Emotional Literacy Support Assistant (ELSA) programme: Child-centred approach, building trust, listening and valuing children's voices: A grounded theory analysis.

Kristina Balampanidou

A thesis submitted for the degree of:

Professional Doctorate in Child, Community and Educational Psychology

University of Essex

Department: Tavistock and Portman NHS Foundation Trust

Date of Submission: September 2019

journey celebratory. Thank you for volunteering to proofread my whole thesis and my assignments. You have been an incredible person and I thank you for reminding me to keep a zest for life and sharing the spontaneous experiences of life and surprises that it brings.

Table of Contents

List of tables

List of Figures

List of abbreviations

BPS: British Psychological Society

DfE: Department for Education

DoH: Department of Health

ELSA programme: Emotional Literacy Support Assistant programme

ELSAs: Emotional Literacy Support Assistants (referring to trained people)

EP: Educational Psychologist

EPS: Educational Psychology Service

LA: Local Authority

SEMH: Social Emotional and Mental Health

SEN: Special Educational Needs

SENCo: Special Educational Needs Coordinator

HT: Head Teacher

1.Abstract

The Emotional Literacy Support Assistant (ELSA) programme was developed in 2001 with the aim to increase schools' capacity to support children and young people (CYP) with social emotional mental health (SEMH) difficulties. The majority of the current research includes staff's views (Bravery & Harris, 2009; Burton, Traill, & Norgate, 2009; Cardiff Educational Psychology Service, 2012; Dodds & Brake, 2015; Dorset Targeted Mental Health Schools, 2010; Litten, 2012; Russell, 2011) and has major methodological limitations (Burton et al., 2010; Butcher et al., 2013; Hardman, 2011; Mann & Russell, 2011) which raise questions around the reliability and validity of their findings.

Very little of the current research has been conducted from CYP's perspectives. Therefore, this study attempts to cover this gap. The purpose of this study is to understand the CYP's perspectives of the intervention following their participation in the programme. The aim of the research is to explore how and why the ELSA intervention may lead to change. In other words, the proposed research attempts to explain what works for children, in what context, with what outcomes. 8 children (key stage two) were interviewed using semi-structured interviews. Strauss and Corbin's 1998 Critical Realist Grounded Theory (GT) was applied to analyse the data.

The emerging theory summarises 4 overarching themes including 1) the structure of the ELSA, 2) child-centred sessions 3) the impact of the ELSA on CYP's learning, and SEMH and 4) rationale why ELSA intervention helps. CYP identified activities that they found most helpful, gave views on how the ELSA could have been different and how and why the ELSA intervention led to positive changes for them. These findings informed the development of the

suggested theory namely "*The Uniqueness of the ELSA approach makes the difference in children's lives*".

Professional implications of these findings and future research, in light of methodological limitations, are discussed.

2. **Introduction**

2.1 Chapter overview

The aim of this chapter is to provide the aim of the current study and explore the national and local context. Further the rationale behind my interest will be discussed as well as the relevance and the impact of this research for the group of people which includes: CYP, schools, Local Authority (LA) and Educational Psychology (EP) practice.

2.2 Background

This research aims to develop a theory based on children's experiences of receiving an ELSA intervention and to explore and explain how and why ELSA enables change for CYP. The research was focused on what works for children, in what context, and with what outcomes.

2.3 National context

The SEMH has a long history within government legislation including Every Child Matters (2003), Children's Act (2004), and SEND Code of Practice, as well as government indicatives such as SEAL (2005) and National Healthy Schools Programme (2007). Recently, there has been an emphasis on SEMH as one of the largest surveys in England reported a dramatic increase for the children between the ages of 11-14 years old with SEMH difficulties (Deighton et al., 2018). The same research found that there were lots of factors associated with the increasing numbers including gender, ethnicity, special educational needs status, and socioeconomic background. Statistics show that 40% of children experience some kind of trauma before the age of 18 (Braveheart Education, 2011). Statistics from Mental Health Foundation (2018), showed that mental health problems affect about 1 in 10 children and young people. The same organisation reported that 50% of mental health problems are established by age 14. Despite these statistics, the majority of children and young people with significant mental health needs do not access services (Farrell & Barrett, 2007; Meltzer et al., 2000). On the other hand,

research shows that offering preventative work could save billions of pounds to government and it will lead to a reduced psychological "cost" for individuals (New Economics Foundation, 2009). Despite this, lots of services are still unable to meet CYP's needs and offer a more reactive way of intervention and treatment plans when CYP's are suffering with mental health.

SEMH is an umbrella term that covers emotional, psychological and social wellbeing (Mental Health Organisation, 2017). SEMH is not fixed and may change throughout childhood and adulthood depending on various factors. A recent study shows that a family history of mental health difficulties, social deprivation, and traumatic life-experiences all strongly predicted higher levels of mental health difficulties (Kinderman et al., 2013).

A government green paper: "Transforming Children and Young people's Mental Health Provision" which was published recently outlines that CYP with mental difficulties face unequal chances in their lives and suggests guidelines for educational settings (Department for Health; Department of Education, 2017). Whilst Ward (2018) reports that the government recognises the importance of employing mental health workers in schools, there are systemic issues within schools such as an inadequate numbers of trained staff, time, and supervision in order to provide consistent and adequate levels of support to CYPs (Department for Education, 2014). Additionally, research shows that school staff do not have the capacity to meet the needs for CYP with SEMH needs as their role is over-stretched (Finney, 2006).

2.3.1 EP role in SEMH

The EP role has gone under dramatic changes (Boyle & Lauchlan, 2009) and constantly evolves as EPs are required to adapt and face new challenges and opportunities. For example, the Equality Act (2010), Children and Families Act (2014) had implications for EP practice such as the new Code of Practice, supporting clients from ages 0-25, Education Health and Care Plans, statutory timescales, person-centered outcomes, focusing on children's and parents' views and highlights the "local offer" of support for children. Financial cuts and recent changes in LA service delivery models resulted in many EP services moving towards traded and semi-traded models which has huge implications in terms of the type of work that EPs might be involved in the future. However, a recent study suggests that there may be positive impact of traded services and types of work that EPs can offer (Lee & Woods, 2017). EPs work in multi-cultural and diverse environments and need to promote inclusive practice and equal opportunities as well as follow BPS and HCPC professional guidelines, work ethically and follow legislative structures (Birch et al., 2015).

Further financial cuts have implications on specialist services such as Child and Adolescent Mental Health Services (CAMHS) and these services are unable to provide support to CYP with mental health difficulties at national and local level. For example, the local CAMHS services are currently unable to meet the needs based on staffing and funding issues. This raises good opportunities for EPs to fill that gap in the services and offer their expertise in this area in different levels (1:1, group and systemic).

2.4 Local context

The research is conducted is a fully traded service in the outer London Borough.. The area is multi-cultural with respect to the Social GGRRAAACCEEESSS (Gender, Geography, Race,

Religion, Age, Ability, Appearance, Class, Culture, Ethnicity, Education, Employment, Sexuality, Sexual orientation and Spirituality) (Burnham, 2012). There are significant needs in the LA including socio-economical deprivation, and CYP and families with SEMH difficulties. Due to limited EP time in schools one of the EP's role in this particular LA is to offer training to schools on how to support these vulnerable groups. Also to support schools to understand how risk factors mentioned above influence the way SEMH needs are conceptualised by schools and parents.

2.5 Rationale behind my area of interest

Below I will be giving my rationale behind my area of interest and what led me to choose this area to focus on. Firstly, in my previous roles as a Trainee Psychologist and working for various LAs I have personally delivered the ELSA intervention training to groups of schools and supported EPs with the ongoing ELSA supervision. I attended and presented in an ELSA conference on managing self-harming behaviours in schools. I will be acknowledging the potential implications of my previous experiences being involved in ELSA training in the discussion chapter.

Secondly, I was curious to explore the ELSA intervention from CYP's perspective as the current changes in legislation and the New Code of Practice (Department for Education/Department of Health, 2015) gives more emphasis on SEMH as well as advocating CYP's and parents' voices. Additionally, the EPs are trained to give a holistic view of CYP and deliver intervention directly or indirectly to this group. Therefore, it is important to include CYP's perspectives and advocate the voice of those receiving the ELSA support (i.e. the CYP themselves).

Finally, although previous research from various LAs and independent studies looking at ELSA evaluation has been conducted, the majority of it comes from ELSAs', Teachers',

Special Education needs Co-ordinators' (SENCos') and Head Teachers' (HTs') perspectives. Very little research has been conducted directly from CYP's perspectives.

2.6 Relevance and impact

This research hopes to address some of the gaps in the literature review and contribute towards a better understanding of children's experiences of receiving the ELSA intervention attempting to explore and explain how and why the ELSA intervention works from children's perspective. I will now present my reasons for undertaking this research and suggest how this may contribute to EP practice.

2.6.1 Adding to literature to inform an evidence-based practice

The ELSA intervention has now been running in more than 80 LAs in the UK and in some countries abroad (ELSA network, 2019). However, to date there is very little research behind how and if ELSA intervention might be helpful when addressing CYP with SEMH needs. Very little of the current research has been conducted from CYP's perspectives. The majority of research has come from the perspective of the ELSAs or schools staff members. Additionally, this research will add to the very limited literature available. To best of my knowledge, currently there is only one published research (Hills, 2016) that explores the CYP's perception of the ELSA and factors that contributed to the effectiveness of the ELSA. My research aims not only to highlight the experiences of CYP receiving the ELSA intervention (which is under-researched), but to explore how ELSA intervention brings changes for CYP and the mechanisms and the contexts involved in those changes which is the gap within the literature.

2.6.2   Research bias-methodological limitations

The majority of the current research includes ELSA's views (Bravery & Harris, 2009; Burton et al., 2009; Cardiff Educational Psychology Service, 2012; Dodds & Brake, 2015; Dorset Targeted Mental Health in Schools, 2010; Litten, 2012; Russell, 2011) and has major methodological limitations (Burton et al., 2010; Butcher et al., 2013; Hardman, 2011; Mann & Russell, 2011) which raise questions around the reliability and validity of their findings. Some of the ELSA research (Burton 2008; Burton et al., 2010; Osborne & Burton, 2014) has been conducted by the people who developed the ELSA intervention, which increases the possibility of research bias. This research hopes to give a more impartial stance as the researcher has not been previously involved in the development of the ELSA programme itself, unlike many other ELSA study researchers.

2.6.3   Advocating CYP's voice

This research highlights the voice of the CYP as they are the ones receiving the intervention, therefore their voice should be valued and heard. Therefore, the researcher is keen on understanding CYP's perspectives of receiving the ELSA intervention, what changes come up as a result of participating in the ELSA programme and to explore the mechanisms and contexts that bring about these changes. The researcher is keen on advocating and supporting CYP to express their views so that their voice is heard. The research aims to enhance children's experience of receiving ELSA intervention and in a particular LA to highlight which aspects of the ELSA that CYP find most important for them and why.

2.6.4 Sharing with relevant services including schools, LA, and EPS

Although the findings cannot be generalised due the small sample size, the findings can be relevant to schools when deciding how to invest their resources in the ELSA interventions.

ELSAs who deliver the intervention could reflect on their practice and adapt their style based on research findings in order to deliver person-centered and targeted interventions.

The findings of this research also should interest LAs, EP Services, and EP practice when it comes to investing resources in SEMH training programmes as LAs invest a lot of money in training and delivering this intervention, even though it is unclear whether the ELSA is a cost-effective approach.

The findings of the research might have further implications on the EP role therefore it is hoped that it will support EPs to reflect on their role when planning to deliver the ELSA training to schools as well as providing ongoing ELSA supervision.

2.7 Chapter summary

This chapter focused on the recent legislation changes in relation to SEMH and the rising numbers in CYP experiencing mental health difficulties which reflects the needs in the local context. I later explained why I chose to explore this particular area to conduct my research and what I was hoping to get out of this research. In the next chapter, I will summarise the findings of the literature review relating to this research.

3. First literature review

3.1 Chapter overview

This chapter will summarise the aim of the literature review addressing the CYP's experiences of the ELSA. A brief background of the ELSA will be given, and relevant studies will be compared and contrasted as found in literature. The current literature review will be critiqued throughout the chapter and at the end a summary will be provided.

3.2 The aim of the systematic literature review

The aim of this systematic literature review is to address the question "what are CYP experiences of the ELSA intervention in the United Kingdom?". It is vital to clarify that the majority of the current literature has been focused on the effectiveness and evaluation of the ELSA programme rather than children's experiences in itself. Therefore, this literature review summarises the current literature that is the closest to the aim of this literature review.

The research strategy that was applied will be explained, before giving a brief background of the ELSA. The rationale behind the author's area of interest addressed in the previous chapter (introduction). The studies will be organised under three categories: studies from Hampshire EPS, Doctoral theses, and independent studies. Throughout this literature review eleven studies will be compared and contrasted. Key points from the current field and then further developments will then be discussed.

3.3 Research strategy

A number of sources were used to seek literature relevant for the purpose of this research. Several searches using the Tavistock Online Library Catalogue were conducted and six electronic databases (Psychlnfo, PsycArticles, PsyBooks, Psychology and Behavioural Sciences Collection, British Educational Index, Education) were searched using a combination of terms,

for example 'emotional literacy' and 'emotional intelligence'. The search terms that were used possibly may have guided the literature search towards certain areas (e.g. findings that report positive outcomes of the ELSA intervention). However, through snowballing other non-successful literature was identified and included in the literature. A comprehensive list is included in the appendix A. From those six databases, only four peer reviewed articles were found (see Appendix B) on the ELSA evaluation. However, only two published articles are included in this literature review (Burton, 2008; Hills, 2016) as they were relevant to the research question, while the other two were excluded as they did not include CYP's perspectives. Additional studies were identified by hand-searching references using snowballing from the reference lists of included articles.

Hand research on the ELSA network generated sixteen unpublished evaluations of the ELSA programme included in this review by various EP Services. However, only six of the unpublished evaluations of the ELSA programme were included. Reasons for excluding each of the ten studies are given in Appendix C. In summary, eleven studies will be reviewed in this literature review including two published studies, three doctorate theses and six studies from the ELSA network. A summary of these studies can be found in Appendix D including comprehensive information about the research aims, methodology, sample size and the research findings. The Critical Appraisal Skills Programme (2013) checklists were used to evaluate qualitative, quantitative and single case studies, while criteria for evaluating mixed methods were used from Long (2005) for these studies.

3.4 ELSA background

The ELSA programme was first created in 2001 by Sheila Burton, an EP who was working, in Southampton LA with the aim to increase schools' capacity to support CYP with social emotional, behavioural and communication difficulties (Elsa network, 2019; Shotton &

Burton, 2008). ELSA is a training programme that is delivered by EP Services across the UK to school staff members (mainly teaching assistants) who are called ELSAs after receiving their six days of intensive training. The training covers aspects such as social skills, self-esteem, anger management, friendships and bereavement. ELSAs are trained to plan and deliver direct intervention programmes in 1:1 and group level in schools to CYP with difficulties described above and they require ongoing half-termly supervision by EPs in their LAs.

3.5 Hampshire EP services studies

A number of studies on the ELSA programme have been performed to evaluate its impact on CYP and researchers have applied several different approaches. The ELSA programme was created and applied in schools by the Southampton EP Services before being further developed after Sheila Burton moved to the Hampshire EP Service (Shotton & Burton, 2008). It is therefore unsurprising that several of the studies assessing the ELSA's effectiveness were carried out by the Hampshire EP Service itself or connected individuals (Burton, 2008; Burton et al., 2010; Butcher et al., 2013; Murray, 2010).

Burton (2008) pooled data from various studies on the ELSA intervention using practice- based evidence. She used a study including a large sample size of pupils, teachers, ELSAs and managers. This study revealed that 85% of primary school pupils felt happy working with ELSAs, while 60% of secondary pupils felt OK working with ELSAs. The remaining data (15% of primary pupils and 40% of secondary pupils) was not summarised however in terms of pupils' feelings and the researcher does not make any comment or explanation about the remaining data which could potentially imply "hidden" data. Additionally, this raises the question as to how comfortable older children felt working with ELSAs, as the term 'OK' is a neutral stance. Burton (2008) also looked at four separate cases of children who underwent the ELSA intervention, reporting improvement in areas such as friendship skills, self-confidence

and academic achievement. Although there are positive outcomes, it is unclear how the larger study was approached due to limited explanation of the methodology used. Overall, pupils gave a positive response to working with ELSAs, however this does not give any indication as to whether it was actually beneficial to them.

Burton et al. (2010) used pre and post measures to evaluate the impact of the ELSA intervention on primary and secondary schools. Questionnaires were used to evaluate pupils' emotional literacy scores from both the pupils themselves and their teachers. Overall, teachers reported a significant improvement for pupils ($p<0.005$), however the pupils themselves reported no difference in emotional literacy scores overall (p-value not reported). Clear explanations were given of the study design, checklists used and for the statistical analysis used on the data. Conversely, no null hypothesis was given prior to performing statistical tests related to the p values reported.

Another study evaluated the impact of the ELSA intervention on children with challenging behaviour using single-case design (Butcher et al., 2013). Baseline and post-intervention measures were recorded following observation of 2 individuals, revealing that the ELSA was effective on children with behavioural difficulties. There was a clear reason for choosing single case design, but it was unclear how the data was measured and analysed. It was unclear how the interventions were delivered; therefore the findings should be taken with caution as the question around treatment integrity could be raised. On the other hand, one advantage of this type of research is that it focuses on the individual as the ELSA is a person-centred approach and therefore each child receiving intervention has individualised targets. Conversely, this is a very small sample size and the findings cannot be generalised for the population.

Murray (2010) evaluated ELSA's training impact on pupils' progress in control and sample groups using emotional literacy checklist pre/post measures. She reported that two thirds of the

sample group rated ELSA sessions as very helpful, while over one third improved their empathy scores by more than 50%. This study failed to report the remaining pupils' scores, which shows a lack of data transparency. This is important when evaluating the effectiveness of the intervention as some of these unreported samples may have actually regressed which could be a misrepresentation of the data and bias the overall findings to appear more favourable. In addition, no sample sizes were given for any of the participant groups and no clear comparisons were made the control groups.

3.6 Doctoral theses

Three doctorate pieces of research were conducted looking at the ELSA intervention; two of them implemented mixed methods and one included qualitative research.

McEwen (2015) explored the ELSAs and CYP experiences of the ELSA intervention with semi-structured interviews and used Thematic Analysis (TA) to analyse the data. The results showed that the relationship which developed between CYP and ELSAs seemed vital and on its own was an intervention. Children reported that their relationship with the ELSA was viewed as a coping mechanism in itself. Although the number of participants was small and therefore results cannot be generalised, this study is important as this was one of the first studies that actually looked at CYP's experiences and perceptions.

Grahamslaw (2010) evaluated the impact of an ELSA project on support assistants' and children's self-efficacy beliefs using mixed methods design with statistical analysis of quantitative data and TA for the qualitative data. She found that the total emotional self-efficacy scores of children who had received ELSA support were significantly higher than for those who had not. These findings were similar from Support Assistants and HT's reports. HTs' reported that children who had ELSA support were able to learn better, developed personally, emotionally, and academically. This study used pre and post measurements and

larger numbers of participants, as well as data triangulation which makes this rigorous and allows for generalisation.

Mann (2014) explored the perceptions of ELSAs regarding their role and training in supporting the development of emotional well-being as well as the impact ELSA project had on pupils' emotional well-being, using a similar research design to Grahamslaw (2010). Although some positive findings were reported, it was unclear whether the ELSA project had an impact on pupils' emotional well-being. These findings contradict Grahamslaw's 2010 study, however the participant number in this study was very small therefore the findings are harder to generalise and should be taken with caution.

These doctoral theses had very clear research questions, well explained methodologies for approaching the task, clear data reporting and analysis, as well as acknowledging the limitations of the research. These rigorous pieces of research could therefore be more reliable and their findings more valid than the studies connected to Hampshire EP services.

3.7 Independent studies

A large independent research was carried out in Dorset looking at the impact of ELSA interventions on CYP from 18 different settings using mixed methods (Mann & Russell, 2011). The quantitative findings revealed that students showed very small improvement which was not statically significant (p=0.372). Interviews revealed that the majority of students found working with ELSA a positive experience. While this finding may imply that the ELSA intervention may have positive impact on CYP, it does not necessarily show explicitly whether the ELSA programme is effective and does not provide further information on what this positive experiences might look like. Another, major weaknesses of this study was that some students were excluded as no data was measured at the interim (n=27/62) and or end-point (n=1/97) for any of the related participants, therefore greatly reducing sample size for interim

data especially. Also, for most students there was data missing for other relevant participants (i.e. only 8/97 had all data for end-point and only 1/62 for interim). Therefore, again a lot of data was missing which gives less comprehensive triangulation of the data.

Another research study from York investigated the effectiveness of ELSA training across 42 schools and decided whether to continue funding across the city (Hardman, 2011). Data was gathered and analysed from ELSAs, parents, and pupils using mixed methods. The results showed that pupils', parents' and ELSAs' views seemed to be very positive on ELSA interventions. However, some pupils showed deterioration in perceptions (19-32% across staff, parents and pupils) but failing to explain this further. This is the only study that shows that ELSA intervention can also be ineffective. Interestingly, the data was reported in percentages, numbers and graphs using many repeated measures to quantify the effectiveness of the ELSA programme and very limited emphasis was given to qualitative findings. Possibly the pressure from LAs linking evidence- based practice and cost effectiveness may have led the researchers to take this approach to determine whether future funding of the programme will be guaranteed (maybe stakeholders prefer numbers and overall data generalisation).

Hill et al., (2013) carried out a qualitative study looking at the impact of the ELSA programme as perceived by young people and staff in schools. Semi-structured interviews were used and the findings were analysed using TA. They found that relationships between ELSAs and students were key to the ELSA success, as reported similarly by McEwen (2015) and Hills (2016). In comparison to the previous studies, the researchers did not know the schools, therefore removing potential bias. The findings were clearly reported in mind maps and explained well by integrating the data and providing participants' quotes to support the findings which is a real strength of this study. On the other hand, it was hard to establish if benefits to

children resulted from the ELSA intervention as the participant number was low and only from a single school per LA.

Hills (2016) published the first paper that was focused on primary age children's perspectives of the ELSA intervention and factors that contributed to effectiveness using mixed methods. The qualitative data showed that all children rated the ELSA project as effective. The three largest response categories that children reported that ELSA helped with were: talking (32%), friendship (26%) and confidence (15%). Qualitative findings highlight the importance of therapeutic relationship, having a space to talk, exploring feelings and building resilience, confidence and self-esteem. Grahamslaw, (2010) found that similar factors were contributed to the effectiveness of the ELSA from the HT's perspective. Whilst the findings from Hills's research can be very promising, the tools that were used to gather children's experiences and measuring the effectiveness varied amongst children, due to the age range of participants. For example, the researcher used drawings for younger children, while older children expressed their opinions in words. Therefore, there is not a consistent way of approaching the research which raises questions about the validity and reliability of this research. On the other hand, the larger sample size (n=53) chosen might allow for generalisation of the findings. One of the strengths of this study was that it was the first study that focused on CYP's views only and there was clear aim and research question to answer, clear methodology, and findings were reported in a coherent study layout. Implications of this study for the EP role were also discussed.

3.8 Further critique of the Systematic Literature Review

Various studies explored the ELSA intervention, taking different ontological and epistemological positions in their attempt to address a similar research question. Two out of eleven studies were qualitative studies (Hill et al., 2013; McEwen 2015), which approached

this area from the Relativists and Social Constructionist approach. Two of them took a more Positivist approach (Burton, 2010; Butcher et al., 2013). The majority of the studies approached the research from a Critical Realist and Pragmatist stance, using mixed methods design (Burton, 2008; Grahamslaw, 2010; Hardman, 2011; Hills, 2016, Mann & Russell; Mann, 2014; Murrey, 2010). However, in all the mixed methods studies more emphasis was given to the quantitative data and less to qualitative data. This supports evidence-based practice and a hierarchy of research, whereby the accepted 'gold standard' is a systematic review of randomised controlled trials, while qualitative studies come low down in the hierarchy (Fox, 2003).

As the ELSA programme was developed at the Hampshire EP service, Hampshire have therefore been strong advocates for the programme in schools nationally and have themselves carried out a number of the key studies evaluating its effectiveness (Burton, 2008; Burton et al., 2010; Butcher et al., 2013; Murray, 2010). These types of studies are used to justify the ELSA programme's use in schools, but the potential researcher bias from the studies listed above brings into question the reliability of their findings.

Some studies failed to show the process by which samples were selected, potentially hiding sample selection biases that may lead to more favourable results when attempting to show the benefit of the ELSA intervention (Mann & Russell, 2011; Murray, 2010). From an ethical perspective it is also important for studies to explain clearly how CYP participants were chosen to be in the intervention or control groups. However, these details were often omitted in studies (Butcher et al., 2013; Hardman, 2011; Mann & Russell, 2011; Murray, 2010). A range of methodologies have been applied across studies on the ELSA programme, including strengths and difficulties questionnaire (Burton et al., 2010; Hardman, 2011; Mann, 2015), Emotional Literacy checklist (Burton et al., 2010; Mann, 2015; Murray, 2010), drawings (Hills, 2016),

SEB competencies for children (Hardman, 2011) scaling questions (Burton, 2008; Mann & Russell, 2011), piloting questionnaires (Grahamslaw, 2010; Hills, 2016) and interviews (Grahamslaw, 2010; Hardman, 2011; Hill et al., 2013; Mann, 2014; McEwen, 2015). There is currently no universal tool to evaluate the effectiveness of the ELSA programme, making it harder to compare and generalise the findings of various studies.

Several of the studies did not report data or details of methodologies clearly. For example, Hardman (2011) failed to show how data was actually measured and analysed, while Butcher et al., (2013) only provided coding manual and observation sheets on request when these are necessary for transparency. In two studies, post-measures were not obtained for a significant number of the sample group, leading to a great reduction in the useful sample size available with a complete dataset (Burton et al., 2010; Mann & Russell, 2011). Murray (2010) did not report any sample sizes and gave no comparisons to control groups which are fundamental to randomised control studies. These studies lack rigorous methodologies and clear reporting, therefore affecting the reliability and validity of their findings which should be taken with caution. These disadvantages highlight the need for more studies with defined control and experimental groups, rigorous methodology and clear data reporting on the ELSA programme from CYP's perspectives.

The majority of studies reported that CYP themselves perceived the ELSA programme to improve their emotional literacy (Butcher et al., 2013; Grahamslaw, 2010; Hardman, 2011; Hill et al., 2013; Hills, 2016; McEwan, 2015; Murray, 2010). The findings for Mann (2014) were unclear as to whether the ELSA had been beneficial to pupil's emotional well-being. Teachers' and ELSAs' perceptions of the ELSA programme were often also found to be positive, suggesting that the intervention is successful in terms of improving children's social emotional literacy (Burton, 2008; Grahamslaw, 2010; Hardman, 2011; Mann, 2014; McEwen,

2015). However, two surveys on the pupils themselves did not show significant improvement following the intervention, even when teacher's perceptions may have suggested there was an improvement within the same study (Burton et al., 2010; Mann & Russell, 2011). This raises questions as to whether the ELSA is genuinely beneficial to pupils or whether the pupils themselves are unable to give a true reflection of how beneficial the intervention could really be to them.

The findings whether the ELSA intervention is effective as perceived by CYP can be controversial. The majority of the research shows that CYP found the ELSA effective. However, those studies lack rigorous methodologies as discussed earlier. Hardman (2011) showed that 19-32% of the pupils actually regressed, while other studies did not report the details of those CYP who did not improve (Burton 2018; Murray 2010). This information is important however, as it is unclear what proportion of CYP in the sample groups show regression in their emotional literacy which should be considered when evaluating the effectiveness of the programme.

ELSAs' and SENCos'/Teachers' opinions are often emphasised more than children's/pupils' perspectives as schools will fund the service and their opinions may ultimately matter more when trying to justify financially the continuation of the service to school funding bodies and show evidence to the government. A number of the studies start by mentioning how many ELSAs have been trained and how this may have increased over time (Burton 2008; Burton et al., 2010; Hardman, 2011; Mann & Russell, 2011; Murray 2010). This can be used by the researchers to imply the success of the programme. It suggests that a relatively small investment in money/time is a cost-effective solution to promote emotional literacy in schools and is used as a justification for the continuation of the programme. However, there is actually very little rigorous research supporting these claims. The few studies done to date do not focus

enough on the perceptions and improvement in emotional literacy scores of the CYP themselves. This is the ultimate purpose of the ELSA intervention programme and we will only get a better understanding of its true effectiveness once more studies with a clear design are done by independent researchers who do not already hold a vested interest in the ELSA programme.

3.9 Chapter summary

This chapter provides the review of current literature on ELSA intervention from studies that included CYP's perspective and identified major methodological limitations. The following chapter will provide a comprehensive summary of methodology and design of the current study.

4. Methodology

4.1 Chapter overview

This chapter outlines theoretical orientation of the current study exploring the ontological and epistemological steps that were taken to carry out the research project. The differences between methods and methodology will be reported before summarising the purpose of the current study. Comprehensive information will be given in terms of the research framework, the rationale of choosing GT, research questions, data collection, piloting of the interview questions, transcriptions, data analysis, ethical considerations and implications on validity and reliability, trustworthiness and credibility.

4.2 Ontology and epistemology

Ontology refers to the study of being and it responds to questions of what reality is and how can we understand existence (Arghode, 2012). Epistemology refers to what constitutes valid knowledge and how can we obtain it (Arghode, 2012). In other words, ontology refers to the nature of being, whereas epistemology refers to the nature of knowing. There is a range of ontological and epistemological positions that researchers can approach research. These positions are Realism, Relativism, Idealism, Positivism, Critical realism, Constructivism, Social Constructionism, and Pragmatism (Robson & McCartan, 2016).

Researchers with the Positivist view focus on cause and effect by explaining how and why things happen using quantitative methods and statistical analysis. This approach argues that empirical and observational methods are the only sources of substantive knowledge (Robson & McCartan, 2016). In contrast, Relativists argue that there is not just one reality that people can see, understand and measure but there are multiple realities (Arghode, 2012). Relativists also argue that reality is socially constructed and is directly linked with an individual's experiences, and the language that people use. They might use narrative analysis to study the

meanings that are constructed in relationships, and that language is the means whereby this occurs (Dallos, 2006).

These two ontological positions are different. For example, quantitative research is embedded in the Positivist approach, whereas Relativists lean towards qualitative research methods (Arghode, 2012). Both quantitative and qualitative researchers attempt to understand what is reality (ontology). However, how they approach and research (epistemology) reality might be very different. The Critical realist approach takes positions in between these extremes (Robson & McCartan, 2016), arguing that knowledge is something that we can measure in some degree and how it relates with mixed research methodologies. ''Education has always been a core field for mixed methods research'' (Creswell & Garrett, 2008 cited in De Lisle 2011, p. 95) and there are advantages and disadvantages to using mixed methods (De Lisle, 2011). Critical realist epistemology can be both subjective and objective, allowing for mixed methods research (Grahamslaw, 2010).

4.3 Orientation of this study

It is important to address my position as a researcher as my world view will inform which ontological and epistemological stance I am taking to carry out in this research. The ontological and epistemological stance of this research is influenced by the Critical Realist approach, which takes position in between the Realist and Relativist stances. This approach argues that knowledge is something that we can measure to some degree (Robson & McCartan, 2016). The Critical Realist approach began as an anti-positivist movement in the social sciences associated with Roy Bhaskar and Rom Harré's work (Sutcliffe, 2016). "This approach is well suited to exploring the complexity of a social process, attempting to view an external reality through the imperfect lens of human perception and thought" (Sutcliffe, 2016, p. 45). Critical realists try to understand how contexts and mechanisms combine to create a social process (Fox et al.,

2007). Strauss and Corbin's 1998 Critical Realist GT was chosen as the approach best suited

to the researcher's theoretical orientation to answer the research questions with the primary

exploratory purpose and a secondary explanatory purpose. This is because the research

attempts to explain what works for children, in what context, with what outcomes.

