gain a picture of what are the most important aspects of that situation to them. In addition, information is elicited about the way they perceive aspects of themselves and others.

For the LA children population particularly, the value in adopting this approach is that it provides the opportunity to access and directly communicate their inner world (Coulling, 2000). In her paper using PCT within a similar population, Coulling (2000) used an interview framework based upon Ravenette's (1997) work in educational psychology, to interview 25 participants including teachers, social workers, home-finding officers, foster carers and LA children. A more indirect approach was adopted during interviews with the children, by allowing them to comment upon their self-perception through the eyes of a trusted other (a teacher who knew them well). It was argued that this enabled younger participants to talk more honestly about themselves without feeling personally threatened. Unfortunately, only one child participant was recruited in Coulling's study, limiting the possible conclusions for this population. The current paper aimed to replicate the successful methodology, but focus more particularly on the views of LA children rather than just the professionals.

This study also utilised an interpretative phenomenological approach (IPA) to guide the collection and analysis of interview data. Various qualitative approaches were considered before selecting IPA. These included Grounded Theory (GT), Content Analysis (CA) and Discourse Analysis (DA). GT aims to generate a theoretical understanding of a particular phenomenon, and therefore often draws upon a substantial data set (Willig, 2001). Given the

known challenges of recruiting participants in the LA population (Coulling, 2000) this approach was ruled out, as it was likely the available data would be insufficient in number to support the analysis. Furthermore, the research questions aimed to understand the experience of LA children, rather than generate theory about it. CA was thought to be unsuitable as it aims primarily to summarise pre-existing data (Krippendorp, 2004) rather than discovering, actively exploring and valuing individual experiences. DA is concerned with how social realities, interactions and experiences are constructed within the discourses that pervade them (Willig, 2001). Although the focus on interaction between people is strongly related to the idea of 'being helped' that underlies the third research question, the current study primarily sought to make sense of personal meanings of educational transition for LA who shared a similar experience. As such DA was not a methodology that would provide conclusions to fully answer the study's aims.

IPA is concerned with the understanding through examining the meanings that experiences and events hold for participants (Smith & Osborn, 2008), which makes it ideal to address the research questions posed by this study. The idiographic commitment of IPA is aligned with my personal relativist position as the analysis begins by situating participants in their own contexts and moves from a detailed examination of each case gradually towards more general claims. The endeavour with this approach to enable the free expression of experience by participants is aligned with traditional phenomenological approaches (Husserl, 1982). However, IPA also recognises that people may not be able to express their inner processes, and as such promotes further interpretation of the participants' data by the researcher. IPA analysis requires the researcher to demonstrate a process of 'making sense' of how participants report their own sense of their experiences; thus relying on the double hermeneutic (Smith & Osborn, 2008). As such, IPA also recognises the active role of the researcher, and that their own background and

assumptions will have an impact on analysis of the data (Smith & Osbourn, 2008). Finally, the researcher aims to draw pertinent links from the idiographic IPA analysis of a particular experience to the wider literature in order to illuminate and enliven existing research and understandings in the field.

## References

Coulling, N. (2000). Definitions of successful education for the 'looked after child: A multi agency perspective. *Support for Learning*, 15(1), 30-35.

Fransella, F. (2003). Some skills and tools for personal construct practitioners. In F. Fransella (Ed.), *International Handbook of Personal Construct Psychology*. Chichester, UK: John Wiley & Sons.

Husserl, E. (1982). *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy* (F. Kersten, Trans.). Dordrecht: Kluwer.

Jones, D. (1998) *Sociology and Occupational Therapy: An Integrated Approach*. China: Churchill Livingstone.

Kelly, G. A. (1955). *The psychology of personal constructs*. New York: Norton.

Kelly, G. A. (1970). *A brief introduction to personal construct theory: Perspectives in personal construct theory*. London: Academic Press.

Krippendorp, K. (2004). *Content Analysis: An Introduction to its Methodology*. Thousand Oaks, CA: Sage.