The table below summarises the Critical Realist approach into five points which is

underpinning framework for the current study.

The Critical Realist Approach, (Bhaskar, 1975)
1. Assumes there is a reality that is experienced and interpreted through context such as language, culture, history, politics, biases
2. There is a world independent of our knowledge
3. Knowledge is local and historical
4. All viewpoints are equally valid
5. The Critical Realist aims to explore the possible mechanisms working in context that might explain why, for example, an intervention might be working

Table 1: Bhaskar (1975) summarises the Critical Realist approach into five points

4.4 Methodology and method

It is important to highlight the difference between the terms 'methodology' and 'method'

(Strauss & Corbin, 1998). Methodology is the general approach to studying research topics

whereas method refers to a specific research technique (Robson & McCartan, 2016).

4.4.1 Differences between qualitative and quantitative research

There are three approaches in conducting research such as qualitative, quantitative and mixed

methods (Robson & McCartan, 2016). There clear differences between qualitative and

quantitative studies, whist the mixed methods research combines both methods and

incorporates elements of both qualitative and quantitative approaches.

These methods are informed by different ontological and epistemological positions depending

on aims of the study and research questions (Fox et al., 2007). For example, the quantitative

studies are taking a Realist ontological position investigating cause-effect relationship between variables and arguing that there is an "absolute" truth which can be measured objectively. On the other hand, the ontological position in qualitative studies are informed a Relativist approach suggesting that there are multiple realities for people therefore the knowledge is more subjective. The epistemological position of the quantitative studies is informed by the Positivist stance whilst in the qualitative studies is informed by the Social Constructionism stance suggesting multiple realities.

Whilst the quantitative studies aim to investigate the relationship between various variables the qualitative studies aim to explore the experiences of the individuals or groups in social contexts. The sample size in qualitative research tends to be small which allows in depth exploration and for this reason the findings cannot be generalised. On the other hand, in quantitative studies the sample size tends to be larger focusing on testing various hypotheses with the aim to generalise the findings. In qualitative studies the data collection and analysis can be flexible and can be done via open-ended questions, observations, audio-visual material whilst in the quantitative studies the data collections tend to be via structured questionnaires and close-ended questions. The analysis of the data in qualitative studies can be flexible. On the other hand, quantitative data usually are analysed via statistical tools and data can be represented in numbers. Instead of seeing these methods as opposite polar, they should be viewed as a different end on a continuum (Creswell, 2009). The table 2 summarises the main differences of the quantitative and qualitative approaches.

	Quantitative	**Qualitative**
Ontology	Realist	Relativist
Epistemology	Positivist	Social constructionist
Aim	Test hypotheses	Explore and explain a phenomenon
Sample size	Large studies/randomised control	Small size
Data collection	Structured questionnaires	Open-ended questionnaire
Data analysis	Statistical tools	Text analysis

Table 2: Summary of key differences between quantitative and qualitative research

There is not a "right approach" to research and each research project is informed by some critical factors including the aim and the purpose of the research, the theoretical underpinning, research questions, the research structure and research techniques. All these dimensions/factors are all interlinked and there is a "natural" development/progression of the research design. Fox et al., (2007) provide a clear framework how to approach a research study which will be discussed in this chapter (research framework section- please see page 43). The aim of the research will inform the theoretical underpinning, the research questions, the research structure, and methodology.

4.4.2 Hierarchy of research

Within the NHS there is a "gold standard" of research (Fox et al., 2007) which suggests that the quantitative studies are seen as providing the best quality due to higher quality of evidence and lower risk of bias. On the other hand, the qualitative studies are represented at the bottom of pyramid because it is considered that the quality of evidence is lower which increases the risk of bias. Below is the visual representation of the hierarchy of research**.**
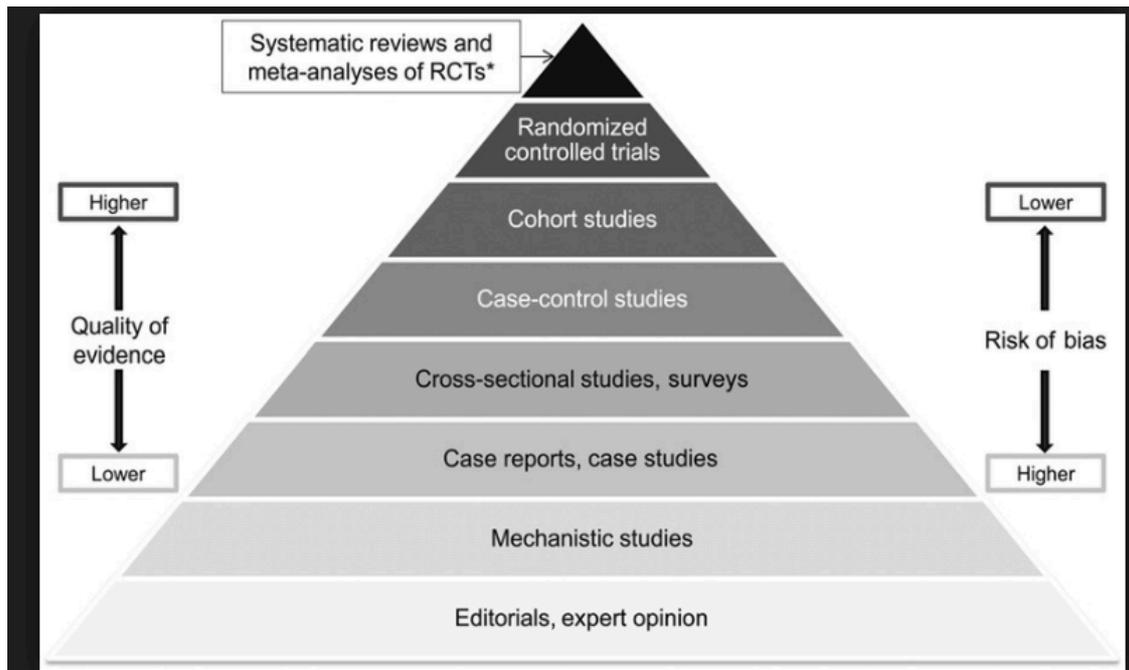
Figure 1: Hierarchy of Research Source taken from Research gate website accessed on 7th March 2019

4.4.3 Research method

This research used a qualitative method design (Creswell, 2009), as this suits best to answer the research questions which are exploratory and explanatory. Strauss & Corbin (1998) summarise the characteristics of qualitative studies in the following points:

1. *Questions concerned with meaning and experiences*

2. *Is driven by the data – an inductive 'bottom up' approach.*

3. *Contextual – understanding experiences in context*

4. *Concerned with rich descriptive data*

5. *Flexible research designs*

6. *Descriptive and interpretative to create meaning*

7. Reflexive – researchers position acknowledged and questioned

Qualitative method was chosen as the aim of the research to develop an understanding of each child's unique experiences of the ELSA intervention and explain how the ELSA intervention may lead to change rather than attempt to test or verify expansions or theories which quantitative studies are aiming for (Creswell, 2014). Other qualitative methods could have been considered but were less suitable given the characteristics (exploratory and explanatory) of the current study.

4.4.4 Rationale grounded theory methodology

Starks and Trinidad, 2007 highlight the need for researchers to be aware of similarities and differences between qualitative approaches. The Interpretative Phenomenological Analysis method of analysis is focused on exploring individual/idiographic lived experiences of participants by offering deeper understanding of people's experiences. The Discourse Analysis is focused on exploring how the language and words create dominant discourses. Finally, the TA is a method for identifying, analysing and reporting patterns (themes) within data. All these approaches have their own ontological and epistemological positions with the primary aim to explore a phenomenon under study. On the other hand, GT is moving beyond the exploratively element and attempting to explain the social studies by developing a cohesive theory. Therefore, other approaches were rejected as they were not "the best match" for the purpose of this study.

The GT is chosen as a research methodology for various reasons. First of all, GT has 2 main purposes; explanatory and exploratory with the aim to develop a theory to explain things at every stage of analysis to create a coherent theory. Secondly, GT provides a framework to generate a 'theory' from the data of social research. GT emphasises that the 'theory' would come from the data, otherwise the theory generated and the empirical world would mismatch.

GT is both a process (the method of generating theory) and the product (the theory itself). Finally, GT examines what works for whom, in what context, with what outcomes.

4.4.5 Advantages of Grounded Theory

The advantages of GT are in its systematic, meticulous and rigorous procedure, and in the relevance, meaning and testimonial validity that come from deriving data from the experiences of individuals. This is set against the practical difficulties of the method, the challenge of generalising from a local theory grounded in subjective data, and the difficulty in avoiding researcher-induced bias.

4.4.6 Different versions of Grounded Theory

GT was developed by Glaser and Strauss (1967), further developed by Corbin and Strauss (2008). It is important to highlight that there are three types of GT including Glaser, Strauss and Corbin, and Charmaz (Sutcliffe, 2016). They have different ontological and epistemological orientations (Sutcliffe, 2016). Glaser's approach is influenced by a Realist ontological position and Positivist epistemological position, Strauss and Corbin are taking Critical Realist approach in ontology and epistemology and Charmaz's approach is informed by a Constructivist ontological and Social Constructionist epidemiological stance.

For the purpose of this study, Strauss and Corbin's 1998 Critical Realist GT was chosen as the approach best suited to the researcher's theoretical orientation to answer the research questions with the primary exploratory purpose and a secondary explanatory purpose. This is because the research attempts to explain what and why works for children, in what context, with what outcomes.

4.5 Purpose of the research

Robson and McCartan (2016) outline the variety of purposes in research studies, including exploratory, descriptive, explanatory, evaluative and emancipatory strategies.

In an exploratory approach, usually no standardised methods are used, as it is very "early" research, so little or no knowledge on the topic exists. The focus of this method is on exploring new knowledge. In explanatory studies the focus is usually to explain a phenomenon that is happening, and experiments are usually appropriate for this kind of studies. On the other hand, non-experimental fixed strategies (surveys) are appropriate for descriptive studies

Evaluation research can be defined as a type of study that uses standard social research methods for evaluative purposes, as a specific research methodology, and as an assessment process that employs special techniques unique to the evaluation of social programs. Emancipatory research is a research perspective to produce knowledge that can be of benefit to disadvantaged people. It is an umbrella term that can include many streams of critical theory-based research such as feminist, disability, race and gender theory.

Specifically, the purpose of this study the aim is to understand children's perspectives of receiving ELSA intervention in the LA. The purpose of this study is to explore and explain how the ELSA intervention may lead to change. The ontological and epistemological stance of the research is influenced by the Critical Realist approach, which was discussed above.

4.5.1 Research framework

Defining the research question/s is one of the key components of research. Fox et al. (2007) provide a very useful research framework that links five main points of the research project. These five points are: the aim and the purpose of the research, the theoretical underpinning, research questions, and the research structure and research techniques. The researcher applied this framework to carry out the research project. Please see the figure below as adapted from Fox et al., 2007.

Research Framework

- **Aim and Purpose** — Exploratory & Explanatory
- **Research Questions**
  - What are the children's experiences like as a result of participating in the ELSA intervention?
  - How changes come about as a result of participating in the ELSA intervention?
  - What are the contexts and the mechanisms that bring about these changes?
- **Theoretical Underpinning** — Critical Realist
- **Structure** — Rigorous and meticulous using GT
- **Research Technique** — Data Analysis

Figure 2: Summary of the Research Framework (adapted from Fox et al., 2007)

4.5.2 Research Questions

This research attempts to address the following research questions with the aim to develop a theory: The research questions are shown in table below clarifying the exploratory and explanatory types of questions in attempt to fit the purpose of the research.

Research Question 1: What are the children's experiences like as a result of being part of the ELSA intervention?

Research Question 2: How changes come about as a result of participating in the ELSA intervention?

Research Question 3: What are the contexts and the mechanisms that bring about these changes?

Research Questions	Type
What are the children's experiences like as a result of being part of the ELSA intervention?	Exploratory
How changes come about as a result of participating in the ELSA intervention?	Exploratory
What are the contexts and the mechanisms that bring about these changes?	Explanatory

Table 3: Summary of the research questions relating to the purpose of the study

4.6 Participants

The participants of the study were Key Stage 2 children, in mainstream settings who have completed the ELSA intervention. This age group was selected because children at this age can be reflective during the interview and have developed analytic thinking, so can give their personal experiences of receiving the ELSA intervention. Additionally, the participants had to be fluent in English language and have lived in the UK for the last 7 years. This was because their language ability could have impacted on their ability to express their views clearly based on the research findings (Cummins, 2001**).** For inclusion and exclusion criteria please the table below.

Inclusion Criteria	Exclusion Criteria
Completed the ELSA Intervention	ELSA intervention still ongoing
Mainstream Primary provision	Specialist/Secondary provisions
Age KS2- Reflective and analytic thinking	KS1and Children with significant Speech and Language Needs
Fluent in English; have lived in the UK for at least 7 years able to express their thoughts and feeling in English language	Children who struggle with English and unable to express their thoughts and feeling in English

Table 4: Summary of inclusion and exclusion criteria

4.6.1 Process of participant selection

Once the ethics form was submitted (please see appendix E), approved (please see appendix F) by the Tavistock NHS Trust Research Ethics Committee), the researcher contacted 10 mainstream primary provisions who had received ELSA training within the researcher's current LA and asked to express an interest to participate in this research. The first 2 provisions who responded were selected. Following are the steps to provide comprehensive information.

Step 1: Initially, a letter was sent to all schools (please see Appendix G) in the LA to express their interest in order to inform them about the study.

Step 2: Following the schools' expression of interest about the project, the researcher shared via email all the documents with schools including an information sheet for parents (please see Appendix H), participants (please see Appendix I), consent form for parents (please see Appendix J and consent form for children Appendix K) in order to address the potential research bias. These documents outlined the aims of the proposed research, the participant's rights to withdraw and anonymity of data. Full information to explain the proposed research purpose and process was provided to schools, parents and participants prior to the research.

Step 3: A signed consent was sought from both the CYP participants, as well as their parents/carers.

Step 4: After gaining the consent from parents and participants the researcher met with the SENCo at each school in order to give the opportunity to schools to ask any questions that they may have had, as well as meeting them in person to arrange the practicalities around the interview process such as time, location and what will happen once the research is completed.

Step 5: Following the meeting with the schools, the researcher met all the participants in their school in order to gather the data. At this stage participants were reminded of an easy read

consent form and asked whether they still wished to participate in the study. The researcher explained to participants that they have the choice to not answer a question or to withdraw from the research altogether at any stage without a reason needed to be given.

Step 6: Completing the data gathering and exiting from schools

Step 1: approaching schools via email > Step 2: sharing all the documents with parents and participants about the research via school > Step 3: gaining parental and participants consents > Step 4: meeting the schools in person > Step 5: interviewing > step 6: > Ending/exiting

Table 5: Summary of recruitment process

A summary of the research purpose for parents, a written consent and ethical approval were distributed to schools. Eight children were randomly selected by schools on first come first served policy and four children were placed on the reserved list in case some of the participants were dropped out.

This number was chosen in order to provide a range of different perspectives, to gain a rich picture as well as being a feasible amount of data to analyse within the timeframe as a part of the doctoral training. The researcher met with both schools to give the opportunity to clarify questions that they might have had, as well as to negotiate the practicalities about booking rooms, timings etc.

The demographics of participants were summarised after the data collection as the researcher did not have the information about the rationale of these participants being referred to the ELSA and types of interventions (group/individual) they have had accessed before the data collection stage.

Characteristics of the sample

Interview	Participant Code	Gender	Year Group	Group/Individual session	Rationale for ELSA
1	Child 1	Female	5	Group	Worries/ Anxiety
2	Child 2	Male	5	Mixture	Confidence
3	Child 3	Male	6	1:1	Worries/ Anxiety
4	Child 4	Female	4	Group	Friendships/Social skills
5	Child 5	Female	6	1:1	Anger Management
6	Child 6	Female	6	1:1	Worries/Anxiety
7	Child 7	Female	6	Group	Confidence/Self-Esteem
8	Child 8	Female	3	Group initially then 1:1	Confidence

Table 6:Demographics of participants

4.6.2 Data collection

The qualitative data was gathered via semi-structured individual interviews because there is an element of structure, but they can also be flexible which allows the researcher and the participants to explore the participants' experience of receiving the ELSA intervention. Semi-structured interviewing techniques are often used when using GT to analyse the data. The interviews took place in Autumn term (2018) over a few visits to each school. Each interview lasted about 45 minutes. These interviews were recorded, transcribed, and compared. Data collection took place within the school premises, in the afternoon to minimise the impact on children's learning. Additionally, the children may have felt more comfortable in a familiar environment.

4.7 Piloting of interview questions

Interview schedules are often piloted to identify flaws and to allow necessary revisions to be made before beginning the study proper (Cresswell, 2009; Kvale, 2007). In this research the interview questions piloted informally with key stage 2 children by the ELSA to make sure that children had understood the questions. Both ELSA and children who took part at the piloting stage were independent to my research. Based on the feedback received the semi-structured questions were slightly changed in wording to make it more accessible to children and make the questions more child friendly. Please see both versions of the questions in the appendices L and M.

4.7.1 Transcription

The interviews were transcribed between December 2018 and January 2019 following the ethics guidelines. The researcher typed all the interviews and kept a reflection diary to record any thoughts or feelings that were evoked by the transcripts and emotional data. The transcripts were stored on a secure device and data was kept in a locked file. Only researcher and the research supervisor had access on them.

4.8 Data analysis

Glaser and Strauss (1967) suggest that the literature review is conducted after completing the process of data analysis and theory generation, in order to ensure that pre-existing theories do not bias the researcher and contaminate the theory. However, this is not feasible in the real world as the researcher had developed an ethics form. Also part of the research assignment had to justify the rational of the research therefore it's impossible to start as a "blank sheet". To address this previous pre-existed knowledge has been acknowledged, as well as being reflexive. For these reasons, keeping memos during the research project, as well checking with

my supervisors and colleagues was vital to minimise the research bias (cross referencing approach). The current data analysis was carried out after collecting all the data. The researcher used the software MaxQDA 18 to analyse the data.

4.8.1 Process analysis of data

The data analysis was based on the following steps as was suggested by Strauss & Corbin (1998).

The Process of the Grounded Theory, Strauss & Corbin (1998)
1. Inductive development of codes-led by the data gathered
2. Coding-from initial codes (labelling text segments) to axial codes (codes form themes) and then to selective codes (theoretical integration)
3. Method of comparative analysis-comparing incident against incident for similarities and differences
4. Theoretical sampling-the process of data collection is controlled by the emerging theory-new interview questions or participant
5. Theoretical saturation-no new relevant insights arising
6. Iterative flip flop process between different levels of coding
7. Generative mechanisms-to explain and link to theory

Table 7: The Process of the GT summarised into seven points

Strauss and Corbin (1998) argue that there is a systematic and structured way for analysing the data:

- Theoretical sensitive coding; deriving strong concepts and categories from the data which explain the phenomenon under study.

- Theoretical sampling; selecting participants based on the current state of the theory generated from the data collected so far, without a concern for generalisability.

- Constant comparison; identifying similarities and differences between the emerging categories, setting up a two-way process of construction and deconstruction, linking ideas in a way that reflects the complexity and variability of the data.

GT involves constant comparison methods of coding and data analysing through three stages: open coding, axial coding, and selective coding. (Starks & Brown-Trinidad, 2007). These three stages of coding enable the generation of a robust theory grounded in the data.

1. Open coding: breaking the data down in to themes and categories, which will be describing children's experiences of receiving the ELSA intervention, what works for them, in which context and with what outcomes.

2. Axial coding: making connections between the themes identified through open coding and beginning to form higher-order categories.

3. Selective coding: choosing a core category and systematically exploring how it relates it to other categories. Selective coding involves checking these connections and relationships and, where necessary, revisiting and evolving the categories in the light of the developing theory. The process of theory generation is supported by the use of memos, notes highlighting significant ideas about the data and hypotheses about the relationships between categories. The following figure demonstrates the process of data analysis:
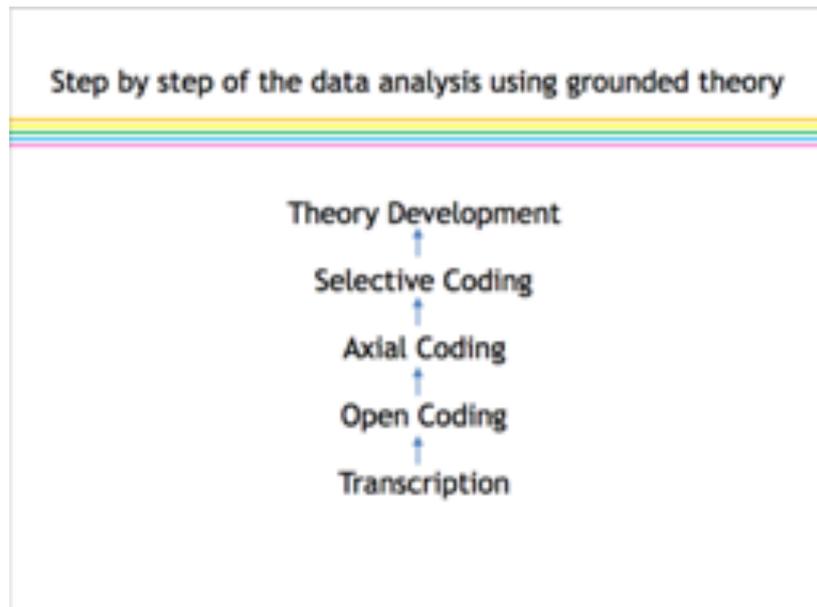
Figure 3 Visual representation of data analysis applying grounded theory.

4.9 Use of MaxQDA 18

MaxQDA is a software program designed for computer-assisted qualitative and mixed methods data, text and multimedia analysis in academic and other industries**.**

4.9.1 Open coding

MaxQDA 18 was used to analyse the data in all three different stages with the aim to generate a theory (Strauss & Corbin, 1998). The process of open coding involved a close reading of the interview transcript uploaded to MaxQDA 18. The researcher highlighted text segments that related to the research question and labelled them with a code and sometimes used "in-vivo" codes where the researcher used participants own's words to code the text. Text segments varied significantly in length, from single phrases to complete sentences to a participant's entire response to a question. This is necessary when coding natural language (Strauss & Corbin, 1998). Additionally, the text segments that were not relevant to the research question were not coded, following Strauss and Corbin (1998). I have included a sample from interviews (please see page 52) below to demonstrate how the open codes were labelled.

Additionally, I have included a screen shot from MaxQDA 18 project showing the process of labelling the open codes in figure 4 showing the number of participants, the total of open codes, and memos.

Extract from interviews	Open codes
Child 5: They gave me these sheets like ice- cream, push the wall, and different ones and they helped you to express yourself when you angry push the wall because the wall won't go anywhere and push the wall and the next one is blow bubbles and close your eyes and blow the bubbles (demonstrates) and your anger should be in a bubble and fly blow away	Different ways ELSA's helps children-giving sheets to express herself
Child 1: I think my favourite out of them was the worry doll, because I can make it to go in funny positions and play with it.	Worry dolls-What child enjoyed the most
Child1: basically it took my worries away and because it was very special…because it was my own design and I knew that It would help	Meaningful for the child and personalised
Child 4: They really help me like get friends I didn't have friends in the playground like I've told you before but when I went to ELSA I had kind of my own free like playground because I kind of made friends with them we work together they just really help me. I can't list everything.	ELSA helps child to make friends

Table 8: Sample of how the open codes were developed
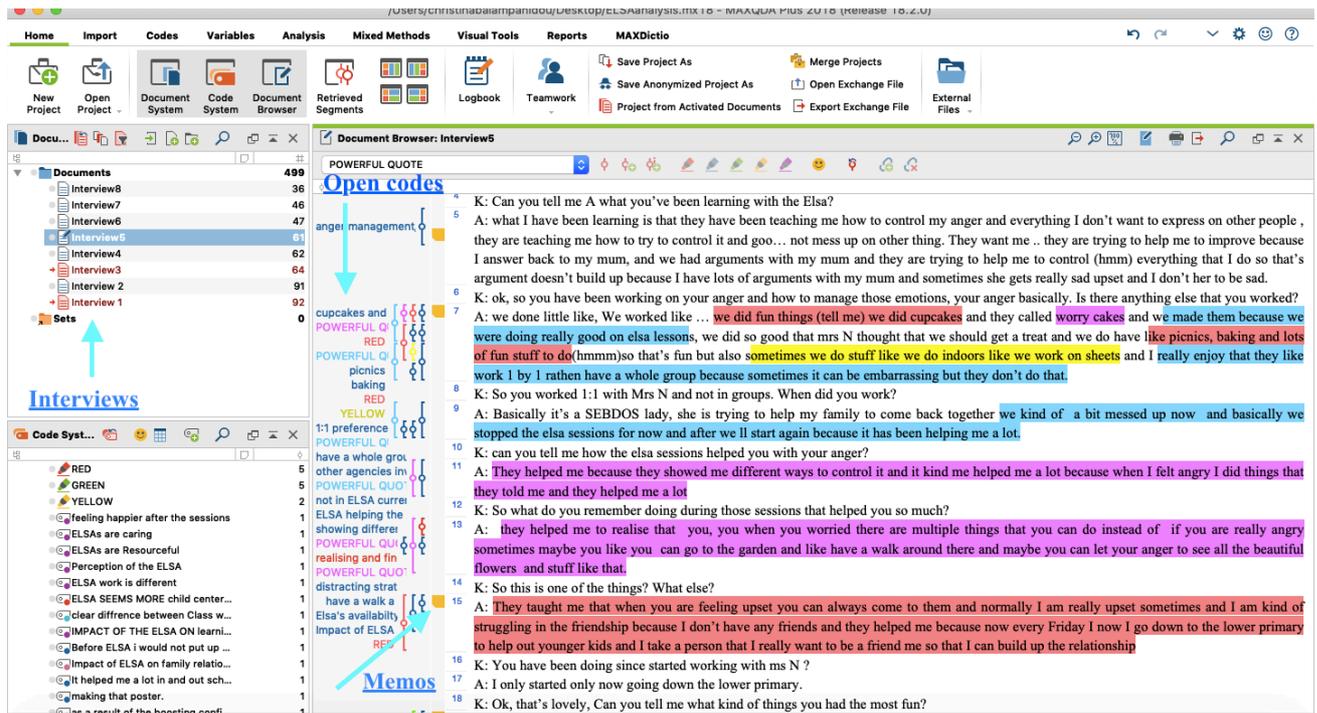
Figure 4: Screen shot of MaxQDA 18 project showing open coding

4.9.2 Axial coding

Once the open coding process is completed the researcher categorised the data in themes in order to make connections between the themes identified through open coding and beginning to form higher-order categories. In total 17 axial codes were developed, and each open code was categorised based on the constant comparison in data. Below is a screen shot from MaxQDA 18 project showing axial coding.

Figure 5: Screenshot of MaxQDA 18 project, demonstrating axial coding

4.9.3 Selective coding

 In the third stage the data from axial coding was grouped in a core category systematically based on how the axial codes related it to other categories, checking these connections and relationship applying constant comparison in data. I have used Microsoft word to show the process of axial codes transferring to selective codes. I have included the following table showing how the selective groups developed in order to inform a development of a theory.

Axial Coding	Selective Coding	Theory development
1. Referral reason 2. Types of interventions (based on needs) 3. Nature of Involvement (group vs 1:1) 4. Duration of intervention 5. Rating sessions 6. Continuation of sessions	The Structure of the ELSA	
1. What children enjoyed 2. What could have been different in sessions 3. Various ways how ELSA helped children 4. How children used the techniques that they had learned in ELSA sessions	Child-centered approach	
1. Learning Outcomes 2. SEMH Outcomes 3. Wider application of learned skills as an outcome from the sessions 4. Before ELSA and after ELSA experiences	Impact of the ELSA	The uniqueness of the ELSA approach makes the difference in children's lives
1. Qualitative differences 2. Environmental differences 3. Children's feelings and perceptions about ELSAs and ELSA work	Rationale why ELSA helps	

Table 9: Summary of a table how a theory is developed

4.10 Emerging theory

The emerging theory developed based on 4 overarching themes including 1) the structure of the ELSA, 2) child-centered approach and 3) the impact of the ELSA on CYP's learning, and SEMH, and 4) rationale why ELSA helps. These themes informed the development of the suggested theory namely "*The Uniqueness of the ELSA approach makes the difference in children's lives"* which will be explored in the next chapter. The following mind map summarising the overarching theory.
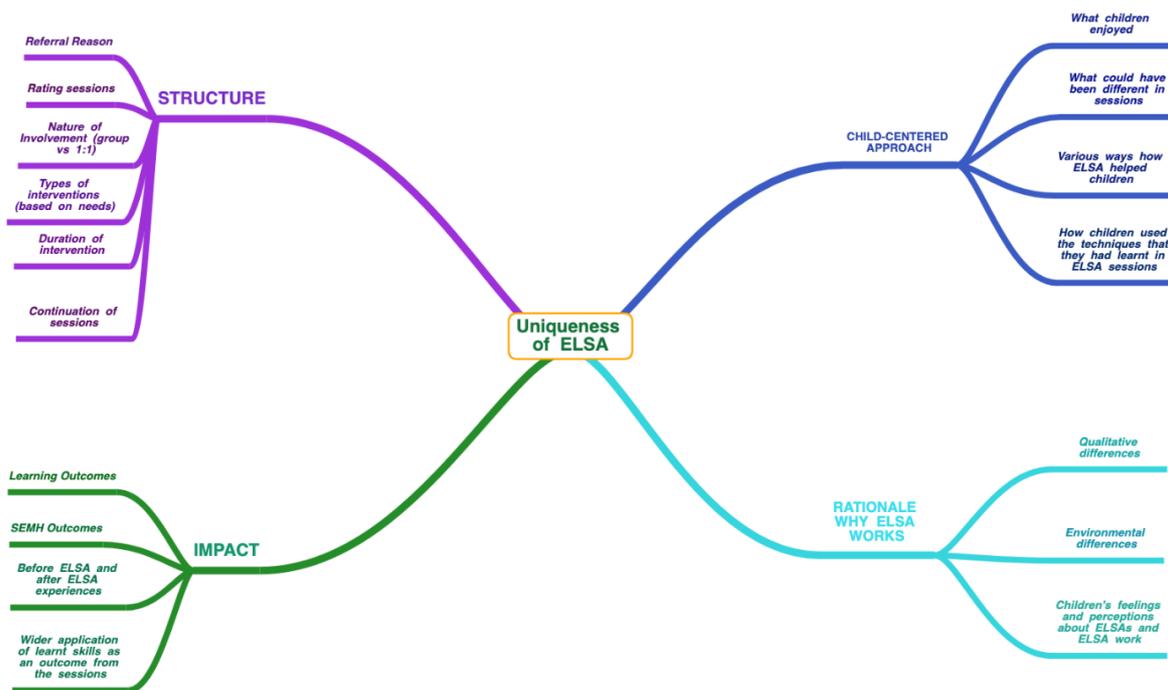
Figure 6: Mind map of the axial codes, selective codes informing the overarching theory

4.11 Theoretical sampling

Theoretical sampling is the process of data collection and is controlled by the emerging theory- new interview questions or participant. Theoretical sampling prompts the researcher to retrace their steps or take a new path when ideas and categories emerge to *"elaborate and refine categories in your emerging theory"* (Charmaz, 2014, p. 192). I followed the process as advised by Strauss & Corbin (1998) where I constantly compared the data for similarities and differences to fill any gaps. I kept memos after each interview and I re-considered the emergent conceptual categories after each interview and each round of coding. Lastly, I repeatedly went back to the transcripts of each participant to check, qualify, and elaborate the boundaries of the emergent codes, including the specification of relationships between focused codes.

4.12 Theoretical saturation/sufficiency

The aim of GT research is to reach theoretical saturation (Glaser, 1992). This means a point in the data analysis when no new meaningful data emerges and there is enough data to explain the phenomenon that is studied. However, Dey (1999) added to this idea with the notion of sufficiency, as opposed to saturation, arguing that it is difficult to reach true data saturation in real-world research studies. Sufficiency does not necessitate data sources to be exhausted to make claims that most of the analysis is theoretically saturated. The figure 4 in page 53 shows that as the research progressed fewer new codes were added from interviews as no new conceptual categories were emerging, and no new information was being added within these categories. The figure also demonstrates that fewer new open codes were ascribed to each participant as the study progressed.

4.13 Writing memos

'Memoing' is a central part of analysis using grounded theory and contributes towards trustworthiness of data (Birks & Mills, 2015). "Memoing" is a key part of the process as it keeps track of the potential link between codes, hypotheses about categories, and contributes towards transparency, trustworthiness of the data through reflective and reflexive practice.

The researcher recorded thoughts about possible relationships and hierarchies within the code system in order to ensure transparency and trustworthiness of the data and data analysis (Strauss & Corbin, 1998). The researcher worked as far as possible in self-reflective manner and remained open to ensure that theories, knowledge and assumptions do not bias the researcher and the evolution of the theory (Starks & Brown-Trinidad, 2007). The researcher consulted with colleagues and mentors and writing memos throughout the analysis in order to explain how the ideas and theory evolved over time as the final goal is to build a coherent story - theory or explains what is happening in the topic of the research.

Extract from interviews	Memo
Researcher: Why do you think Elsa helped you so much? Child 4: I don't really know to be honest they just did lots of activities and somehow I just like clicked.	Suggesting that this has difficulties to identify the reasons why ELSA helped but implies connection with the use of word "clicked".
Researcher: What about your relationship? Child 6: It's really good because I can count on them for anything that I like and anything that I need and if I need some support and my mum doesn't support me, I always go to them because they are nice and I can trust them.	Trust and ELSA's availability and ELSA's characteristics came about - wondered if there is a theme and makes the ELSA different to other interventions. I am struck by the CYP words, "*always go to them …,I can count on them…. I can trust them*".

Child 5: They taught me that when you are feeling upset you can always come to them and normally I am really upset sometimes and I am kind of struggling in the friendship because I don't have any friends and they helped me because now every Friday I now I go down to the lower primary to help out younger kids and I take a person that I really want to be a friend me so that I can build up the relationship.	ELSA's offering "containment and resources to child and building up the skills?
Researcher: What could have been more fun? Child 5: What we couldn't do, basically, I really like helping younger kids maybe some of the big kids in the ELSA maybe could help out other kids maybe all together in a group and that's what I thought because I really enjoyed and I like helping younger kids and that would be fun yeah.	Excellent ideas that could enhance ELSA intervention- maybe setting up a "buddy" system as this comes directly from her experience? Maybe this could be a suggestion to consider in the future ELSA training?!
Child 5: Because they helped me, and I don't get much help on how I act my mum will say " oh you need to fix this" but she doesn't help me to fix it she just tells what I need to fix before ELSA if they haven't started working with me I didn't how and what to fix I would be like just I was before, so they like put a lot of impact on me in the way that I am now. Researcher: So, have you changed the things that you were doing now? Child 5:Yeah Researcher: And how do you think ELSAs did that? Child 5: They asked me what my favourite things were and they basically made it into all my lessons into stuff that I liked doing, so they made more fun for me to help myself where they shouldn't really have because I need to help myself because it will be only good for me.	It's a very powerful quote, acknowledging the impact and the words that she uses. I am wondering if it's about personalised approach and what is meaningful for the child…this is something that other CYP make comments about it I wondered if this is the case and there is a wider theme in the data that could possibly explain what works for the CYP and answers the research question how ELSA works?
Researcher: So, you worked on your worries and played games. Can you tell me a bit? Child 6: I kind of don't remember what were my worries I forgot, but I remember in year 5 I was really worried about, I think it was, like, this was time a girl has said something to me and I didn't know if I should tell miss or not so I told mum and mum told Mrs C. We done lots of games, we had a really big dice that Mrs C had and had faces and I made this game up and Mrs C " can we play this game and every time that the dice landed on a face we had to tell when we felt like that" ok we kind of lots of writing about things. I don't know what but we made mazes in my book like.	I am struck how CYP cannot recall the reasons of seeing ELSA but she can recall a great amount of details what they did in the sessions. I wondered whether it's all painful emotions/experiences were supressed/avoided by CYP as a defence mechanism and/or genuinely cognitively unable due to age as lots of children find this question difficult to answer.

Table 10:Examples of memo writing recorded in MaxQDA 18

4.14 Ethical considerations

The research was carried out following the British Psychological Society's Code of Conduct and Ethical Guidelines (2009). Consent was obtained from all participants. They were informed they were free to decline from participation at any time and that withdrawal would not have any negative consequences for them. Furthermore, it was emphasised to all child participants that they were free to withdraw at any time despite parental or guardian consent being gained.

4.14.1 Managing risk

Every research may have potential risks for the participants. The goal was to be transparent and attempt to address all the anticipated risks and to seek to mitigate them. Therefore, a careful consideration was made in order to manage those potential risks. The following steps were taken to address this issue following the BPS code of human research ethics (BPS, 2015) and Code of Conduct (BPS, 2009).

Steps to manage potential risks

- *To address power imbalance*, participants had an active role during the interview process with the purpose of reducing the power imbalance between the researcher and participants. For example, the participants were given the choice to have a familiar adult (who was not an ELSA) present with them during the interview. Additionally, 30 minutes of debrief time was allocated after each interview to ensure that there was time to debrief participants and contain any distress or anxieties which have been evoked by the interview process.
- The researcher ensured that CYP could contact the researcher, via post or phone before and after the interviews if they felt that they wanted to discuss any specific issue. This

was clearly stated on the children's consent form. The researcher ensured that CYP could contact ELSAs in their school if they struggled to get in contact with the researcher if they feel the need to discuss any specific issue.

- In the event that a participant felt uncomfortable with the researcher, they were able to approach the HT or a Teacher that they felt comfortable with to discuss any potential issues that may have raised.

- The research was supervised by a University tutor who is a qualified EP. Ethical approval was sought from the university ethics committee.

4.14.2 Anonymity and confidentiality

Data Protection: All information gathered was kept securely at the LA office and locked in a secure cabinet to ensure that any sensitive information obtained from the participants was not disclosed to anyone else. Information will be destroyed 2 years after the research has been completed.

Participants were completely anonymised, and their identity were known by the researcher only. All identifiable information was removed when the data was analysed and during thesis writing, as well as giving written feedback to schools and the LA.

4.1 Research timeline

It took about 2 years from the submission of the Research Protocol until the final submission for this project. The following table demonstrates step by step the duration and time of each research activity.

Month	Research Activity
October 2017	Research Protocol Submission
November 2017	Ethics Submission
December 2017	Awaiting for Ethics committee's response
January 2018	Ethics Re-submission
February 2018	Awaiting for Ethics committee's response
March 2018	Awaiting for Ethics committee's response
April 2018	Ethics Approval
May 2018	Contacting schools
June 2018	Recruit participants
July 2018	Recruit participants
August 2018	School holidays
September 2018	Recruit participants
October 2018	Data Collection
November 2018	Data Collection
December 2018	Data Analysis
January 2019	Data Analysis
February 2019	Data Analysis
March 2019	Write up
April 2019	Write up
May 2019	Write up
June 2019	Write up
July 2019	Feedback to Service
August 2019	Write up
September 2019	Final Submission

Table 11: An overview of the sequence of research activities and the time in which they were completed.

4.16 Validity and Reliability Trustworthiness and Credibility

When carrying out a study it is key to be aware of the issues regarding validity and reliability.

In quantitative studies reliability refers to the reproducibility and consistency over time and

validity refers to whether it measures what it intends to. In qualitative studies these terms refer

to trustworthiness, credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985).

Lincoln and Guba (1985) stated that trustworthiness of a research study is important to evaluate its worth. Trustworthiness involves establishing:

- Credibility - confidence in the 'truth' of the findings

- Transferability - showing that the findings have applicability in other contexts

- Dependability - showing that the findings are consistent and could be repeated

- Confirmability - a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest.

To ensure the trustworthiness of data I kept detailed memos after each interview on the research diary and I reflexively considered my own potential research bias in research supervision. During the coding and analysis of the interview transcripts I used the MaxQDA 18 software in order to increase the level of transparency by documenting all data at each stage of the data analysis and how the data was informing the emerging theory.

4.16.1 Credibility and trustworthiness

There are major debates about whether it is appropriate to use terms such as "validity" and "reliability" in qualitative research (Robson, 2011), with some writers arguing that, derived as they are from the positivist tradition, they have no place in research with a constructivist ontology. In contrast, Robson (2011) and Gray (2004), outline the concepts of "trustworthiness" and "credibility".

The trustworthiness of a piece of research is the extent to which the findings are believable and how closely they reflect the data (Robson, 2011). Credibility comes from the efforts made by the researcher to build confidence in the data collection and interpretation (Gray, 2004).

4.17 Reflection and reflexivity

It is important to highlight the difference between reflection and reflexivity (Fox et al., 2007). Reflection is a process in which people explore and clarify their experience in order to lead to new understanding. On the other hand, reflexivity refers to the how the research is affected by one's own position as a researcher and what experiences the researcher brings into researcher based on researcher's culture, background, world views and previous experiences. Reflexivity is a complex process and there is a potential danger for the researcher when someone's becomes more preoccupied by their own thoughts and emotional state rather than by the participants and their data (Fox et al., 2007). The researcher engaged in self-reflection throughout the study in order to ensure transparency and minimise researcher bias. The researcher was open about how their previous experiences and background could potentially have an impact on their interpretation of the data. As the researcher had delivered the training to the ELSAs, there might be a risk of bias. The researcher was aware of the potential effect this may have during interviewing and analysing the data by remaining open if a child's experience of the ELSA intervention is negative. The researcher took a curious stance and wondered whether the ELSA has positive changes for children.

*Audit Trail***:** The researcher kept a research diary and record of activities (Fox et al., 2007). The data set was saved at each stage of analysis.

4.18 Chapter summary

In this chapter, I have provided an overview of my research methodology including its focus, my reasons for carrying out this research and my three research questions. I explained ontology and epistemology and where I position myself as a researcher justifying my rationale choosing the GT analysis. Next, I made a distinction between methods and methodology and the

differences between qualitative and quantitative studies. I discussed the research framework that was applied in this study before explaining the process of participant selection, data analysis and the steps I took to address and manage the potential risks for participants within the ethical and professional guidelines.

Finally, I highlighted the validity and reliability, trustworthiness and credibility of my research. The following chapter will explore the findings of the current study in detail.

5. Findings

5.1 Chapter overview

In this chapter, the findings of the GT analysis are presented. The aim of this study was to develop a theory of children's experiences of the way that ELSA enables change for them as a result of the ELSA intervention. The purpose of this study is to explore and explain how the ELSA intervention may lead to change. GT analysis was used to analyse the data from eight children who met the research criteria. The study explored how children conceptualised their experiences of ELSA, and what they found helpful and unhelpful and how and why ELSA may have led to a change.

5.2 Overarching theory

The main suggested GT as I understood and interpreted is summarised in 4 main overarching themes which will be reported in tables (12, 17, 18, 19). The proposed theory in the next page represents (please see figure 7) visually the elements of "*The Uniqueness of the ELSA approach makes the difference in children's lives*". It is vital to clarify that this is not *the* theory but *a* theory and to highlight that another researcher might have interpreted and themed the data in different way but this is my interpretation based on my experience conducting the research in a particular LA, at a particular time, in 2 particular schools.

Overarching themes as summarised:

A: Structure of the ELSA

B: Child-centered Sessions

C: Impact of the ELSA

D: Rationale why ELSA helps
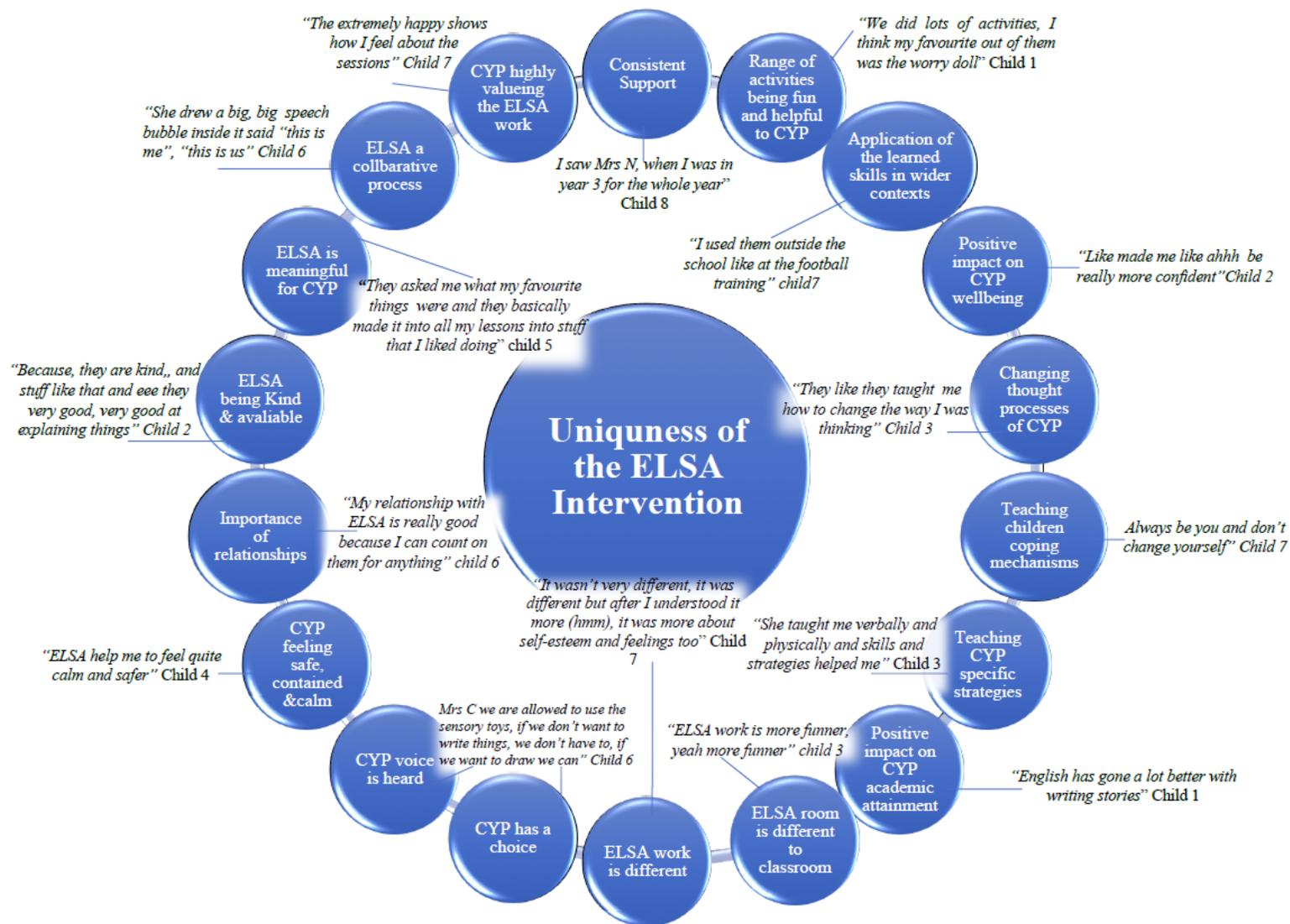
Figure 7: Visual representation of proposed theory

5.3 Overarching selective code one: Structure of the ELSA

Children talked about the reason for referral, types of interventions they experienced, how the work was conducted, length of intervention, ratings of the sessions working with the ELSA and various techniques that were used. I named these as the **"Structure of the ELSA"** which is summarised under 6 axial codes and I will be analysing each category giving specific examples from the data.

Selective Code: Structure of the ELSA			
Selective Code	**Axial Codes**	**Number of Open Codes**	**Participants**
Structure of the ELSA	1. Referral reason	25	All
	2. Types of interventions *(based on needs)*	16	Child 1 Child 2 Child 3 Child 4 Child 6 Child 7 Child 8
	3. Nature of involvement *(group vs 1:1)*	10	Child 1 Child 2 Child 3 Child 4 Child 6 Child 7 Child 8
	4. Duration of intervention	25	All
	5. Rating sessions	8	All
	6. Continuation of sessions	13	All

Table 12: Structure of the ELSA

5.3.1 Referral reason

All children talked about having a clear rationale of seeing ELSA and justified the reasons by

giving clear narratives on what they have been working with the ELSA. Here are some extracts

from the transcripts. Main reasons are summarised in four main categories as perceive by CYP

including 1) having worries 2) having confidence issues 3) friendship and 4) self-regulation

difficulties.

1. *Worries*

    "I had nightmares, like a … he was under my bed and stuff and … I didn't let myself to go on my own …and I had to always open the curtains before I go to the bathroom because I kept thinking that something was in the bath... Oh well we discussed what we were worry, about our worries and so …what you basically frightened of" Child 1

    "…there was a stories and there a book and we had to… it's like a worry book (ok) yeah and it's stories about this person I forgot his name last year so we did that book, basically we finished book, it was a worry charter ammm like and things to do when you are worried" Child 3

    "I kind of don't remember what were my worries I forgot, but I remember in year 5, I was really worried about, I think it was… like, this was time a girl has said something to me and I didn't know if I should tell Miss or not so I told mum and mum told Mrs C because my mum told Mrs C that I was really worried" Child 6

2. *Confidence*
    "…a kind of being confident and stuff like that, get my confidence up and be able to speak to my classmates without being nervous or anything like that and just boosting my confidence" Child 2

    "basically, when I was little, basically I wasn't good at coordination and speaking to people that's what I did and I gone to lots of dramas" Child 7

    "I can ask for help if I want to, and I need help" Child 8

3. *Friendship*
    "Oh well I've been looking… about on working on…. staying calm and maybe helping myself in the playground because when I was in about year 2 or 3, I didn't have that many friends; they kept leaving me" Child 4

4. *Self- regulation*
    "what I have been learning is that they have been teaching me how to control my anger … not mess up on other thing... we had arguments with my mum and they are trying to help me to control everything that I do so it doesn't build up because I have lots of arguments with my mum and sometimes she gets really sad upset and I don't her to be sad." Child 5

There were many reasons and underlying social emotional difficulties that led children to being referred to ELSA. Each area of needs was directly linked with targeted interventions. For example, children who were experiencing anxiety were offered interventions around managing their anxiety/worries. Children with self-regulation difficulties were offered sessions that were focused on teaching calming strategies. Finally, children with confidence issues were offered sessions on building up their confidence and building a secure friendship group by teaching explicit social skills. These activities and techniques will be analysed further in the next section in the activities that children enjoyed the most and found them helpful.

5.3.2 Types of interventions

Children talked about the types of interventions that they experienced during the sessions. These interventions were focused on managing their difficulties in managing their anxiety, worries, anger and becoming more confident and to build a meaningful peer group.

Most children who saw ELSA were experiencing a high level of anxiety and low self-esteem. Only one child had self-identified emotional regulation difficulties and the remaining had friendship's difficulties.

Types of interventions	Number of children
Anxiety/Worry	3
Self-regulation/Anger management	1
Self-esteem & self confidence	3
Friendship	1

Table 13: Summary of types of interventions

5.3.3 Nature of involvement

There were various responses in the nature of ELSA's involvement and also the children's preferences. The nature of involvement was categorised in 3 main areas such as 1:1, small group, some mixed (started as 1:1 and became group work and vice versa). Over half of the children had 1:1 intervention and 3 had small group intervention whist remaining had experienced mixture of 1:1 and group intervention.

Nature of Involvement	Number of children
1:1 intervention	3 children in total (child 3, child 5, child 6)
Small group intervention	3 children (child 1, child 4, child 7)
Some mixed	2 children (child 2, child 8)

Table 14: Summary of the nature of involvement

Below are children's preference of 1:1 or group work intervention based on their experiences of the ELSA intervention**.** There were various responses in children's preference in terms of 1:1, group work and how they felt about it**.**

1:1 preference

"*I really enjoy that they like work 1 by 1 rather have a whole group because sometimes it can be embarrassing but they don't do that"* Child 5

"*I find 1:1 better than the group because maybe I just get to answer lots of questions and makes me feel more safe. I know in the groups people say that you have to like work together but I just kind of like it one-to-one*" Child 4

Group preference
"*We started a group and the one child left and 2 other girls they went with someone else and then so I was alone. I preferred the group, I laughed when they started to laugh*" Child 8

"*If I had a choice to do on my own or with other friend, I would prefer with friends*" Child 7

"*Oh well, near the end it was group of us, but in the start and middle it was only me and sometimes I would choose my friend to come with me, which I really liked because I could bring a friend along. So, when it was with other people it gave me a bit of confidence I guess*" Child 2

 "I *felt happy* (referring to group work*) because they are all my friends. And they are not the people that I don't know, because they are in my class"* Child 1

 5.3.4 Duration of intervention

The duration of the intervention varied significantly in length as some children who only had 6-8 weeks targeted intervention whilst others up to a year. Below are the children's experiences of the duration of the sessions. A sample of children had short interventions, followed by children who had up to a year and only one child had a few months of ELSA input.

Duration of intervention	Number of Children
Weeks	4 children (child 2, child 4, child 5, child 7)
Months	1 child (child 1)
Year	3 children (child 3, child 6, child 8)

Table 15: Summary of the duration of ELSA intervention

Weeks

"I think it like there are six weeks in the whole term and It last like six days once a week"

Child 4

Months
"I am not quite sure it was about 5 months" Child 1
Year
"I saw ELSA, roughly for a year, it was in year 5" Child 3
"I used to see Mrs C for the whole year" Child 6
"I saw Mrs N, when I was in year 3 for the whole year" Child 8

Ending- last session

For most children the ending of each session were clearly marked with celebrations (e.g.

baking, picnics, listening to music*)* and they felt happy of how much they learned from the

ELSA sessions.

> *"…after the ELSA was finished at the end of the year, I think end of year 4 or 5 I cannot remember …we made cakes, with me and Mrs B and 2 other people who was doing the same as me"* Child 3

> *"…we did cupcakes and they called worry cakes and we made them because we were doing really good on ELSA lessons, we did so good that Mrs N thought that we should get a treat and we do have like picnics, baking and lots of fun stuff"* Child 5

> *"One day, because it was the last day of the ELSA and we went outside and we were listening to music and we played in the playground and it was fun"* Child 7

5.3.5 Rating of the sessions

All children valued the sessions and rated them extremely highly (as very excited and happy)

using visual faces to talk about their feelings working with the ELSA making the following

comments. Only one child had ambivalent feelings who was in the middle implying pressures from peers.

   "Ehh very excited" Child 1 "The first one, the extremely happy" Child 2 "The extremely excited" Child 4 "I felt extremely happy" Child 6 "The extremely happy shows how I feel about the sessions" Child 7 "the winky one, I feel like that because ELSA room was lots of fun and ohhhhh …. Because it was fun in that room" Child 8

"I am kind of middle of these 2 (pointing between happy and not sure). *Sometimes I don't like my friends knowing that I am coming here (*referring to ELSA) *because otherwise they might think I'm like weak but I'm not … I don't see that" Child 3*

5.3.6 Continuation of the sessions
All children apart from one stated that they would have liked to continue working with the

ELSA if they were offered more session.

If offered more session	Number of children
Yes	7 children in total (child 1, child 2, child 3, child 4, child 5, child 7, child 8)
No	1 child in total (child 6)

Table 16: Summary with number of children if they were more sessions

Yes responses

Children who would like to continue seeing the ELSA mentioned that they would like to do

more work around their feelings, building further their confidence and worries. These areas

were similar to the initial referral.

   "*Yes, not because I don't have worries, …. it will be about the clown and my feelings which I am already doing and because the things that we do are fun" Child 1*

   "I feel like I need more …I don't know because sometimes I am bit shy in the class I get nervous and shy like everyone is looking at me and just very yeah … If they could give me more time to continue working with them, I would like to continue because, If we keep doing it more and more it will give me more confidence" Child 2

   "No, I am not seeing anymore, because I am all right now, sometimes I get worries but not that much. I would work on exams because I have another exam- SATS at the end of the year" Child 3

No Response

The child who said that she would not continue if more sessions stated that because she was

going well and did not further support.

"*I don't really know…. now I don't think I will need any more lessons*" Child 6

5.4 Overarching selective code two: Child-centered approach

The second main category is outlining the activities that children enjoyed and various ways

that ELSA work helped them as well as how they used the techniques that they learned during

ELSA session. These activities included a) anxiety techniques b) confidence-friendship

techniques and c) self-regulation/anger techniques**.** Children also talked about things that they

found them less helpful such as talking about how they felt uncomfortable when their peers

were asking about the ELSA sessions. On the other hand, children also came up with

suggestions how things could have been different, proposing very interesting ideas that could

enhance further children's experiences including a) having more frequent sessions, b) playing

more games and doing more work on emotions, c) group members following rules, d) having

an older mentor to support younger children and e) inviting more people in sessions.

Children discussed different ways that ELSA had helped them referring to interventions that were

focused on 3 main areas such as a) changing their thoughts and perceptions of their problem, b) direct

teaching by the ELSA, and c) learning specific strategies. Finally, children talked about and how they

used the techniques that they had learned during the ELSA sessions such as a) keeping them safe and

telling them their worries, b) by talking, c) using squeeze ball, and d) direct and explicit teaching. I

named these 4 subthemes as "Child-centered sessions" and each of these subthemes will be explored

further giving specific examples.

Selective Code: Child-centred sessions			
Selective Code	**Axial Codes**	**Number of open Codes**	**Participants**
Child-centred approach	1. What children enjoyed	28	All
	2. What could have been different in sessions	17	Child 1 Child 2 Child 3 Child 6 Child 7 Child 8
	3. Various ways how ELSA helped children	87	All
	4. How children used the techniques that they had learned in ELSA sessions	23	All

Table 17: Child-centered sessions

5.4.1 What children enjoyed

Children talked about a range of activities that they enjoyed during the ELSA sessions. These activities appeared to be important to them as they described them as "*being fun and helpful*". Children gave a vivid and detailed description of activities and how exactly they personally made some of the resources (e.g. worry dolls, dream catcher). I have summarised these activities in 3 main sub-categories (anxiety techniques, self-regulation techniques, confidence and friendship techniques) based on the area that these interventions were targeting.

5.4.1.1 Anxiety techniques

Children talked about what they found helpful referring to various techniques and approaches including lots of activities such as making worry dolls, worry cakes, worry box, worry books, poems, dream catcher, drawing pictures, social stories, using stress ball, breathing and physical exercises.

1. *Making worry dolls*

A number of children talked about making worry dolls, worry cakes, and worry box and how much they have enjoyed it.

> "*Ehhh…I think my favourite out of them was the worry doll, because I can make it to go in funny positions and play with it and take my mind away and then I can go and sleep and I would not think about it" child…yeah the worry doll, because she is so small she can go basically any space, so you can put in your bag, or in your tray and it's safe. I liked making the worry doll and there were lots of things that you fiddle with*" Child 1

> "*I think it might be then worry doll and she sits on the side of my bed now…when I went for the second time we made worry dolls, I think it might be then worry doll and she sits on the side of my bed now… she comes with a little note, I don't remember what it says exactly but it says sth about like " when you worry keep me close, emm throw the worries in and something about that.. then what I do is, I write my worry in a piece of paper and put them inside the worry doll and has a little note in it them but I don't worry about them anymore because I put them in there*" Child 6

2. *Worry cakes*
> "*We worked like … we did fun things (tell me) we did cupcakes and they called worry cakes and we made them because we were doing really good on ELSA lessons, I had fun making worry cupcakes also I had lots of fun at picnic that we did and lots of fun when we were just all of us together in a picnic*" Child 5

3. *Worry box*
> "*One thing that we did was a worry box and basically I am…we still need to finish it… basically we like stuff of my favourite things in a box(hmmm) A painted box that I painted it, and every time I' ll be sad I would take sth out of the box, maybe like a stress teddy or maybe a squashy, do you know what squashy is/slime and squash it and let your anger out and everything that really liked doing I am gonna put in that box I found that really enjoying all these things and maybe they should help me to improve*" Child 5

4. *Dream catchers*
> "*we made catch dreamers with string and we put feathers on the string at the bottom …bits like them and we decorated with plates we can colour and decorate it however we would like*" Child 1

5. *Drawing pictures*

    "*Drawing the pictures, because I felt very comfortable drawing them and emmm I don't have to add much detail to it for them to realise I was worrying a lot*" Child 1

6. *Worry book*

    "*there was a stories and there a book and we had to… it's like a worry book. yeah and it's stories about this person I forgot his name last year so we did that book, basically we finished book, it was a worry charter ammm like and things to do when you are worried*" Child 3

7. *Poems*

    "*was using it every day, night time and day time too because I get worries too and it also came with a little poem saying that "even if it's not with you it will still help you"* Child 1

8. *Social story/normalising behaviour*

    "*I do have my own social story I can maybe read with a teacher. It kind of goes like…. when I'm in trouble the teacher will speak to us one the time at a time and that is okay because I stay calm and the teacher will listen to both of us and sometimes I might not like what the teacher has to say and I might get upset so I can take time out to read a book till I feel calmer and safer again*" Child 4

    "*I have another a social story called "I can use my inside voice" but outside voice stays outside*" Child 4

    "*the story helped me like because this person in the book has worries not worries that I had. He had if you read in the class everyone will laugh because he isn't a good reader stuff like that so he just stormed out the classroom things like that and he teaches us like what you should do and like questions asks as well like yeah*" Child 3

9. *Stress ball*

    "*I remember the book as I told you and it was ,…. Mrs B gave me a stress ball and did lots of activities*" Child 3

10. *Breathing exercises*

    "*oh well we did like breathing stuff…we did like those breathing activities like there is a bubble one we had two no no balloon one and we had to blow a balloon and we had to go (demonstrating) and just let it go and when when kind of release it is like flying over the room the bubble one when we had to blow bubbles containing like peace around the room*" Child 4

    "*there is an elephant and this was really fun activity you had to go like (demonstrating)"* Child 4

11. *Physical exercises*

    "*Like …. Like…. stretch arms and legs and release after 10 seconds and you feel good and your legs, neck, toe, body like that*" Child 3

12. Worksheets

"She teaches me how to stay calm and I *forgot to tell you that I have a* little laminated sheet *with a picture of a star that says inside: smell the flower, blow the candles (demonstrated)so this is basically a breathing method , she also teaches other different things like how to be kind to people and like I am really kind to people but sometimes I do get a* bit stressed and really worried *and if do I normally I tell my mum and Mrs C or my teacher and they will deal with" Child 6*

"Emmmm (pause) emmm (pause) I think the worksheets that they gave us because they sometimes they had little stories and poems that you can read and because…. and it was that thick, I think about this thick. They helped me a lot" Child 1

5.4.1.2 Confidence and friendship techniques

The main confidence and friendship techniques that were used during ELSA such as playing

board games, making gratitude cards and building Lego.

1. Board games

"It's games eeee games, *like bullies, bystanders and victims and go up until you fish and if you land in a yellow thing you are bystander it could be a good thing or bad thing (emm) so you just watching a fight happen and you do like 2 steps or 3 steps back or sth like that. Red is bully and you are like it says you are punching people step back 5, it's frustrating sometimes and eeeemmm" Child 2*

"We done lots of games, *we had a really big dice that Mrs C had and had faces and I made this game up and Mrs C " can we play this game and every time that the dice landed on a face we had to tell when we felt like that" ok we kind of lots of writing about things. I don't know what but we made mazes in my book like" Child 6*

2. Gratitude cards

"...we had to make each other card *eh so everyone got someone to do the card with which was cool like your good friend card, thank you card and stuff like that … gratitude cards.. and we were sending to other people" Child 7*

3. Lego construction

*"…*playing with lego*; I built lots of buildings using cards, I was building on my own stuff , I built a plant, iiiii a person, I built a rainbow I …. built my ca*t" Child 8*

5.4.1.3 Anger management /self-regulation techniques
Children talked about a number of self-regulation techniques that they learned including leaflets,

worksheets, breathing exercises, pushing a wall, and blowing a bubble.