Ravenette, A. T. (1997). *Selected Papers: Personal Construct Psychology and the Practice of an Educational Psychologist*. Farnborough: EPCA Publications.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory Method and Research*. London: Sage.

Smith, J. A. & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. A. Smith (Eds.), *Qualitative Psychology: A practical guide to research* (2<sup>nd</sup> ed). London: Sage Publications.

Willig, C. (2001). *Introducing Qualitative Research in Psychology: Adventures in Theory and Practice*. USA: Open University Press.

## Appendix P: Content Analysis of Construct Pairs

Participant	Pseudonym	Constructs pairs elicited	
		Positive	Negative
1	Jenny	Clever Well behaved* Good at listening*	Naughty* Funny An outsider
2	Harry	Good Keeps quiet Good at sports Has good ideas*	Messes about* Shouts a lot* Naughty* Can't keep up with work
3	Sam	Good at listening Quiet and balanced Clever* Good at listening* Good at listening	An outsider* Funny* In the middle Naughty Cheats in tests*
4	Sarah	Well behaved Good in class* The class pet*	Has good comebacks* Part of the gang Naughty
5	Paul	Funny* Nice Easy to talk to* Sensible Good at working*	Nasty Funny* Stupid Silly* Funny
6	John	Happy* Sporty* Funny* Happy*	Different Musical Scary Always crying
7	Ella	Always smiling* Funny* Doesn't get into trouble	Nasty Changeable Seeks attention*
8	Kate	Funny*	Boring

Participant	Pseudonym	Constructs pairs elicited	
		Positive	Negative
		Good mates*	Horrible
		Special*	Not very nice to me
		Sticks up for people*	A bit 'iffy'
		In a good relationship	Picked on*
9	Leon	Not completed	
10	Dean	Not completed	

Table 9. *Table to Illustrate Construct Pairs elicited within the Semi-structured Interview. \* denotes the emergent pole.*

As illustrated above in Table 9, there was considerable variation in the type of constructs elicited but there was some overlap as several concepts were identified independently by different participants. In a total of 32 construct pairs there were 46 uniquely identified concepts. Common concepts included 'funny' (8 uses, 6 as emergent pole), 'good at listening' (4 uses, 2 as emergent pole), 'naughty' (4 uses, twice as emergent pole), 'an outsider' (2 uses, once as emergent pole), 'clever' (2 uses, once as emergent pole), 'happy' (2 uses, both times as emergent pole), 'nasty' (2 uses, never as emergent pole) and 'well behaved' (2 uses, once as emergent pole). The frequency with which participants identified 'funny' as being an important concept suggests it is a feature of personality that was particularly salient to them during their transition and adaptation to their new secondary schools. This may be because use of humour is frequently thought of both as a way of alleviating anxiety (Anzieu-Premmereur, 2009), and of building new social relationships (Klein & Kuiper, 2006). The next most frequent concepts were 'good at listening' and 'naughty.' These concepts seem to have been adopted directly from adults at school as they reflect behaviour that would be thought of as positive or negative within an educational setting.

More positive emergent constructs were identified by participants than negative, 20 out of 32 emergent constructs described attributes that participants attributed to peers who they perceived to be doing well at their new school. The most popular construct ‘funny’ was often also the emergent construct, in 6 out of 8 cases, but was used equally for both peers who were successful and those who were struggling at secondary school. One participant, Paul, used ‘funny’ to describe both types of peer within the same interview. This suggested being ‘funny’ had both positive and negative implications for school life. These may have included being socially adept and able to build and maintain healthy relationships with their peer group, but the same attribute may have made it more difficult to concentrate in the stricter and less humorous secondary school classroom setting. The remainder of the popular concepts were used exclusively and unidimensionally to describe either positive or negative characteristics of participant’s peers.

The constructs could be categorised into four distinct types; ‘personal attribute,’ ‘behaviour,’ ‘skill based’ and ‘defined according to the perceived norm.’ Constructs were categorised according to the heading they most accurately represented, primarily on the basis of analysis by the first author. Additional views were obtained from two independent raters. Inter-rater reliability was found to be 95 percent, indicating strong positive reliability. Ratings discrepancies were discussed and a shared decision reached. Table 10 sets out the list of categories and illustrates how many of the elicited constructs fell into each category.