1. Worksheets

"What Mrs N taught me to what I should do is to breath and stop at the *same time and then think about what you gonna say; if its rude don't say and then if it's not rude you can say it, but you have to think what you need to say it before you say it" Child 5*

2. *Leaflets*

   "*we had leaflets…Push the wall*" *and "blow the feather" and things like that*" Child 1

3. *Pushing the wall*
   "*They helped me to express myself; when you angry push the wall because the wall won't go anywhere and push the wall and the next one is blow bubbles and close your eyes and blow the bubbles* (demonstrates*) and your anger should be in a bubble and fly blow away*" Child 5

   "*I remember doing worksheets and basically we had this worksheet called "stop, think and then say" because I don't think before I say, I just say whatever I think and whatever I think it's really rude sometimes and I can't control it*" Child 5

5.4.2 What could have been different in sessions

Most children stated that they were happy and pleased with the sessions that happened/ the content of the sessions stating that they would not change the sessions stating that "*Nothing, everything really, it was all fun*" Child 8, "*I don't know, not really much yeah, there is not much actually I would like to change*" Child 3

Most importantly, 2 children also talked about how they felt when returning from ELSA sessions suggesting that they were feeling uncomfortable due to peer pressure which may have hindered their experiences of the ELSA.

   "*Yes, I come back from ELSA and people were like "where you have been, what did you do?" And, I didn't feel comfortable telling them*" Child 1

   "*They were like "what do you do?" I just say like I do maths like because I don't want them to know that really, Sometimes I don't like my friends knowing that I am coming here because otherwise they might think I'm like weak but I'm not ... I don't see that ... you are just lying to us*" Child 3

About half of the children suggested alternative and creative ways of working with the ELSA that could enhance children's experience and make most of the ELSA interventions. Children who suggested alternative ways of carrying out ELSA sessions based on their experiences are summarised including 1) offering more frequent sessions, 2) playing more games,3) taking up a mentoring role for younger children, 4) setting up rules, and 5) inviting more children in sessions**.**

1. *Offering more frequent intervention opportunities to be updated with the child's needs*

Children explained that they would like more frequent sessions with ELSA based on child's

needs.

"*Oh well do more ELSA sessions because we stopped now but and then... more self-esteem stuff…yeah*" Child 7

"*I would like to have a lot more like to have twice per day. I mean twice a week because they normally do once a week. I think that twice per week would better like keep track of the pupils because sometimes, something major can happen and it's your turn to see them. So, for instance, pretend that you are Mrs N and one of the students that you helped has like gone out of school and …. For so instance their dad died and they got to another country to do his funeral emmm you wouldn't know that is happening it because you like haven't been with her as much as you need to and what about if the reason that she didn't come to school because she wasn't happy she was sad, you wouldn't know that would you? That's why I think you maybe it's to increase the times*" Child 5

2. Reading a story/ playing more games

Children mentioned playing more board and computer games as well as reading a story.

These ideas were linked with the emotional work.

"*…most there isn't really much because they came loads of ideas that I would not think of. But I would like there to be something where we read like a story and maybe we can spend like a one-day playing like this game. I like it if they made like this kind of house and we were play together just like 1 to 1 then they may have emotions faces on then or maybe work out what are they feeling. I not sure if we would be able to do exactly that but this is just my opinion*" Child 4

"*More fun ammmm … maybe like, maybe like, just hey like "you can do anything that want, maybe go on a computer and play games and stuff like that*" Child 2

3. Having an older mentor

A child suggested how having an older mentor (who had ELSA intervention) could help younger children giving based on her experience supporting younger children in school.

"*Basically, I really like helping younger kids maybe some of the big kids in the ELSA maybe could help out other kids maybe all together in a group and that's what I thought, because I really enjoyed and I like helping younger kids and that would be more fun yeah*" Child 5

4. Setting up rules

A couple of children explained how they found difficult some of the elements of the group

work implying tension in group, dynamics amongst children. Therefore, they wanted to

have more rules in the sessions.

"I would like to if with everyone kind of follow the rules (referring to group intervention*) I know that it doesn't really affect me…not that much because they were told like loads of things. And sometimes like when they have bad manners or call out it makes me depressed because they are not following the rules and I wasn't that good minding my own business I got really upset and went under the table when children calling out on my turn "oh my God this is my turn" I went under the table kind of hiding my face"* Child 4

"so if I had change one thing about the Elsa I would I would change the calling out (referring to group work) and she continues *"like when is my turn to do something they call out on my turn it just makes me sad , other people had turned plus they had extra turns I have had any turns. like for example I was told to name the things that you find on the park I am like "I know" and they interrupted me"* Child 5

5. *Inviting more people*

A child stated how he would like to bring more of his peers around and maybe swapping groups.

"So like maybe, it's just if they will be a group to swap, only one classmate came into my group ehh" Child 2

5.4.3 Various ways how ELSA helped children

Children talked about different ways that ELSAs helped them by teaching lots different ways to cope better with their difficulties. These are summarised in 3 main sub-categories 1) changing children's thoughts, 2) teaching them directly coping mechanisms and 3) children learning specific strategies. Children also discussed how they used the techniques that they were taught by the ELSA such as a) keeping them safe and telling them their worries, b) by talking, c) using squeeze ball, and d) direct and explicit teaching.

1. *Changing thoughts- cognitive behavioral informed approach*

ELSAs taught children how to challenge their thoughts and not to assume things teaching them directly and indirectly. A child made comment how ELSA helped him to challenge his thoughts and change them. He said *"like they taught me how to change the way I was thinking, Yeah, because you don't know what gonna happen ... the he explains " she like taught me what to think, like eee she didn't taught me she told me that "nothing bad is gonna happen you are assuming" and even my dad says that " you are assuming P stop" because I am assuming and I don't know what will happen in the future"* Child 3

2. Direct teaching

A child implied that ELSA's taught her directly when something is out of the child's control and things that she could do by giving direct advice on how to build a friendship group. The child said "*Mrs D taught me when you out your hand out she told me "don't think that there is right or wrong answer" she taught me like make friends with whoever you want to be with, if they aren't the right people don't like make friends with the*m" Child 7 Another child explained about learning different strategies such as using hula-hoop in order to learn about a personal space explaining "*oh well they taught me lots of different strategies like hula-hoop if I come in close* (demonstrates with hands*) they say like pretend that you have a hula-hoop around your waist, each hula-hoop is your personal space like for examples if it's like this big I cannot closer*" Child 4

A child talked about how ELSA helped them to practice the skills that they have learned in the sessions so that they can apply them in the classroom reporting that "*she like eh.. because as my friends were there Mrs D just asked me questions and I had to put my hand up and answering question and that helped me a lot*" Child 7

    3. Learning specific strategies and skills

A child made comment how ELSA equipped him with skills and strategies and taught him how to think differently stating that ELSA taught him "*Strategies thinking verbally, she taught me verbally and physically and skills and strategies helped me" how they helped me they are like ... they taught me how to think, how to ..."* Child 3

5.4.4 How children used the techniques that they had learned in ELSA session

All children talked about how ELSA taught them about various techniques and how they used the resources that they have made during ELSA session. They also talked about how it helped them with the difficulties that they were experiencing.

1. *Keeping it safe and telling them your worries*

A number of children discussed how the worry dolls and dream catcher helped them to manage their anxiety by keeping them under their pillows, sticking poems on the walls and having dream catchers during the night time.

> *"Emmm worry dolls… is… you basically tell them your worries and you put them under your pillow and they take away all bad dreams and the dream catcher obviously do the same things as the worry dolls"* Child 1

> "*You stick them on your wall (yeah) with blue tag or sth (hmm) and like at night if worry doll isn't working them we read the poem and go to sleep they work in the same way as dream catchers and the worry dolls*" Child 3

> "*They catch your bad dreams and you have mostly good dreams and I started using catch dreamers, I have more good dreams than bad dreams*" Child 1

2. Talking

A child mentioned talking techniques such as having conversations with the ELSA and following instructions suggesting that talking about the use of the techniques stating "W*e just made it and we were discussing how we would use it (r*eferring to worry dolls) and *we had some instructions"* Child 1

3. Using stress ball

A child talked about the use of stress ball and the use of it when he felt anxious by squeezing it *"Mrs B got it from the pound shop charity shop, so yeah she got the stress ball for me so when I am stressed I can squizee it*" Child 3

4. Direct and explicit teaching

A couple of children explained about how they experienced the techniques by being taught directly by the ELSAs and as an outcome they acquired new skills that helped them to manage their difficulties better. A child stated "*Since, I 've learned about the hulahoop I've stopped going to people's way, maybe bumping into them and I think the breathing just made me feel safe because I am like imagining things in my head and the breathing is just helped you so much I have no idea how kind of when you breathe I think it's just stops it's kind of distract you*" Child 4. Another child added how ELSA helped

her to build her resilience and to send messages to her peers, indicating working in collaboration and enhancing children to empower each other. The following quote summarises this: *"We done, like a … we wrote down like a message to say someone and ehhh I write "always be you and don't change yourself" and then I had to message someone, who do what other people want them to do but they don't have self-esteem; that's all we done"* Child 7

5.5 Overarching selective code three: Impact of the ELSA

Children identified many factors that contributed towards the success of the ELSA. I have summarised in 4 main areas and how ELSA helped them with their with learning in school, impact on their SEMH, wider application of the ELSA intervention, and children's experiences before and after ELSA. I have named them as the "Impact of the ELSA".

Selective Code: Impact of the ELSA			
Selective Code	**Axial Codes**	**Number of Open Codes**	**Participants**
Impact of the ELSA	1. Learning outcomes	16	All
	2. SEMH outcomes	39	All
	3. Wider application of learned skills as an outcome from the sessions	15	All
	4. Before and after ELSA experiences	21	Child 1 Child 2 Child 3 Child 4 Child 7 Child 8

Table 18: The impact of the ELSA

5.5.1 Impact of the ELSA on learning

 All children apart from 2 talked about how having an ELSA input helped them with learning as they were worried less and remained more focused, were able to speak up more in the classroom and asked for class teacher's help. These linked directly with school subject/curriculum such as Maths and English. These findings suggest that having an ELSA intervention had positive impact in children's learning.

1. Better focus and worry less so can concentrate in learning

A couple of children talked about worrying less which led them to focus and concentrate more in lesson stating that that:

>   "*I think it made me to focus more, and just focus on the task, and not focus on whatever happened in the past*" Child 2

>   "*I can concentrate a lot better*" Child 1

2. Participate more in lessons

A child mentioned participating more in lessons as ELSA taught her skills to do that where before she was unable to do it explaining that "*Like before I would never put up my hand up in English and Maths and now I put my hand up it's better because I understand it more because if I put my hand and I say the wrong thing Ms would tell me the right thing yeah that was helpful*" Child 7

3. Speak up more because more confident

A couple of children explained that they were able to speak up more as a result becoming more confident saying that "*I would speak to more people so yeah that's what ELSA helped me*" adding that she would put more effort in the classroom "*as I said, I would make sure I would… em I would try my best to do the work or the job that was set in the school*" Child 7

4. Asking for help

A child made a comment how she is able now to ask for teacher's or peer's help in the class by using strategies that she was taught in the ELSA sessions explaining that "*Now I ask for help if I need. Well, I usually put my hand up for the teacher or I ask my partners if I need help with my work*" "*it helped me by …… it helped me to ask anyone if I need any help from anyone if something is wrong and they can sort out, I can tell teacher if something has been happening at school*" Child 8

5. Directly linked with school subject/curriculum

Children linked directly the ELSA intervention with positive outcomes on core subjects such as Maths and English and how much they have improved in those subjects as a result having an ELSA intervention. A child stated that her English was improved saying that *"English has gone a lot better with writing stories*" Child 1. Another child stated that because she became more confident, she is able to reply to Maths questions "*Yes, putting my hand up more in the class because I used to find Maths really hard and so yeah answering more Maths question*" Child 7

On the other hand, only 2 children stated that their SEMH difficulties were not affected by their learning, as one of them (Child 3) was academically bright before the ELSA and the other one (Child 5) stated that the main source of the difficulty was home and not school therefore her ability to learn at school was not affected.

> "*…It was already easy; like do you mean studies? Was the same even though when I had the thoughts, because I don't want to be like a biased I am quite smart and always on the top table*" Child 3

> "*The strategies did not really help me learn better at school; at school normally I am not angry and annoyed*" Child 5

5.5.2 Impact of the ELSA on children's SEMH

Children explained that ELSA intervention had an impact on their social emotional and mental health wellbeing as a result of the ELSA. More specifically children explained that ELSA intervention helped them in many ways such as 1) improving relationship with family and friends, 2) feeling more calm, relaxed and comfortable, 3) expressing their feelings, 4)becoming more reflective, 5) developing their empathy, 6) maintaining the learned skills, and 7) making friends. These findings suggest that ELSA could have significant impact on children's SEMH and has made a significant change in their lives.

1.Better relationship with family and friends
Couple of children highlighted that they started sharing more about their day with their family, become more open and started asking for peers' help and expressing to their families if anything was troubling them.

> "*I can ask for help from I can ask my friends if I need some help with questions, I can ask my family is something has been wrong or if I am upset and that's it*" Child 8

> "*working with Mrs D helped me because like when we came back, and we went home you would ...in my family we sit on a table eat dinner and tell each other what we were doing, class or at work and this is what we did in ELSA what helped me* " Child 7

> "*sheeee .... taught me, that I should be... I should tell my family if anything is wrong I should ... help people if they are stuck or if they being hurt I should ... that's it*" Child 8

2. *Feeling calm, relaxed and comfortable*

Couple of children stated feeling calm, relaxed and comfortable as a result of having ELSA intervention.

> "*all well they just kind of kept me calm and relaxed I felt a bit more comfortable and comfort in the playground*" Child 3

> *I felt comfortable, I feel like .... Like they have so many things to do like emmm they still come and ... its very like caring and they like loose some of their times from things they need to do like a couple of people*" Child 2

3. Expressing feelings

Some children stated how ELSA helped them to become more expressive and talk about their

feelings.

> "*I kind of like got used to saying my feelings amm….here is my feelings … I am not like "I don't want to say it" I am just expressing them*" Child 2

> "*She helped me by how I can show my feelings out*" Child 8

4. Becoming more reflective

Children explained that they learned more about themselves in ELSA sessions and became

more aware what was happening them physiologically and psychologically.

> "*Because, I learned myself as well. I worked, I know, I had lots of… assumptions that my friends will treat me bad and I will vomit in the class because I had 2-3 times and it was a bad experience and I don't want to that again so right now I know that it's bad thing but I don't have much breakfast in the morning, sometimes I do sometimes I don't because I am scared that I am gonna puke at class but I don't want to…*" child 3
> "*When I started I was in year 3 and when I saw people getting into trouble and I thought I don't that to be me so I wanted to be good*" Child 2

5. Developing child's empathy

A child talked about developing his empathy and he was approaching and helping other children if they are distressed.
> "*For example, when someone is sad, I will go up to them and be nice to them and this what I learned that here and I do outside of ELSA as well*" Child 2

6. Maintaining the skills that child had learned
A child talked about maintaining the skills that he had learned in ELSA sessions and reminding himself

step by step the relaxation techniques.

> "*how to maintain it, the book said that we need to make a like poster and we put out our worry next to the bed it and we remember when we have a worry then it says do all these things, do your stretches to make you feel better*" Child 3

7. Making friends

Children stated how ELSA helped them to make friends and have a secure peer group.

> "*well ….they really help me like friends like … get friends I didn't have friends in the playground like I've told you before but when I went to ELSA I had kind of my own free like playground because I kind of made friends with them we work together they just really help me. I can't list everything*" Child 4

"yes, now I have I have got three children as friends (naming the children) and this time A and M aren't going away and if they do go away then I know that I can trust T to play with me" Child 4

"I think it helped me in lots of ways, kind of like, like my school work normally ahhhh, it made it tiny easier to make friends for me because she would talk me about things like that and made to loose a few of my worries" Child 6

"At the football training because I didn't have any friends when we were working like on passing and then I made a friend, who called A and she really helped me because she was at the same level as me" Child 7

5.5.3 Wider application of ELSA intervention

Children stated that they generalised the skills and strategies that they had acquired in ELSA sessions in different contexts. For example, most of children talked about how they applied the learning from the ELSA sessions in school and outside from school environments suggesting the application of interventions in wider context such as home and during out of school activities.

1. School
Some children discussed how they applied the learned techniques at school suggesting that they could implement them outside from the ELSA room.

"I took it to school and I tell it my worries and I wouldn't worry that it as much … put in my bag back in a little compartment that I got" Child 1

"Well at the moment I'm using them at school because I just have a dog and my dog can't just do anything to me unless and I'm annoyed him" Child 4

"...before like people talking emmm when the teachers talking: "hey buddy look at this" And I would just look at them but … I now I just focused on my lesson and not on my friends" Child 2

2. Out school activities
A child was able to generalise the learned skills out of the school activities and participating in more clubs**.**

"I used them outside the school like at the football training yeah Like…and I would say out of school as well, in the clubs and I would take part more" Child 7

3. Home

Two children stated how they used the strategies at home at home when they felt it was necessary.

"at home I used them when I am angry and annoyed and I used them, at school normally I am not angry and annoyed" Child 5 (my reflection when a cause of problem home then application more home)

"I took it home, for example if I come out of bed and I worries I know what to do, now you learned that" Child 3

5.5.4 Children's experiences before and after ELSA

Children acknowledged that the ELSA helped them a lot with their difficulties making explicit comments about their experiences before and after ELSA, relating to SEMH difficulties in the areas that they have been initially referred to ELSAs and what the impact after receiving the ELSA.

"I am kind of struggling in the friendship because I don't have any friends and they helped me because now every Friday I now I go down to the lower primary to help out younger kids and I take a person that I really want to be a friend me so that I can build up the relationship" Child 5

"Before like people talking emmm when the teachers talking "hey buddy look at this" And I would just look at them but … I now I just focused on my lesson and not on my friends because I will be smarter when I grow up because I will get a better job because he doesn't listen, so he won't get smart by that" Child 2
"like made me like ahhh be really more confident, Ok if I am doing work and I don't know the answer I won't just give up but I will again and again and working with me them I started trying again" Child 2

"my worry doll is up on my window still now and …. That's still helps me" Child 1
"before I do ELSA I was having worries I didn't like concentrate on it eee mmmm as much as I do now" Child 1

"Yes, I enjoyed the sessions times like I didn't t have a good day I would come out and feeling happy and like if I got hurt at lunch time, if my friend did not play with me I could go to ELSA and discuss my feeling and I come out very happy" Child 1

"I went to year 4. Wow it's way different than year three and now is like the sixth week I haven't reported any problems to mum at all" Child 4

"It makes feel like a lot like I have less to worry about" Child 6

"It's helpful because….because it helps us to be brave to talk to the class …. like I just I ask teachers anything anytime and stuff that worries me out I tell my friend and stuff, working with ELSA helped me to do that" Child 2

"*I wasn't able to do that in* year three and people actually kind *of were making fun of me sometimes…*now I have *I have got three children as friends (naming the children) and this time A and M aren't going away and if they do go away then I know that I can trust T to play with me*" Child 4

"*think* help me to feel quite calm and safer*, they like gave me extra playtime because I didn't have fun at the playground; now I do because* now I have about three friends" child 4

"*I was* really angry *(opens her hands, shows the end of the hand), I kind of* came toward the middle now" Child 5

5.6 Overarching selective code four: Rationale why ELSA helps

Children talked about the ELSA's role being very different to a school teachers' role recognising that a ELSA work is separate to the school curriculum. Children discussed about qualitative differences between their class teachers and ELSA. The children also identified physical and environmental differences between ELSA and their classroom. Finally, children expressed their feelings and perceptions about ELSAs and ELSA work reasoning why the ELSA can be a successful intervention. According to children there 3 key elements to contributed to the success of the ELSA and I named them as "*Rationale why ELSA helps*"

Selective Code: *Rationale why ELSA helps*			
Selective Code	**Axial Codes**	**Number of Open Codes**	**Participants**
Rationale why ELSA helps	1. Qualitative differences	52	All
	2. Environmental differences	6	Child 2 Child 3 Child 7 Child 8
	3.CYP's feelings and perceptions about ELSA's and ELSA work	45	All

Table 19: The rationale why ELSA helps

5.6.1 Qualitatively differences

Children identified how ELSA's work was qualitatively different to their usual class work and they named various factors as 1) the nature of work and doing various activities, 2) sessions being planned around child's needs and feeling more free and 3) highlighting the different focus of the primary task.

1. The nature of work
Children talked about the differences in activities and nature of work being different as the classroom activities are focused on curriculum subjects were in ELSA was more about engaging in tasks that appeared to be more creative, more playful and practical.

> *"The work different would be going from… eh I don't really know…Activities were different from the actual stuff that we do in the classroom, we don't make posters in the class, we don't work on our self-esteem we don't really do any work in the class. We did only 1 lesson on a self-esteem in the class but I was already knew about the ELSA, I knew more"* Child 7

> *"It's really different because normally in work you don't really get to play "around as much as you do in ELSA"* Child 5

2. Freedom
Children discussed the notion of freedom in the ELSA session highlighting an element of control given to them by the ELSAs and non-judgmental space to talk about what the children wanted.

> *"say what you want to say and how you want to say where in English you have to do specific things and you might do mistakes and you might do not"* Child 1

> *"In school we do lots of reading and writing and we can't draw pictures, we can't use sensory toys and things like that and then with Mrs C we are allowed to use the sensory toys, if we don't want to write things, we don't have to, if we want to draw, we can and we want to play activities we can"* Child 6

3. Primary task is different
Children differentiated between class activities and ELSA sessions and recognised how the primary aim of the ELSA is very different as the aim of the ELSA was focused on talking about children's feelings where in class the main focus is Maths and English.

> *"It's different in a way that emmm that we don't have .. to ehhh we don't have to put a full ,,,, we don't have to concentrate on it as much as we do say in maths ehhh because*

we got to write …because in English we have to do, like we don't *get told to do anything that we like* on there(referring to ELSA), and you don't discuss your worries (emmm) and ehh you are told to do a specific thing and where in ELSA you can write anything you want" Child 1

"So like in Maths .. mmmm for example in PSHE or RE is like learning about religion where in ELA it's *like feelings and how to speak up"* Child 2

"*We didn't do any Maths or English* work really, we did, *we focused on* self-esteem and…. what you would think about stuff. It wasn't very different, it was different but after I understood it more (hmm), it was *more about self-esteem and feelings too*" Child 7

"In my class work is *Maths, English and ELSA work is lots of fun* people, lots of fun questions, like it was questions "how old are you" Child 8

"well in ELSA we do stuff *like puzzles* to help you keep your calm and working together as a team, playing lots of *emotion games*…just find it very relaxing like saying I never ever seeing anyone doing that that doing that change boards or at *clubs or just different things but I've never ever seen ELSA on the list until the day that I first went*" Child 4

"Emmm…We had another laminated sheet it wasn't exactly a blowing method, what it was, was a *laminated sheet it was kind of rhyme saying* "if you were worried" think like a rhyme, no it wasn't a rhyme But it said ELSA, it said BREATHE and the B" said "breathe" , "A" said amazing then "T" said I don't know and "H" happy,   and the …"E" said exciting so I think that "E" was for the ELSA" Child 6

"It's different because it's fun and my school work is *very boring* because in ELSA *we played lots of fun games*" Child 8

'The Class Teacher of *course they give us knowledge* and Mrs B – ELSA she is giving me ….I don't know how to say it… Mrs B *like gives me confidence*, confidence *and that's different*" Child 3

"Miss T *always deals with* it (referring to getting upset*) in front of the* class which is one of the things I *don't really like* because I am saying to her I don't want the whole class to see and the class to look at me when I tell her that they're looking at me. they just go …*So I don't really like that when she says there is none looking…* it just makes me little embarrassed just literally stand there in front of the class being told something or getting other people to be told and I don't really like standing on people watching me" Child 4

5.6.2 Physical differences/environment

A number of children identified how the ELSA room was more fun and how ELSAs had more time for them which is very different to their class environment.

Room and time

"ELSA work is more funner, yeah more funner and I get the change of environment because I don't sit in the class and do it, because that wouldn't work" Child 3

"Because they have time for me, and in class we have 30 children and they don't have as much time as, Mrs N has and …. There will be 6 children crowed around her I won't be able to have as much time and a discussion" Child 1

5.6.3 Feelings towards ELSA's – qualities of ELSAs

Children talked about their perceptions of the ELSA's by making explicit comments about the ELSA's qualities and characteristics. Children named ELSAs as 1) being kind and good at explaining things, 2) making them feel safe and contained, 3) being professional, 4) the importance of their relationship with the ELSA, and 5) ELSAs availability.

1. ELSAs being kind and good at explaining things

ELSAs was seen as being kind and good at explaining things. For example**,** a child made comments about ELSAs qualities as being kind and good at explaining things to children.

> *"Because, they are kind, and stuff like that and eee they very good, very good at explaining things …..hmmmm … I think she said about like, like once I remember she said when someone bullies you, it was last year and an incident happened with me and someone else and I didn't fight back because that was the good thing to do(hmm) and didn't say anything rude"* Child 2

2. Feeling safe and contained

Children stated that they felt calm, safe and more comfortable with ELSAs.

> *"I think help me to feel quite calm and safer, they like gave me extra playtime because I didn't have fun at the playground"* Child 4

> *"when I carry my book around things like I made with Mrs C I feel a bit safe especially because I am with Mrs C"* Child 6

3. Being professional

A child made comments about ELSAs being professional stating that "*like a professional is when you know everything and you are good at it and you are much better you are the best, and they were best when they were doing their job*" (Child 2) and being best at their roles.

4. Importance of relationships

Children made comments about how they see ELSA and about their relationship with ELSA. For example, ELSAs were seen as a friend, and as someone who they can trust and being held in mind which appeared to be a very different and unique experience for them.

> "*Mrs C is more like a buddy not a teacher; she doesn't make me write and she doesn't really teach me like Maths*" Child 6
> "*My relationship with ELSA is really good because I can count on them for anything that I like and anything that I need and if I need some support and my mum doesn't support me I always go to them because they are nice and I can trust them*" child 5
> "*Because, they won't they won't leave you. If you are not in ELSA and you need help they T will still help you, they help every child*" Child 5
>
> "*I am very thankful that if I have ELSA. If I didn't have them I had none to talk to and express my feelings because I am not happy and sometimes a bit angry but nobody was there to help me*" Child 5

5. ELSA's availability
A theme around ELSA's availability highlighted strongly using interesting language by the children. For example, ELSA's seemed to be available for them at any time they needed them.

> "*They taught me that when you are feeling upset you can always come to them*" Child 5
> "*She (referring to ELSA) does kind of come and sits with us when we did the activity in the table and sits with one of us and she asks us how our day has been or like if we had a good day if not why?*" Child 6
> "*there wasn't much skills about teaching skills but she talked to me a lot which made me happier because I like talking to people*" Child 6
>
> "*if I had more time with them, I wouldn't definitely need ELSA, but they would still be there for me thought*" Child 5

5.7 Proposed theory

The last overarching theme summarises how the theory developed based on previous four selective coding analysis. I named it as "*The Uniqueness of the ELSA approach makes the difference in children's lives*" and why the ELSA intervention is different to any teaching

method/ approach in the school and what ELSA's do that brings positive changes for children.

5.7.1 The Uniqueness of the ELSA intervention

All children gave many reasons and named why ELSA intervention had worked for them. Some of them were able to give specific examples including 1)non-threatening ways of accessing children's inner world based on the children's interest / what they are good and 2) what is meaningful to them, 3) increasing children's awareness/ knowledge, 4) making the sessions fun, 5) having a final product/outcome,6) fixing not just telling, 7) collaborative nature of work, and 8) ELSA's ability to make children feel positive and happy. According to the children's experiences these factors contributed towards the success of the ELSA intervention.

1. Meaningful to children

ELSA's appeared to plan their session based on children's interest asking them about their favourite activities, getting to know them as people, and what they were good at. This might suggest that activities that were set up for them was meaningful.

> *"They asked me what my favourite things were and they basically made it into all my lessons into stuff that I liked doing, so they made more fun for me to help myself where they shouldn't really have because I need to help myself because it will be only good for me" Child 5*

> *"I m really good at arts so I was able to stick them a little tiny extra thing on them without anyone noticing and once we also did like aaaa working together puzzle but we were not supposed to be communicate like hand signs like kind you're looking at that puzzle supposed to go there (demonstrating with body language the movements hands) something like that" Child 4*

> *"Writing in my book, we wrote .. we wrote because in my first page it says: " this is L"s my book to remember everything that we did in the ELSA with Mrs C" and then is says ... and then is says.. Mrs C writes "dear L if you ever get worried just tell me or just read this book, and then is said from Mrs C" Child 6*

> *"we liked unicorns at that time and so it was me and my friend did it who going to year 6 and yeah we done it was very funny" Child 7*

> *"I did paperwork before I started and I had to write lots of stuff about myself; What I things like, how old I was, the what I 'd like to do, feelings and lots of other stuff" Child 8*

2. Non-threatening ways accessing children's inner world

A child made a comment about their connection with the ELSA whilst trying to answer why ELSA

helped her.

"I don't really know to be honest they just did lots of activities and somehow I just like clicked" Child 4

3. Increasing children's awareness/ knowledge

It seems like ELSA's made children to realise and have new perspectives and narratives by teaching

them alternative ways of managing difficult emotions.

> *I've learned about the hula hoop I've stopped going to people's way, maybe bumping into them and I think the breathing just made me feel safe because I am like imagining things in my head and the breathing is just helped you so much I have no idea how kind of when you breathe I think it's just stops it's kind of distract you. If you're breathing this distracts you from crying. Child 4*

> *"they made me realise that you, you when you worried there are multiple things that you can do instead of if you are really angry sometimes maybe you like you can go to the garden and like have a walk around there and maybe you can let your anger to see all the beautiful flowers and stuff like that" Child 5*

> *offering different perspective*

4. Because ELSA was fun
Children explained how ELSA was lots of fun and at the end they had a reward once they had

completed the work*.*

> *"we did so good that Mrs N thought that we should get a treat and we do have like picnics, baking and lots of fun stuff to do(hmmm)so that's fun" child 5*

> *"I said and em we always got a treat or sth and once we done a picture" Child 7*

5.End product

A child stated taking away a concrete object away and refer to it when she needed it.

"I finished it and have a book in my house but I don't remember where. I was gonna bring it in I looked for it for a really long time but I cant't find it really it's somewhere downstairs I think but it was whole year and I keep forgetting what we have done I now I saw the book somewhere but don't remember where; the book reminds of it. I really wanted to read the book and read it because I knew that you were coming" Child 6

6. Fixing not just telling

Couple of children stated how ELSAs did not just told them what to do but they taught them ways of applying these skills.

"Because they helped me and I don't get much help on how I act my mum will say " oh you need to fix this" but she doesn't help me to fix it she just tells what I need to fix. ELSA if they haven't started working with me I didn't how and what to fix I would be like just I was before, so they like put a lot of impact on me in the way that I am now" Child 5

"Yeah like I said it boost my confidence up more, So like … they are good at ELSA it looks like they done before and ee they kind of professionals at this emmm, I think Yeah when someone is sad, I will go up to them and be nice to them and this what I learned that here and I do outside of ELSA as well" Child 2

7. Collaborative nature of work

Children highlighted the collaborative nature of ELSA's work using person centered language/ activities. They used a lot the word "we" "us" when referring to their work during the ELSA sessions which implies the collaboration and 2 way process between children and ELSAs.