<b>Personal attribute</b>	<b>Behaviour</b>	<b>Skill based</b>	<b>Defined according to the perceived norm</b>
A bit ‘iffy’	Always crying	Can’t keep up with	An outsider

Personal attribute	Behaviour	Skill based	Defined according to the perceived norm
		work	
Boring	Always smiling*	Good at listening	An outsider*
Changeable	Cheats in tests*	Good at listening	Different
Clever	Doesn't get into trouble	Good at listening*	In the middle
Clever*	Good at working*	Good at listening*	Part of the gang
Easy to talk to*	Good in class*	Good at sports	Picked on*
Funny	Has good comebacks*	Has good ideas*	Special*
Funny	In a good relationship	Musical	The class pet*
Funny*	Keeps quiet	Sporty*	
Funny*	Messes about*		
Funny*	Naughty		
Funny*	Naughty		
Funny*	Naughty*		
Funny*	Naughty*		
Good	Not very nice to me		
Good mate*	Seeks attention*		
Happy*	Shouts a lot*		
Happy*	Sticks up for people*		



Personal attribute	Behaviour	Skill based	Defined according to the perceived norm
Horrible	Well behaved		
Nasty	Well behaved*		
Nasty			
Nice			
Quiet and balanced			
Scary			
Sensible			
Silly*			
Stupid			
<b>27</b>	<b>20</b>	<b>9</b>	<b>8</b>

Table 10. Table to Illustrate Categorisation of Constructs. \* denotes the emergent pole.

Table 11 illustrates the nature and number of construct categories that was used by each participant.

Participant	Pseudonym	Constructs categories elicited	Frequency	Number of categories utilised
1	Jenny	Personal attribute	2	4
		Behaviour	2	

Participant	Pseudonym	Constructs categories elicited	Frequency	Number of categories utilised
2	Harry	Skill based	1	3
		Defined according to social norm	1	
		Behaviour	4	
3	Sam	Skill based	3	4
		Personal attribute	1	
		Behaviour	2	
4	Sarah	Personal attribute	3	2
		Skill based	3	
		Defined according to social norm	2	
5	Paul	Behaviour	4	2
		Defined according to social norm	2	
		Personal attribute	9	
6	John	Skill based	1	4
		Personal attribute	4	
		Defined according to social norm	1	
7	Ella	Behaviour	1	2
		Personal attribute	3	
		Behaviour	3	
8	Kate	Personal attribute	5	3
		Behaviour	3	
		Defined according to social norm	2	
9	Leon	Not completed		
10	Dean	Not completed		

Table 11. Table to Illustrate Nature and Frequency of Constructs used by Participants.

As illustrated in Table 11 above, the median number of categories used by participants was 3 (range = 2-4). As would be expected within a methodology drawing upon personal construct theory, the majority of concepts fell in to the 'personal attribute' category. It was also a commonly used construct category, with 6 of the 8 participants who completed this exercise employing constructs from this category. However, 'behaviour' constructs were more frequently identified, mentioned by 7 out of 8 participants, suggesting they provided an accessible and easily articulated index of their peers' salient characteristics. Just over half of the participants (5 from 8) identified constructs from each of the 'skill based' and 'defined according to social norm' categories. Although these were used less frequently, they represented significant aspects of how participants chose to define peers who they thought of as successful or struggling to adapt to secondary school.

## References

- Anzieu-Premmereur, C. (2009). The Development of a Sense of Humor in Young Children during Psychoanalysis. *Journal of Infant, Child and Adolescent Psychotherapy*, 8, 137-144.
- Klein, D. N., & Kuiper, N.A. (2006). Humor styles, peer relationships, and bullying in middle childhood. *Humor*, 19, 383–404.

Appendix Q: Participant Feedback Leaflet



*Hello again,*  
and **THANK YOU**  
for taking part in  
my project!