"I had a book sheet that was made for me and every time that we done sth like we played games and she would take a picture and would stick it on and write "this is us playing" whatever we done. ….she gave me a piece of chalk to draw myself on the floor and then Mrs C drew herself as well and there were pictures of other kids, obviously they done before me I drew myself and then at the end, because I was the last person that Mrs C was with, she drew a big, big speech bubble inside it said "this is me", "this is us" and then that also helped a little bit because it got my mind off the work that were doing in the class" Child 6

8. ELSAs' ability to make children feel positive and happy

Children reflected on how ELSA made them to feel special and happier.

"I felt very special going to ELSA" Child 1

"Yes I enjoyed the sessions times like I didn't t have a good day I would come out and feeling happy and like if I got hurt at lunch time, if my friend did not play with me I could go to ELSA and discuss my feeling and I come out very happy" Child 1

5.8 Locating the findings in the literature

The findings outlined in this chapter suggest a significant aspect of children's experiences of receiving ELSA was the uniqueness of the ELSA. Therefore, a second literature review was conducted to explore how these findings are located in the current literature review as outlined in the following chapter.

6. Second Literature Review

6.1 Overview of chapter

The main articles will be summarised in this chapter and a research strategy will be explained in terms of selecting of a literature review. All studies will be summarised before I explain how they relate to the current ELSA study and the limitations of each study will be acknowledged.

6.2 Linking the emerging theory with existing theoretical frameworks and empirical literature

The aim of the second literature review was to find out how some of the key conceptual findings that were constructed during the analysis were presented in the literature. As the ELSA is under researched I conducted a literature review in related fields to find out the CYP's experiences in accessing mental health services and similar interventions to ELSA in schools, such as access to counsellors, learning mentors, school coaches and other specialists who are located within school and provide SEMH support to CYP. The purpose of the second review is to determine how the tentative theory "*The Uniqueness of the ELSA approach makes the difference in children's lives*" was fitting in with the current literature as the ELSAs provide a very different type of support as perceived by CYP in this current study. Therefore, the question that I was trying to find out is "*what the literature says about the children's experiences accessing support from mental health professionals and how this support is similar and/or different from the ELSA support*?"

6.2.1 Research Strategy

Data based research was conducted in August 2019 to access literature from the Tavistock Online Library Catalogue, PsycINFO, PsycARTICLES, PsycBOOKS, Psychology and Behavioral Sciences Collection, PEP Archive, Education Source, ERIC, MEDLINE, eBook Collection, (EBSCOhost), Library, Information Science & Technology, Abstracts, and CINAHL and Google scholar. Publications included in the reference of selected papers were also considered. Search terms were defined based on further reading and subsequent hypothetical formulations relating to a tentative theory namely "*The Uniqueness of the ELSA approach makes the difference in children's lives*" that was developed based on the findings from the current research. The following table shows the search terms that were included based on the theory that was developed.

Central categories/ Selective Codes and Axial codes	Search Terms (*based on reading and hypotheses relating to selective codes*)
1. Structure (Referral reason; types of interventions need, nature of involvement, duration of intervention; rating sessions; continuation of sessions)	Structure of intervention AND how it relates to the process of change
2. Child-centered approach (What children enjoyed; what could have been different in sessions, various ways how intervention helped children; how children used the techniques that they had learned in intervention)	Child-centered approach AND mental health/wellbeing • What children enjoyed/did not enjoy AND intervention • What helped children and mental health/wellbeing
3. Impact (Learning outcomes; SEMH outcomes; before intervention and after experiences)	• Impact of intervention AND mental health/wellbeing • mental health/wellbeing interventions AND impact on learning

	• mental health/wellbeing interventions AND impact on mental health/wellbeing • Before AND after measure of intervention
4. **Rationale why intervention helps** (Qualitative differences; environmental differences; children's views and feelings about intervention)	• Qualitative differences AND process of change • Environmental differences AND process of change • Children's views and feelings about intervention AND process of change

Table 20: Search terms for the second literature review

6.3 The findings from the second literature

The second literature review primarily focused on the CYP's views. However, some studies included parents and teachers alongside the children's views. In those studies, I have given an overview of the findings in general highlighting the CYP's views.

The findings from the second literature review are organised in the following categories and these studies will be compared and contrasted with the findings from the ELSA research. The first part includes mainly qualitative studies that gives an overview of the CYP's experiences of accessing mental health services in a chronological order followed by a body of research focusing on counseling services that was delivered in schools. The research focused on school-based programmes such as the interventions that are embedded in the school curriculum. These will be summarised in the following sections:

1. The Incredible Years (IY) therapeutic social and emotional skills programme
2. CBT based programme
3. The art therapy intervention
4. Alternative interventions- Self-Discovery Programme (SDP)

Finally, some articles from the previous ELSA research will be reviewed in order to compare the findings from the current research. In total 13 articles (not including the ELSA ones as I have counted them on the first literature review) will be compared and contrasted in this chapter and how the findings are either supporting or not the emerging theory that was suggested in this current study.

Most of the research in counselling studies, e.g. the SDP are quantitative and they are focused on the impact and effectiveness of interventions reporting data as perceived by the children. The Art Therapy intervention and CBT based programmes are both mixed methods studies.

1. A body of research focused on CYP's experiences of accessing mental health services in a chronological order

2. A body of research focusing on Counseling services including "Time4 Me" project and Counselling that includes CBT based approach and therapeutic play methods

3. Programmes embedded in the school curriculum including the UK Resilience Programme and the IY therapeutic social and emotional skills programme

4. CBT based programme - Cool Connections (CC) programme

5. Art Therapy intervention

6. Alternative interventions- SDP

7. Previous ELSA research

6.3.1 Research focused on CYP's experiences of accessing mental health services

Five main articles will be analysed and they will be compared taking into account factors such as 1) the data collection, 2) data analysis that they followed, 3) the referral reasons that were highlighted by the CYP, 4) general findings, 5) CYP's feelings and views towards

professionals, 6) the impact of intervention, and the 7) setting that these 5 studies that they took place.

Garland and Basinger, 1996 interviewed 33 adolescents from various mental health services to explore their perceptions of the services that they had received and what factors contributed to the success of the treatment that they have had experienced. They used an open-ended questionnaire alongside the Client Satisfaction Questionnaire. The participants stated that the main referral reasons accessing support included were family problems, followed by school problems, anger, sexual abuse and depression whilst medical problems, substance abuse, gang activity and problems with peer were less frequent. CYP also stated that aim for accessing support was to improve their self-esteem. Results showed that there were benefits of counselling for all participants. However, gender differences were reported amongst participants. For example, females more often responded that feeling understood allowed them to feel better about themselves and they felt that there were positive changes and the helpfulness of the advice that they had received as a result of receiving counselling support. On the other hand, males named other factors that benefited them such as their ability to resolve their problems. Regardless of the gender they stated that the most satisfactory factor was for all participants was the service meeting their needs. Females ranked the importance of their relationship with staff whilst males stated the effectiveness of the program as the top two areas of importance for satisfaction of the service. In summary, personal relationships with staff, staff competence, and meeting needs were evaluated most positively by both gender groups.

This study identified the factors of facilitating change from CYP's perspectives and highlighted some gender differences in their perception. On the other hand, there are major methodological limitations of this study. For example, this study does not report clearly which method of analysis they followed to analyse the data, therefore raises questions about the trustworthiness

and credibility of the data. The researchers report focus group and self-report but it is unclear the whole process of data analysis. Additionally, the researchers do not acknowledge any of the limitations conducting this study.

Buston, 2002 explored 32 young people's (14-20 years old) views of their experiences of mental health services using semi-structured interviews in Scotland and used the grounded theory approach to analyse the data. She found that the quality of relationship between mental health workers and young people was both positive and negative as some of the young people were making positive comments and some others had a vague dislike. For example, when young people felt that they were listened to, understood by the professionals they reported this was key components of their experiences suggesting positive impact for them and their treatment. On the other hand, young people identified barriers (e.g. feeling of not being believed by the professionals, and lack of empathy from professionals) in their treatment suggesting their preference for more informal, jokey approach as a formal approach appeared to intimidate these respondents. The majority of CYP felt that the treatment plan did not work for them by making negative comments. This is contradicting with the findings of the current research as children's experiences were extremely positive. In clinical settings maybe due to power dynamics the CYP felt that their voice was not heard which is very different from children's experiences of the current study who were supported at their schools and were familiar with the environment. This is a study that suggests that the services that CYP had accessed did not helped them but this instead of summarising the number of children reporting their views, the researchers summarise the number of comments (24 negative and 7) rather than number of participants. Therefore, it is harder to follow and have some comprehensive conclusions.

Lobatto, 2002 explored six children's (8-12 years old) experiences using a semi-structured questionnaire after completing family therapy sessions and used grounded theory to analyse the data. Findings suggest that some of the CYP had positive experiences of receiving therapy as they felt included in the family therapy sessions suggesting that their voice was heard. Some children made negative comments due to the amount of questions asked by the family therapist and they were clearly stating the rationale coming for the therapy suggesting family difficulties, having worries, peer difficulties and behavioural difficulties. Most of the children stated that using toys, puzzles and talking was important to them. Some CYP reported feelings of embarrassment due to their parental presence in the therapeutic sessions. Similar findings are reported by Day et al. (2006). The study claims that a number of the difficulties had been resolved over the course of treatment but fails to report which ones and what has happened to the remaining "unresolved" problems. Additionally, all children were interviewed at home in the presence of one or more of their parents or carers which might have influenced children's responses and how comfortable they felt giving their genuine views and feelings about the support that they have received. Therefore, the findings should be interpreted with caution.

Window et al. (2004) carried out research exploring CYP and parent's perception of family support intervention for child behavioural and related difficulties following an intervention for over a year. In total 22 primary age children (14 male (63.6%) and eight female (36.4%), interviewed with open questions and a thematic content analysis was applied to analyse the data. There were multiple reasons for referral, which included family-related behaviour difficulties, social relationships difficulties, school-related concerns, physical health and other reason not specified. Findings suggests that 31.8% of children described time spent discussing their feelings and concerns using stories and play. Additionally, children (no numbers were reported) discussed feelings towards the family support worker and their relationship with them including building positive relationship comments and the sadness of a loss of a family support

worker. 18.2% of the children reported positive social interaction and half of the children (who had initially reported the worry as an area of concern) worried less due to the support given to them. However, 13.6% of children reported that the intervention did not work at all explaining the reasons for failure of the techniques. In terms of continuation of the session, some children also stated that they would have liked to continue with more intervention (22.7%) including two children wanted to see family support worker again, and one asked for help from another source. This study and Buston, 2002 are the only studies that report that intervention did not work for children.

Day et al., 2006 conducted a qualitative research focusing on 11children's (9-14 years old) experiences of accessing community CAMHS support. A focus group approach was used to explore CYP's perception which was facilitated by the clinician in a non-clinical environment and thematic content analysis was used to analyse the data. Common reasons for referral addresses family problems, behavioural difficulties with peers, anxiety and aggressive behaviour. This study summarises four main categories that captures CYP's experiences including 1) basic expectations about the appointment, 2) the process of therapy, 3) the content of the appointments and 4) outcomes of the appointments. More specifically, children talked about the confidentiality during the sessions as children felt comfortable to talk about their concerns with therapists. On the other hand, children highlighted their frustration and anger when their sessions were being disrupted by teachers which might have hindered accessing full support and benefits from the therapeutic space. According to CYP narratives they valued that they could share their difficulties with someone and talk about their feelings openly and they stated that therapy helped them to resolve the problem. Children also discussed various techniques that were used during the sessions including *"talking about problems is helpful using drawings and board game".* For example, children talked about the activities that they enjoyed the most including playing games, drawing pictures and engaging in other child-

friendly activities as opposed to talking only. A sense of being understood was very important to participants and appeared to be a factor that contributed towards the process of change as perceived by children. Buston, (2002) also highlights similar findings in her research. Additionally, CYP also made comments about the personal qualities of the therapist that supported them suggesting that they are the professionals are "clever and smart". All these factors appeared to be helpful as perceived by CYP and contributed towards facilitating positive changes for them. On the other hand, CYP suggested a number of factors that potentially hindered their experience from accessing full support and making the most of the therapeutic intervention. For example, 1) the pace of the questions asked by the professionals during the session felt overwhelming by CYP, 2) being interrupted by teachers and 3) having their parents and other family members (e.g. siblings) presence during the sessions felt by CYP as factors that potentially impacts on the outcome of the sessions. Finally, children suggested how their experiences could have been enhanced suggesting various ways that therapists could facilitate this process including personal disclosure by the therapist and the use of games or other activities. This study identified factors that facilitates and hinders the change process from CYP's perspectives and it is very well structured with clearly summarised findings and easy to follow. On the other hand, one of the main limitations of this research is that it's conducted with people who were all white British people.

6.3.2 Summary of research on CYP's experiences of accessing mental health services

The research that is focused on CYP's experiences of accessing mental health were mainly qualitative studies. All studies highlighted the CYP's voice identifying how children felt about accessing various mental health services. However, none of these studies explored CYP's experiences before and after intervention as the current ELSA research did.

1.Data Collection

Three out of the 5 studies used semi-structured interviews as the main tool to collect data. One of the studies used a focus group approach and the remaining used a combination of tools such as semi-structured interviews and a checklist.

1. Data collection semi-structured interviews (Buston, 2002; Lobatto, 2002; Window et al., 2004)

2. Focused group approach (Day et al., 2006)

3. Combination of tools including semi-structured interviews and a checklist (Garland & Basinger, 1996)

2.Data Analysis

Various methods were used for above qualitative studies to analyse the data including thematic content analysis, grounded theory and one study was unclear. I have summarised them below:

1. Thematic Content Analysis (Day et al., 2006; Window et al., 2004)

2. Grounded Theory (Buston, 2002; Lobatto, 2002)

3. Unclear method of data analysis (Garland & Basinger, 1996)

3.Referral reasons

Almost all studies (Day et al., 2006; Garland & Basinger, 1996; Lobatto, 2002; Window et al., 2004) apart from one (Buston, 2002) summarised the reasons for referral to the mental health services with most common family relating difficulties, behavioural difficulties, peer relationships difficulties, and having worries. These difficulties are also highlighted in my research as the children were also to able their rationale accessing ELSA support.

4.Findings

Most of the children stated that using toys, puzzles and talking was important to them as it was fun which is similar to the findings of ELSA research and the activities that children enjoyed the most. Key factors that contributed towards positive outcomes of intervention included the use of various techniques (drawings, playing with toys, board games) that CYP accessed during the sessions which are similar to the ELSA interventions. However, in the ELSA intervention a wider range of tools and resources were used during therapeutic sessions such as making puzzles, making worry dolls, worry cakes that was not included in the studies above. It appears that ELSA intervention uses a range of creative tools to access children's feelings which are not reported on the studies above.

5. CYP's feelings and views towards professionals

Window et al., 2004 reported children making comments about building positive relationships with professionals, the sadness of a loss of a family support worker suggesting that CYP value the professional's skills and qualities. One study reported mixed views towards mental health workers (Buston, 2002) making explicit comments about the quality of relationship between them and professionals and the importance of being listened to and understood by the professionals (Day et al., 2006). Additionally, personal relationships with staff and staff competence also were evaluated most positively by CYP in the research conducted by Garland and Basinger, 1996. Controversially in this current ELSA research, CYP feelings and views about the ELSA's qualities and ELSA work was one of the main reasons for bringing positive changes for children and children made it very clear how they have felt about ELSA work and ELSA's qualities which are different to any of the school work. For example, CYP stated that ELSA's are "*kind, professional, caring, approachable*" and they make themselves available for children. These qualities are all vital for the therapeutic intervention. This is consistent with

the literature suggesting that the therapeutic orientation in therapeutic space is secondary as the professional's ability to build positive relationship appeared the most important factor contributing to positive and effective intervention (Stiles et al., 1986). However, none of these qualities described in studies above apart from one (Day et al., 2006) where CYP made comments about the personal qualities of their therapist suggesting that they perceived as professionals and as being "*clever and smart*".

6. Impact of intervention

The findings (Day et al., 2006; Garland & Basinger, 1996; Window et al., 2004;) suggest positive outcomes for CYP in relation to mental health difficulties that they were experiencing before accessing professional support and improvements in their worries, peer relationships. For example, children reported that *therapy helped them to resolve problems because* they had someone and talk about their feelings openly (Day et al., 2006). These findings are in line with the findings from the ELSA research as all children reported positive impact on their mental health. However, in ELSA intervention children also recognised the improvement on academic work which is not reported in any of the above studies. On the other hand, in two studies some children reported that the intervention did not work at all (Buston, 2002; Window et al., 2004) suggesting possible barriers due to parental presence, sessions being interrupted by their school teachers and pace of the questions asked by the professionals. Similarly, children in ELSA sessions also reported possible factors that possibly hindered their access, but they were mainly related to peer pressure and feelings of embarrassment due to being asked by the peers where they have been during the lesson.

In two out of five studies (Buston, 2002; Day et al., 2006) CYP that suggested how the session could have been enhanced. For example, children proposed ideas such as professionals making personal disclosures during the session, the use of games or other activities and making the

sessions more informal. Some of these findings are in line with the findings of the ELSA (e.g. playing more games) but in ELSA almost all children that were interviewed stated that they were happy with the session as they were and only a few of them suggested ideas for further improvement (e.g. having an older mentor).

7. Setting

In ELSA research children had accessed 1:1, group or mixture of intervention in school settings where in the above studies CYP's experiences are from various mental health services (e.g. community CAMHS, inpatient clinic) and it unclear whether their experiences are in 1:1 therapeutic interventions apart from two of them (Lobatto, 2002; Window et al., 2004) which are related to family therapy work suggesting other people involved in the therapeutic sessions.

6.4 Research focusing on Counselling services

6.4.1 "Time4 Me" project

Kernaghan and Stewart (2016) evaluated primary age children of receiving counselling service, "Time4 Me", in Northern Ireland with the aims to increase emotional well-being for CYP, in order to improve learning potential. This study particularly focuses on what children reported they liked about counselling, what methods and strategies they found helpful, and the changes that impacted on their lives. In total, 120 primary school pupils (N=75 boys and N=45 girls) from 20 schools completed "experience of intervention" surveys the researchers collected the data during the final contact with each child using a questionnaire and asked child children what they liked about the service, what they found helpful how they were before and after counselling. SPSS was used to analyse the data. The duration of intervention ranged from 1 to 45 sessions, with 75.9% of the sample participating in 10 or fewer sessions. The majority of the children reported that they liked the therapeutic play (sand tray, creative crafts, painting

and drawing) used words like "play", "fun" and "games" to describe their experience of this. Similar words were used by children in this ELSA research when they talked about their experiences of the ELSA session. Similarly, similarities can be found as well as the range of activities that CYP liked including drawing and paintings as reported by the children in the ELSA research. A number of reasons were reported by the children for accessing counselling services including relationships problem, behaviour (feeling angry, losing their temper and being violent) and emotional issues (feeling sad, worried or stressed). These reasons appear to be similar reasons that children reported the rationale receiving the ELSA support. CYP reported 3 main reasons what helped CYP to feel better including, self-help techniques/strategies that they taught, talking and therapeutic play. These reasons also reported in the ELSA research such being taught how to use the worry dolls, practicing breathing exercises, talking to ELSAs and playing games (feeling games).

Children stated that after engaging in counselling over one-half of the children described an emotional change (52.9%) such as worrying less, feeling happier, increasing in positivity and confidence level and their behaviour had also improved. Over one-half said that they were enjoying better family relationships at home (55.8%) while 27.8% felt that their peer relationships had improved. These findings are supporting the ELSA findings as children reported improvements in areas that they were have been referred for ELSA support (worrying less, becoming more confident, speak up more) that they struggled as a result of receiving support from ELSA.

Children recognised an improvement in their school performance in five main areas including 1) an increase in concentration 2) finding school work easier to complete and 3) better school attendance, 4) better behaviour in class and 5) acknowledging better relationships with teachers. The first 2 factors also were found in ELSA research as CYP felt that their Maths and

English gone better and they were able to focus and concentrate during the lesson but did not make any comments about school attendance. Additionally, over one-fifth of participants felt that counselling sessions made little or no difference to their school life (23.3%). Similarly, 2 out of 8 children reported no changes in their learning after receiving the ELSA intervention which possibly mirrors the fact that difficulties related to academic school performance were not a primary reason accessing the service. The majority of pupils reported that what they learned talking about their worries, learning about empathy and understanding their strengths, anger management techniques, and self-help relaxation strategies, reflecting similar learning points that ELSA research found.

This is a big scale study accessing 120 primary age children which supports that "Time4 Me" project has positive impact on CYP's wellbeing and helps them with their learning at school. However, both authors are employed by an organisation that delivered the service to CYP which might affect the possibility of being biased and/or a conflict of interest. Additionally, researchers claim that it is a qualitative study but based on the methodology and methods of analysis it seems more like mixed methods study as the initial data was collected using a survey analysis and the use of SPPS and is unclear how the qualitative data from the interviews were analysed.

6.4.2Counselling that includes CBT based approach and therapeutic play methods

Partners for Change Outcome Monitoring System (PCOMS) were evaluated using a cohort design, with multilevel modeling to identify predictor (Cooper et al., 2013). The principal aim of this study was to conduct the first evaluation of school-based counselling that incorporated systematic client feedback such as parent, teacher and children. The secondary aim of this study was to identify particular moderators and mediators of child treatment outcomes, and to identify predictors of change. Participants were (N=288) 7-11-year-old children who were

experiencing social, emotional or behavioral difficulties. Approximately half of the children received CBT methods as part of their counseling, with half also receiving therapeutic play methods. Duration of intervention ranged from three to 43 sessions in total. Eleven counsellors delivered the intervention across the 28 schools, with one counselor allocated per school. All counselors were asked to practice school-based counseling incorporating systematic feedback via the PCOMS. Referral reasons for accessing the service were ''family'' and ''personal''. Self-report tools such as outcomes Children Rating Scale and the Session Rating Scale were used comparing baseline (pre-counselling) and endpoint (post-counselling) levels of psychological distress for children. The results of this study indicate that school-based counseling incorporating systematic feedback via the PCOMS is associated with large reductions in psychological distress for children who experience social, emotional and behavioral difficulties. This study reports that counselling services are effective however, over 99% of the children were of white ethnic origin which is one of the main limitations of the study. As this is quantitative study the similarities with the ELSA research that both findings indicate positive outcomes for children in relation to their mental health. However, as the sample size is a lot bigger in this quantitative study and the findings can be generalized holding in mind the limitation of this study. However, this is not possible for ELSA due to the small sample size as the research focus for the ELSA is explanatory/exploratory rather than testing any hypotheses.

6.5 Programmes embedded in the school curriculum

Two studies will be explored as these were programmes that were embedded in the school curriculum rather than in a separated room within schools as all the intervention programmes did.

6.5.1The UK Resilience Programme - UKRP

Challen et al. (2014) studied the effectiveness of the UK Resilience intervention programme in reducing depressive symptoms (and associated outcomes) in 16 mainstream schools across England. The programme aims to build resilience and promote realistic thinking and adaptive coping and teaches CYP cognitive-behavioral, social problem-solving skills and techniques for positive social behavior, assertiveness, negotiation, decision making, and relaxation through class discussion, worksheets, and games. In total 2.844 students (N = 2.844; 49% female; 67% White) took part were between 11–12 years old. The intervention was delivered by school staff (mainly teachers, learning mentors, teaching assistants) rather than by mental health professionals and required training by professionals on CBT techniques. The participants then split into 2 groups (control group and experimental group). The UKRP was then embedded into CYP's usual school curriculum in the experimental group whilst the control group followed their regular school curriculum.

Authors hypothesed that the programme would reduce symptoms of depression and other co-morbid problems (anxiety and behaviour problems) of the CYP who had received of the 18 hour intervention of cognitive behavioural group intervention. A number of tools were used to collect the data such as the Children's Depression Inventory, Revised Children's Manifest Anxiety Scale, and child- reported Goodman, Strengths and Difficulties Questionnaire at baseline and at 2 follow-up points (1 year and 2 years after the intervention). The SPPS was used to analyse the data. Findings suggests that the UKRP workshops may have had an impact

on students' depressive symptoms in the short run (postintervention but not statistically significant in both follow up times), and did not reduce anxiety or behavioral problems. These findings suggest that interventions may produce a reduced impact when rolled out and taught by regular school staff implying the need for more specialised approach in schools. This is a large randomised control study and the sample size overrepresented ethnic minority students in the UK which increased the likelihood for the generalisation of the findings. However, a number of limitations could be reported as the length of each session and the time gap between sessions were varied across schools as well as the frequency of sessions and the group size therefore the results should be interpreted with caution. These findings are different from the findings in this ELSA research as CYP had experienced a consistent support (weekly sessions, same person, same room, duration of the session) by the ELSAs and their experience was positive and the ELSA made a difference for them. Maybe, when delivering SEMH possibly consistency is an important factor in therapeutic work and this could be one of the reason why this intervention did not work.

6.5.2 The IY therapeutic social and emotional skills programme

Hutchings et al. (2012) investigated the IY Therapeutic Dinosaur School social and emotional coaching programme in one school in Wales. Teachers identified 24 pupils (mainly boys which is a limitation of the study) aged 5- to 9-years-old. Half of the children, two groups of six, received the intervention and half were wait-list controls. School staff including a HT, a teacher, a teaching assistant were trained by the one of the authors to deliver a programme. A range of tools were used to collect the data such as Teacher Strengths and Difficulties Questionnaire, Wally Problem Solving Task, Teacher-Pupil Observation Tool and data analysed using SPSS. Baseline measures were collected from teachers and pupils and by researchers who undertook blind classroom observations before the intervention and the

follow-up measures were collected after the intervention. Data for the full sample did not show significant differences in outcomes between intervention and control children, and both groups tended to improve over time, however, significant increases in problem-solving skills were demonstrated for children with clinical level difficulties, for whom accessed therapeutic intervention. Another limitation of this study (apart from the gender imbalance) was that its a small-scale pilot study in one particular school.

6.6 CBT based programme - Cool Connections programme

The CBT group based programme will be described briefly before summarsing the key findings of this research and how they relate to the current ELSA project.

O'Callaghan and Cunningham (2015), investigated impact of the CC group-based, early intervention using mixed methods in one primary school in Northern Ireland. Cool Connections is a CBT based programme. CC is a manualised programme that uses illustrations, games, theory and fun activities to encourage more positive ways of thinking and dealing with worries and anxieties.

Nine pupils (three girls and six boys) aged 8-11 took part in the intervention and the Anxiety, Depression and Self-concept inventories of the Beck Youth Inventories were used to screen the children and used as a part of pre-measurements. The intervention was facilitated by a teacher, education welfare officer and two classroom assistants, with support from the school's supervision was provided by the school's EP.

This study was evaluated both quantitatively (using the above tools) and qualitatively (written feedback from participants to ascertain their views on the programme). SPSS and thematic analysis were used respectively to analyse the data. Findings suggest that all CYP found the CC course helpful giving reasons such as helping them to identify, acknowledge and expressing

emotions in more productive ways, such as helping with expressing feelings and dealing with anger, controlling their thoughts and helping them with confidence, and feeling happy. Similar reasons were reported in the ELSA reasons in terms of reasoning why the ELSA intervention helped the CYP. Participants cited the games and activities (seven children) and opportunities to make new friends to be the most enjoyable aspect of the intervention. These findings support the ELSA findings as children named various activities and what they enjoyed the most including playing games. However, CYP in ELSA reported making new friends as a result of intervention rather than things that they have enjoyed. The quantitative data indicated that CC group had statistically significant improvements in symptoms of depression and anxiety but not in self-concept from pre-intervention to post-intervention. These findings are positive stating that the CBT group based programme can be effective but there were only 9 CYP participated in this study in a particular school and with no control group or follow-up results to consider. Therefore, the findings should be taken with caution.

6.7 "Going for Goals" project

Going for Goals project will be described briefly before summarsing the key findings of this research and how they relate to the current ELSA project

Humphrey et al., (2010), investigated the effectiveness trial of a short, social–emotional intervention called 'Going for Goals', developed as part of the primary social and emotional aspects of learning (SEAL) programme in England. SEAL programme was introduced in English primary schools in 2005 and is a comprehensive, whole-school approach to promoting the social and emotional skills that are thought to underpin effective learning, positive behaviour, regular attendance and emotional well-being. It was designed to promote the five social and emotional skills including self-awareness, self-regulation, motivation, empathy and social skills.

A quasi-experimental design was implemented for the purpose of the evaluation including a large number of children, teachers and parents. 182 children (aged 6–11) attending 22 primary schools across England participated in this study and they had 8 group interventions for 45 minutes each week. The sessions were facilitated by a member of school staff such as a teaching assistant or learning mentor. 102 participants were assigned to the experimental group and 80 in the comparison group. 103 children were boys and 79 were girls. Data was collected using the Emotional Literacy: Assessment and Intervention and the Strengths and Difficulties Questionnaire in three different stages; immediately prior to the beginning of the Going for Goals intervention (pre-test), immediately after the end (post-test), and seven weeks after the intervention had been completed (follow-up). Data was analysed using SPPS. It was found in both child self-report and staff-informant report ratings that Going for Goals had a positive impact upon the social and emotional skills of participants selected for extra support. On the other hand, marginal and associated effect sizes were small. Analysis of follow-up data suggested that positive effects had been sustained several weeks after the intervention had ended which was opposite from parental informant. However, from parental data raised questions about the extent to which participating children were able to generalise their skill development beyond the school setting. Parental findings are not supported in the ELSA research as the children were able to generalise the skills and strategies that they had learned beyond the ELSA room referring to the application of strategies at home, and out of school activities (e.g football club). This study appears to be robust evidence that Going for Goals is effective and uses repeated measures to monitor the effectiveness. Additionally, a large number of participants and including schools across England maybe also indicate that the findings can be generalised.

6.8 Art therapy intervention

This is one of the few studies that explores the processes that an intervention brings changes for CYP. The key findings of this research will be summarised with an emphasis on CYP's views and how they relate to the current ELSA project.

McDonald et al. (2019), carried out an exploratory mixed methods study aiming to understand if teachers and children perceived any changes in children's social, emotional and mental health difficulties as a result of receiving art therapy. Study included 45 children (aged between 4 and 11 years) and 10 class teachers within one UK primary school. The length of art therapy ranged between 8 and 158 weeks.

The teachers filled out a Strengths and Difficulties Questionnaires at the beginning and end of art therapy repost design in order to use routinely collected data and triangulate any findings. Qualitative data was collected through a focus group with class teachers (N = 10) and used to study the main research question; what were the class teachers perceptions of the children before and after art therapy, children were also asked about any perceived changes after attending art therapy and to identify possible mechanisms of change. The researchers analysed the routine questionnaires from teachers and children's evaluation interview triangulating these with data from a teacher focus group. The qualitative data were then thematically analysed whislt the quantitative data analysed using SPSS.

The findings from the quantitative teachers' data showed that the overall stress was reduced for children whist the qualitative data suggested that children who attended art therapy were relating better with others, their behaviour was improved, showed maturity, felt happier and used coping strategies learned in art therapy. Teachers also reported that children engagement with curriculum was improved.

The study showed that the referral reasons for teachers and children themselves were different as the main reason for referring CYP for therapy was disruptive behaviour at school, followed by witnessing domestic violence and lastly feeling being unhappy/withdrawn/suicidal thoughts/low self-esteem whereas the children's reasons for coming to art therapy were; feelings in general (N = 10), anger (N = 9), and sad, bad, upset feelings (N = 8), with behaviour being reported as the least frequent (N = 3). The children stated that art therapy brought about the following changes: feeling calmer, relaxed (N = 15); happier (N = 14); changes in behaviour, less angry (N = 7); learning, listening, concentration (N = 6); helping feelings in general (N = 8); becoming more confident (N = 5); feeling less sad, bad, scared feelings (N = 5); feeling safer and supported (N = 4); ability to express feelings more (N = 4); improving friendships (N = 2); and enhancing their skills (N = 2). Similar changes were found in this ELSA research as children named lots of changes in their wellbeing and learning after receiving the ELSA support. The children accessing art therapy stated that they found the following aspects of art therapy helpful: making, thinking about art (N = 26); expressing, sharing, thinking, learning about thoughts and feelings (N= 22); fun, enjoyable, happy sessions (N = 13); the art therapy room e.g. calm, safe, happy, colourful, play tent, regular place to come (N=13); relationship with art therapist (N=7); keeping feelings safe, confidential (N= 6); playing (N = 5); non-directive art making (N = 4); developing skills (N = 2). Again similar aspects were expressed in this ELSA research as making explicit comments about sessions being fun, access to lots of toys and fun activities using collaborative language.

The children stated that they would like to change: Nothing (N = 16); Art materials (the children were encouraged to think about different art materials they would like to use in future sessions) (N = 9); Don't know, no answer (N= 6); change overall structure of sessions e.g. change time of session so as not to miss a particular lesson, to stay for more than an hour, to have sessions more frequently (N= 5); change structure within sessions e.g. more time for

playing or talking (N = 4); changes to the room e.g. art on the walls, a playground, paint the room pink (N = 3); bring a friend (N = 1). Only some of these findings are similar to the ELSA findings as the children in Art therapy suggested a wider range of suggestions about how they would like the session to be planned for them whist the majority of the CYP participating in the ELSA reported feeling happy as the session had planned for them only a few suggesting some changes such a (bringing a friend, having more frequent sessions, having an older mentor). This study supports similar findings to the ELSA research in relation to how an intervention brings changes for CYP, which aspects of the intervention were perceived helpful/less helpful, similar referral reasons, and what changes CYP would like to make during the intervention.

Whist the findings are very positive it is worthwhile to report that the study sample size was small and it was coming from one particular school which makes it harder to generalise the data.

6.9 Alternative interventions- Self-Discovery programme

This study highlights an alternative intervention programme in schools and possible benefits for CYP.

Powell et al. (2008), investigated the effectiveness of alternative therapies in school after completing the SDP. The SDP was developed for all children with behavioural and emotional difficulties and children at risk of exclusion in primary and senior education. Three holistic therapists were recruited as tutors to deliver the SDP. The SDP children are trained in relaxation techniques such as simple hand massage and deep breathing with the aim to enhance emotional well-being and increase confidence (self-efficacy) in their own ability to self-regulate their emotions and behaviours. The duration of the SDP consisted of 12 sessions delivered weekly

and lasting approximately 45 minutes by the holistic therapists. A total of 107 children aged 8–11 years completed the SDP and all measures. Children were allocated to a Control (N=54) and Intervention (N=53) group. Data were collected via two sources: (1) behavioural profiles of children completed by teachers prior to the programme; (2) a standard instrument to measure behaviour completed by teachers prior to the programme and at follow-up seven months later and the data analysis was performed using SPSS.

The changes noted in the children were small in general for both groups. However, the results indicate that children in the intervention group showed improvements in self-confidence, social confidence, communication and contributions in class whist greater improvements was noticed in 'concentration/ attention skills in the classroom' within the control group as well. Similar findings were found in the ELSA research as children with confidence issues reported that their confidence had increased after the ELSA intervention. Whist SDP findings show some improvements for CYP, however one of the limitations of this study is that almost all participants (over 96%) were white European.

6.10 Previous ELSA research

The following studies are summarised in a chronological order and I have only focused on reporting the findings and how they relate to the current ELSA research in this section as there is detailed description of each study included in the first literature review (chapter 2).

Burton (2008) suggested that that the majority (85%) of primary school pupils felt "Happy" working with ELSAs, while 60% of secondary pupils felt "OK". Burton et al. (2010), in their research claim that teachers reported a significant improvement for pupils ($p<0.005$) in emotional literacy scores, however the pupils themselves reported no difference overall (p-value not reported). Grahamslaw (2010) found that the total emotional self-efficacy scores of children who had received ELSA support were significantly higher than for those who had not.

Murray (2010) reported that CYP rated the ELSA sessions as "very helpful", while over one third improved their empathy scores by more than 50%. Butcher et al, 2013 also showed that the ELSA was effective on children with behavioural difficulties. On the other hand, Mann (2014) concluded that it was unclear whether the ELSA project had an impact on pupils' emotional well-being. Mann and Russell (2011), also supporting partly this idea suggesting that although children reported that working with ELSA is a positive experience, however the quantitative data showed that students showed very small improvement which was not statically significant (p = 0.372).

Hill et al. (2013), highlighted the importance of the relationship between CYP and ELSAs. Further research carried by McEwen (2015) and Hills (2016) found that relationships between ELSAs and students were key to the ELSA success. The current ELSA research supports the idea that the relationship aspect seems to be important. However, the qualities of the ELSAs as well CYP's feelings and perceptions of the ELSAs and ELSA work seemed to make the difference for CYP as perceived by them.

Hills, 2016 found that primary aged children rated the ELSA project as an effective intervention and the qualitative findings highlight the importance of therapeutic relationship, having a space to talk, exploring feelings and building resilience, confidence and self-esteem. Similar findings were reported by the current ELSA study as the CYP talked about their experiences of how ELSA work helped them suggesting becoming better as expressing feelings, worrying less, building their confidence.

There is a body of previous research evaluating ELSA which has shown the positive impact on school children's emotional literacy, behaviour, emotional wellbeing and peer relationships (Bravery & Harris, 2009; Burton 2008; Burton et al., 2010; Butcher et al., 2013; Grahamslaw, 2010; Hills, 2016; Murray, 2010). However, almost all these studies have major

methodological limitations as described comprehensively in chapter 2. There are a couple of studies also suggesting that it unclear whether the ELSA project had an impact on pupils' emotional well-being Mann (2014) whist Mann and Russell (2011), reported no impact on CYP despite the fact that CYP reporting the ELSA as a positive experience. Three studies (Hills 2016; Hill et al., 2013; McEwen, 2015) report the importance of relationship as being a key factor in making ELSA a successful intervention.

6.11 General comments

CYP clearly can express their views, feelings, experiences about the services that they receive from various mental health services and what processes help them to achieve positive changes for them and what factors hinders outcomes of the services (Buston, 2002; Day et al., 2006; Garland et al., 1996; Window et al., 2004) . It is vital that professionals take into account CYP's views when planning and delivering interventions. Considering the limitations of all of the studies reported in the second literature review. It is suggested that a body of research that comes from counselling services and other school based programmes stated above has positive changes for CYP in terms of their mental health and learning. Most of the findings are in line with the findings from the current ELSA research and I have explained how they relate to my findings-supporting the emerging theory that was proposed. In summary, there is a great deal of evidence to suggest that a client's expectations and opinions about services are a strong predictor of outcomes in treatment and should be taken into account.

6.12 Chapter summary

This chapter summarised the second literature review. In the following chapter, I will describe how the literature informed the *emerging theory "The Uniqueness of the ELSA approach makes the difference in children's lives"*, in addition to outlining implications for EP practice children, teachers ELSAs, EPs, and schools. I will discuss the possible future research, limitations of this study and a reflective and personal journey carrying out this research Finally, I will make comments my intention to disseminate the findings to the relevant people.

7. Discussion

7.1 Overview chapter

The summary of the current study will be revisited**.** Research questions will be discussed and in particular how they informed the development of the theory. The implications for EPs, ELSAs, CYP and their families and schools will be reported as well as the limitations of this study, directions for future research. Finally, I will be reflecting on my own personal journey conducting this piece of work including key learning points as an applied Psychologist, researcher, and human being and how I intend to disseminate this research.

7.2 Overview of this study

This current research explored CYP's perspectives of the ELSA intervention following their participation in the programme with the aim to explore how and why the ELSA intervention may lead to change and explain what works for children, in what context and with what outcomes. The emerging theory summarises 4 overarching themes:

1) the structure of the ELSA

2) child-centred sessions

3) the impact of the ELSA on CYP's learning, and SEMH

4) rationale why ELSA intervention helps

These findings informed the development of the suggested theory namely "*The Uniqueness of the ELSA approach makes the difference in children's lives*". Following the research questions will be discussed in the light of literature review.

7.3 Research questions

All three research questions were answered, the following sections will be discussing them in detail.

7.3.1 Research Question 1: What are the children's experiences like as a result of being part of the ELSA intervention?

Children's experiences in this research were highly positive about the ELSA intervention. Almost all children talked about their experiences before and after the intervention. The main areas of difficulties that children were experiencing were around friendship difficulties, having worries, self-regulation difficulties, and confidence issues. This appears to be a common theme for CYP being referred to various services in the literature including counselling, CBT based programmes, art therapy, and family therapy (Cooper et al., 2013; Day et al., 2006; Garland & Basinger, 1996; Kernaghan & Stewart, 2016; Lobatto, 2002; Window et al., 2004). According to participants in this research all these areas of difficulties were linked with targeted interventions (e.g. if the area of difficulty is anxiety then an intervention targeting anxiety difficulties was implemented).

All participants made explicit comments such as *"I didn't have any friends and after the ELSA I made friends and struggled less"* (child 3). Participants stated that they came out happier after each session and felt less lonely. Prior to receiving ELSA support if a child would not know the answer, he would have not tried but after the ELSA the child reported that he *"won't just give up but will do it again and again"* (child 2). Similar findings were reported in art therapy intervention research (McDonald et al., 2019) and previous ELSA research (Hills,

2016). Participants also stated that they felt calm, relaxed, and worried less after the intervention. Kernaghan and Stewart (2016), suggest similar findings for CYP who received counselling sessions.

In this research when children were asked whether they would like to change the content of the ELSA sessions based on their experiences, the majority of children stated that they were happy with the sessions. However, some suggested wanting 1:1sessions instead of group ones, having more frequent sessions, and bringing a friend along. Wanting to continue with more ELSA sessions was reported by Hills (2016), accessing professionals who are more informal in mental health services (Buston, 2002), therapists making personal disclosure and the use of games (Day et al., 2006) and in an art therapy interventions (McDonald et al., 2019) a number of suggestions were made such as the use of a variety of art materials, a change to the overall structure of sessions (e.g. change the time of sessions), to have sessions more frequently and change structure within sessions e.g. more time for playing or talking. It appears that depending on each CYP's experience of specific intervention there are a range of suggestions that could enhance the CYP's experiences. This suggests the need to tailor each intervention around each individual's needs.

In this research children experienced ELSA as being very different to the school curriculum and highlighting differences such as ELSA being more creative, more playful and practical. Children talked about feeling freer during the session and with the primary focus on talking about feelings and emotions. Additionally, the location of the ELSA room and the time that was dedicated to CYP seemed to be one part of their experience of the ELSA intervention as children stated that "*they* (referring to ELSA) *had time for me" the room was funner and I get the change of environment"* (Child 3).

Participants in this research experienced ELSA in 1:1 situations, small group, some mixed (started as 1:1 and became group work and vice versa). The majority of the literature comes from group intervention (Challen et al., 2014; Humphrey et al., 2010; Hutchings et al., 2012; Lobatto, 2002; O'Callaghan, & Cunningham, 2015; Window et al., 2004). Possibly the size of the group and the nature of invention could influence CYP's experiences.

Participants in this research talked about their experience in relation to the duration of the programme. In the ELSA intervention the duration of sessions ranged between 6 weeks and up to one year. In the literature there is a variation amongst different types of intervention including short targeted intervention lasting weeks (Challen et al., 2014; Humphrey et al., 2010; O'Callaghan, & Cunningham, 2015; Powell et al., 2008) and others over a year to (McDonald et al., 2019; Window et al., 2004). There are similarities with the ELSA intervention in terms of duration as all the intervention provided to CYP were varied in length. This could possibly be a factor that can affect CYP's experience of receiving support about their difficulties alongside other factors that it will be discussed in this chapter.

7.3.2   Research Question 2: How changes come about as a result of participating in the ELSA intervention?

Research Question 3: What are the contexts and the mechanisms that bring about these changes?

7.3.2.1 Variety of techniques and activities – addressing how the change is happening
Participants in this research talked about a number of factors that brought up changes for them. In particular participants made comments about various ways how ELSAs helped them in changing their thought processes. For example, a child made a comment *"like they taught me*

how to change the way I was thinking" (child 3), another one referred how ELSAs taught her practical skills such as the use of the hula-hoop to teach personal space (child 4) and another one mentioned about learning specific strategies such as *"strategies thinking verbally, she taught me verbally and physically and skills"* child 3. Children who were supported in the community CAMHS also discussed various techniques that were used during the sessions including talking about problems, using drawings, and playing board games that brought positive changes for them (Day et al., 2006).

In this research the main ways of facilitating change occurred due to the of range of activities through play/games, discussion, and other activities as perceived by the participants. Participants reported all these activities as *"being fun and helpful.* Hills 2016, also found that the use of games, talking, and other activities appeared to be important for children in ELSA sessions. Lobatto (2002), reported that children who had a family therapy intervention identified the use of toys, puzzles and talking techniques as important for them. It appears that use of fun activities and range of activities that are playful and fun are important factors that facilitates change for children. Day et al. (2006) argue that talking about feelings openly helped CYP to resolve their problem.

7.3.3.2 Reasons/Factors Why change is happening

Participants in this research gave a clear rationale why the ELSA intervention helped them. Participants stated that the ELSAs took into consideration children's favourite activities when planning the sessions stating *"they asked me what my favourite things were and they basically made it into all my lessons"* (child 5), the sessions were meaningful for them, ELSA's increased children's awareness and knowledge, ELSA's worked in collaboration with children, ELSA made children to feel positive and happy and ELSA'S used non-threatening ways accessing children's inner world based on children's interest.

7.3.2.3 Change is happening due to qualitative differences between ELSAs and other professionals

Children in this research also identified qualitative differences and how they view the ELSAs within school. All children made a clear distinction between the ELSA role and their teachers and any other staff roles within their school recognising the uniqueness of the ELSA role. Children referred to ELSA as a "*buddy",* as someone whom they can trust and being held in mind, having special time with them, ELSA's making children to feel safe and contained, ELSAs being available for CYP unconditionally, ELSAs investing time to get to know a child and build therapeutic relationship with children. These views relate to Bion's concept of "containment". Bion (1962) suggested the concept of "containment" which is the process that originates in the initial mother-child relationship, where the mother provides the infant with emotional security that allows the infant to manage its own feelings of anxiety and consequently creates conditions in which the infant can develop. Similarly, the idea of "containment" can be observed in the educational settings by noticing the relationships between staff members and children and how educators respond when children are distressed. In a therapeutic relationship the idea of "containment" refers to the process where the therapist receives all the unbearable/ unprocessed feelings of the client and offers back in a more digested form, rather than reacted to. Similarly, it appears that ELSA's are acting as "containers" for CYP and creating conditions where they can support CYP to process difficult feelings and equip them with skills to manage their emotional difficulties.

Buston, 2002 found that the quality of relationship between a mental health worker and young people affected the intervention outcome as a positive relationship correlated with positive outcomes and negative relationship with no results respectively. Hills (2016), Hill et al. (2013) and McEwen (2015) highlighted the importance of the relationship between CYP and ELSAs

as key in terms of making the intervention successful. However, current research brings much broader perspective including the relationship as an important element alongside with many other factors as described above.

7.3.3.4 Change is happening because children like ELSA work and value ELSA work

All participants apart from one, seemed to highly value the sessions and rated them as "*extremely happy*" using visual faces when talked about their feelings working with the ELSA. Children's rating of the sessions suggesting that they liked the ELSA work

Previous ELSA research (Burton, 2008; Mann & Russell, 2011; Hills, 2016) highlighted similar ideas. In this research children viewed ELSAs as being "*kind, good at explaining things and being professional*". Hills 2016, supports some of the ideas that CYP in this research reported such as highlighting ELSA's personal characteristics such as being kind, trusting and showing children's unconditional positive regard. Day et al. (2006) also suggest that CYP saw the professional as *"clever and smart"* which impacted positively on the outcome of the therapy. It appears the children's views and how they describe the professionals seem to be affecting why an intervention might work for them.

7.3.2.5 Change is happening because of the impact on CYP's wellbeing and academic work

The current research identifies positive impact on participants' wellbeing as a result of the ELSA intervention such as improving relationship with key people, feeling calmer, relaxed and comfortable, expressing their feelings, becoming more reflective, developing their empathy, and making friends. Previous research evaluating ELSA has also shown the positive impact on school children's SEMH (Bravery & Harris, 2009; Burton 2008; Burton et al., 2010; Butcher et al., 2013; Grahamslaw, 2010; Hills, 2016; Murray, 2010) whilst others (Mann, 2014; Mann & Russell, 2011) have inconclusive findings. There is a body of research (Cooper et al., 2013;

Day et al., 2006; Garland & Basinger, 1996; Humphrey et al., 2010; McDonald et al., 2019; Window et al., 2004) suggesting positive impact on CYP's mental health as a result of the support provided and others also highlighting improvements (as a result of improving mental health difficulties) in academic work (Kernaghan & Stewart, 2016). On the other hand, some of the studies identify only small improvements. Challen et al. (2014) suggest only short-term positive impact of the Resilience intervention programme in improving depressive symptoms but not anxiety or behavioural problems. Hutchings et al. (2012) did not show significant differences in outcomes between intervention and control group for CYP who attended t*he IY therapeutic social and emotional skills programme* but, significant increases in problem-solving skills was reported for CYP with clinical level difficulties (in the control group). Small changes noted in the children as a result of SDP (Powell et al., 2008) in self-confidence and attention skills in the classroom.

The current research suggests not only positive impact on CYP mental health but also on academic and in their learning in general, which is very different to all the interventions. The majority of the participants in this study reported that they were able to worry less and remained more focused in the classroom, speak up more in the classroom, asking class teacher's help and improving in school subject/curriculum such as Maths and English. Possibly one of the other reasons why the ELSA intervention enabled positive change for the participants was because participants can feel the impact on their wellbeing and academic progress.

7.3.2.6 Change is happening because of the wider application of learned skills as an outcome from the sessions

In none of the studies in the literature did children refer to the generalisation of the strategies that they have acquired during the therapeutic sessions. However, most of the participants in this study talked about how they applied the learning from the ELSA sessions in school and

outside from school environments suggesting the application of interventions in wider context such as home and during out school activities. Possibly, one of the factors that contributed towards the uniqueness of the ELSA intervention could be the wider application of learned skills as reported by the children.

7.4 General comments

Many factors can contribute towards a successful intervention that makes difference for CYP and brings positive outcomes as perceived by the participants of this study including:

- Contextual factors (length of intervention, location e.g. clinic, school, group size, nature of difficulty)

- People who deliver and their skill set (qualified professionals)

- Children's attitudes towards the professionals who deliver the intervention

- Professional qualities and professionals' ability to relate to CYP

- Resources that are used during sessions

All these elements need to be taken into account when planning and delivering sessions to CYP.

7.5 Implications

An implication of this study is concerning a number of people including 1) children and their families, 2) EPs, 3) ELSA's, and 4) schools.

7.5.1 Implications for Children and their Families

The findings and emergent GT of this study have the following implications and important considerations for CYP, as well as their families:

- Providing opportunities for parents and children to discuss and express feelings using creative ways and through fun and meaningful activities for children.

- Parents possibly to engage (indirectly) with the ELSA work for the continuation of the consistent support at school and home.

- Parents could reinforce the strategies and skills that children learned and practise them at home.

7.5.2 Implications for EPs

The findings and emergent GT of this study have the following suggested implications for EPs when delivering ELSA training to schools and other educational professionals. Educational professionals may wish to take into account the following points:

- A number of factors were discussed by the children that enabled positive change for them including: ELSA's using non-threatening ways of accessing children's inner world based on children's interest /what children are good at, what is meaningful to them, increasing children's awareness/ knowledge, making the sessions fun, collaborative nature of work, ELSA's ability to make children feel positive and happy. Therefore, these factors need to be taken into account when planning and delivering the ELSA training.

- EPs to consider how to equip children to manage when peers ask about the ELSA work as some of the children stated that they felt uncomfortable with the questions and avoided saying the truth. Possibly EPs could support ELSAs and children (indirectly) to demystify the ELSA work and help children with narratives so they communicate safely and confidently about the ELSA work.

- EPs possible to include suggestions when training ELSAs in advising having an older mentor (a child who had previously supported by the ELSAs) to support younger

children with SEMH difficulties within school and act as a role model for younger children. This could contribute towards building the capacity within schools and promote

- EPs to support schools at a systemic level in raising the whole school ethos and policy by demystifying the SEMH and talk about it openly and set up appropriate provisions for CYP with SEMH difficulties. EPs could provide support to the school in order to establish a system when there is a need for an ongoing support for the children with SEMH.

- EPs possibly to consider promoting preventative programmes in schools targeting anxiety difficulties and self-esteem/confidence as these areas appeared to be as the main referral reasons of difficulty for most children.

- EPs to consider the length of each intervention as over the half of CYP experienced an intervention lasting around a whole academic year where ELSA appears to be only a short-term intervention (roughly 8-12 weeks). EPs could support ELSA's to establish a screening process which could inform the placement of the children in specific programmes (e.g. if anxiety management work is needed this could be based on CBT informed interventions and could be time limited (e.g. up to 12 sessions) where supporting children with self-esteem/confidence issues and children who experienced bereavement might need an ongoing support (up to a year).

7.5.3 Implications for ELSAs

The findings and emergent GT of this study have the following suggested implications for the ELSAs when planning and delivering intervention programmes. ELSAs could consult children about the following points:

- ELSAs could ask children's preferences about group and/or 1:1 interventions prior to starting and check in with them regularly how it feels for them being part of the group or 1:1 and whether is helpful for children or not.

- ELSAs to take into account what's helpful for children and do more of the activities that make the difference. For example, ELSA's could consider a range of fun and personalised activities for each child and such as making worry dolls, worry cakes, worry box, worry books, making dream catcher, drawing pictures, social stories, using stress ball, breathing, physical exercises, playing board games, making arts and crafts.

- As part of the ELSA intervention, ELSA's could take some time (e.g. 1-2 sessions) to invest time to get to know the children well at a personal level (e.g. asking children about their favourite activities, hobbies and things that they are good at) and build a relationship with them prior to delivering therapeutic work.

- Celebrating the ending of the intervention seemed to be an important and memorable experience for the CYP, therefore marking the end and celebrating all the learning from the ELSA sessions would be appropriate and relevant.

- ELSAs to consider having a personalised journal for each child, a summary of the ELSA work. This needs to be done in collaboration with children in order to record the sessions (using flexible methods such as taking pictures, making a drawing, writing something that is meaningful for the child) as a reminder of the session and skills, and strategies that CYP had learned during the ELSA sessions.

- ELSAs could clarify and contract with children the number of sessions, setting up ground rules both for 1:1 and group sessions in order to manage children's and parents' expectations as well as what needs to happen once the intervention is completed.

- ELSAs to consider the ways that CYP perceived the change due to teaching explicitly the CYP specific strategies (e.g. breathing exercises, use of worry dolls) to manage

their difficulties and applying CBT informed principles in order to change CYP thoughts and perceptions of their problem when delivering the intervention.

- ELSAs to consider whether more frequent sessions would be appropriate depending on the nature of the CYP needs (e.g. bereavement) and the complexity of each individual.

7.5.4 Implications for schools

Schools may wish to take into account the following suggestions:

- Schools to identify the staff who have qualities and characteristics including being kind and good at explaining things, making children to feel safe and contained, ability building relationship with children and parents, and being emotionally available for children as these qualities were highlighted by the children.

- Schools to consider ways on embedding some elements of the ELSA work (e.g. managing anxiety, confidence work) into the school curriculum in lessons such as PHSE so this work could can have wider impact on a large number of children rather than the ones that are in needs.

- Schools to consider the importance of having a protected, consistent and non-judgmental space for the ELSA work within the school as this contributed towards positive changes that children talked about.

- For teachers and staff within schools to consider the quality and quantity of their engagement process with children as children felt that their teachers did not have enough time for them in the classroom.

- Schools could possibly invest in the ELSA programme as the impact of ELSA was perceived in learning and SEMH to be positive and children reported their ability to focus better during the lessons, participate more in the lessons and were becoming

better at core subjects (Maths and English) and building emotional and academic resilience.

7.6 Limitations

There are number of limitations in relation to this current study and I will be addressing them in the following points.

1. My previous knowledge and involvement in ELSA training in previous LAs possibly may have influenced the way that I interpreted the data. As I had to apply for the research protocol in developing the research idea, I had familiarised myself with some reading therefore it was impossible to start as a "blank sheet". I recognise that my experiences and opinions will have informed the way in which data was collected and analysed.

2. Only 8 children (mainly White British) participated in this research therefore due to small numbers of participants is not possible to generalise the findings. However, generalisation was not the aim of this study rather the focus was exploratory and explanatory with the aim to understand a phenomenon and develop a theory. Cultural differences across experiences of children who had ELSA support were not explored. This may inform further research.

3. Additionally, the participants were mainly girls (6) and included only 2 boys from 2 mainstream schools in LA, therefore due to gender imbalance mainly voices of girls are represented in the findings.

4. Half of the interviews took place in the ELSA room where participants had been supported previously by the ELSAs. I feel the location may have possibly impacted (e.g. participants giving slightly positive answers) the experience, both for the participants and the data gathered.

5. The 8 interviews conducted for this research were rich and replete with information. Therefore, I necessarily had to condense large amounts of information into limited word counts, and, as such, it is possible some of the intricacies and nuances of participants' individual experiences of the ELSA intervention were lost/reduced in some area.

6. I feel that possible power differentiation between researcher and participants maybe have impacted participants responses and being an unfamiliar adult, children unconsciously and erroneously communicated to participants that I was similar person as an ELSA.

7. Whist I have not returned back to share my findings with the participants to triangulate the data I used peer supervision for cross referencing during the analysis stage and interpretation of the data. Therefore, I wondered whether the interpretation of the data was exactly as the children talked about or I may have had a slightly different responses if I had returned back and checked with them.

7.7 Future research- suggestions

- Based on the current findings including the factors that contributed to the success of the intervention and the rationale why the ELSA intervention works for children a structured questionnaire could be designed and sent out to a larger number of schools to gather further data to test out the theory in larger scale.

- To my best knowledge this is the only study that focuses on explaining why an ELSA intervention could be a successful intervention from CYP's perspectives and what mechanisms could bring these changes. Future research could explore this further and investigate CYP's perception as a long term follow up study in their lives to see if these changes were maintained or changed over time as well how the ELSA impacted on their lives and why.

- Further research could include CYP's experiences of the ELSA intervention on a specific topic (e.g. anxiety work) rather than focusing on the whole ELSA work which covers a range of needs such as friendship difficulties, anxiety, friendship, social communication, bereavement etc.

7.8 My personal journey- Reflections

Approaching schools and recruiting participants felt like a daunting task as the schools are very complex and busy systems therefore, I reflected on the challenges involved in the recruitment process and feelings of frustration and "stuckness" from times in order to meet the deadlines and balancing the placement and academic work. As there are always things that can go wrong and I reflected on the ethical approval taking about six months to be approved due to an admin error in the system resulting in delays in the whole process of approaching schools, recruiting participants, and booking the interviews. Feelings of frustration and not being in control created lots of worries and anxiety and I learned to manage my feeling and adapt to constant change and learning new skills such as data analysis, using new tools (e.g. MaxQDA). During the research project I have learned to cope better when things are going wrong, delayed, and enjoyed a sense of relief when I was able to resolve and move on. I have really enjoyed hearing children's stories and I have learned a lot about the ELSA intervention and what factors contributed to make positive changes in these children's life. I have also learned a tremendous amount about myself as a psychologist, researcher, and human being.

I reflected on the ethical issues carrying out a research involving CYP and gaining consent from parents/ carers, schools and CYP as well as respecting anonymity, confidentiality and making sure that a protected space was available for the interviews to allow children privacy to talk openly. I was struck by the children's stories and their openness and willingness to

share their experiences and hearing their stories. I felt a lot of pain hearing about the difficulties that children were experiencing but at the same time I felt privileged as a researcher that I was involved in something very special and dedicating time and listening to CYP stories and experiences. There were times I felt numb after the interviews and logging my own feeling in the research diary to process them and acknowledge how my emotional state might have influenced the data analysis.

I was very aware that the way I appraised the studies may have been influenced from my past experience and potential bias, so I wanted to be as objective as possible as I had delivered the ELSA intervention in many schools in various LA. I used research supervision to explore how my previous knowledge of the ELSA might have influenced consciously and/or unconsciously the way I was conducting the interviews, analysing, and interpreting the data. I used peer supervision, cross referencing, "memoing" and engaging in self-reflective practice with the aim to maintain as much as possible a neutral stance in reporting and interpreting CYP's experiences of the ELSA intervention and the mechanisms that enabled change for them as well as valuing and representing their views.

I found it interesting how some children were curious about myself as a person and asked me personal questions such as if I had siblings, family and where I was living. Whilst as a researcher I did not want to engage in this conversation as it was irrelevant to the purpose of my visit, I reflected on action and decided to be open and honest but remaining focused on task as I was asking them very personal questions and possibly emotionally very painful therefore I felt that it was appropriate to share some information with them as well. I also reflected on the endings and my short interaction with children as a child asked whether she will see me

again. Even though it was a short visit, the richness of experiences the raw emotional data made the endings challenging.

Transcribing interviews was a time-consuming process but at the same it was an opportunity and an initial invitation to familiarise myself with the data. I was overwhelmed by the richness of qualitative data and access support from my research supervisor and peers to make sense of the data.

I found carrying out such a significant piece of work very challenging and anxiety provoking due to many uncertainties and managing the expectations efficiently. I often found distracting tasks to do which reflects my personal defence mechanisms of avoidance, denial, refusal to cope with the uncertainly and unknown.

I noticed that children struggled to answer the "*Why*" questions and rephrasing them was necessary. Being flexible and updating the questions and some words enabled the children to express their views. For example, CYP found it difficult to talk about the change therefore I used the phrase "what has been different" and this small change allowed children to express their views. Additionally, using the word "remember" was helpful instead of asking a generic question.

I felt that younger children (year 3) found it more difficult to retrieve the information and give comprehensive answers. Another factor that I noticed was the time of completion of the ELSA intervention. For example, CYP who had competed the intervention a few months ago were able to give lots of details. Therefore, future research including younger children could make the inclusion criteria more specific, such as completed the intervention in the last 6 months

143

possibly instead of having a generic criteria for the inclusion criteria for participants (e.g. completed the ELSA intervention) as it was in this study.

I noticed that girls tended to talk a lot more and give more details rather than boys. I wondered if this was because I was a female researcher and wondered if the same observation could be mirrored if the researcher as male. Maybe future studies could include same numbers from both genders as this may have influenced the findings of research.

7.9 Dissemination

The preliminary findings of this study have, so far, have been disseminated in EP team for EPs (July 2019) and implications were discussed for EP role in supporting schools. I am planning to disseminate the findings in the following ways:

- Publishing the findings in relevant journals and periodicals.
- Sharing the findings on the ELSA network.
- Inviting schools that took place and share with the relevant people and stakeholders.
- Presenting the findings at the ELSA training within the LA as a part of the core training in order to highlight the views of children.
- Presenting the findings at the ELSA supervision and share with the trained ELSAs factors that are making the ELSA intervention successful as well consider alternative ways (having an older mentor) of supporting CYP based on children's participants.
- Providing all participants with a copy of this thesis (should they so wish).

Word count: 38.108

References

Arghode, V. (2012). Qualitative and Quantitative Research: Paradigmatic Differences. *Global Education Journal, 4,* 155-163.

Bhaskar, R. (1975). *A realist theory of science*. Leeds: Leeds Books.