When we last met you told me that you'd like to know about what I found out at the end. After I had spoken to all of the other young people who wanted to part, I listened to what everyone said again and then thought about what it might mean. So I could explain it better to other people, I looked out for times where people agreed the same things were important when they were moving schools.

A big **THANK YOU** again for your help, I couldn't have done it without you!

*Gemma Cheney*



Moving to your new school:

What was it like?



What people found helpful:

Knowing about your outside world

- knowing where you're going
- finding support
- being listened to and getting help from adults



Building friendships

- finding friends
- fitting in
- getting advice



Dealing with feelings

- talking about emotions
- managing feelings
- expressing yourself and having fun



Taking responsibility for yourself

- knowing when to stop
- having a choice
- thinking of the future



What it means

One good thing about writing my project is that the people who might be able to change things for other young people will get to read it. By letting them know what you think, I hope that they will be able to understand more of what its like for you to move to a new school. The more people who can understand, the better it will be for people in the future.



## Appendix R: Reflective Statement

Producing this doctoral portfolio has been both interesting and challenging. The process has prompted considerable reflection, and this statement aims to chronologically outline some of the issues that arose in relation to my research journey.

As I first embarked upon this research I now realise I was burdened with fixed ideas and single-minded intention. Thankfully, this motivated me through the studies' many evolutions and transformations, but I have managed to leave most of my rigid preconceptions behind along the way. The project was borne from my desire to engage with populations who struggle to have their voices heard. I wanted to focus on young people for whom their life circumstances in some way had precluded their own contribution to psychological understandings in the literature. I also wanted to represent my own belief in a positive approach to psychology, and in intervening early rather than acting in times of crisis.

For my empirical paper I had originally intended to produce a quantitative piece of work, believing such a study would represent the most valid and weighty evidence on the investigated phenomenon. I soon had to acknowledge that quantitative research within the LA population would have been unsuccessful given the time, financial and logistical constraints inherent within doctoral research in Clinical Psychology. However, whilst compromising my original aims, allowing my research to switch to having a qualitative approach provided an opportunity to begin to appreciate the value of this methodology. I realised that qualitative research could be just as rigorous as quantitative research. But more importantly, engaging

with this methodology allowed me space to examine my own values and goals as a clinician and researcher, and to learn that those of qualitative investigation match with my personal intentions very closely (see also Appendix O for a discussion of the study's epistemological approach). By attending closely to individual experiences I believe that we can derive vital information in order to enable ourselves, as professionals, to practise in a more sensitive and ethical manner.

Once the methodology was determined, the next inevitable challenge was to recruit participants. Unfortunately, the Looked After population are, understandably highly protected by numerous levels of bureaucracy and complex procedures. Despite the relatively low number required for the study and the sizable local population, I had a considerable struggle to access and involve enough young people. At times, it seemed that these protective processes actively prohibited attempts to provide the evidence that could go on to support positive progress. The closed system I was first presented with seemed initially to be functioning to maintain the unsatisfactory status quo. However, there was eventual success. When reflecting upon the key turning points I was most struck not by single or individual interventions, but by the importance of networking, becoming known and trusted, responding quickly to requests and opportunities and balancing both persistence and patience in my approach.

Although the challenge of recruitment was, at times substantial, the process of data collection for my empirical paper enlivened the value of the study. Being with young people who are able to talk so eloquently about their experience of the world reinforced the fundamental importance of allowing their voices to be heard. Whilst conducting the interviews I also learnt the importance of not underestimating young people's capacity to cope under the guise of

protecting from them failure. Of course, it would be optimistic to assume that one or two research papers could make a measurable difference in this area. However, if my contribution can be added to a collective and growing evidence base then there is potential for a significant impact to be felt by the young people involved.

Once data was gathered, I was faced with the somewhat daunting prospect of transcribing the interviews. But, despite this initial trepidation, if I could give one piece of advice to others conducting qualitative research it would be to do your own transcribing. The process was endlessly time consuming, occasionally tedious and my lack of typing skill was perpetually frustrating. However, this investment of time provided me with an intimate knowledge of the data that was immeasurably useful when conducting my analysis. Continuing to believe in this delayed benefit was tremendously difficult during the transcription process! I'm unfailingly thankful to my encouragers and to my former self for bearing the discomfort and equipping me with the understanding to write a better-informed analysis.