Bion, W. R. (1962). *Learning from Experience*. London: Heinemann.

Birch, S., Federickson, N., & Miller, A. (2015). What do Educational Psychologists do?. In T. Cline, A. Guilford, & S. Birch. (Eds.), *Educational Psychology. Topics in Applied Psychology* (pp. 3-30). London: Routledge.

Birks, M., & Mills, J. (2015). *Grounded theory: A practical guide*. Sage.

Boyle, C., & Lauchlan, F. (2009). Applied psychology and the case for individual casework: Some reflections on the role of the educational psychologist. *Educational Psychology in Practice, 25* (1), 71-84.

Braveheart Education, (2011). Attachment and Trauma Issues in Educational Settings, Supporting looked after, adopted and vulnerable children. Retrieved on August 5, 2019 from https://www.ehcap.co.uk/content/sites/ehcap/uploads/NewsDocuments/325/braveheart-attachment-and-trauma-in-educational-settings.PDF.

Bravery, K, & Harris, L. (2009). Emotional Literacy Assistant in Bournemouth: Impact and Outcomes. Retrieved August 7, 2019 from https://www.elsanetwork.org/wp-content/uploads/2017/11/ELSA-in-Bournemouth-Impact-and-Outcomes.pdf.

British Psychological Society. (2009). *Code of Ethics and Conduct,* Leicester: BPS.

British Psychological Society. (2015). *Standards for the accreditation of educational psychology training in England, Northern Ireland.* Leicester: BPS.

Burnham, J. (2012). Developments in Social GRRRAAACCEEESSS: Visible-invisible and voiced-unvoiced. In I.-B. Krause (Ed.), Culture and reflexivity in systemic psychotherapy: Mutual perspectives. (pp. 139-160). London, Karnac Books.

Burton, S. (2008). Empowering learning support assistants to enhance the emotional wellbeing of children in school. *Educational and Child Psychology*, *25*(2), 40-56.

Burton, S., Osborne, C., & Norgate, R. (2010). An evaluation of the impact of the Emotional Literacy Support Assistant (ELSA) project on pupils attending schools in Bridgend. Hampshire: Hampshire Educational Psychology Service Research and Evaluation Service.

Burton, S., Traill, M., & Norgate, R. (2009). An evaluation of the emotional literacy support assistant (ELSA) programme. Hampshire: Hampshire Educational Psychology Service Research and Evaluation Service.

Buston, K. (2002). Adolescents with mental health problems: What do they say about services? *Journal of Adolescence, 25*, 231–242.

Butcher, J., Cook, E., & Holder-Spriggs, J. (2013). Exploring impact of the Emotional Literacy Support Assistant (ELSA) intervention on Primary School Children Using Single-Case Design. Retrieved 19 August, 2019, https://www.elsanetwork.org/wp-content/uploads/2017/12/ELSA-Research-Final-Report-2013-1.pdf.

Cardiff Educational Psychology Service, (2012). Evaluation of the Emotional Literacy

  Support Assistant (ELSA) Intervention. Retrieved August 5, 2019 from

  https://www.elsanetwork.org/wpcontent/uploads/2017/11/EvaluationReportSept2012A

  ug2013_Cardiff.pdf.

Challen, A. R., Machin, S. J., & Gillham, J. E. (2014). The UK Resilience Programme: A

  school-based universal nonrandomized pragmatic controlled trial. *Journal of*

  consulting and clinical psychology, *82*(1), 75-89.

Charmaz, K. (2014). *Constructing grounded theory* (2nd Ed.). London.Sage.

Cooper, M., Stewart, D., Sparks, J., & Bunting, L. (2013) School- based counseling using

  systematic feedback: A cohort study evaluating outcomes and predictors of change,

  *Psychotherapy Research, 23(*4*),* 474-488.

Creswell, J.W. (2009). *Research Design: Qualitative, Quantitative and Mixed Methods*

  Approaches, London: Sage.

Creswell, J.W. (2014). *Research Design: International Student Edition,* London: Sage.

Critical Appraisal Skills Programme, (2013). CASP Checklists. Randomised Controlled Trials

  Checklist. Retrieved July 12, 2019 from https://casp-uk.net/casp-tools-checklists/

Critical Appraisal Skills Programme, (2013). CASP Checklists. Case Control Study

  Checklist Retrieved July 12, 2019 from https://casp-uk.net/casp-tools-checklists/

Critical Appraisal Skills Programme, (2013). CASP Checklists. Qualitative Research Check- list Retrieved July 12, 2019 from https://casp-uk.net/casp-tools-checklists/

Cummins, J. (2001) N*egotiating Identities: Education for Empowerment in a Diverse Society* (Second Edition). Los Angeles, CA: California Association for Bilingual Education.

Dallos, R. (2006). Integrative formulation, CAT and ANT. In L. Johnstone & R. Dallos (Eds.), Formulation in Psychology and Psychotherapy, making sense of people's problems (pp.182-206). USA: Routledge.

Day, C., Carey, M., & Surgenor, T. (2006). Children's key concerns: Piloting a qualitative approach to understanding their experience of mental health care. *Clinical Child Psychology and Psychiatry, 11*, 139–155.

De Lise, J. (2011). The benefits and challenges of mixing methods and methodologies: Lesson learnt from implementing qualitative led mixed methods research designs in Trinidad and Tobago, *Caribbean Curriculum, 18*, 87-120.

Deighton, J., Lereya, T., Patalay, P., Casey, P., Humphrey, N., & Wolpert, M. (2018). Mental health problems in young people, aged 11 to 14: Results from the first HeadStart annual survey of 30,000 children (January 2018), Evidence Based Practice Unit (EBPU) Evidence Briefing. Retrieved on August 15, 2019 from https://www.ucl.ac.uk/evidence-based-practice-unit/sites/evidence-based-practice-unit/files/headstart_briefing_1_pdf.pdf

Department for Education (DfE). (2014). *Mental health and behaviour in schools.* Nottingham: The Stationary Office.

DfES. (2003). *Every child matters*: *Change for children*. London: HMSO.

Department for Education/Department of Health. (2015). Special educational needs and disability code of practice: 0 to 25 years. London: DfE. Retrieved August 20, 2019 from https://assets.publishing.service.gov.uk/government/uploads/system /uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf.

Department for Health; Department for Education (2017). Transforming Children and Young People's Mental Health Provision: a Green Paper. Crown Copyright.

Dey, I. (1999). *Grounding grounded theory guidelines for qualitative enquiry*. San Diego: Academic Press.

Dodds, J., & Brake, R. (2015). Investigation into effectiveness of Emotional Literacy Assistants in Schools. Retrieved August 6, 2019 from https://www.elsanetwork.org /wp-content/uploads /2017/11/ELSA-Report-Investigation-into-the-Effectiveness-of-ELSA-in-Schools_Plymouth.pdf.

Dorset Targeted Mental Health Schools, 2010. Being an Emotional Literacy Support Assistant is good for you own emotional wellbeing as well as of the pupils you support. Retrieved August 5, 2019 from https://www.elsanetwork.org/wp-content/uploads/2017/12/Fenman-ELSA-EQ-progress-a.pdf.

ELSA network (2019). *About ELSA.* Retrieved 12 August, 2019 from https://www.elsanetwork.org/about/

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* (2), 58-65.

Finney, D. (2006). Stretching the boundaries: Schools as therapeutic agents in mental health. Is it a realistic proposition? *Pastoral Care in Education, 24*(3), 22 - 27.

Fox, M. (2003). Opening Pandora's Box: evidence-based practice for educational psychologists. *Educational Psychology In Practice*, *19*(2), 91.

Fox, M., Martin, P. & Green, G. (2007). *Doing Practitioner Research,* London: Sage.

Garland, A. F., & Besinger, B. A. (1996). Adolescent's perceptions of outpatient mental health services. *Journal of Child and Family Studies, 5,* 355–375.

Glaser, B. G. (1992). *Basics of grounded theory analysis: Emergence vs forcing.* Mill Valley CA: Sociology Press.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: strategies for qualitative theory.* New Brunswick: Aldine Transaction.

Grahamslaw, L. (2010). *An Evaluation of the emotional literacy support assistant (ELSA) project: What is the impact of an ELSA Project on support assistants' and children's self- efficacy beliefs?* Unpublished Doctoral Thesis, University of Newcastle, Newcastle Upon Tyne.

Gray, D., E. (2004). *Doing Research in the Real World*. London: Sage Publications.

Hardman, T. (2011). Y*ork TaMHS Project: Evaluation Report.* City of York Council. Adults, Children and Education Services, York.

Hierarchy of evidence pyramid. *Research gate website accessed on March 26, 2019 from* https://www.researchgate.net/figure/Hierarchy-of-evidence-pyramid-The-pyramidal-shape-qualitatively-integrates-the-amount-of_fig1_311504831.

Hill, T., O'Hare, D., & Weidberg, F. (2013). "He's always there when I need him": Exploring the perceived positive impact of the Emotional Literacy Support Assistant (ELSA) programme. Retrieved August 2, 2018 from https://www.elsanetwork.org/wp-content/uploads/2017/11/FinalElsaReport_Wiltshire.pdf.

Hills, R. (2016). An evaluation of the emotional literacy support assistant (ELSA) project from the perspectives of primary school children. *Educational Psychology in Practice, 33*(4), 50-65.

Humphrey, N., Kalambouka, A., Wigelsworth, M., & Lendrum, A. (2010). Going for goals: An evaluation of a short, social-emotional intervention for primary school children. *School Psychology International*, *31*(3), 250-270.

Hutchings, J., Bywater, T., Gridley, N., Whitaker, C. J., Martin-Forbes, P., & Gruffydd, S. (2012). The incredible years therapeutic social and emotional skills programme: A pilot study. *School Psychology International*, *33*(3), 285-293.

Kernaghan, D., & Stewart, D. (2016). "Because you have Talked about your Feelings, you Don't Have to Think about them in School": Experiences of School-Based Counselling for Primary School Pupils in Northern Ireland. *Child Care in Practice*, *22*(3), 231-246.

Kinderman, P., Schwannauer, M., Pontin, E., & Tai, S. (2013). Psychological processes mediate the impact of familial risk, social circumstances and life events on mental health. Retrieved on August 7,from https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0076564&type=printable

Kvale, S. (2007). *Doing Interviews*. London: Sage Publications.

Lee, K., & Woods, K. (2017). Exploration of the developing role of educational psychologists within the context of "traded" psychological services. *Educational Psychology in Practice*, *33*(2), 111-125.

Lincoln, Y., S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage.

Litten, J. (2012). What could be, and have been, the benefits of introducing the Emotional Literacy Support Assistants (ELSAs) to St. Andrew's C of E VA Primary School?. Retrieved August 10, 2019 from https://www.elsanetwork.org/wp-content/uploads/2017/12/Impact-of-ELSA-in-Dorset-School.pdf.

Lobatto, W. (2002). Talking to children about family therapy: A qualitative research study. *Journal of family therapy*, *24*(3), 330-343.

Long, A. (2005). Evaluative Tool for Mixed Method study design. Retrieved August 17, 2019

from https://usir.salford.ac.uk/13070/1/Evaluative_Tool_for_ Mixed_Method_Studies.pdf

Mann, D. (2014). *A mixed methods evaluation of the Emotional Literacy Support Assistants*

(ELSA) project. Unpublished Doctoral Thesis, University of Nottingham. Retrieved

August, 2019 from

http://eprints.nottingham.ac.uk/14245/4/Research_Thesis_Final_1.5%20(2).pdf

Mann, F., & Russell, C. (2011). The impact of ELSA interventions on Children and Young

People. Retrieved August 10, 2019 from https://www.elsanetwork.org/wp-

content/uploads/2017/11/ELSAInterventionsImpact_Dorset.pdf.

McDonald, A., Holttum, S., & Drey, N. S. J. (2019). Primary-school-based art therapy:

exploratory study of changes in children's social, emotional and mental

health. *International Journal of Art Therapy*, *24*(3), 125-138.

McEwen, S. (2015). *A quantitative study of ELSA's and Children Experiences of the ELSA*

programme. Unpublished Doctoral Thesis, University of Cardiff, Wales.

Meltzer, H., Gatward, R., Goodman, R., & Ford, T. (2000). *The mental health of children*

and adolescents in Great Britain. London: Stationery Office.

Mental Health Foundation. (2018). Children and Young People. Retrieved August 20, 2019

from https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people.

Mental Health Organisation. (2017). What is mental health. Retrieved on August 8, 2019 from

http://www.mentalhealth.gov/basics/what-is-mental-health.

Murray, J. (2010). An Evaluation of the Emotional Literacy Support Assistant (ELSA) training and impact upon pupils' progress. East Hampshire School Partnership. Retrieved August 5,2019 from https://www.elsanetwork.org/wp-content/uploads/2017/11/ELSAEvaluationEastHants_Hampshire.p

National Healthy Schools Programme (2007). Retrieved August 15, 2018 from http://dera.ioe.ac.uk/6798/7/Introduction_Redacted.pdf

New Economics Foundation, (2009). "Backing the future: Why investing in children is good for us all." Retrieved on August 13, 2018 from http://neweconomics.org/2009/09/backing-the-future/?sf_action=get_results&_sf_s=preventative&_sft_latest=research

O'Callaghan, P., & Cunningham, E. (2015). Can a targeted, group-based CBT intervention reduce depression and anxiety and improve self-concept in primary-age children?. *Educational Psychology in Practice*, *31*(3), 314-326.

Osborne, C., & Burton, S. (2014). Emotional literacy support assistants' views on supervision provided by educational psychologist: what educational psychologists can learn from group supervision. *Educational Psychology in Practice, 30*(20), 139-155.

Powell, L., Gilchrist, M., & Stapley, J. (2008). A journey of self-discovery: an intervention involving massage, yoga and relaxation for children with emotional and behavioural difficulties attending primary schools. *European Journal of Special Needs Education*, *23*(4), 403-412.

Robson, C. (2011). *Real world research.* Chichester: John Wiley & Sons.

Robson, C., & McCartan, K. (2016). *Real world research. A resource for users of social research methods in applied settings.* Chichester: John Wiley & Sons.

Russell, C. (2011). Emotional Literacy Support Assistant training in Dorset through TaMHS. Retrieved August 5, 2019 from https://www.elsanetwork.org/wp-content/uploads/2017/12/ELSAtrainingDorset2010.pdf.

Shotton, G., & Burton, S. (2008). *Emotional Wellbeing. An introductory handbook.* Speechmark Publishing Ltd: London..

Social and Emotional Aspects of Learning (SEAL): Improving behaviour, improving learning. (2005). Retrieved on August 16, 2019 from http://www.sealcommunity.org/node/356.

Starks, H., & Brown-Trinidad, S. (2007). Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qualitative Health Research, 17*(10), 1372-1380.

Stiles, W. B., Shapiro, D. A., & Elliott, R. (1986). Are all psychotherapies equivalent? *American Psychologist, 41,* 165–180.

Strauss, A., & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*, London: Sage.

Support Assistant (ELSA) project on pupils attending schools in Bridgend, Retrieved

August 5, 2019 from https://www.elsanetwork.org/wp-content/uploads/2017/11/ELSA-

evaluation-report-July-2009_hampshire.pdf.

Sutcliffe, A. (2016). Grounded theory: A method for practitioner research by educational

psychologists. *Educational & Child Psychology, 33*(3), 44-62.

Ward, H. (2018). Government keeps 'unambitious' mental health plan. Retrieved on August 8,

2019, from https://www.tes.com/news/government-keeps-unambitious-mental-health-

plan.

Wilding, L., & Claridge, S. (2016) The Emotional Literacy Support Assistant (ELSA)

programme: parental perceptions of its impact in school and at home. *Educational

Psychology in Practice, 32*(2), 180-196.

Window, S., Richards, M., & Vostanis, P. (2004). Parent's and children's perceptions of a family

support intervention for child behavioural problems. *Journal of Social Work Practice, 18,*

113-131.

Appendix A: First literature search terms

					Limiters	
Child*'s Experience*	Young pe*'s Experience*	ELSA*	Intervention*	Effective*	CYP experiences only English Language United Kingdom	Peer Reviewed 2
Child*'s Percept*	Young pe*'s Percept*	Emotional Literacy Support Assistant	Treatment*	Successful*		
Child*'s Perspect*	Young pe*'s Perspect*	Emotional Literacy	Therapy*	Impact*		
Child*'s Understanding*	Young pe*'s Understanding*	Emotional wellbeing				
Child*'s Idea*	Young pe*'s Idea*	Emotional Intelligence				

Appendix B: 4 Articles were found on the Electronic Database in August 2019. Two of them were systematically reviewed.

Research	Included/ Excluded	Reason
The Emotional Literacy Support Assistant (ELSA) programme: parental perceptions of its impact in school and at home (Wilding & Claridge 2016).	Excluded	Did not include CYP views/experiences
Emotional literacy support assistants' views on supervision provided by educational psychologist: what educational psychologists can learn from group supervision (Osborne & Burton, 2014).	Excluded	Did not include CYP views/experiences
Empowering learning support assistants to enhance the emotional wellbeing of children in school (Burton, 2008).	Included	Reverent to the Research Question
An evaluation of the emotional literacy support assistant (ELSA) project from the perspectives of primary school children (Hills, 2016).	Included	Reverent to the Research Question

Appendix C: 10 studies were excluded and reasons were given for each of them. ELSA Network accessed various dates in August 2019

Research	Research Aims	Reason
Bravery & Harris (2009)	Emotional Literacy Assistant in Bournemouth: Impact and Outcomes	Research was focused on ELSA's, Head Teachers' views only. Children's and Young People's (CYP) views were not included.
Dodds & Brake (2015)	Investigation into effectiveness of Emotional Literacy Assistants in Schools	Research was focused on ELSA's, Head Teachers' and SENCo's views only. CYP views were not included.
Bradley, (2010)	The Scope and nature of Emotional Literacy Support Assistant work.	This was irrelevant as the aim of the research was to find out the amount of the children who had received support in 2000-2010 and the scope of the ELSA work.
Burton, Traill, and Norgate, (2009)	An Evaluation of the Emotional Literacy Support Assistant (ELSA) programme.	Research was focused on Parent's and Teachers' views only. CYP views were not included.
Cardiff Educational Psychology Service, (2012)	Evaluation of the Emotional Literacy Support Assistant (ELSA) training.	Research was focused on ELSA's views. CYP views were not included.

Research	Research Aims	Reason
Bravery & Harris (2009)	Emotional Literacy Assistant in Bournemouth: Impact and Outcomes	Research was focused on ELSA's, Head Teachers' views only. Children's and Young People's (CYP) views were not included.
Dodds & Brake (2015)	Investigation into effectiveness of Emotional Literacy Assistants in Schools	Research was focused on ELSA's, Head Teachers' and SENCo's views only. CYP views were not included.
Bradley, (2010)	The Scope and nature of Emotional Literacy Support Assistant work.	This was irrelevant as the aim of the research was to find out the amount of the children who had received support in 2000-2010 and the scope of the ELSA work.
Burton, Traill, and Norgate, (2009)	An Evaluation of the Emotional Literacy Support Assistant (ELSA) programme.	Research was focused on Parent's and Teachers' views only. CYP views were not included.
Cardiff Educational Psychology Service, (2012)	Evaluation of the Emotional Literacy Support Assistant (ELSA) training.	Research was focused on ELSA's views. CYP views were not included.

Cardiff Educational Psychology Service, (2013)	Evaluation of the Emotional Literacy Support Assistant (ELSA) training.	Research was focused on ELSA's and Head Teachers' views. CYP views were not included.

Research	Research Aims	Reason
Dorset Targeted Mental Health in Schools, (2010)	Being an Emotional Literacy Support Assistant is good for you own emotional wellbeing as well as of the pupils you support.	Research was focused on ELSA's views. CYP views were not included.
Litten, (2012)	What could be, and have been, the benefits of introducing the Emotional Literacy Support Assistants (ELSAs) to St. Andrew's C of E VA Primary School?.	Research was focused on ELSA's, Head Teachers' and Class Teachers' views only. CYP views were not included.

Sayer, (2011)	ELSA: An Effective Intervention? Evaluating the impact of Emotional Literacy Support Assistants on the development of pupil's emotional literacy, school attendance, and academic attainment.	Research was focused on ELSA's views only. CYP views were not included.
Russell, (2011)	Emotional Literacy Support Assistant training in Dorset through TaMHS.	Research was focused on ELSA's views only who worked in Specialists provisions. CYP views were not included.

Appendix D: Systematic Review of published and unpublished papers on the ELSA once inclusion and exclusion criteria were applied. These papers were reviewed formality using the following evaluation tools:

Qualitative studies: Criteria for critiquing qualitative research (CASP, 2013) Quantitative studies: Criteria for critiquing quantitative research (CASP, 2013)

Single case study: Criteria for critiquing case control research (CASP, 2013) Mixed Methods studies: Criteria for evaluating for mixed methods study design (Long, 2005)

Summary of the aims, methodology, sample, researching findings of the ELSA programme

Authors	Title	Research aim	Meth-odology	Sample	Qualitative Findings	Quantitative Findings
Burton (2008)	Empow-ering learning support assistants to en-hance the emotional wellbeing of chil-dren in school	To bring practice-based evi-dence to enhance the emotional well-being of children in school	Pooling data from various studies on the ELSA inter-vention to assess its effec-tiveness	Study 1: pupils (n=58) ELSAs (n=13) manag-ers(n=49 teachers (n=54) Study 2: descriptions of 4 children who underwent the ELSA inter-vention	Study 1: Teachers and managers comments. Managers reported that the development of the ELSAs and impact of their work was beneficial Study 2: Improvements in friendship skills, self-regulation, pupils more confident and happy, in-creased attendance, im-proved academic achieve-ment, coping better with parental separation	Study 1: ELSAs all felt that attending training and receiving on-going supervision was very helpful (4.2/5 Likert score) 85% of primary school pupils felt happy working with the ELSA 60% of secondary school pupils felt OK working with the ELSA Teachers felt that progress had been made relative to identified ELSA targets for 44/47 primary school pupils, and 53/54 teachers felt that the ELSA had been benefi-cial to the pupils Study 2: N/A

Burton, Osborne, Norgate (2010), Hampshire EPS	An Evaluation of the Emotional Literacy Support Assistant (ELSA) project on pupils attending schools in Bridgend	The impact of ELSA intervention on primary and secondary schools in Bridgend	Pre and post measures. Experimental and control groups. Emotional Literacy Checklist (for pupils and Teachers (Faupel, 2003) SDQ Questionnaire (Goodman, 1997)	Teacher-rated SDQ: control (n=68); intervention (n=30) Teacher-rated ELC: control (n=66); intervention (n=30) Pupil-rated Emotional Literacy: control (n=67); intervention (n=24)	N/A	No significant difference between pre- and post-measures for pupil's emotional literacy scores (p-value not reported). Significant difference found between pre- and post-measures for teacher SDQ scores (p<0.005).

Butcher, Cook, Holder-Spriggs (2013)	Exploring impact of ELSA intervention on primary school children using single-case design	Is ELSA intervention effective in reducing child's behaviours that are of concern and does it support child to achieve their EL targets?	Single case study Base line measures- post intervention	Primary age children (n=2)	N/A	Average percent of a class room time spent on task increased from 50% to 81% Significant increase on spending time in the playground from 35% to 65% ELSA intervention effective in reducing child's behaviours

165

Gra-hamslaw (2010), Unpub-pub-lished Doctor-ate The-sis	An Eval-uation of the Assis-tant (ELSA) Project: What is the im-pact of an ELSA Project on support assistants' and chil-dren's self efficacy beliefs?	What is the impact of the ELSA project on support assistants' self effica-cy for working with chil-dren? What is the impact of the ELSA project on children's emotional self-efficacy?	Mixed methods Self-efficacy question-naire for ELSA's & chil-dren as came from Focus groups Focus Group Head-Teacher Inter-view Themat-ic Anal-ysis	ELSA experi-mental group: (n=64) ELSA control group: (n=58) Children ex-perimental group:(n=48) Children con-trol group: (n=50) 97 HT ap-proached 23 only respond-ed (n=23)	Interviews with HT: 5 HT believed that the sup-port assistants felt valued in their new role as ELSAs HT perceived the ELSA training to have had a posi-tive impact upon the EL-SAs' work and their 'per-sonal effectiveness' HT felt that network ena-bles the ELSAs to share ideas, resources and exam-ples of good practice with each other subsequently developing links with other schools The HT commented that they themselves valued the increased network of school contacts resulting from the ELSA project HT reported that children who had ELSA support able to learn better, devel-oped personally, emotional-ly, and academically	Statistical Analysis The ELSA project had a positive impact on support as-sistants' self-efficacy for working with children; their beliefs in their ability to work with children and affect outcomes for them ELSAs' self-efficacy beliefs for working with children were found to be significantly higher than those of non-ELSA trained support assistants in both the cross sec-tional and pre-post investigations The total emotional self-efficacy scores of children who had received ELSA support were significantly higher than those of children who had not received ELSA support.

Hardman (2011), York TaMHS	York TaMHS project	Assessing impact of ELSA intervention on pupils.	ELSAs recorded pre and post measure s using SDQ question tionnaire on pupils, staff and parents. ELSAs provided casework data for individuals.	SEB Competencies for pupils receiving group work: School staff (n=169); parents (n=110), pupils (n=190) SEB Competencies for pupils receiving individual work: School staff (n=59); parents (n=32), pupils (n=56) SDQ Questionnaire for pupils receiving individual work: School staff (n=32); parents (n=9), pupils (n=8)	Quotes from ELSAs, staff, parents and pupils giving opinions and feedback following the programme.	Overall a positive shift in perception of pupils' emotional health and wellbeing: For group work - 72% staff, 65% parents, 62% pupils For individual work -73% staff, 63% parents, 67% pupils For more complex individual work (SDQ) - 79% staff, 89% parents, 75% pupils However, some pupils showed deterioration in perceptions (19-32% across staff, parents and pupils)

Hill, O'Hare, Weidberg (2013), University of Bristol	"He's always there when I need him": Exploring the perceived positive impact of the Emotional Literacy Support Assistant (ELSA) programme	To evaluate the impact of the ELSA programme as perceived by young people and staff in schools	Qualitative research Semi-structured single interviews Thematic analysis	Head teachers (n=2) ELSAs (n=3) Children (n=4)	3 over-arching themes: Organisational factors, Practical Experience of children, and Creating Positive change.	N/A

Hills (2016)	Evalua-tion of the Emotional Literacy Support Assistant (ELSA) from the perspec-tives of primary school children	Children's Perception of the ELSA Factors contributed to effec-tiveness	Mixed methods Struc-tured quanti-tative question tion-naire for all pu-pils (content analy-sis) Semi-struc-tured question tion-naire Themat-ic Anal-ysis	Children aged 6-11 (n=53) Boys (n=32) Girls (n=21)	Factors that contributed to effectiveness: importance of therapeutic relationship, having a space to talk, ex-ploring feelings and build-ing resilience, confidence and self-esteem	All children rated ELSA project as effective. 42% scored maximum perceived effectiveness score. No significant difference between gender (p<0.097) and age for perceived effectiveness (p<0.286). Three largest response categories that ELSA helped with were: talking (32%), friendship (26%) and confidence (15%)

Mann (2014), Unpub-pub-lished Doctoral Thesis	A mixed methods evaluation of the Emotional Literacy Support Assistants (ELSA) project.	Explore the perceptions of the EL-SAs regarding their role and training in supporting the development of emotional well-being. Exploring if the ELSA project has a impact on pupils' emotional well-being.	Mixed Methods Emotional Literacy Checklist (Faupel, 2003) SDQ Questionnaire (Goodman, 1997) Thematic Analysis Focus groups 2 groups pre and post-test	Experimental group Teaching Assistants (n= 5) Pupils (n= 5) Control group Teaching Assistants (n= 5) Pupils (n= 2)	Participants perceived the ELSA training to be of value in terms of their personal and professional development and the support gained.	Unclear whether the ELSA project had an impact on pupils' emotional well-being.

| Mann & Russell (2011), Dorset | The impact of ELSA interventions on Children and Young People | Assess improvement of emotional literacy in CYP in schools. | Mix methods

Quantitative questionnaires and qualitative ELSA reflections. | Responses from 30 EL-SAs on 170 children from 18 different settings recorded.

End of case review data (n=96): student, teacher, parent (n=8); student and teacher (n=44); teachers only (n=36); student only (n=8)

Interim review data (n=35): student, teacher, parent (n=1); student and teacher (n=8); teachers only (n=10); student only (n=16) | Majority of students found working with ELSA a positive experience. 5 themes identified from qualitative analysis by ELSAs: social behaviour & friendship, self esteem and self awareness, social and emotional confidence, behaviour, learning and concentration. | Teachers reported a highly statistically significant improvement in children's emotional literacy ($p<0.001$).

Students show very small improvement (although not significant, $p=0.372$)

Parents reported very small improvement (although not significant, $p=0.184$) |

| McEwen (2015), Unpub-pub-lished Doctor-ate The-sis | A qualita-tive study of EL-SAs' and children's experi-ences of the ELSA pro-gramme. | What is the experiences of those implement-ing the ELSA pro-gramme and the students who are in receipt of it? | Semi structure inter-view

Themat-ic Anal-ysis | ELSAs (n= 8)

Young people (n=8) | The relationship that was built between ELSA's and children's was a key and pivotal to the change pro-cess for both children and ELSA's.

Child-ELSA relationship was viewed by children as a coping mechanism in itself.

For ELSA's factors that contributed to form this relationship were: ELSA qualities, self-confidence and implementation factors.

From children's experience these factors were the qualities of the ELSA, con-fidentiality and having fun/ enjoyable sessions. | N/A |
|---|---|---|---|---|---|---|

Murray, 2010 East Hamp-shire School Partner-ship	An Eval-uation of the Emo-tional Lit-eracy Support Assistant (ELSA) training and im-pact upon pupils' progress	To assess the impact of ELSAs on pupils' emotional literacy skills over a 6 week period	Emo-tional Literacy Check-list pre/post measure s for ELSAs and pu-pils (based on Fau-pel, 2003)	ELSAs (n= not reported) Pupils (n= not reported) Teachers (n= not reported) SENCo (n= not reported)	ELSAs thought sessions were either 'helpful' or 'very helpful' on Likert scale (no %s given) SENCos gave feedback in responses summarised in themed table (but no %s given)	77% of ELSA receiving group made improvement in their emotional literacy. >1/3 sample improved empathy score by >50%. Control group made no progress, but actually 66% of scores regressed over the 6 weeks. Teachers rated pupils' progress after ELSA intervention as improved on 50% of targets and rated 57% of ses-sions as helpful/very helpful. 2/3 of pupils rated ELSA sessions as very helpful.

The Tavistock and Portman **NHS**

NHS Foundation Trust

Tavistock and Portman Trust Research Ethics Committee (TREC)

APPLICATION FOR ETHICAL REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

PROJECT DETAILS

Current project title	Emotional Literacy Support Assistant (ELSA) intervention: Children's perspectives		
Proposed project start date	April/ May 2018	**Anticipated project end date**	May/June 2019

APPLICANT DETAILS

Name of Researcher	Kristina Balampanidou
Email address	kbalampanidou@tavi-port.nhs.uk
Contact telephone number	

CONFLICTS OF INTEREST

Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research? **YES   NO x** If **YES**, please detail below:
Is there any further possibility for conflict of interest? YES   NO x If **YES**, please detail below:

FOR ALL APPLICANTS

Is your research being conducted externally* to the Trust? (for example; within a Local Authority, Schools, Care Homes, other NHS Trusts or other organisations). *Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)	**YES NO x**
If **YES**, please supply details below:	

Has external* ethics approval been sought for this research? **(i.e. submission via Integrated Research Application System (IRAS) to the Health Research Authority (HRA) or other external research ethics committee)** *Please note that 'external' is defined as an organisation/body which is external to the Tavistock and Portman Trust Research Ethics Committee (TREC) If **YES**, please supply details of the ethical approval bodies below **AND** include any letters of approval from the ethical approval bodies:	**YES NO x**
If your research is being undertaken externally to the Trust, please provide details of the sponsor of your research? **N/A**	
Do you have local approval (this includes R&D approval)?	**YES NO**

COURSE ORGANISING TUTOR • Does the proposed research as detailed herein have your support to proceed? **YES**	
Signed	*A Styles*
Date	30.04.18

APPLICANT DECLARATION

I confirm that:

- The information contained in this application is, to the best of my knowledge, correct and up to date.
- I have attempted to identify all risks related to the research.
- I acknowledge my obligations and commitment to upholding our University's Code of Practice for ethical research and observing the rights of the participants.
- I am aware that cases of proven misconduct, in line with our University's policies, may result in formal disciplinary proceedings and/or the cancellation of the proposed research.

Applicant (print name)	KRISTINA BALAMPANIDOU
Signed	
Date	27.04.18

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name and School of Supervisor/Director of Studies	Dr Christopher Arnold
Qualification for which research is being undertaken	Doctorate in Child, Community and Educational Psychology

Supervisor/Director of Studies –
 	
• Does the student have the necessary skills to carry out the research?
  YES
▪ Is the participant information sheet, consent form and any other documentation appropriate?
  YES
 	
▪ Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient?
  YES
 	
▪ Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance?
  YES	

Signed	Dr C. D. Arnold
Date	27.04.18

DETAILS OF THE PROPOSED RESEARCH

1. **Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)**

The ELSA programme was developed 2001 by Sheila Burton, with the aim to increase schools' capacity to support children and young people (CYP) with social emotional mental health (SEMH) difficulties. ELSA is a training programme that is delivered by Education Psychology (EP) Services to school staff members, who are called ELSAs after receiving their six-day training. The training covers aspects such as social skills, self- esteem, anger management, friendships and bereavement. ELSAs are trained to plan and deliver intervention programmes in schools to CYP and are supervised termly by EPs in their LAs.

The ELSA intervention has now been running in more than 80 Local Authorities (LAs) in the UK and in some countries abroad. However, to date there is very little research behind how and if ELSA intervention might be helpful when addressing CYP with SEMH needs. The majority of the current research has been conducted by the people who developed the ELSA intervention, which increases the possibility of research bias.

Very little of the current research has been conducted from CYP's perspectives. The majority of research has come from the perspective of the ELSAs or schools staff members. Therefore, the researcher is keen on understanding CYP's perspectives of receiving the ELSA intervention, what changes come up as a result of participating in the ELSA programme and to explore the mechanisms and contexts that bring about these changes. The researcher is keen on advocating and supporting CYP to express their views so that their voice is heard. The proposed research aims to enhance children's experience of receiving ELSA intervention and in particular to highlight which aspects of the ELSA that they find most important for them and why.

Additionally, the current research has major methodological limitations which raise questions around the reliability and validity of their findings. At the same time, LAs invest a lot of money in training and delivering this intervention, even though it is unclear whether the ELSA is a cost-effective approach.

The researcher hopes to gather CYP's views using semi-structured interviews (please see attached). The purpose of the proposed study is to explore and explain how the ELSA intervention may lead to change. The ontological and epistemological stance of the proposed research is influenced by the Critical Realist approach, which takes position in between the positivist and relativist stances. This approach argues that knowledge is something that we can measure to some degree. The data will be gathered using semi-structured interviews and will be analysed using Grounded Theory with the attempt to generate theory from the data collected.

2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)

The proposed study aims to understand CYP's perspectives of receiving ELSA intervention within the LA that the researcher is currently working. The purpose of the proposed study is to explore how and explain why the ELSA intervention may lead to improving emotional literacy in participants. The researcher will take an exploratory position of the ELSA intervention, rather than testing a specific null hypothesis.

The proposed research will not only highlight the experiences of CYP receiving the ELSA intervention (which is under-researched), but will also explore whether ELSA intervention brings positive changes for CYP and the mechanisms and the contexts involved in those changes. The proposed research aims to enhance children's experience of receiving ELSA intervention and in particular to highlight which aspects of the ELSA that they find most important for them and why.

The proposed research will highlight the voice of the CYP as they are the ones receiving the intervention, therefore their voice should be valued and heard. Additionally the proposed research will add to the current limited literature available and give a more impartial stance as the researcher has not been previously involved in the development of the ELSA programme itself, unlike many other ELSA study researchers.

Although the findings cannot be generalised, the findings can be relevant to schools when deciding how to invest their resources in the ELSA interventions. The findings of the proposed research also should interest LAs, EP Services, and Educational Psychology practice when it comes to investing resources in SEMH social training programmes.

The findings will be presented back to both the schools and the EP Service in team meetings and in a written summary. When presenting the findings the researcher will encourage the EP to think about the potential role they could play in planning to deliver the ELSA training to schools and ongoing ELSA supervision.

3. Provide an outline of the methodology for the proposed research, including proposed method of data collection, tasks assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)

The proposed research will use a qualitative methods design, as this suites best to answer the research questions which are exploratory and explanatory. This approach aims to develop an understanding of each child's unique experiences of the ELSA intervention and explain how the ELSA intervention may lead to change rather than attempt to test or verify expansions or theories which quantitative studies are aiming for.

The qualitative data will be gathered via semi-structured individual interviews because there is an element of structure, but they can also be flexible which allows the researcher and the participants to explore participants' experience of receiving the ELSA intervention. Once the researcher has transcribed the first interview, it will be analysed using Grounded theory. It is important to highlight that there are three types of Grounded theory, including Glaser, Strauss and Corbin, and Charmaz. They have different ontological and epistemological orientations. For the purpose of this study, Strauss and Corbin's 1998 critical realist grounded theory was chosen as the approach best suited to the researcher's theoretical orientation to answer the research questions with the primary exploratory purpose and a secondary explanatory purpose. Grounded theory involves a constant comparison method of coding and data analysis through three stages: open coding, axial coding, and selective coding. These three stages of coding enable the generation of a robust theory that is grounded in the data.

Semi-structured interviewing techniques are often used when using Grounded theory to analyse the data. The interviews will take between 30 - 45 minutes to complete. These interviews will be recorded, transcribed, and compared. It is expected the data collection and data analysis will last about 4 months (May 2018- September 2018).

This is because the proposed research attempts to explain what works for children, in what context, with what outcomes. The literature review for the thesis will be conducted after completing the process of data analysis and theory generation.

Reflexive: The researcher will engage in self-reflection throughout the study in order to ensure transparency and minimise researcher bias. The researcher will be open about how their previous experiences and background could potentially have an impact on their interpretation of the data. As the researcher has delivered the training to ELSAs, there might be a risk of unconscious bias. The researcher will aim to be aware of the effect this may have during interviewing and analysing the data by remaining open if a child's experience of the ELSA intervention is negative.

The researcher will be taking a curious stance and wonder whether the ELSA has positive changes for children.
*Audit Trail***:** The researcher will be keeping a research diary and record of activities. The data set will be saved at each stage of analysis.

'Memoing' is a central part of analysis using Grounded theory. The researcher will be recording thoughts about possible relationships and hierarchies within the code system in order to ensure transparency and trustworthiness of the data and analysis.

The researcher will be self-reflective and open to ensure that theories, knowledge and assumptions do not bias the researcher and the evolution of the theory. The researcher will be consulting with colleagues and supervisor and writing memos throughout the analysis in order to explain how the ideas and theory evolved over time as the final goal is to build a coherent story - theory or explains what is happening in the topic of the research.

PARTICIPANT DETAILS

4. **Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why this criteria is in place. (Do not exceed 500 words)**

The researcher will write to 10 mainstream primary provisions who have received ELSA training within the researcher's current LA and ask to express an interest to participate in this research (please see attached letter). The 5 provisions who will respond first will be selected. A summary of the postposed research purpose for parents (please see attached), a written consent (please see attached) and ethical approval will be distributed. It is estimated that approximately 6-10 children in total will be interviewed in their school; this number has been chosen as it will provide a range of different perspectives and will be a feasible amount of data to analyse within the timeframe. This location is also chosen to be convenient for participants in terms of not missing school time, as well as feeling more comfortable in a familiar environment.

CYP will be given information about the proposed research (please see attached) and consent form (please see attached) to decide whether they would like to participate in this project. CYP can withdraw at any point of the research.

The participants of the proposed study will be Key Stage 2 (year 3, 4, 5 & 6) children who have completed the ELSA intervention in mainstream Primary provisions. This age group was selected because children at this age can be reflective during the interview and have developed analytic thinking, so can give their personal experiences of receiving the ELSA intervention. These children should be fluent in English and living in the UK for at least the previous 7 years - so that they are able to express their thoughts and feeling in clear English during semi-structured interviews. Children from Specialist and Secondary provisions will be excluded from the proposed study as the aim of the proposed research is to explore children's views only in mainstream Primary provisions. Children with significant Speech and Language Needs will be excluded from the proposed research as these children might struggle with the open-ended questions, or may struggle with language and therefore be unable to express their thoughts and feelings. Future research can explore CYP experiences in Specialists and Secondary provisions.

The qualitative data will be gathered via semi-structured individual interviews because there is an element of structure to them, but at the same time they can provide a rich picture of CYP's experiences which allows the researcher and the participants to explore participants' experience of receiving the ELSA intervention.

5. Will the participants be from any of the following groups? *(Tick as appropriate)*

Students or staff of the Trust or the University.

Adults (over the age of 18 years with mental capacity to give consent to participate in the research).

Children or legal minors (anyone under the age of 16 years)[1] X

Adults who are unconscious, severely ill or have a terminal illness.

Adults who may lose mental capacity to consent during the course of the research.

Adults in emergency situations.

Adults[2] with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).

Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).

Prisoners, where ethical approval may be required from the National Offender Management Service (NOMS).

Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).

Healthy volunteers (in high risk intervention studies).

Participants who may be considered to have a pre-existing and potentially dependent[3] relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).

Other vulnerable groups (see Question 6).

Adults who are in custody, custodial care, or for whom a court has assumed responsibility.

Participants who are members of the Armed Forces.

[1]*If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability[3], any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.*

[2] *'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)*

[3] *Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or*

implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

6. Will the study involve participants who are vulnerable? YES   NO X

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from the participant's personal characteristics (e.g. mental or physical impairment) or from their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness). Where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable.

Adults lacking mental capacity to consent to participate in research and children are automatically presumed to be vulnerable. Studies involving adults (over the age of 16) who lack mental capacity to consent in research must be submitted to a REC approved for that purpose.

6.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?

If **YES**, the research activity proposed will require a DBS check. *(NOTE: information concerning activities which require DBS checks can be found via https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance)*

7. Do you propose to make any form of payment or incentive available to participants of the research? YES   NO X

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

8. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)

One of the main inclusion criteria for the proposed research is that participants should be fluent in English, and living in the UK for at least the previous 7 years - so that they are able to express their thoughts and feeling in clear English during semi-structured interviews.

The researcher will ensure that parents and ELSA's have explained the research to CYP prior to arranging the interviews.

The researcher will ensure that CYP have read and understood the information sheet for students prior to interview and ensure that they have gained an informed consent. A child friendly consent form (please see attached) has been prepared to ensure that the children are fully informed about the study and can make informed decisions about participation.

The researcher will give a choice to participants to have a familiar adult (who is not an ELSA) present with them during the interview if they wish.

The researcher will give extra time to CYP to ask any clarification questions and contact the researcher both prior to and after the interviews.

RISK ASSESSMENT AND RISK MANAGEMENT

9. **Does the proposed research involve any of the following?** *(Tick as appropriate)*

use of a questionnaire, self-completion survey or data-collection instrument (attach copy)

use of emails or the internet as a means of data collection

use of written or computerised tests

interviews (attach interview questions) X

diaries (attach diary record form)

participant observation

participant observation (in a non-public place) without their knowledge / covert research

audio-recording interviewees or events X

video-recording interviewees or events

access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes

administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process

performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction

investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)

procedures that involve the deception of participants

administration of any substance or agent

use of non-treatment of placebo control conditions

participation in a clinical trial

research undertaken at an off-campus location (risk assessment attached)

research overseas (copy of VCG overseas travel approval attached)

---

10. **Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life? YES x   NO**
    If **YES**, please describe below including details of precautionary measures.

The proposed research will be undertaken with the "aim of avoiding potential risks to psychological well-being, mental health, personal values, or dignity" (BPS, 2009, p19).

ELSAs and the parents of the participants who had ELSA intervention will be given an information sheet (please see attached) and asked to consent to data being gathered (please see attached). This will outline the aims of the proposed research, the participant's rights to withdraw and anonymity of data.

Power imbalance: Participants will have an active role during the interview process with the purpose of reducing the power imbalance between the researcher and participants.

Anonymity and Confidentiality
Data Protection: All information gathered will be kept securely at the LA office and locked in a secure cabinet to ensure that any sensitive information obtained from the participants is not disclosed to anyone else. Information will be destroyed 2 years after the research has been completed.

Participants will be completely anonymised and their identity will be known by the researcher only. All identifiable information will be removed when the data will be analysed and during thesis writing, as well as giving written feedback to schools and the LA. Participants will be given the choice to have a familiar adult (who is not an ELSA) present with them during the interview.

30 minutes will be allocated after each interview to ensure that there is time to debrief participants and contain any distress or anxieties which have been evoked by the interview process.

The researcher will ensure that CYP can contact the researcher after the interviews if they feel that they want to discuss any specific issue.

The researcher will ensure that CYP can contact ELSAs in their school if they struggle to get in contact with the researcher if they feel the need to discuss any specific issue.

The proposed research will be supervised by a University tutor who is a qualified EP.

Ethical approval will be sought from the university ethics committee.

11. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.

N/A - Researcher does not have previous relevant experience in conducting this type of research involving children specifically.

12. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)
NOTE: Where the proposed research involves students of our University, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

The proposed research will highlight the voice of the CYP as they are the ones receiving the intervention, therefore their voice should be valued and heard. The researcher is very keen on advocating CYP's views and hopefully this research will add to the current very limited literature available on the ELSA intervention.

Schools also will benefit from the findings, especially when deciding how to invest their resources in the ELSA interventions. The findings of this research also should interest LAs, EP Services and Educational Psychologists as it could enhance their knowledge when providing training to schools and supervising the ELSAs.

The findings will be presented back to both the schools and the EP Service in team meetings and in a written summary. When presenting the findings the researcher will encourage the EP to think about the potential role they could play in planning to deliver the ELSA training to schools and ongoing ELSA supervision. Knowing CYP's views receiving the ELSA intervention schools can also reflect how the ELSAs are currently supporting CYP and what they can do to enhance CYP's experience and how to support them better so that the support that is provided is tailored to individual's needs.

13. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)

The semi-structured interviews may cause some distress to the CYP being interviewed. However, the researcher will take steps to manage this potential risk effectively (please see section 10). For example, full information to explain the proposed research purpose and process will be provided to participants prior to the research. Informed consent will be sought from both the CYP participants, as well as their parents/carers. The researcher will explain to participants that they have the choice to not answer a question or to withdraw from the research altogether at any stage without a reason needed to be given.

The researcher will respond sensitively to the participants during the interviews and clarify anything that is not clear. The researcher will respond to any distressing or sensitive issues that arise during the interview and offer at least 30 minutes debrief time after the interview to allow time to discuss any such issues or distress that may come about during the interview.

In the event that a participant feels uncomfortable with the researcher, they will be able to approach the Head teacher or a teacher that they feel comfortable with to discuss any potential issues that may arise. Participants will also be given the choice to have a familiar adult (who is not an ELSA) present with them during the interview.

14. **Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)**

CYP could contact the researcher directly to discuss any issues and the researcher will ensure that individual time is made available to speak to them if they wish to. They will all have access to the ELSA in case the researcher is not available at that time.

The researcher will also ensure that CYP will have 30 minutes for a debrief after each interview to contain any distress or anxieties which have been evoked by the interview process. However, if more time is needed then the researcher will ensure that this will be available for them.
It is highly unlikely that CYP will need medical care of any kind.

PARTICIPANT CONSENT AND WITHDRAWAL

15. **Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. YES X   NO** If **NO**, please indicate what alternative arrangements are in place below:
16. **Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.** **YES X   NO** If **NO**, please indicate what alternative arrangements are in place below
17. The following is a <u>participant information sheet</u> checklist covering the various points that should be included in this document. Clear identification of the sponsor for the research, the project title, the Researcher or Principal Investigator and other researchers along with relevant contact details. Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved. A statement confirming that the research has received formal approval from TREC. If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity. A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support. Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied. Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations. A statement that the data generated in the course of the research will be retained in accordance with the University's Data Protection Policy. Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk) Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

18. The following is a <u>consent form</u> checklist covering the various points that should be included in this document.

University or Trust letterhead or logo.

Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.

Confirmation that the project is research.

Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.

Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.

If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.

The proposed method of publication or dissemination of the research findings.

Details of any external contractors or partner institutions involved in the research.

Details of any funding bodies or research councils supporting the research.

Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

<u>**CONFIDENTIALITY AND ANONYMITY**</u>

19. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.

Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?

The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with <u>no</u> record retained of how the code relates to the identifiers).

The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers <u>are</u> able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).

Participants have the option of being identified in a publication that will arise from the research.

Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)

The proposed research will make use of personal sensitive data.

Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

---

20. **Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.**

    YES x   NO

    If **NO**, please indicate why this is the case below:

NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.

DATA ACCESS, SECURITY AND MANAGEMENT

---

21. **Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES X   NO**
    If **NO**, please indicate what alternative arrangements are in place below:

---

22. In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.

1-2 years X 3-5 years 6-10 years 10> years

> **NOTE:** Research Councils UK (RCUK) guidance currently states that data should normally be preserved and accessible for 10 years, but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer.
> (http://www.rcuk.ac.uk/documents/reviews/grc/grcpoldraft.pdf)

23. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.

Research data, codes and all identifying information to be kept in separate locked filing cabinets.

Access to computer files to be available to research team by password only.

Access to computer files to be available to individuals outside the research team by password only (See **23.1**).

Research data will be encrypted and transferred electronically within the European Economic Area (EEA).

Research data will be encrypted and transferred electronically outside of the European Economic Area (EEA). (See **23.2**).

NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).

Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.

Use of personal data in the form of audio or video recordings.

Primary data gathered on encrypted mobile devices (i.e. laptops). **NOTE:** This should be transferred to secure UEL servers at the first opportunity.

All electronic data will undergo secure disposal.

NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for

Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

All hardcopy data will undergo secure disposal.

NOTE: For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

1. **Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.**
N/A

2. **Please provide details on the regions and territories where research data will be electronically transferred that are external to the European Economic Area (EEA).**
N/A

OVERSEAS TRAVEL FOR RESEARCH

24. Does the proposed research involve travel outside of the UK? YES   NO   X

    24.1.   Have you consulted the Foreign and Commonwealth Office website for guidance/travel advice? http://www.fco.gov.uk/en/travel-and-living-abroad/   **NOT APPLICABLE**

    24.2.   If you are a non-UK national, have you sought travel advice/guidance from the Foreign Office (or equivalent body) of your country? **YES   NO   NOT APPLICABLE**

    24.3.   Have you completed the overseas travel approval process and enclosed a copy of the document with this application? (For UEL students and staff only)   **NOT APPLICABLE**
Details on this process are available here http://www.uel.ac.uk/qa/research/fieldwork.htm

    24.4.   Is the research covered by your University's insurance and indemnity provision?
       YES   NO

NOTE: Where research is undertaken **by UEL students and staff** at an off-campus location within the UK or overseas, the Risk Assessment policy must be consulted:

http://dl-cfs-01.uel.ac.uk/hrservices/documents/hshandbook/risk_assess_policy.pdf.

For UEL students and staff conducting research where UEL is the sponsor, the Dean of School or Director of Service has overall responsibility for risk assessment regarding their health and safety.

---

5. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place.

    NOT APPLICABLE

---

6. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs? **YES   NO**

    NOT APPLICABLE

PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

25. **How will the results of the research be reported and disseminated?** *(Select all that apply)*   Peer reviewed journal   Conference presentation   Internal report   **Dissertation/Thesis X**   Other publication   **Written feedback to research participants X**   **Presentation to participants or relevant community groups X**   **Other (Please specify below) X Integrated Support Service**

OTHER ETHICAL ISSUES

26. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?
NOT APPLICABLE

CHECKLIST FOR ATTACHED DOCUMENTS

27. Please check that the following documents are attached to your application.   Letters of approval from ethical approval bodies (where relevant)   **Recruitment advertisement X**   **Participant information sheets (including easy-read where relevant) X**   **Consent forms (including easy-read where relevant) X**

Assent form for children (where relevant) X

Evidence of any external approvals needed

Questionnaire

Interview Schedule or topic guide x

Risk Assessment (where applicable)

Overseas travel approval (where applicable)

1. **Where it is not possible to attach the above materials, please provide an explanation below.**

Appendix F: Ethics Approval

The Tavistock and Portman **NHS**

NHS Foundation Trust

Quality Assurance & Enhancement Directorate of Education & Training Tavistock Centre

120 Belsize Lane

London

NW3 5BA

Tel: 020 8938 2699

https://tavistockandportman.nhs.uk/

Kristina Balampanidou

By Email

15 May 2018

Re: Trust Research Ethics Application

Title: Emotional Literacy Support Assistant (ELSA) intervention: Children's perspectives

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that your application has been approved and will be ratified at the next Trust Research Ethics Committee. This means you can proceed with your research.

If you have any further questions or require any clarification do not hesitate to contact me. I am copying this communication to your supervisor.
May I take this opportunity of wishing you every success with your research.
Yours sincerely,

Best regards,

Paru Jeram

Secretary to the Trust Research Degrees Subcommittee T: 020 938 2699
E: pjeram@tavi-Port.nhs.uk

cc. Course/Research Lead, Supervisor, Course Administrator, Academic Quality

Appendix G: Initial Letter to schools

The Tavistock and Portman **NHS**

NHS Foundation Trust

Dear ......,

I am Kristina Balampanidou, a Trainee Child and Education Psychologist working under Dr. Christopher Arnold (research supervisor). I have completed my first year of my doctorate training at the Tavistock Centre and currently work at …… for the next two years. As part of my training I am going to be exploring Key stage 2 children's perspectives receiving the Emotional Literacy Support Assistant (ELSA) intervention and what changes came up as a result of receiving the ELSA intervention. I would be grateful if your school would be willing to participate in this research.

In order to carry out this piece of research I would be grateful if you could ask the ELSAs to approach the children that they completed the work with and ask them to take an information leaflet and consent form home to the their parents/carers. Please note that children must be able to communicate their thoughts and feelings in English fluently and have lived in the UK for at least the last 7 years.

I will be asking a number of questions relating to their experience of receiving the ELSA intervention and what worked for them and what did not. Children will be given the choice to have a familiar adult (who is not an ELSA) present with them during the interview.

The interview will last approximately 45 minutes on the school premises and will be audio recorded. The audio recording is to help me remember what was said during the interview. Only I will listen to it and transcribe it. What is said during the session is confidential and all identifiable information will be removed from my thesis. There will be a 30 minute debrief session available for each participant in case of any distress might have been evoked by the interview process.

At the end of my research I will be sharing the findings of my thesis with the schools and my service.

Please note that the first 5 schools that come back to me will be chosen on a first come first served basis.

Please feel free to contact me if you require further information.

Yours sincerely,

Kristina Balampanidou
Trainee Child & Educational Psychologist

The Tavistock and Portman NHS Foundation Trust
Child & Family Department
Tavistock Centre
120 Belsize Lane
London NW3 5BA
http://www.tavistockandportman.nhs.uk/
Email: kbalampanidou@tavi-port.nhs.uk

Appendix H: Information sheet for parents

The Tavistock and Portman **NHS**
NHS Foundation Trust
,

Dear parent/carer,

I am Kristina Balampanidou, a Trainee Child and Education Psychologist working under Dr. Christopher Arnold (research supervisor). I have completed my first year of my doctorate training at the Tavistock Centre and currently work ………………for the next two years. As part of my training I am going to be exploring the perspectives of children in years 3, 4, 5 and 6 receiving the ELSA intervention and what changes came up as a result of receiving the ELSA intervention. I would be very grateful if you would agree for your child to participate in this research.

I will be asking a number of questions to the child about their experience of receiving the ELSA intervention. The interview will take approximately 45 minutes and it will be in the school. Children will be given the choice to have a familiar adult (who is not an ELSA) present with them during the interview.

Firstly, your child must be able to communicate their thoughts and feelings in English and have lived in the UK for at least the last 7 years. Secondly, as a parent/carer you must consent to his or her participation.

At the end of my research I will be sharing the findings of my thesis with the schools and my service.

Confidentiality and Anonymity

Participation is voluntary. The interview will be recorded and then will be transcribed before being deleted afterwards within 7 days. The transcript will be held confidentiality on a password protected encrypted USB stick for 2 years. Only the researcher will have access to the transcription.

Children can withdraw from the study at any time without reason. Children can have access to their data or ask for it to be deleted at any time.

I do not anticipate any risks or harm as a result of participating but a debrief session (30 minutes) will be offered to children if it is needed. If more time is needed then I will make sure that time will be available.

If you consent to your child's participation, please complete the attached consent form and return it to the School ELSA.

Please feel free to contact me if you require further information.

Yours Sincerely,

Kristina Balampanidou
Trainee Child & Educational Psychologist

The Tavistock and Portman NHS Foundation Trust
Child & Family Department
Tavistock Centre
120 Belsize Lane
London NW3 5BA
http://www.tavistockandportman.nhs.uk/
Email: kbalampanidou@tavi-port.nhs.uk

Appendix I: Information sheet for participants

The Tavistock and Portman **NHS**
NHS Foundation Trust

I am Kristina Balampanidou, a Trainee Child and Education Psychologist working under Dr. Christopher Arnold (research supervisor). I have completed my first year of my doctorate training at the Tavistock Centre and currently work at ………..for the next two years. As part of my course I would like to learn more about the person who helps you in school. I would like to learn more about the support you received.

To do this, I am hoping to talk to the young people who had ELSA support. I would like to spend some time talking to you. This is not a test and everything you say is confidential (unless you tell me that you or someone else is in danger or at risk of harm). I will not ask you to tell me about the things you talked to your ELSA about but I will ask you about what you thought about sessions and how they helped you. Our discussion will take approximately 30-45 minutes.

Our discussion will be recorded using a digital recorder. After seven days I will write what you say down and delete the recording. This is called a transcription and will be stored on a password protected encrypted USB stick for 2 years. I am the only person who will have access to your transcription. The data will form the basis of my research project.

Participation is voluntary. That means you do not need to take part if you do not want to. You can have an adult that you trust with you during the session if you would like, but this adult cannot be an ELSA. You can stop the discussion at anytime by telling me that you want to go back to class. You do not have to give me a reason for stopping and you will not get into trouble for stopping the discussion. I will take you back to class and will speak to your teacher, just to make sure that you are happy in class. You can have access to your transcription at any time and/or ask for it to be deleted.

I hope you enjoy talking to me, but I will remind you of whom you can talk to in school about your feelings should you feel upset about anything we have talked about.

If you would like to ask any questions about the study you can contact me. I have written my contact details below.

Kind wishes,

Kristina Balampanidou
Trainee Child & Educational Psychologist

The Tavistock and Portman NHS Foundation Trust
Child & Family Department
Tavistock Centre
120 Belsize Lane
London NW3 5BA
http://www.tavistockandportman.nhs.uk/
Email: kbalampanidou@tavi-port.nhs.uk

Appendix J: Consent form for parents

The Tavistock and Portman NHS
NHS Foundation Trust

I understand that my child's participation in this project will involve him or her participating in an interview to discuss his/her experiences of the ELSA sessions within the school. This will require approximately 45 minutes of his/her time and my child will be given the choice to have a trusted adult present with them during the interview, provided that this adult is not an ELSA.

I understand that my child's participation in this study is entirely voluntary and that he/she can withdraw from the study at any time without giving a reason.

I understand that I am free to ask any questions at any time. I am free to withdraw or discuss my concerns with Kristina Balampanidou, Trainee Child and Educational Psychologist.

I understand that the information provided by my child will be held confidentially and only researcher will have an access on the data.

I also understand that at the end of the study my child will be provided with additional information and feedback about the purpose of the study.

I, _____(Name of Parent/Carer) consent to my child

_____ (Name of child) to participate in the study conducted by Kristina Balampanidou.

I, _____(Name of Parent/Carer) agree to the audio recording of the interview in which my child _____ (Name of child) will participate in the study conducted by Kristina Balampanidou.

Parent/Carer Signature

Date:

Kristina Balampanidou
Trainee Child & Educational Psychologist

The Tavistock and Portman NHS Foundation Trust
Child & Family Department
Tavistock Centre
120 Belsize Lane

London NW3 5BA
http://www.tavistockandportman.nhs.uk/
Email: kbalampanidou@tavi-port.nhs.uk

Appendix K: Consent form for children

The Tavistock and Portman NHS
NHS Foundation Trust

I agree to talk to Kristina about things that I enjoyed and did not enjoy during my ELSA session.

This will take about 30-45 minutes of my time.

Taking part is voluntary. This means I do not have to take part if I do not want to. I can decide if I want to have a trusted adult with me when I speak to Kristina about the ELSA.

I can leave at anytime without giving a reason. If I want to leave I will ask to go back to class.


© Can Stock Photo - csp19977139

I am free to ask any questions at any time.

The discussion will be recorded on a digital recorder.
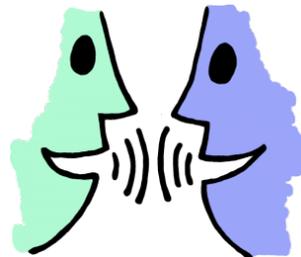
Kristina explained to me how this works.

Kristina will listen to the recording and write down what I have said. This is called a written transcript.

The recording will then be deleted and the transcript will be stored on a password protected encrypted USB stick.

Only Kristina will have access to my transcript and it will be used to form part of her research project which will be submitted to the University as part of her studies.

Kristina will delete my transcript in 2 years time. Up until this time, I can have access to my

transcript at any time or ask for it to be deleted/destroyed.   **2 YEARS**

If I want to talk to someone about what I talked about or my recording I can contact Kristina at any time.

Kristina Balampanidou

Trainee Child & Educational Psychologist

The Tavistock and Portman NHS Foundation Trust
Child & Family Department
Tavistock Centre
120 Belsize Lane
London NW3 5BA
http://www.tavistockandportman.nhs.uk/
Email: kbalampanidou@tavi-port.nhs.uk

Appendix L: Semi- Structured Interview Questions at the piloting stage

1. What do you think you have been working on with the ELSA?

2. How do you feel about working with the ELSA?

3. What do you like best?

4. What do you like least?

5. Do you think you have changed since participating in ESLA?

YES / NO

5a. If you answered yes, how do you think that you have changed?

6. Has the ELSA helped you to change?
YES/NO

6a. If you answered yes, how do you think the ELSA helped you to change?

6b. If you answered yes, why do you think the ELSA helped you to change?

7. Has the ELSA helped you to learn better at school?

8. What did you do with the ELSA that is different to any other work that you did at school?

9. What will you be working on next?

10. If you were offered more time working with the ELSA would you like to continue?

YES/NO

Appendix M: Adapted Semi- Structured Interview Questions based on feedback received from children and ELSA

Interview Questions
1. Can you tell me what you have been working on with ELSA?

2. How do you feel about working with ELSA?

😃 🙂 😐 🙁 😦

3. What did you have the most fun with?

4. What could have been more fun?

5. Has working with ELSA helped you?

   Yes/no

   a. If yes in what way has this helped you?

6. What skills did the ELSA give you that you found helpful?

   a. How do the skills/strategies help you?

7. Is learning easier at school now after working with ELSA?

8. How is the work you did with Elsa different from other work you have done in school?

9. What would you like to work on next?

10. If you could continue working with ELSA would you like to?