As I converted the study into the professional language required for submission to academic journals, I became aware of a tension between using existing terminology (LAC) and my personal preference for less reductionist terms. Abbreviation exists in general for numerous reasons, not least to facilitate brevity and clarity in professional spheres. However, whilst writing up my own research I was increasingly mindful that people are potentially objectified both by research and the policy designed to protect and value them. The impact of representing this group of young people in particular using just three letters should not be underestimated. Adopting this description not only misrepresents the diversity of this population, but also removes researchers and interested professionals further from the young peoples' own understandings of themselves. Would children entering foster care describe



themselves as a 'LAC?' In order to resolve this discomfort, I have included 'LAC' as a keyword to describe the study for the benefit of those searching databases for relevant research in this area. However, within the study itself I have used the phrase 'LA children' as an acceptable compromise between personal preference and the more standard vocabulary.

In conducting my systematic literature review I became increasingly aware of the scope offered by the education system to access and intervene in the lives of young people from all backgrounds. The breadth of opportunity presents professionals with a setting in which to not only address and promote emotional wellbeing but also to challenge the barriers of prejudice and stigma that inhibit service delivery in more traditional settings. By allowing a consideration of mental health to become a routine part of the educative process, more young people will be enabled to benefit from early intervention to protect them from later and more entrenched diagnosable psychological difficulties. Conducting a literature review to highlight the notable absence of research entailed some considerable challenge, not least a limited, and sometimes inaccessible, original data set to work from. However, the importance of attending to the paucity in UK based published research outweighed the known difficulties. Accordingly, I approached the collation and evaluation of the current literature in both a critical but generous manner in order to promote future attempts to add to the evidence base.

I chose to submit both papers to the same journal, Clinical Child Psychology and Psychiatry (CCPP). Both my systematic literature review and empirical paper represent research conducted at the confluence of several professional fields, namely psychology, education and social work. I wanted this diversity to be reflected in the intended journal readership, and the multidisciplinary focus of CCPP was ideal in this respect. By facilitating a range of interested people to access the findings of these studies I hope to stimulate cross-professional thinking

about how they might successfully offer a more joined up and consistent service to young people in their care. I also selected this journal on the basis that it is concerned with the UK perspective, thus it offers a receptive readership for my largely UK-based research.

One of the most valuable lessons I have learnt during my research journey has been to appreciate the unique value and wisdom carried by young people. When professionals are able to meet them at an appropriate level and work within their personal understandings and meanings they are able to share with us a wealth of insight that, as adults, we are rarely able to access. By acknowledging and defending against the pull towards making assumptions about young people based upon their membership of a particular group, or having a particular experience, I was able to get alongside the child's perspective and embellish my understanding of their worlds. I am indebted to the participants of my empirical study for their willingness to be involved and I aimed to respond to their interest and enthusiasm for research by designing a novel leaflet to communicate the findings in an attractive and accessible format (see Appendix Q). This aimed to serve as both a token of my appreciation and a tool around which they could conduct discussions about what helped for them during their school transition and how they can find ongoing support. I hope that through this process they may continue to derive benefit from participation and go on to disseminate the findings to those who care for them in their lives.

Finally, I would advise others to engage in research that you want to get on a soapbox and tell others about. If after three years the subject still doesn't bore you, it means that you have passion! This passion is fundamental, it motivates, it encourages and it promotes research and ideas to others. Alongside this, the numerous reiterations and revisions of my research ideas have enabled me to develop and build upon my adaptability, pragmatism and resilience. My

own experience of fragmentation, confusion and transition has some resonance with the participants involved in my empirical paper. In common with them, what has been especially important for me is the presence of a consistent and containing framework. Special thanks go to those who have provided me with that through both the challenges and successes of the process.